



GlobalHealthBeat

A Newsletter for GlobalHealth Medicare Advantage Members



Your Opinion Counts!

Each year CMS (Medicare) randomly surveys select members about the care they receive. If you are chosen to receive a survey, it doesn't take long to share your opinion on topics such as: access to care, care coordination, customer service, and rating of your health plan.

If you are randomly selected to do a survey, you will receive the survey by e-mail, postal mail, or a telephone call from an independent company that completes surveys for CMS and GlobalHealth. Your survey responses are compiled with other data for the CMS Star Ratings¹ and help us to understand what's important to you by sharing insight into the quality of care you want from GlobalHealth for your healthcare needs.

Thanks to your feedback, CMS has rated GlobalHealth 4 out of 5 Stars for the 2026 Star Ratings!

¹ Every year, Medicare evaluates plans based on a 5-star rating system.

Do You Have a Primary Care Provider (PCP)?

Your relationship with your PCP is very important in managing your health.

Your PCP knows your health history, what medications you're taking, and has a more complete picture of your overall health. They are your partner in health, assisting you in navigating the healthcare system.

To ensure you get the most out of your benefit plan, review your member ID card to learn which PCP you selected. Seeing a different PCP from whom it is listed on your member ID card can result in being responsible for charges for the unassigned doctor. If a PCP change is needed, the change will be effective on the 1st day of the following month after the change is made.

If you need assistance in selecting or changing your in-network PCP, please contact GlobalHealth at 1-844-280-5555 (TTY: 711) or visit our website at www.globalhealth.com and request the change on the GlobalHealth Member Portal.



Who do you call?

When you need help, who do you call?

Check the back of your GlobalHealth insurance card to quickly find important phone numbers to contact about your benefits and services.* Calling these numbers directly avoids delays and helps you get the information you need when you need it.

***Phone numbers vary by individual plan benefits.**

GlobalHealth		Medicare Rx Prescription Drug Coverage	
<Plan Name>		RXBIN: 012312	
Member ID: <XXXXXXXXXXXX>		RXPCN: PARTD	
<First Name> <MI> <Last Name>		RXGRP: 850000	
PCP Name: <PCP Name>		H3706 - <PBP #>	
PCP Phone: <XXX-XX-XXXX>		Effective: [cvg_eff_dt]	
Copayments			
PCP <XX>	SPEC <XX>	ER <XX>	
24/7 Nurse Line: 1-800-554-9371 (TTY: 711) Behavioral Health: 1-888-434-9202 (TTY: 711) In-Home Support Services: 1-855-485-9692 (TTY: 711) Transportation: 1-877-565-1612 (TTY: 711) Dental: 1-833-955-3423 (TTY: 1-800-466-7566) Vision: 1-800-884-6321 (TTY: 711) Hearing: 1-877-241-4736 (TTY: 711) Smart Wallet Benefit: 1-877-241-4736 (TTY: 711) Pharmacy Benefits: 1-866-494-3927 (TTY: 711)			
BARCODE HERE			
Customer Care: 1-844-280-5555 (TTY: 711) www.GlobalHealth.com			
Submit Medical Claims to: GlobalHealth Claims Department P.O. Box 2718 Oklahoma City, OK 73101 EDI Payer ID: GHOKC0001			
Pharmacy Claims: MedImpact, 7835 Freedom Ave NW, North Canton, OH 44720			

What is an AWV?

The Annual Wellness Visit (AWV) is a yearly preventive visit that promotes good health through disease prevention and detection, making sure you get the medical care that you need. The visit gives you the opportunity to partner with your primary care provider about your health status and goals, to maximize your well-being.

Annual Wellness Visits* include:

- Development of a personalized prevention plan
- Routine measurements check (e.g., height, weight, body mass index, blood pressure, etc.)
- Screening for depression
- Learning about your medical and family history
- Making a list of current providers, DME suppliers, and medications
- Screening for cognitive impairment
- Review of functional ability and level of safety
- Health advice and referrals for health education and/or preventive counseling (e.g., weight loss, physical activity, smoking cessation, fall prevention, nutrition, etc.)

With GlobalHealth you can visit your assigned GlobalHealth PCP for your Annual Wellness Visit **AND** a separate physical exam.

