



GlobalHealthBeat

A Newsletter for Generations Medicare Advantage Members

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We're excited to bring you our first issue of GlobalHealthBeat.

In our newsletter, we'll share with you the latest news and information from GlobalHealth. Plus, who said a newsletter can't be tasty and fun? Try one of our delicious recipes and keep your brain sharp with games and puzzles.

We hope you enjoy the GlobalHealthBeat.



Being a member of a Health Maintenance Organization (HMO)

This may be your first experience with an HMO, and now you need to access your benefits. There are two things to keep in mind while navigating an HMO:

1 Your healthcare is managed through a single physician called a Primary Care Physician (PCP).

Your PCP is the captain of your healthcare team. Even though you are not required to get a referral to see an in network specialist, it's your PCP's job to monitor your healthcare needs and help guide you to the best course of treatment. If you would like to change your PCP, you may do so at any time. You can make this request by calling Customer Care.

2 All services provided are through a network.

A network is a group of physicians and facilities that have contracted with GlobalHealth to provide you care. At GlobalHealth, we are continuously working to ensure our network meets your healthcare needs. When you need services from someone other than your PCP, you must receive these services from an in network provider unless otherwise authorized.

If you have an emergency, please go to the nearest emergency room. In emergent and urgent situations, care may be provided outside of the GlobalHealth network.



2020 Medicare Advantage *Plan Enhancements*

Thank you for being a GlobalHealth member and providing your feedback on how we can improve. In response to our members' feedback, we made changes we think you'll like:

- GlobalHealth strives to provide genuine care by being our members' tireless advocates. We show this by implementing a customer focused First Call resolution program. We will continue to strive to answer all your questions and solve any issue you may have the first time you call.
- GlobalHealth added 49 new Primary Care Physicians and a large multiple site primary care group, Variety Care, in 2019 to provide you more access points within our network.
- For the second year in a row, GlobalHealth has been awarded higher member satisfaction scores than the national average by the CAHPS Health Plan Survey for Medicare members' Customer Service experience.
- Our 2020 Medicare Advantage Plans earned an overall 3.5 (out of 5) stars from Centers for Medicare and Medicaid Services by meeting many of our goals for providing quality care and service to our members.



Pharmacy – 90-day Supply



Your Generations Medicare Advantage Plan benefits offer you the flexibility and convenience of filling most medications for a 90-day supply.

You have the option of using local in network pharmacies or CVS Caremark's safe and efficient home delivery pharmacy. In addition, Tier 1 and Tier 2 medications are \$0 cost-sharing in the Initial Coverage Stage when you fill a 90-day supply at a Preferred Retail or Mail Order pharmacy. You also receive a discount on your copay when you fill Tier 3 medications for a 90-day supply at a Preferred Retail or Mail Order pharmacy. Talk to your doctor about receiving prescriptions for a 90-day supply. For assistance locating a pharmacy that offers preferred cost-sharing, your plan's pharmacy directory can be found on our website (www.GlobalHealth.com), or call us at 866-494-3927, 24 hours a day, 7 days a week (TTY users may call 711).



Your Generations Medicare Advantage Plan includes an allowance for Over-the-Counter (OTC) items such as vitamins, bandages, ibuprofen and so much more. Visit our Member Materials page www.globalhealth.com/medicare-advantage/member-materials to download the OTC Catalog and order your items.

As a GlobalHealth member, you can help us **detect and fight Fraud, Waste and Abuse (FWA)**

What is FWA?

Fraud - wrongful or criminal deception intended to result in financial or personal gain.

Waste - overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs.

Abuse - involves payment for items or services when there is no legal entitlement to that payment.

How can you detect FWA in your Explanation of Benefits (EOB)?

When you get your EOB, review it right away. It's a good idea to spend a few minutes to make sure your claim was processed correctly.

