

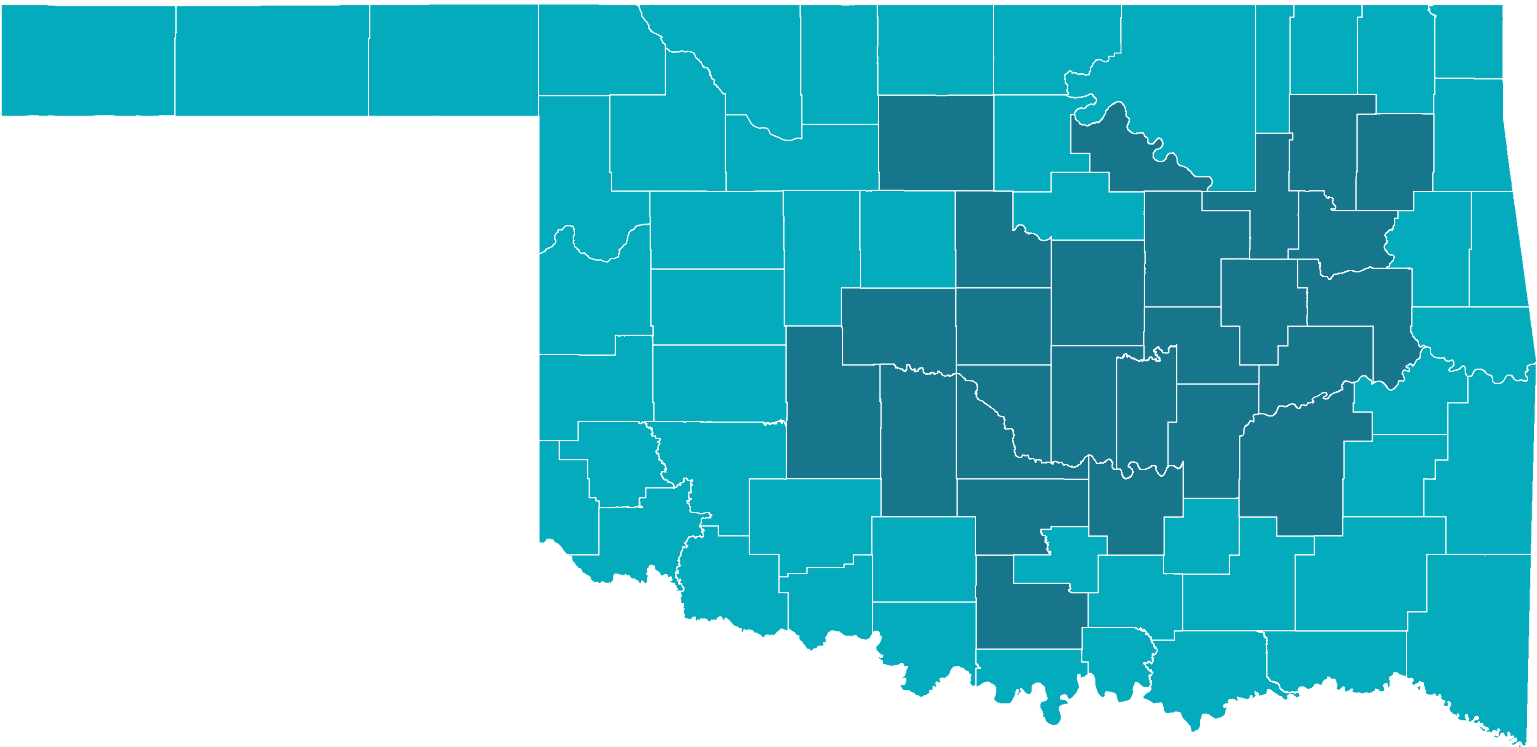
2027 BENEFIT OVERVIEW

OKLAHOMA



GlobalHealth
MEDICARE ADVANTAGE PLANS

GLOBALHEALTH MEDICARE ADVANTAGE PLANS 2027 SERVICE AREA



Caddo	Garvin	McClain	Pawnee	Tulsa
Canadian	Grady	McIntosh	Pittsburg	Wagoner
Carter	Hughes	Muskogee	Pontotoc	
Cleveland	Lincoln	Okfuskee	Pottawatomie	
Creek	Logan	Oklahoma	Rogers	
Garfield	Mayes	Okmulgee	Seminole	

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GlobalHealth Medicare Advantage Plan Options:

H3706-001 Generations Classic Rewards (HMO)

H3706-023 Generations Classic Plus (HMO)

H3706-024 Generations Chronic Care (HMO C-SNP)

H3706-025 Generations Chronic Care Savings (HMO C-SNP)

H3706-028 Generations Dual Support (HMO D-SNP)

H3706-029 Generations Dual Premier (HMO D-SNP)

H3706-009 Generations Valor (HMO)

Call now to speak to a licensed agent!

1-855-766-7881 (TTY: 711)

8:00 AM-8:00 PM

7 days a week (October 1-March 31)

Monday-Friday (April 1-September 30)



WHY CHOOSE GLOBALHEALTH?

About GlobalHealth

- Local, Oklahoma-Based Health Maintenance Organization (HMO) Available in 26 counties for 2027
- 7 Medicare Advantage Plans
- Local Customer Care, Case Management, and Pharmacy Teams, Thousands of Quality Providers, Pharmacies and Many Major Hospitals



What Makes GlobalHealth Unique?

We are High-Touch

Our local customer care, case management and pharmacy teams provide you with personal assistance to help you move through the increasingly complex world of Medicare. We are approachable, easy to reach and go above and beyond to help you.

We are Affordable

We offer a number of money-saving benefits designed to keep more money in your pocket and extend your dollars on your medical expenses.

We are your Health Partner

Not only will we help enroll you in the right plan, but you'll also have ongoing access to tireless health advocates who support your best health, even between doctor visits.

MEDICARE ADVANTAGE PLANS (MA) – MEDICARE PART C

Are you eligible for GlobalHealth Medicare Advantage?