Physical Exams include:

- Health history
- Vital signs
- General appearance
- Heart exam
- Lung exam
- Head and neck exam
- Abdominal exam
- Neurological exam
- Dermatological exam
- Extremities exam
- Counseling to include healthy behaviors and screening services

Make sure to schedule the appointment with your PCP as an Annual Wellness Visit to ensure a \$0 copay. Please keep in mind that if your provider orders testing, outside of preventive screenings, you may be charged a copay for the recommended service(s).

If you need help scheduling an Annual Wellness Visit and/or other preventive care testing, please contact our Clinical Quality team toll-free at 1-844-280-5538.

If you have questions about your benefits, please call GlobalHealth at 1-844-280-5555 (TTY: 711) 8:00 AM to 8:00 PM seven days a week from October 1 to March 31 and Monday through Friday from April 1 to September 30.



*An Annual Wellness Visit does not include a head-to-toe routine physical exam performed in relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury.

Preparing for Your Next Physician's Visit

In today's busy world, take a few minutes to prepare for your next doctor's visit to ensure that important health topics are discussed.

Make a list of all your questions and prioritize your concerns by asking about the most important ones first.

Take information with you to the doctor. Bring your insurance information, and a list of all your medications, including over-the-counter items, vitamins, and herbal remedies or supplements. Be sure to include the medication strengths and directions of how you take them or bring them with you.

- Keep your doctor up to date. Be sure to let your doctor know if you have been treated in an urgent care, emergency room, hospital, or seen by a specialist. Be sure to let all healthcare and health service providers know who your PCP is so that they can share your records to ensure that your PCP is aware of your current health status, medication changes, and if follow-up testing or care is needed. If you are unsure of the next steps for your care, follow-up with your PCP's office.
- Bring a family member or friend to the doctor's visit. They can take notes for you to remember what the doctor said. You can decide how active a role they will play in your support system.
- Let your doctor know if you have a tough time hearing or understanding them. Ask them to speak louder or slower and if you need interpretive services. If an interpreter is needed, be sure to call the doctor's office ahead of time to plan or schedule the interpreter's services.
- Finally, does your healthcare provider have a patient portal? Be sure to sign up! This is a great way to ask questions and view test results. Ask your provider for help to sign up today.

Remember to Take Your Medication

Taking medication is important in following your care plan to stay healthy and symptom-free. Unfortunately, not taking medications correctly can cause emergency room visits due to flare-ups in your health condition(s).

Tips for remembering to take your medications:

- **Create a routine** - Take medications with an activity you do at the same time every day.
- **Keep visible** - Leave medications in a safe place that is easy to see.
- **Set an alarm** - Setting an alarm on your clock, watch, or cell phone can be helpful. Use a free mobile medication reminder app on your cell phone device.
- **Post a note** - Put a reminder note in a place that can be seen every day.
- **Use a pillbox** - A pillbox with compartments for each day and dosing time can be a visual reminder to take medications and help prevent double doses.
- **Flip Pill Bottle Over** - Each time you take your medications, flip the bottle over so you know you took it. Then at the end of the day, turn them right side up.
- **Carry extra doses** - Leave some extra doses in a container so you can take your medications if you're away from home.
- **Record each dose** - Use a calendar or medication journal to check off when you take each dose.



Talk with your primary care provider to understand what medication(s) you are taking, why it is important to take your medications as directed, and to identify barriers as to why you are unable to take your medications.

Contact GlobalHealth at 1-844-280-5555 (TTY: 711) if you have questions regarding your pharmacy benefits.

24/7 Nurse Line

As a member of any GlobalHealth Medicare Advantage Plan, you can talk to a skilled, registered nurse to assist you with your health concerns at no cost to you. The nurse can help you decide if you need to make an appointment with your primary care provider (PCP), go to urgent care, or seek emergency care.

You do not need a referral or prior authorization to call. Call the CareNet 24/7 Nurse Line at 1-800-554-9371 (TTY:711).

Please remember that calling the 24/7 Nurse Line is not a replacement for primary care physician visits and should not be used in an emergency. Call 911 in emergency situations.

You Are Never Alone

You can feel safer with the new personal emergency response system you can get through GlobalHealth. With just the push of a button, you can have a live person to talk to when you have an emergency. They can contact first responders and also contact a family member or friend if you request.

You can call our partner, NationsBenefits, to choose your device and set up a 24/7 monitoring service through Connect America. The NationsBenefits advisor will help you determine which model is right for you based on your lifestyle. Call NationsBenefits at 1-877-241-4736 (TTY: 711) for support from 8:00 AM to 8:00 PM Central Time, seven days a week.