Here are some tips to help you check your EOB for possible FWA:

- 1.** Check services and dates. Do a quick review to make sure the EOB shows only services or medications that you received. This helps stop billing fraud and identify theft.
- 2.** Compare your EOB to the bill from your doctor. Your EOB should match the bill or statement you got from your doctor or other healthcare provider.
- 3.** Check for double billing. This can happen when you have more than one service or used more than one doctor or other healthcare provider.
- 4.** Check for the correct service descriptions. Doctors and healthcare billing services use medical billing codes to describe services that are being charged. Billing errors often occur when wrong codes are used.
- 5.** Carefully check the coverage information section. This section shows all you need to know about what was and was not covered. It also shows you any deductible or coinsurance that may have applied.
- 6.** Check the amount you may owe. Check that your health plan benefits were applied before any amount owed was calculated. If your health plan benefits were applied correctly, the amount owed listed on your EOB could be your share of the bill (your coinsurance or copay detailed in your Evidence of Coverage). However, the EOB is not an invoice or bill, so you will need to check with your doctor or other healthcare provider to get the balance on your account.
- 7.** Be sure all of your claims are listed. If you notice some services or medications are not listed, the doctor or other healthcare provider may not have submitted the claim.

If you suspect FWA within your EOB, please contact the GlobalHealth Compliance department immediately.

- Call the 24-hour toll-free Compliance hotline at 1-877-280-5852.
- Email compliance@globalhealth.com
- Call GlobalHealth's Customer Care Department at 1-844-280-5555. Customer Care forwards any reports of suspected FWA to the Chief Compliance Officer (CCO), or designee.



Great news for 2020!

We have enhanced many of our benefits for 2020, such as:



New! No Referrals Required for in network specialist visits for all Generations Medicare Advantage Plans.

- ✓ **\$0 Unlimited** Primary Care Physician Visits
- ✓ **\$0 Copay** for Routine Vision Exam, Plus a **\$200 Supplemental Eyewear Benefit**
- ✓ Annual Hearing Exam, Plus a **\$500 Supplemental Hearing Aid Benefit**
- ✓ **\$50 Quarterly** Over-the-Counter Benefit
- ✓ **Fitness Benefit**

What Do You Know About Medicare?

Key Terms

- **Coinsurance:** An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

- **Copayment (copay):** An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit or a prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

- **Cost Share:** Cost-sharing refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).

- **Deductible:** The amount you must pay for healthcare or prescriptions before our plan begins to pay.

- **Drug Formulary:** A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

- **Maximum Out-of-Pocket (MOOP):** The most that you pay out-of-pocket during the calendar year for in network covered services.

- **Network:** Group of contracted providers, facilities and pharmacies for the plan.

- **Premium:** The periodic payment to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage.

- **Prior Authorization:** For certain services or drugs, you will need to get approval in advance from GlobalHealth before obtaining the services or drugs. Your Primary Care Physician (PCP) or specialist may submit prior authorization to GlobalHealth for the prior authorization. If you do not get prior authorization, GlobalHealth may not cover the services.

Member Testimonials - *We Love our Members*

Supporting your best health is always our number one priority. We love when we hear how our focus of Genuine Care and Optimal Health affects our members. See what our members are saying about their experiences with GlobalHealth.

“I’ve never had an insurance company treat me as well as Generations has treated me. My representative has made me feel comfortable every time I’m around her. I mean, she can call me and check on me and it makes me feel good because she does care. She does care about me.”

- Betty



“Generations helps me because they have a real good drug plan that saves me money on my drugs that I purchase. Anytime I’ve called a Generations rep for anything, they’ve gone out of this world for help. They’ve gone beyond, what I consider, the call of duty to help.”

- Jim



“When I speak with GlobalHealth, I feel like as though they care for me. And they’re very attentive to what I need, and they’re also very professional, and they’re always there for me. Since I’ve been on the plan with GlobalHealth, they’ve always made sure that I’ve stayed healthy.”

- Jimmy



“When my nurse calls from GlobalHealth, it makes me feel good. Makes me feel like they care. It makes me feel like I’m not another number. That they truly care. That they reach out. And that they’re concerned about their member and how they’re doing.”

- Anna



We’d love to hear from you too! Please share your GlobalHealth story with us.