- Must be a permanent resident in our service area
- Must have both Medicare Part A and Part B

What is a Medicare Advantage Plan? (Medicare Part C)

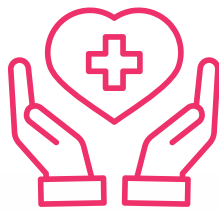
A Medicare Advantage plan is an all-in-one alternative to Original Medicare to enhance your health coverage. Medicare Part C, such as a plan from GlobalHealth, combines Part A and Part B and often Part D prescription drugs. Medicare Part C usually offers more benefits for services such as dental, vision, hearing and low to no copays on physician visits. You must have Medicare Parts A and B to enroll in a Medicare Advantage plan.

*Includes Part A, Part B, and sometimes Part D Coverage

Part A Hospital Insurance



Part B Medical Insurance



Part C Medicare Advantage*



Part D Prescription Drug Coverage



WHAT DO YOU NEED TO KNOW ABOUT MEDICARE?

Medicare Advantage Enrollment Dates

OCTOBER 1 - OCTOBER 14

Medicare plan information is released. This is an opportunity for you to review and compare different Medicare plans that meet your needs and budget.

ANNUAL ENROLLMENT OCTOBER 15-DECEMBER 7

This short window of time is when Medicare beneficiaries, switch or drop a Medicare Advantage plan.

OPEN ENROLLMENT JANUARY 1-MARCH 31

Medicare Advantage plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare. Members only have one opportunity to make one plan change or disenroll to return to Original Medicare.

SPECIAL ENROLLMENT PERIOD DATES MAY VARY

Medicare Advantage plan members cannot make changes to their current plan unless they qualify for a special enrollment period.

WHAT ARE THE TYPES OF ENROLLMENT PERIODS?

During the Initial Enrollment Period (IEP), you can enroll in a Medicare Advantage plan during a 7-month window around your 65th birthday

- 3 months before you turn 65
- The month you turn 65
- 3 months after your birthday month

During the Open Enrollment Period for Institutionalized Individuals, you can enroll in a MA plan starting the day you enter the facility and ending two months after your discharge.

Special Enrollment Period

Certain qualifying events may allow a Medicare eligible person to make plan changes throughout the year.

If you answer yes, you may qualify for Special Enrollment Period:

- Do you have both Medicare and Medicaid?
- Do you qualify for Extra Help paying for your prescriptions?
- Have you recently moved and your current plan is not offered in your service area?
- Are you leaving your employer or union coverage?
- Do you qualify for a special needs plan for diabetes, chronic heart failure or cardiovascular disease?



WHAT ARE CHRONIC SPECIAL NEEDS PLANS? (C-SNP)

WHAT IS A C-SNP PLAN?

C-SNPs are types of Medicare Advantage plans designed for Medicare beneficiaries with chronic conditions. Plans may offer C-SNP plans for only one condition or a group of conditions.

WHAT CONDITIONS QUALIFY?

The Centers for Medicare and Medicaid defines which condition or conditions a Medicare Advantage plan may cover through a C-SNP plan. GlobalHealth's C-SNP plans are for enrollees with:

- Chronic heart failure
- Diabetes
- Cardiovascular disease including cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic disorder

WHO IS ELIGIBLE?

GlobalHealth C-SNP plans are offered to all service area counties in 2027. To be eligible to enroll, you must live in our service area, have Medicare Part A and Part B and have one or more of the above qualifying conditions.

HOW DO C-SNPS HELP?

Members enrolled in a C-SNP plan receive additional proactive case management services to help manage chronic conditions. Members receive a tailored health care action plan personalized to help them reach their optimal health.

GLOBALHEALTH C-SNP FEATURES AND BENEFITS:

- Monthly benefit for over-the-counter items¹, groceries¹, gasoline¹, utility assistance¹ and additional dental, vision/and or hearing expenses.
- Standard diabetic testing supplies and CGMs Covered at no cost.*
- Pair of therapeutic custom-molded shoes and inserts at no cost.*
- \$35 Copay for Insulins.*

Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions. Unused amounts do not roll over to the next month. Funds are not available until accrued. ¹The Smart Wallet Benefit includes your monthly Dental, Hearing, and Vision allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the same Dental, Hearing, and Vision allowance, to acquire other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, and Cardiovascular Disorders, may be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. * Requires prior authorization

C-SNP PRE-QUALIFICATIONS

The procedures and medications below provide an indication of whether someone may qualify for a C-SNP plan and are for example purposes only. All information must be confirmed, and the Pre-Enrollment Qualification Assessment Tool must be filled out with any application.

PROCEDURES*

- Valve Replacement
- Carotid Endarterectomy
- Peripheral Artery Bypass Surgery
- Bypass Surgery Stents
- Cardiac Ablation

MEDICATIONS*

- Warfarin, Xarelto, Eliquis, Pradaxa, Brilinta
- Clopidogrel (Plavix)
- Amiodarone
- Sotalol (Arrhythmia Medications)
- BP Meds with HCTZ
- Diuretics like Lasix (Furosemide)
- Ozempic, Mounjaro, Trulicity, Victoza
- ANY Insulin or Insulin Pump
- Metformin, Glipizide, Farxiga, Janumet, Januvia
- Jardiance

*The items listed are examples only and do not represent an all-inclusive list of procedures or medications.



CMS requires that all GlobalHealth members enrolled in a GlobalHealth Medicare Advantage Plan C-SNP plan submit written verification from a provider that confirms the member has one of the eligible chronic conditions within 60 days of their effective date.

GlobalHealth will coordinate verification with the member and their primary care physician. GlobalHealth may request assistance from the agent of record if we are unable to receive verification. Please see the example verification form below.

C-SNP POST ENROLLMENT VERIFICATION FORM



GlobalHealth Medicare Advantage Plans
210 Park Ave. | Suite 2900 | Oklahoma City, OK 73102-5621

Chronic Special Needs Plan (C-SNP) Post Enrollment Verification Form

Member Name: _____

Member ID Name: _____

C-SNP Post Enrollment Verification Form
(to be completed by provider)

Fax Signed Form to: 1-405-552-3028; OR
Email Signed Form to: csnpproviderverification@globalhealth.com

The above applicant has applied to enroll in a Chronic Special Needs Plan (C-SNP) offered by GlobalHealth. To qualify and remain enrolled in this plan, the applicant must have one of the conditions listed below. By signing our enrollment application form, the applicant has provided consent for us to use this individually identifiable health information. GlobalHealth complies with all HIPAA and Federal law requirements concerning the privacy of such information. We request you to confirm that the applicant has one of the conditions below by placing a check mark next to the appropriate chronic condition(s).