Getting Help at Home with Papa Pals

As a GlobalHealth member*, you can get help around the house or running errands.

- Technology assistance (home devices only)
- Transportation to and from appointments and errands
- Pets
- Light household/yard chores
- Socialization

All visits involve some face-to-face interaction between the member and Pal. Members must be present and should provide anything needed for the visit. Members are eligible for 30, 45, or 65 hours per calendar year, depending on the benefit plan.

- There is no copay or coinsurance.
- Members may choose when to use the hours, a minimum of 1 hour per visit.
- Members call to schedule a Pal visit. Members should call 72 hours in advance to ensure that Pal is available.

For Papa Pals scheduling call 1-855-485-9692 (TTY: 711) 8:00 AM to 8:00 PM, Central Time, seven days a week.

*Generations State of Oklahoma Retiree (HMO) members not covered.

Smart Wallet Benefit

All GlobalHealth members qualify for our Smart Wallet Benefit^{2,3,4}, a Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefits. All plans include a Smart Wallet Benefit. Depending on your plan, you may have a benefit for a combination of over-the-counter (OTC), dental, vision, and/or hearing expenses. C-SNP members have a benefit for a combination of over-the-counter (OTC), groceries², gasoline^{2,3}, and utilities^{2,3}, dental, vision, and/or hearing expenses. D-SNP members have a benefit for a combination of over-the-counter (OTC), groceries^{2,3}, gasoline^{2,3}, and utilities^{2,3}.

What is covered and how to access benefits:

- **Over-the-counter (OTC) items and products**

- See the product catalog for eligible items like vitamins and minerals, first aid supplies, pain relievers, blood pressure monitors, supports, braces, products for adult incontinence, eye and ear care, foot care, bathroom safety products, and nicotine replacement therapy products, among other categories.
- Order through the NationsBenefits Portal accessible through your GlobalHealth Member Portal or visit certain retail locations listed at www.GlobalHealth.com

- **Groceries^{2,3}**

- Use to purchase healthy foods like meat, fruits and vegetables, dairy products, and bread, among others. Do not use it for sodas, chips, cookies, baby formula, alcohol, desserts, coffee shop items, fresh baked goods, or non-food items.
- Order through the NationsBenefits Portal or visit certain retail locations: www.GlobalHealth.NationsBenefits.com.

- **Gasoline assistance^{2,3}**

- Pay at the pump unless you get a message to see the cashier.
- Use for gasoline purchases only. Other convenience store items will be declined.

- **Utility assistance^{2,3}**

- Utility assistance is for electricity, gas, sanitary, and/or water expenses, among others.

- **Dental, vision, and hearing expenses**

- Use for expenses above the regular plan benefits or non-covered items (e.g., dental implants or lens upgrades).
- Use in dental, vision, or hearing locations. Don't use it at general locations (e.g., hospital outpatient departments).

General rules

- Catalogs are available at www.GlobalHealth.com, or you can request a printed copy from Customer Care.
- **Don't throw away your card.** The new benefit amount is loaded onto your same Smart Wallet Benefit card for each new period.
- Select "CREDIT." Transactions are declined when "DEBIT" is selected.
- Any leftover balance does **NOT** roll over to the next month or quarter on some plans.
- Cannot be used for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, firearms, and/or gift cards.
- Cannot be used at other online or retail stores.

Not all types of services are covered under every plan. See plan-specific Evidence of Coverage for benefit amount and types of services covered. The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated, and the card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access.

² 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.

³ For HMO C-SNP plans, the Smart Wallet allowance 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 card to obtain dental, hearing, and vision services, and purchase additional eligible items and services. For HMO D-SNP plans, the Smart Wallet allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for SSBCI may use the card to purchase both OTC items and additional eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, Cardiovascular Disorders, Autoimmune Disorders, Chronic and disabling mental health conditions and other conditions not listed are 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.

⁴The 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

Have you completed your Health Risk Assessment (HRA)?

Completing an HRA is an important step in maintaining your health. The assessment can help you obtain a better understanding of your overall health and wellness by highlighting areas of your health that you manage well and other areas that require attention.

Once your HRA is completed, GlobalHealth will partner with you and your primary care physician for your healthcare goals to improve health outcomes.