Email us at marketing@globalhealth.com

Sudoku

5		3						
2			3					
	4		7	1		2		3
		5	4				7	1
		4	2		1	8		
6	8				7	5		
1		7		6	9		3	
					4			6
						9		5

	5			2	9			
						1	7	
7	9	6			3	2		
				1	5		9	
3	6						2	1
	4		6	9				
		2	8			3	1	4
	1	8						
			2	7			5	

	9	2					7	4
				2	3			5
4								
	6			3	4			7
2		8	7	1	5	4		9
1			6	9			3	
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8			5	6				
7	4					3	2	

	4					5	6	
	3	9			8		7	
7			2	5				
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		5		7		1		
		6	4				8	9
				9	7			2
	2		8			6	5	
	8	1					9	

Answers on page 11.

The Generations Kitchen Table

Vegetable Lentil Soup

- 3 cups cubed, peeled butternut squash
- 1 cup chopped carrot
- 1 cup chopped onion
- 1 cup dried lentils, rinsed
- 2 garlic cloves, minced
- 1 teaspoon dried oregano
- 1 teaspoon dried basil
- 4 cups vegetable broth
- 1 can (14-1/2 ounces) Italian diced tomatoes, undrained
- 2 cups frozen, cut green beans (about 8 ounces)



Directions

Place first eight ingredients in a 5-qt. slow cooker. Cook, covered, on low until lentils are tender, about 4 hours. Stir in tomatoes and beans. Cook, covered, on high until heated through, about 30 minutes.

Nutrition Facts

1-1/3 cups: 217 calories, 1g fat (0 saturated fat), 0 cholesterol, 685mg sodium, 45g carbohydrate (11g sugars, 8g fiber), 11g protein.

Sudoku (answers)

5	7	3	6	9	2	1	4	8
2	1	9	3	4	8	6	5	7
8	4	6	7	1	5	2	9	3
9	2	5	4	8	6	3	7	1
7	3	4	2	5	1	8	6	9
6	8	1	9	3	7	5	2	4
1	5	7	8	6	9	4	3	2
3	9	8	5	2	4	7	1	6
4	6	2	1	7	3	9	8	5

8	5	1	7	2	9	6	4	3
4	2	3	5	6	8	1	7	9
7	9	6	1	4	3	2	8	5
2	8	7	3	1	5	4	9	6
3	6	9	4	8	7	5	2	1
1	4	5	6	9	2	8	3	7
9	7	2	8	5	6	3	1	4
5	1	8	9	3	4	7	6	2
6	3	4	2	7	1	9	5	8

3	9	2	8	5	1	6	7	4
6	8	7	4	2	3	1	9	5
4	5	1	9	7	6	2	8	3
5	6	9	2	3	4	8	1	7
2	3	8	7	1	5	4	6	9
1	7	4	6	9	8	5	3	2
9	1	6	3	4	2	7	5	8
8	2	3	5	6	7	9	4	1
7	4	5	1	8	9	3	2	6

1	4	2	7	3	9	5	6	8
5	3	9	1	6	8	2	7	4
7	6	8	2	5	4	9	3	1
3	1	4	9	8	6	7	2	5
8	9	5	3	7	2	1	4	6
2	7	6	4	1	5	3	8	9
4	5	3	6	9	7	8	1	2
9	2	7	8	4	1	6	5	3
6	8	1	5	2	3	4	9	7

Helpful *Contacts*

Customer Care:
844-280-5555 (TTY: 711)

8:00AM to 8:00PM Central,
Seven days a week (Oct 1 - Mar 31)
8:00AM to 8:00PM Central,
Monday through Friday (Apr 1 - Sept 30)

**Generations Medicare
Advantage Plans Part D
(prescription drug) Questions:**
866-494-3927 (TTY: 711)

Available 24 hours per day, 7 days per
week, Monday through Friday,
8:00AM – 6:00PM
Calls are handled by the GlobalHealth
Pharmacy Services Team

**Beacon Health
Options-Behavioral Health:**
888-434-9202
(TTY: 866-835-2755)

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).