☐ Chronic Heart Failure ☐ Cardiovascular Disorders ☐ Diabetes Mellitus

Doctor's Name: _____ (Please print)

Authorized Signature: _____ Date: _____

WHAT ARE DUAL SPECIAL NEEDS PLANS? (D-SNP)

GlobalHealth also offers Dual Special Needs Plans that provide additional benefits for persons who qualify. To be eligible, you must live in our service area, have Medicare Part A and Part B and qualify for Medicaid.

GlobalHealth D-SNP Features and Benefits

Some of the enhanced benefits you get with a GlobalHealth Dual Special Needs plan are:

- **Monthly Benefit¹** for utility assistance, gasoline, groceries, and/or over-the-counter items. Unused amounts do not rollover to the next month. Funds are not available until accrued.
- **42 post-discharge meals**
- **45 hours** per year of Home Support Services
- **36** one-way transportation trips
- You pay your low-income subsidy copay amounts
- **and more!**



Call to speak to one of our licensed agents to see if you qualify or to get help applying for Medicaid.

¹ The Smart Wallet Benefit allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the Smart Wallet allowance to purchase OTC items and other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Cardiovascular Disorders, Chronic hypertension, Overweight, obesity, and metabolic syndrome, Autoimmune Disorders, Chronic Heart Failure and other conditions not listed may be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

GLOBALHEALTH MEDICARE ADVANTAGE PLAN OFFERINGS 2027

GLOBALHEALTH MEDICARE ADVANTAGE PLANS BENEFITS REVIEW

Benefits	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Monthly Plan Premium	\$0	\$0	\$0	\$0
Deductible	\$0	\$0	\$0	\$0
Medicare Part B Premium Reduction	\$29/month	N/A	N/A	\$40/month
Maximum Out-of-Pocket (MOOP) Annually	\$3,900	\$3,900	\$3,450	\$3,900
Inpatient Care				
Inpatient Hospital Coverage	\$325 per day (Days 1-7) \$0 copay (Days 8-90)	\$245 per day (Days 1-7) \$0 copay (Days 8-90)	\$195 per day (Days 1-7) \$0 copay (Days 8-90)	\$275 per day (Days 1-7) \$0 copay (Days 8-90)
Inpatient Mental Health Care	\$325 per day (Days 1-7) \$0 copay (Days 8-90)	\$245 per day (Days 1-7) \$0 copay (Days 8-90)	\$195 per day (Days 1-7) \$0 copay (Days 8-90)	\$275 per day (Days 1-7) \$0 copay (Days 8-90)
Skilled Nursing Facility (SNF)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)	\$0 per day (Days 1-20) \$218 copay (Days 21-100)
Outpatient Care				
PCP	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist	\$40 copay	\$30 copay	\$20 copay	\$35 copay
Chiropractic Services	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Podiatry Services	\$40 copay	\$30 copay	\$20 copay	\$35 copay
Home Health Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Ambulatory Surgery Center (ASC)	\$250 copay	\$225 copay	\$175 copay	\$225 copay
Outpatient Hospital Surgery	\$320 copay	\$275 copay	\$225 copay	\$275 copay
Ambulance Ground Service (<i>one-way trip</i>)	\$250 copay	\$250 copay	\$240 copay	\$240 copay
Emergency Care (<i>Waived if admitted to acute inpatient care or outpatient surgery</i>)	\$120 copay	\$120 copay	\$120 copay	\$120 copay
Worldwide Urgent Care and Worldwide Emergency Care (<i>does not accumulate to MOOP</i>)	\$120 copay; Limited to \$50,000 combined	\$120 copay; Limited to \$50,000 combined	\$120 copay; Limited to \$50,000 combined	\$120 copay; Limited to \$50,000 combined
Urgently Needed Services	\$25 copay	\$25 copay	\$15 copay	\$15 copay
Outpatient Labs and X-Rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Diagnostic Radiology - Free Standing Facility (MRI, CT, PET, etc.)	\$180 copay	\$180 copay	\$175 copay	\$180 copay
Outpatient Therapeutic Radiology	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Physical, Occupational or Speech Therapy	\$20 copay	\$30 copay	\$20 copay	\$35 copay
Preventive Care				
Preventive Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient Medical Supplies				
Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Standard Diabetic Testing Supplies and CGM	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Prosthetics and Related Supplies (braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Part B Drugs				
Medicare Part B Drugs (includes chemotherapy)	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Part D Drugs				
Deductible	\$0	\$0	\$0	\$0
Total out-of-pocket limit	\$2,400	\$2,400	\$2,400	\$2,400
Tier 1: Preferred Retail 30-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 30-Day Supply	\$10 copay	\$10 copay	\$5 copay	\$5 copay
Tier 3: Preferred Retail 30-Day Supply	\$41 copay \$35 maximum copay for insulin	\$41 copay \$35 maximum copay for insulin	\$41 copay \$35 maximum copay for insulin	\$41 coinsurance \$35 maximum copay for insulin
Tier 4: Preferred Retail 30-Day Supply	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Preferred Retail 30-Day Supply	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 1: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Preferred Retail 100-Day Supply	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Retail 100-Day Supply	\$82 copay; \$82 copay for insulin	\$82 copay; \$82 copay for insulin	\$82 copay; \$82 copay for insulin	\$82 copay; \$82 copay for insulin