If you have questions or need assistance in completing the Health Risk Assessment, call our GlobalHealth Case Management Team at 1-844-280-5555 (TTY: 711) or visit our website at www.globalhealth.com and complete it on the GlobalHealth Member Portal.

Did you know your benefits include non-emergency transportation?

All GlobalHealth Medicare Advantage members have access to non-emergency transportation through Roundtrip. Your benefits include 12 to 36 one-way trips per year, limited to 50 miles per one-way trip, at no additional cost to you. These trips may be used for medical purposes such as doctor visits, pharmacy visits, outpatient hospital visits, etc. Members who have special needs, such as a wheelchair, may request additional assistance when booking. One support person (must be at least 18 years old) may ride with you, if needed.

To use these benefits, have the pickup and drop off times and addresses available, as well as your member ID, and call Roundtrip directly at 1-877-565-1612(TTY:711). **You must book at least 48 hours in advance.**



What costs am I responsible for?

As a GlobalHealth member, you are responsible for certain expenses.

Medicare Premiums:

Medicare has a monthly Part B premium. This is usually deducted from your Social Security check unless another party such as Medicaid pays it for you. Most people do not have a Part A premium, but if you do, you are responsible for this payment as well, unless another party pays it for you.

Late Enrollment Penalty:

GlobalHealth does not charge a monthly premium. However, if you went 63 or more consecutive days after you were eligible to enroll in Medicare, you may owe a late enrollment penalty. We will notify you if you owe one and the monthly amount.

Medical copays and coinsurance:

You are responsible for copay and coinsurance, as outlined in your Evidence of Coverage, up to your maximum out-of-pocket limit.

There are some expenses that don't count toward your maximum out-of-pocket limit:

- Your Medicare premiums
- Your late enrollment penalty, if owed
- Part C supplemental benefit copays or coinsurance, if any
- Part D copays and coinsurance
- Non-covered services, including excluded services or services that are covered but you obtained them without prior authorization (if required) or from an out-of-network provider, or have reached any limitation that applies

If you reach the maximum out-of-pocket limit for the calendar year, you will not have to pay any copays or coinsurance for Part A or Part B services for the rest of the year covered services.

Note that you are not responsible for any balance billing from a provider. Balance billing is when a provider bills a patient more than the plan's allowed cost-sharing amount. You only have to pay our plan's cost-sharing amounts when you get services covered by our plan. If you are asked to pay an amount that is more than your copay or coinsurance, please contact GlobalHealth Customer Care for assistance.

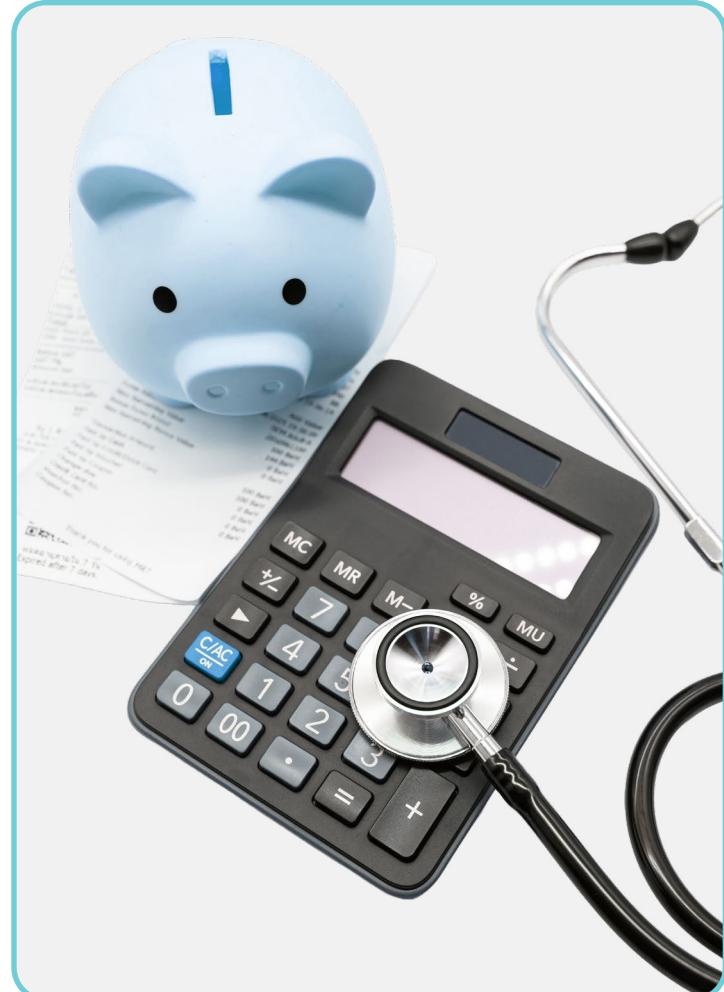
Prescription Drug copays and coinsurance:

If your plan includes Part D prescription drug coverage, you are also responsible for any prescription drug copays and coinsurance in your plan up to your Part D maximum out-of-pocket limit. Copays and coinsurance are outlined in your Evidence of Coverage.

If you reach the Part D maximum out-of-pocket limit for the calendar year, you will not have to pay any copays or coinsurance for covered Part D prescription drugs for the rest of the year.

Income-Related Monthly Adjustment Amount:

Some members may be required to pay an extra charge based on their income. If you have to pay an extra amount, Social Security will send you a letter telling you what that amount will be. It will be withheld from your Social Security, Railroad Retirement Board, or Office of Personnel Management benefit check.



What's in my Evidence of Coverage (EOC)?

The Evidence of Coverage (EOC) gives the details of your Medicare health and drug coverage from January 1 to December 31, 2026. It is an important legal document. Keep it in a safe place.

This document explains your benefits and rights. Use this document to understand:

- Your plan premium and cost-sharing
- Your medical and drug benefits
- How to file a complaint if you're not satisfied with a service or treatment
- How to contact us
- Other protections required by Medicare law

For questions about this document, call Customer Care at 1-844-280-5555 (toll-free). (TTY users call 711). Hours are 8 am to 8 pm, 7 days a week, (October 1 – March 31), and 8 am to 8 pm, Monday – Friday, (April 1 – September 30). **This call is free.**

This information is available in different formats including large print, braille, and audio CD. Please call our Customer Care at the numbers listed above if you need plan information in another format or language. Language assistance services and auxiliary aids and services are available free of charge to provide information in accessible formats. Refer to the Notice of Availability for language assistance services and auxiliary aids and services. The Evidence of Coverage is part of our contract with you about how GlobalHealth covers your care.

Vision Benefits



Service	GlobalHealth Network Cost-share	GlobalHealth Prior Authorization Requirement
Yearly eye exam for diabetic retinopathy	No charge	No
Glaucoma screenings for those at high risk	No charge	No
Diagnosis and treatment for macular degeneration, dry eye syndrome, eye infections, etc. (office visit)	No charge	No
Diagnosis and treatment for macular degeneration, dry eye syndrome, eye infections, etc. (other settings)	*Copayment based on setting	Yes
Cataract surgery, intraocular lenses, and related costs	*Outpatient surgery copayment	Yes
Artificial eyes in specific circumstances with a replacement once every 5 years <small>* Not eligible for the Smart Wallet Benefit</small>	*Prosthetic devices coinsurance	Yes

As a GlobalHealth member, you also receive additional vision benefits that Original Medicare doesn't cover. See any EyeMed provider to receive a routine eye exam or eyeglasses or contacts. Optometrists are listed in the Provider Directory. Visit www.GlobalHealth.com and go to "Find Care Provider" to see hospitals, providers, and pharmacies on the GlobalHealth network.

Eye Exam Benefits

- Yearly routine eye exam not related to disease or injury at \$0 copay
 - To assess vision correction needed
 - Includes dilation as necessary
- Glaucoma and diabetic retinopathy screenings
 - \$0 copay through an in-network GlobalHealth optometrist or ophthalmologist
 - \$39 fee if retinopathy scan is conducted by an EyeMed provider
- No referral or prior authorization is required

Eyewear Benefits

- Members may choose either contacts or glasses – up to the same eyewear maximum benefit amount, combined.
- Contacts are subject to the same rules and limitations as glasses.
- Contacts fitting is covered.
- Post-cataract eyewear is also covered at no cost to the member. Limited to basic frames and lenses.