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-001 Generations Classic Rewards (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Chronic Care (HMO C-SNP)	H3706-025 Generations Chronic Care Savings (HMO C-SNP)
Tier 4: Preferred Retail 100-Day Supply	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Supplemental Benefits				
Comprehensive Dental Benefit	\$1,500/year	\$1,600/year	\$2,000/year	\$2,000/year
Vision (Eyewear) Benefit	\$200/year	\$200/year	\$200/year	\$200/year
Hearing Aid Benefit (both ears combined)	\$1,000/year	\$1,000/year	\$1,000/year	\$1,000/year
Smart Wallet Benefit	\$140/quarter OTC Dental, Vision and/or Hearing	\$140/quarter OTC Dental, Vision and/or Hearing	\$55/month OTC, Groceries, Gasoline, Dental, Utilities, Vision and/or Hearing	\$50/month OTC, Groceries, Gasoline, Dental, Utilities, Vision and/or Hearing
Transportation (limited to 50 miles per one-way trip)	24 one-way trips/year	24 one-way trips/year	36 one-way trips/year	36 one-way trips/year
Fitness	\$0	\$0	\$0	\$0
24/7 Nurse Line	\$0	\$0	\$0	\$0
Post-Discharge Meal Delivery	2 meals per day for 5 days, up to 4 times (discharges) per year	2 meals per day for 5 days, up to 4 times (discharges) per year	Limited to 2 meals per day for 7 days, up to 4 times (discharges) per year	Limited to 2 meals per day for 7 days, up to 4 times (discharges) per year
Home Support Services	25 hours/year	25 hours/year	55 hours/year	55 hours/year
Personal Emergency Response System	\$0	\$0	\$0	\$0

Benefits	H3706-028 Generations Dual Support (HMO D-SNP) QMB, QMB+, SLMB+, FBDE	H3706-029 Generations Dual Premier (HMO D-SNP) QMB, QMB+, SLMB+, FBDE	H3706-009 Generations Valor (HMO)
Monthly Plan Premium	\$0	\$0	\$0
Deductible	\$0	\$0	\$0
Medicare Part B Premium Reduction	N/A	N/A	\$50/month
Maximum Out-of-Pocket (MOOP) Annually	\$9,850	\$9,850	\$3,900
Inpatient Care			
Inpatient Hospital Coverage	\$0/day copay	\$0/day copay	\$295/day copay (Days 1-7), \$0/day copay (Days 8-90)

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-028 Generations Dual Support (HMO D-SNP) QMB, QMB+, SLMB+, FBDE	H3706-029 Generations Dual Premier (HMO D-SNP) QMB, QMB+, SLMB+, FBDE	H3706-009 Generations Valor (HMO)
Inpatient Mental Health Care	\$0/day copay	\$0/day copay	\$295/day copay (Days 1-7), \$0/day copay (Days 8-90)
Skilled Nursing Facility (SNF)	\$0/day copay	\$0/day copay	\$0/day (Days 1-20), \$218/day (Days 21-100)
Outpatient Care			
PCP	\$0 copay	\$0 copay	\$0 copay
Specialist	\$0 copay	\$0 copay	\$35 copay
Chiropractic Services	\$0 copay	\$0 copay	\$20 copay
Podiatry Services	\$0 copay	\$0 copay	\$35 copay
Home Health Services	\$0 copay	\$0 copay	\$0 copay
Ambulatory Surgery Center (ASC)	\$0 copay	\$0 copay	\$250 copay
Outpatient Hospital Surgery	\$0 copay	\$0 copay	\$320 copay
Ambulance Ground Service (<i>one-way trip</i>)	\$0 copay	\$0 copay	\$240 copay
Emergency Care (<i>Waived if admitted to acute inpatient care or outpatient surgery</i>)	\$0 copay	\$0 copay	\$120 copay
Worldwide Urgent Care and Worldwide Emergency Care (<i>does not accumulate to MOOP</i>)	\$115 copay; Limited to \$50,000 combined	\$115 copay; Limited to \$50,000 combined	\$120 copay; Limited to \$50,000 combined
Urgently Needed Services	\$0 copay	\$0 copay	\$15 copay
Outpatient Labs and X-Rays	\$0 copay	\$0 copay	\$5 labs/\$0 x-ray
Diagnostic Radiology - Free Standing Facility (MRI, CT, PET, etc.)	\$0 copay	\$0 copay	\$180 copay
Outpatient Therapeutic Radiology	\$0 copay	\$0 copay	\$50 copay
Physical, Occupational or Speech Therapy	\$0 copay	\$0 copay	\$20 copay
Preventive Care			
Preventive Services	\$0 copay	\$0 copay	\$0 copay

See the plan Evidence of Coverage for referral and prior authorization requirements and limitations.

Benefits	H3706-028 Generations Dual Support (HMO D-SNP) QMB, QMB+, SLMB+, FBDE	H3706-029 Generations Dual Premier (HMO D-SNP) QMB, QMB+, SLMB+, FBDE	H3706-009 Generations Valor (HMO)
Outpatient Medical Supplies			
Durable Medical Equipment (wheelchairs, oxygen, etc.)	\$0 copay	\$0 copay	20% insurance
Standard Diabetic Testing Supplies and CGM	\$0 copay	\$0 copay	\$0 copay
Prosthetics and Related Supplies (braces, artificial limbs, etc.)	\$0 copay	\$0 copay	20% coinsurance
Part B Drugs			
Medicare Part B Drugs (includes chemotherapy)	\$0 copay	\$0 copay	0%-20% coinsurance
Part D Drugs			
Deductible	\$0	\$0	Not Covered
Total out-of-pocket limit	\$2,400	\$2,400	
Tier 1: 30-Day Supply and 100-Day Supply	LIS Level 1 - \$5.80 (generic), \$14.40 (brand) LIS Level 2 - \$1.65 (generic), \$5.00 (brand) LIS Level 3 - \$0	LIS Level 1 - \$5.80 (generic), \$14.40 (brand) LIS Level 2 - \$1.65 (generic), \$5.00 (brand) LIS Level 3 - \$0	
Supplemental Benefits			
Comprehensive Dental Benefit	\$2,000/year	\$3,800/year	\$1,500/year
Vision (Eyewear) Benefit	\$100/year	\$400/year	\$300/year
Hearing Aid Benefit (both ears combined)	\$1,000/year	\$2,000/year	\$1,000/year
Smart Wallet Benefit	\$215/month OTC, Groceries, Gasoline, and/or Utilities	\$190/month OTC, Groceries, Gasoline, and/or Utilities	\$100/quarter OTC, Dental, Vision and/or Hearing
Transportation (limited to 50 miles per one-way trip)	36 one-way trips/year	36 one-way trips/year	24 one-way trips/year
Fitness	\$0	\$0	\$0
24/7 Nurse Line	\$0	\$0	\$0
Post-Discharge Meal Delivery	Limited to 3 meals per day for 14 days, up to 4 times (discharges) per year	Limited to 3 meals per day for 14 days, up to 4 times (discharges) per year	Limited to 2 meals per day for 5 days, up to 4 times (discharges) per year
Home Support Services	45 hours/year	45 hours/year	30 hours/year
Personal Emergency Response System	\$0	\$0	\$0

ENROLL IN A GLOBALHEALTH MEDICARE ADVANTAGE PLAN

4 EASY WAYS TO SUBMIT YOUR ENROLLMENT:



CALL US:

To enroll by phone, please call us at 1-855-766-7881 (TTY: 711)*



ENROLL ONLINE:

Go to globalhealth1.destinationrx.com/PC/2025 to enroll.