Member Outreach

GlobalHealth's mission is to provide you with genuine care and to help you reach your optimal health! We may reach out to you throughout the year to support your health. We may reach out for any of the following reasons:

Prescription Drugs*

Taking your medications as prescribed can significantly help control long-term chronic conditions and improve your overall health and well-being. If you are currently taking or have recently been prescribed one or more prescription drugs, GlobalHealth may contact you to ensure you are receiving and taking your prescription drugs as prescribed by your physician. We may discuss:

- Preferred or mail-order pharmacies
- \$0 copay for 100-day supply on multiple medications in Tiers 1 and 2*

Preventive Screenings & Chronic Care Management

Staying up to date with your preventive screenings and receiving the care management assistance you may need is key! GlobalHealth may contact you to help coordinate the following:

- Annual Wellness Visit
- Mammogram
- Colonoscopy
- Bone density test
- Diabetes care

We are committed to building a strong partnership with you by providing you with personalized, engaging, and responsive services.

*Applicable to 100-day supply at preferred retail and mail-order pharmacies. Not applicable for all medications for all tiers as coverage varies by plan. Only applicable to plans with prescription drug coverage. 100-day supply doesn't apply to Generations State of Oklahoma Retirees (HMO). Not applicable for Generations Valor (HMO).



Colorectal Cancer

According to the Colorectal Cancer Alliance, colorectal cancer is the third most common cancer in the United States, and the second leading cause of cancer deaths. It affects men and women of all racial and ethnic groups and is most often found in people 50 years or older. This disease takes the lives of more than 50,000 people every year. With early detection of the disease, it is estimated that over half of the deaths that occur annually could be prevented. This is the reason it's so important that you speak with your primary care provider about colorectal cancer screening.

GlobalHealth's Clinical Quality Team reaches out to members who are due for a colorectal screening test throughout the year. They can assist with scheduling a colonoscopy, which is typically recommended to be completed every 5 – 10 years, or mail you an annual fecal immunochemical test (FIT) kit. If you receive a kit in the mail, be sure to return the kit quickly and follow up with your PCP for test results.

These preventive screenings are at a \$0 copay to the member. If you need help scheduling a colorectal screening test and/or other preventive care testing, please contact our Clinical Quality team toll-free at 1-844-280-5538.

Durable Medical Equipment (DME) Benefits

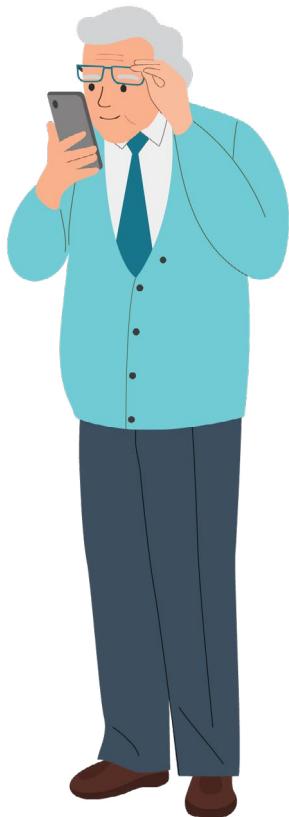
Medicare defines durable medical equipment (DME) as reusable medical equipment that has been prescribed by your doctor for medical reasons to help you complete your activities of daily living or assist in recovery after a hospital stay. DME examples include: walkers, wheelchairs, crutches, powered mattress systems, insulin pumps, IV infusion pumps, speech-generating devices, oxygen equipment, nebulizers, or hospital beds ordered by a provider for use in the home.

GlobalHealth covers medically necessary DME covered by original Medicare with an in-network provider. If the GlobalHealth supplier in your area does not carry a particular brand or manufacturer, you may ask them if they can special order the DME item for you. The list of in-network DME suppliers is available at www.GlobalHealth.com.



Digital Health Literacy Program

GlobalHealth is committed to improving members' access and understanding of electronic health information and patient resources through our Digital Health Literacy Program. The goal of the program is to increase telehealth visits, assist members in enrolling in GlobalHealth's member portal, and offer Papa Pals technical support.



If you haven't already signed up for the member portal*, visit www.GlobalHealth.com under the Member Tools section. To register, you will need:

- Access to the internet and your email address
- Your GlobalHealth Member ID card
- Your Medicare Health Insurance card
- Your name and date of birth
- The zip code associated with your Medicare Advantage enrollment

Using GlobalHealth's Medicare Advantage Member Portal will allow you to be able to review clinical guidelines and:

- Update your permanent or mailing addresses
- View or change your Primary Care Physician (PCP)
- View, order, or print member ID cards
- View, order, or print materials of your current benefits and plan
- Send messages to the GlobalHealth Customer Care Team
- Complete your Health Risk Assessment (HRA)
- View your medical claims and Explanation of Benefits (EOB) from the last 365 days
- View your referrals and authorizations
- View Smart Wallet Benefit^{2,3,4} balance for dental, hearing, vision, over-the-counter (OTC) products, grocery^{2,3}, gasoline^{2,3}, and/or utility^{2,3}
- View the catalog and order over-the-counter (OTC) and grocery products
- Learn the latest GlobalHealth news through "Alerts"

To help protect you, GlobalHealth will send a verification code in an email or text message each time you log into the portal as a second step to confirm your identity.

For any questions about the member portal, please call GlobalHealth at 1-844-280-5555 (tollfree) or 711 (TTY, for the hearing impaired).

We appreciate you, as a GlobalHealth member, in helping us detect and fight.

* We encourage you to use Google Chrome, Microsoft Edge, or Mozilla Firefox.

Smart Wallet Benefit^{2,3,4} varies by plan.

³The Smart Wallet allowance 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 card to obtain dental, hearing, and vision services, and purchase additional eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, Cardiovascular Disorders, Autoimmune Disorders, Chronic and disabling mental health conditions and other conditions not listed are 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.

Common Red Flags of Health Care Fraud

Health care fraud can happen in many ways — from false claims to stolen member IDs.

Knowing what to watch for helps protect your benefits and keep health care costs down for everyone.

Billing and Service Red Flags

- Charges for services or supplies you didn't receive
- Duplicate claims for the same service or date
- Services listed on your EOB (Explanation of Benefits) that don't match your visit
- Unnecessary tests or procedures ordered that you didn't agree to and/or results that were not discussed with you as part of your treatment
- Providers who request additional copays or deductibles

Provider or Facility Red Flags

- Providers who pressure you to get tests or services you don't need
- Offers for “free” equipment, screenings, or genetic tests if you provide your insurance ID
- Providers who ask you to sign blank forms or documents you don't understand
- Door-to-door, phone, or online solicitations for medical services or supplies

Pharmacy and Prescription Red Flags

- Pharmacies that bill for more medication than prescribed by your doctor
- Getting refills you didn't request or don't need
- Receiving prescriptions from unfamiliar doctors

Member and ID Red Flags

- Someone asks to use your member ID card or Medicare number
- You stop receiving EOBs or get mail for someone else
- Unexpected calls or messages asking for personal or insurance information
- You receive bills for services you never received or from a state that you did not visit



If Something Looks Off — Report It!

Reports may be submitted openly or anonymously by through the GH Confidential Reporting Lines:

- ACTright Hotline (available 24 hours/7 days):
1-877-627-0004
- Web Reporting Line: globalhealth.ethicspoint.com
- By email: compliance@globalhealth.com
- By mail: ATTN: Compliance Officer, GlobalHealth,
210 Park Avenue, Suite 2900, Oklahoma City, OK 73102-5621

You too can help us fight Fraud, Waste, and Abuse (FWA)!

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Y	W	X	D	G	A	S	L	X	N	I	H	H	J	I	O	L	P	R	P
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G	W	F	T	G	G	H	W	D	Y	H	R	W	H	Y	T	N	L	S	S
X	C	N	I	M	U	M	N	L	O	O	U	X	V	D	L	P	M	S	S
B	P	S	T	U	Q	E	D	I	U	B	G	G	R	N	X	I	S	V	O
Q	P	D	A	T	S	R	O	F	I	W	V	L	P	G	L	Q	M	P	J
X	Y	A	R	S	D	E	V	H	L	R	U	W	P	E	A	C	E	A	J
J	R	A	G	O	X	D	S	U	L	T	Z	U	V	G	Q	Y	N	I	F
E	Z	U	D	H	K	V	V	X	Y	V	T	W	V	K	R	E	G	T	A