Medicare beneficiaries may also enroll in a GlobalHealth Medicare Advantage Plan through the CMS Online Enrollment Center located at: www.Medicare.gov.

To avoid delays with your enrollment, please do not submit your enrollment information more than once.

If you need assistance in filling out your enrollment form or have any questions, please call us at 1-855-766-7881 (TTY: 711)*.



LOCAL SALES AGENT:

Contact your local sales agent to help you choose the right plan and to complete your enrollment.



BY MAIL:

Follow these easy steps to enroll in a GlobalHealth Medicare Advantage Plan:

1. Each applicant must complete a separate enrollment form.
2. Have your Medicare card ready. You will need to fill in the requested information **EXACTLY** as it appears on your Medicare card to avoid delays with your enrollment.
3. **Sign and date** the enrollment form. Your enrollment form is not complete without a signature.
4. **Mail/Fax/Email it**, along with any other required documentation, to:
GlobalHealth
Attn: Eligibility and Enrollment
P.O. Box 1678
Oklahoma City, OK 73101-1678

Fax: 405-280-5455
Email: brokersupport@globalhealth.com



*By calling this number you will be able to communicate with an Authorized Sales Representative.

WHAT'S NEXT?

WHAT TO EXPECT AFTER ENROLLING

Welcome to the GlobalHealth family!

After you enroll in your GlobalHealth Medicare Advantage Plan, use the step-by-step guide below to know what to expect next. Be sure to check your mail for these communications!

STEP 1

Enrollment Verification Letter

Why you receive this? To assure you that we received your completed enrollment form. (Please note: Medicare still must approve your enrollment.)

STEP 2

Notice to Confirm your Enrollment

Why you receive this? To confirm your enrollment was approved by Medicare.

STEP 3

Welcome Kit

Why you receive this? To provide you with a Welcome Kit that has plan information, including information about where to find your Evidence of Coverage.

STEP 4

Member ID Card

Why you receive this? To provide you with a Member ID card. You need to show this card every time you visit the physician, hospital or pharmacy (if applicable).

STEP 5

Health Risk Assessment (HRA)

Why you receive this? To provide information that will allow GlobalHealth to coordinate with your health care providers in a way that best serves your preventive health care needs.

QUESTIONS?

You can call our friendly Customer Care team for answers to your questions!

1-844-280-5555 (TTY: 711)

8:00 AM-8:00 PM

7 days a week (October 1-March 31) Monday-Friday (April 1-September 30)

WHAT IS THE SMART WALLET BENEFIT?

The Smart Wallet Benefit is a Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefit. Please note all plans do not offer all categories.

USING THE SMART WALLET BENEFIT IS SIMPLE!

Swipe your Smart Wallet Benefit and select the credit option. Please note, if you select debit, your transaction will be declined.

1. **Dental, Vision and/or Hearing¹ Benefits:**

Use your Smart Wallet Benefit for payments at your provider's office, like a flex spending account.

2. **Over-the-Counter Items¹ and/or Groceries¹ Benefits:**

Use your Smart Wallet Benefit at certain retail stores or online at GlobalHealth.NationsBenefits.com.

3. **Gasoline¹ Benefits:**

Use your Smart Wallet Benefit to purchase gasoline at any gas station! Please note, you must use your Smart Wallet to pay at the pump, not inside the store.

4. **Utility¹ Benefits:**

Use your Smart Wallet Benefit to pay your electric, gas, sanitary, water, landline utility service, and/or petroleum service provider(s) directly.



Things to Remember

The benefit cannot be used for cash withdrawal nor purchase the following services or products: cosmetic procedures, hospital indemnity insurance, funeral planning and expenses, life insurance, alcohol, tobacco, cannabis products, broad membership programs inclusive of multiple unrelated services and discounts, and non-healthy food. To find a full list of eligible items and available locations, please visit www.GlobalHealth.com. You can use your monthly or quarterly annual balance in multiple transactions, up to your maximum benefit. You cannot use funds before they are accrued. Unused amounts do not roll over to the next month or quarter.

¹Generations Chronic Care (HMO C-SNP); Generations Chronic Care Savings (HMO C-SNP): The Smart Wallet Benefit includes your monthly Dental, Hearing, and Vision allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the same Dental, Hearing, and Vision allowance, to acquire other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, and Cardiovascular Disorders, may be eligible for the SSBCI program. Generations Dual Premier (HMO D-SNP); and Generations Dual Support (HMO D-SNP): The Smart Wallet Benefit allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the Smart Wallet allowance to purchase OTC items and other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Cardiovascular Disorders, Chronic hypertension, Overweight, obesity, and metabolic syndrome, Autoimmune Disorders, Chronic Heart Failure and other conditions not listed may be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

OVER-THE-COUNTER

Members on select plans will receive a quarterly/monthly Smart Wallet Benefit amount that they can use to purchase over-the-counter items. The over-the-counter benefit is combined with a members groceries¹, gasoline¹ and/or utilities allowances¹, on plans that offer these benefits.



Members can purchase over-the-counter items from the below categories:

- Cold & Allergy
- Compression
- Support Diabetes
- Care Digestive Health
- Eye & Ear Care
- Feminine Care
- First Aid
- Foot Care
- Health Supports
- Home Health Care
- Incontinence
- Oral Care
- Pain Relief
- Patient Skin Care
- Skin Care
- Smoking Deterrents
- Sun Care
- Supplements

Please note that there are exclusions and limitations within the above categories. For a full list of items that are eligible for purchase, please refer to the Smart Wallet Benefits Retail Categories document available on www.globalhealth.com.