HEART

PEACE

KINDNESS

LOVE

FRIENDSHIP

HAPPY

HOPE

HUG

KISS

FAMILY

FLOWERS

EMPATHY

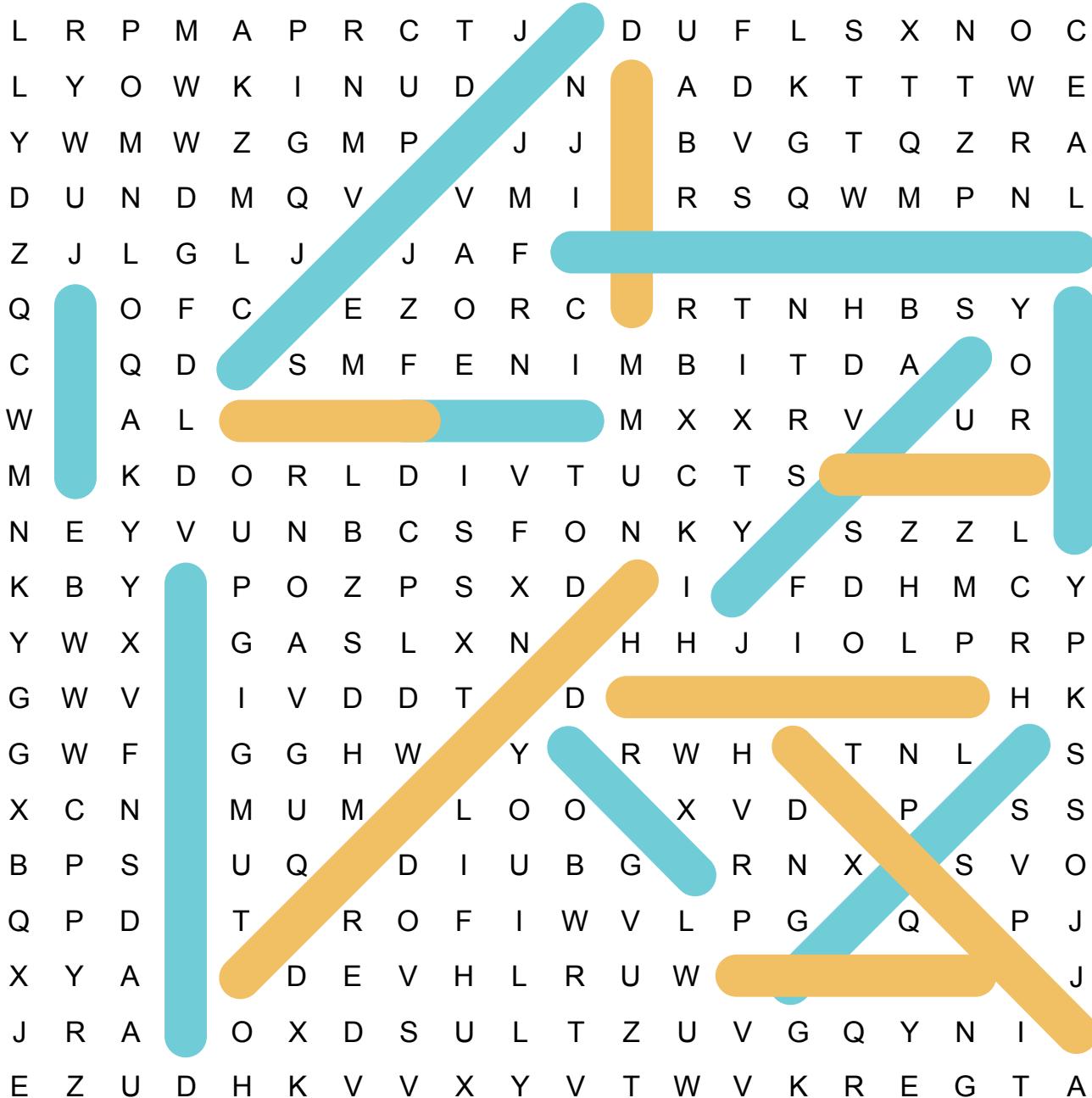
SMILE

GRATITUDE

CARE

DREAM

ANSWERS:



HEART

PEACE

KINDNESS

LOVE

FRIENDSHIP

HAPPY

HOPE

HUG

KISS

FAMILY

FLOWERS

EMPATHY

SMILE

GRATITUDE

CARE

DREAM



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MEDICARE ADVANTAGE PLANS

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MEDICARE ADVANTAGE PLANS

GlobalHealth is an HMO plan with Medicare and Oklahoma Medicaid program contracts. Enrollment in GlobalHealth depends on contract renewal. GlobalHealth is a plan offered by GlobalHealth, Inc.²Benefits 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. Based on a Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2026. A Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefit. 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. H3706_14010126_M