GROCERIES

On C-SNP and D-SNP plans, members who qualify for SSBCI will receive a **monthly Smart Wallet Benefit amount** that they can use to purchase **groceries**¹. The groceries benefits is combined with OTC¹, gasoline¹ and/or utilities¹.

INCLUDED ITEMS:

- Fresh fruit and vegetables
- Canned fruit and vegetables
- Fresh salad
- Dairy products
- Meat and seafood
- Beans and legumes
- Pantry staples: flour, spices, etc.
- Soups
- Nutritional shakes and bars
- Healthy grains: bread, cereals, pastas, etc.

EXCLUDED ITEMS:

- Alcohol
- Baby Formula
- Candy
- Chips
- Coffee Shop Items
- Desserts
- Fresh Baked Goods
- Non-Food Items
- Pet Items
- Soda
- Tobacco
- Gift Cards

Easily Use the Smart Wallet Benefit Funds

After selecting the approved items, members will enter the card information or swipe their card as credit at checkout to use their funds. Members can shop at certain retail stores or through the GlobalHealth grocery catalog. See our website for a list of retail stores.

¹Generations Chronic Care (HMO C-SNP); Generations Chronic Care Savings (HMO C-SNP): The Smart Wallet Benefit includes your monthly Dental, Hearing, and Vision allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the same Dental, Hearing, and Vision allowance, to acquire other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, and Cardiovascular Disorders, may be eligible for the SSBCI program. Generations Dual Premier (HMO D-SNP); and Generations Dual Support (HMO D-SNP): The Smart Wallet Benefit allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the Smart Wallet allowance to purchase OTC items and other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Cardiovascular Disorders, Chronic hypertension, Overweight, obesity, and metabolic syndrome, Autoimmune Disorders, Chronic Heart Failure and other conditions not listed may be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.



GASOLINE BENEFIT

On C-SNP and D-SNP plans, members who qualify for SSBCI will receive a **monthly Smart Wallet Benefit amount** that they can use to purchase **gasoline**¹. The gasoline benefit is combined with the OTC¹, groceries¹ and/or utilities¹ benefits.

Members can use their Smart Wallet Benefit to purchase gasoline at any gas station! Please note, members must use their Smart Wallet Benefit to pay at the pump, not inside the store.

¹Generations Chronic Care (HMO C-SNP); Generations Chronic Care Savings (HMO C-SNP): The Smart Wallet Benefit includes your monthly Dental, Hearing, and Vision allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the same Dental, Hearing, and Vision allowance, to acquire other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, and Cardiovascular Disorders, may be eligible for the SSBCI program. Generations Dual Premier (HMO D-SNP); and Generations Dual Support (HMO D-SNP): The Smart Wallet Benefit allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the Smart Wallet allowance to purchase OTC items and other SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Cardiovascular Disorders, Chronic hypertension, Overweight, obesity, and metabolic syndrome, Autoimmune Disorders, Chronic Heart Failure and other conditions not listed may be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.



UTILITY ASSISTANCE

On C-SNP and D-SNP plans, members who qualify for SSBCI will receive a **monthly Smart Wallet Benefit**² that they can use to pay their utility¹ bills. Utility assistance is not specific to particular companies. The utility benefit is combined with OTC¹, groceries¹ and/or gasoline¹ benefits.

Members can use their Smart Wallet Benefit card to pay their utility provider directly. Members must pay any amount above the Smart Wallet benefit using another payment method.

INCLUDED UTILITY SERVICES

- Electric, gas, sanitary, and water utilities
- Landline telephone service
- Certain petroleum expenses

²Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternate formats and/or languages or need oral interpretation services, you can call us at 1.844.280.5555 (TTY: 711). Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.



PAPA PALS

GlobalHealth is proud to partner with Papa Pals in 2027 to provide Home Support services*, if a member's plan includes this benefit.

*Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.



Members can call Papa Pals directly
to schedule an appointment!

1-855-485-9692 (TTY: 711)

8 am –8 pm, 7 days a week



TRANSPORTATION BENEFIT³

GlobalHealth partners with RoundTrip to provide transportation benefits to our members. GlobalHealth plan members can receive either 24 or 36 one-way trips, depending on plans, limited to 50-miles each way, at no additional cost!

Members who have special needs may request additional assistance.

PROCESS

1. Members can call RoundTrip directly to schedule an appointment at **1-877-565-1612 (TTY: 711)**.
2. Members choose a day and time for pick-up that is **at least 48 hours in advance** (required). Members will need to share their member ID card, pick-up location, drop-off location, and any special needs.

³Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.



PERSONAL EMERGENCY RESPONSE SYSTEM*

GlobalHealth members have access to a medical alert system through NationsBenefits® in partnership with Connect America®. This benefit gives members around-the-clock monitoring for greater peace of mind, independence, and safety. The medical alert system will provide help at the push of a button.



24/7/365 Monitoring Services

1. **Press Button:** When the help button is pressed, an emergency alert is sent to a specially trained Connect America® monitoring agent. Fall detection pendants automatically send an alert if a fall occurs.¹
2. **Immediate Response:** A Connect America® monitoring agent will speak with you via the two-way voice feature². They will confirm the emergency and arrange for help.
3. **Get Help:** At the push of a button, an Connect America® agent will alert caregivers, loved ones, or emergency responders based on your preference.

Call 1-877-241-4736 (TTY: 711) or visit GlobalHealth.NationsBenefits.com/PERS

*Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.

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LIVING BOLDLY™ TOGETHER

The Silver&Fit® Healthy Aging and Exercise program supports every unique member.

- **National Network of Fitness Centers**

Access thousands of participating fitness centers or select YMCAs, many with exercise classes for older adults.

- **Home Fitness Kits**

Members may choose 1 fitness kit per year from the following:

- A Fitbit® wearable tracker kit
- A Garmin® wearable tracker kit

- **On-Demand Workout Videos**

Visit the Silver&Fit website to find workout videos for all fitness levels.

- **Workout Plans**

Answer a few online questions about your fitness level and goals to get a custom exercise plan.

- **Well-Being Club**

Learn new skills and focus on well-being with live virtual classes and events, opportunities to connect in-person, and exclusive articles and videos.

- **Well-Being Coaching**

Get support with your goals during scheduled phone, video, or chat sessions with a trained coach.



Go to SilverandFit.com to get started today! For questions, call us toll-free at **1.877.427.4788 (TTY/TDD: 711)**, Monday through Friday, 7 a.m. to 8 p.m. Central time.



Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.

GLOBALHEALTH SUPPLEMENTAL BENEFITS

GlobalHealth partners with great companies to provide extra benefits, including dental, vision, hearing, home support services, transportation, fitness, meal delivery, 24/7 nurse line, advance care planning, and personal emergency response system. When using these benefits, you must stay in the network of providers and take your GlobalHealth ID card to the participating network facility on your first visit or have it ready when you call. Check your plan's EOC to verify coverage for the services below.

Dental:	DentaQuest 1-833-955-3423 (TTY: 800-466-7566)	8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31), Monday-Friday (April 1-Sept 30)
Vision:	EyeMed 800-884-6321 (TTY: 711)	7:00 AM - 10:00 PM CST Monday - Saturday, 10:00 AM - 7:00 PM CST Sunday.
Hearing:	NationsHearing 1-877-241-4736 (TTY: 711)	8:00 AM-8:00 PM CST 7 days a week
Home Support Services:	Papa Pals 1-855-485-9692 (TTY: 711)	8:00 AM - 8:00 PM CST 7 days a week (Closed on Thanksgiving, Christmas Day, and New Years Day)
Transportation:	RoundTrip 1-877-565-1612	24/7
Fitness:	Silver&Fit 1-877-427-4788	7:00 AM-8:00 PM CST Monday-Friday
Meal Delivery:	Independent Living Systems Arranged by GlobalHealth Case Managers 1-844-280-5555 (TTY: 711)	8:00 AM-8:00 PM CST 7 days a week (Oct 1-March 31) Monday-Friday (April 1-Sept 30)
24/7 Nurse Line:	CareNet 24/7 Nurse Line 1-800-554-9371 (TTY: 711)	24/7
Personal Emergency Response System:	NationsBenefits 1-877-241-4736 (TTY: 711)	8:00 AM-8:00 PM CST 7 days a week

Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions. Other pharmacies, physicians and providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations.

MEDICARE PART D PRESCRIPTION DRUG COVERAGE (TWO STAGES)

1

Initial Coverage Stage

The plan pays its share of the cost, and you pay your share (copayment/coinsurance) until your total drug costs reach **\$2,400**.

Example:

Drug = \$50 You Pay = \$10
Plan Pays = \$40

2

Catastrophic Coverage Stage

You will pay \$0 for all drugs.

Generic Example:

Drug = \$50	Plan Pays = \$30
Medicare Pays = \$20	You Pay = \$0

GlobalHealth Medicare Advantage plans **do not have a deductible stage**. Members pay a maximum copay of up to **\$35** for a month's supply of insulin in the Initial Coverage Stage. D-SNP members pay their low-income subsidy copays during the Initial Coverage Stage.



Need Extra Help? You May Qualify!

**You may be able to get extra help with your prescription drugs costs.
To find out if you qualify, call:**

GlobalHealth: 1-855-766-7881 (TTY: 711) | 8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31)
Monday-Friday (April 1-Sept 30)

Medicare: 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week
(TTY: 1-877-486-2048)

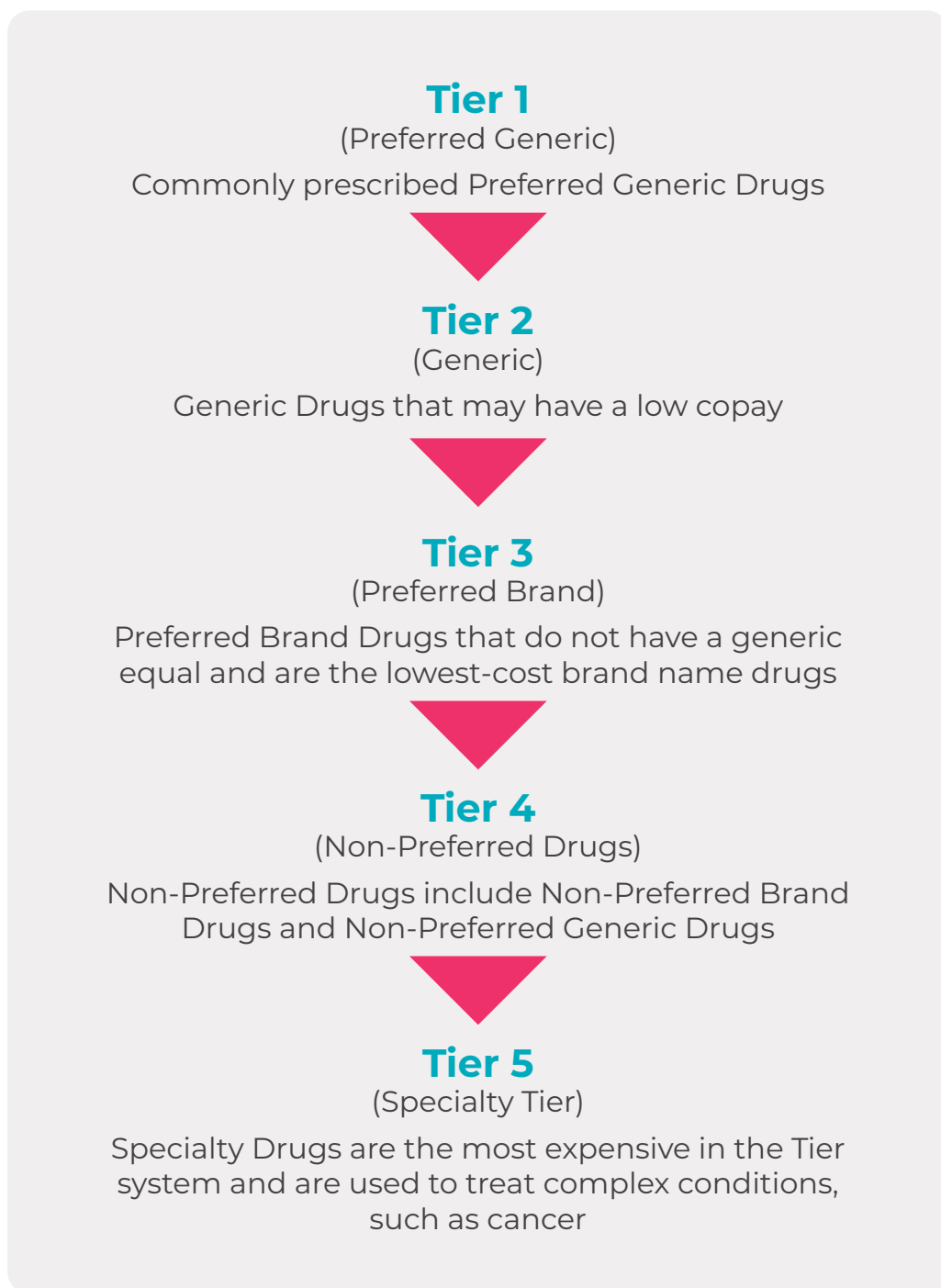
Social Security Office: 1-800-772-1213, 7:00 AM-7:00 PM (TTY: 1-800-325-0778)

State Medicaid (SoonerCare Helpline): 1-800-987-7767 | 8:00 AM-5:00 PM, Monday-Friday

Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions.

5-TIER FORMULARY

You'll notice in the prescription drug formulary that drugs are divided into a tier system. Simply put, **the more expensive the drug, the higher the tier**. Each tier will have a defined out-of-pocket cost that you pay before receiving the prescription medication. The tier system is as follows:



WHAT DOES MOOP MEAN?

The Maximum Out-of-Pocket (MOOP) is the limit of how much when you pay your share of the cost of your care through coinsurance and copays. What you pay toward Medicare Part A and Part B services, including your plan's coinsurance and copays apply to your MOOP. What you pay toward supplemental benefits coinsurance and copays do not apply to your MOOP. Once you reach your MOOP, the plan pays 100% of the following services. Our GlobalHealth Medicare Advantage Plans protect you with a LOW maximum out-of-pocket.

Inpatient Services:

- Inpatient Hospital Care
- Inpatient Mental Health
- Skilled Nursing Facility

Preventive services covered at \$0, even if you haven't met your MOOP level, like:

- Annual Wellness Visit
- Part B Immunizations (Flu, Hepatitis B, Pneumonia, COVID)
- Cancer Screenings (for example, Breast Cancer, Prostate Cancer, and Lung Cancer)
- Counseling (for example, Nutrition Therapy and Smoking Cessation)
- Other Screenings (for example, Bone Mass Measurement and Depression)
- Welcome to Medicare Visit

Outpatient Medical Services & Supplies:

- Doctor Visits
- Home Health Services
- Outpatient Mental Health Outpatient Substance Abuse
- Outpatient Surgery
- Medically Necessary Ambulance Services
- Emergency Care
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT & ST)
- Cardiac and pulmonary rehabilitation
- Supervised exercise therapy
- Opioid treatment program
- Outpatient diagnostic tests
- Durable Medical Equipment
- Prosthetic Devices
- Diabetes Self-Monitoring & Training
- Diabetic Monitoring Supplies
- Diagnostic Tests
- X-Rays
- Lab Services
- Radiology Services
- End Stage Renal Disease Services

IMPORTANT PHONE NUMBERS

Do you have questions about your plan benefits? You can call Customer Care for answers to your questions. If you suspect Medicare fraud, waste or abuse, call our hotline. Keep this list handy, so you always know who to call.

Customer Care:

1-844-280-5555 (TTY: 711)

8:00 AM-8:00 PM

7 days a week (Oct 1-Mar 31)

Monday-Friday (Apr 1-Sept 30)

Why call?

Speak to a Customer Care Representative:

- If you've lost important plan documents, like your Member ID card or your Summary of Benefits.
- If you need to obtain authorization for a service or procedure.
- If you need to know if a specific procedure or service is covered.
- If you have benefit or coverage questions.
- If you need help locating a network provider.
- See the back of your member ID card for other important plan information and numbers.

Fraud, Waste, and Abuse Hotline:

1-877-627-0004

All communications are confidential and anonymous

Why call?

Report any health care fraud, such as:

- Provider bills you for medical services, supplies or items that were not provided.
- Provider performs medically unnecessary services to obtain the insurance payment.
- Someone steals your personal information to submit false claims to obtain the insurance benefit.
- Someone pretends to represent Medicare, the Social Security Administration or an insurance plan for the purpose of obtaining personal information.

24 Hour Nurse Line:
1-800-554-9371

Visit www.GlobalHealth.com to find plan information and helpful resources.

STILL HAVE QUESTIONS?

Get easy-to-understand answers to your Medicare questions. Compare GlobalHealth's Medicare Advantage plans to your current plan.

Speak to a licensed agent:

1-855-766-7881 | TTY: 711

8:00 AM-8:00 PM CST, 7 days a week (Oct 1-March 31)

Monday-Friday (April 1-Sept 30)

By calling this number you will be able to communicate with an Authorized Sales Representative.



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: Refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).

C-SNP (Chronic Condition Special Needs Plan): A Medicare Advantage plan designed for Medicare beneficiaries with chronic conditions such as heart disease. Plans may offer C-SNP plans for only one condition or a group of conditions.

D-SNP (Dual Special Needs Plan): A Medicare Advantage plan designed for beneficiaries who are eligible for both Medicare and Medicaid.

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 covered services.

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

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

Prior Authorization: For certain services or prescription drugs, you will need to get approval in advance from your insurance provider before obtaining the services or drugs. Your Primary Care Physician (PCP) or specialist may submit prior authorization to your insurance for the prior authorization.

NOTES

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GlobalHealth

MEDICARE ADVANTAGE PLANS

GlobalHealth Generations is a product offered by GlobalHealth, Inc. Benefits may vary by plan. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, periodicity, limitations, and exclusions. GlobalHealth is an HMO plan with Medicare and Oklahoma Medicaid program contracts. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. `Fraud, Waste and Abuse: GlobalHealth is committed to fighting health care fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-627-0004. Contact the plan for more information. H3706_0008790826_M