



GlobalHealth

Oklahoma

# SUMMARY OF BENEFITS

January 1-December 31, 2025

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Generations Medicare Advantage Plan Option:

Generations State of Oklahoma Retirees (HMO)

1-844-280-5555 (toll-free)

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)

[www.globalhealth.com](http://www.globalhealth.com)

# Generations Medicare Advantage Plans

## Summary of Benefits

January 1, 2025 – December 31, 2025

GlobalHealth is an HMO/SNP with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal.

To join GlobalHealth, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plans may offer supplemental benefits in addition to Part C benefits.

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Monthly Plan Premium (You must continue to pay your Part B premium)	\$195
Medicare Part B Premium Reduction	\$0 per month
Deductible	\$0
Maximum Out-of-Pocket (MOOP) Responsibility (Does not include supplemental benefits or prescription drugs)	\$3,450
<b>PART C BENEFITS</b>	
Inpatient Hospital Coverage <sup>1,2</sup>	<ul style="list-style-type: none"><li>• \$50 copay per day (Days 1-5); then</li><li>• \$0 copay per day (unlimited days)</li></ul>
Outpatient Hospital Surgery <sup>1,2</sup>	\$200 copay per visit
Ambulatory Surgery Center <sup>1,2</sup>	\$0 copay per visit
Doctor Visits	<ul style="list-style-type: none"><li>• \$0 copay per visit for PCP</li><li>• \$20 copay per visit for specialists<sup>1,2</sup></li></ul>
Preventive Services	\$0 for Medicare-covered preventive services
Emergency Care	\$75 copay per visit; waived if admitted to acute care
Urgently Needed Services	\$15 copay per visit
Outpatient Labs, X-Rays, Etc.	\$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics
Outpatient Diagnostic Radiology (MRI, etc.) <sup>1,2</sup>	\$150 copay per visit

1 = Prior Authorization Required

2 = Referral Required

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 copay per visit for Medicare-covered services in a PCP office</li> <li>• \$20 copay for Medicare-covered services in a specialist office</li> <li>• \$0 copay for routine hearing exam limited to one per year</li> <li>• \$0 copay for routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>
Dental Services	\$20 copay per visit for Medicare-covered services <sup>1,2</sup>
Vision Services	<ul style="list-style-type: none"> <li>• \$0 copay per visit for Medicare-covered services</li> <li>• \$0 copay for routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>
Inpatient Mental Health Care <sup>1,2</sup>	<ul style="list-style-type: none"> <li>• \$50 copay per day (Days 1-5); then</li> <li>• \$0 copay per day (unlimited days)</li> </ul>
Outpatient Mental Health Visit <sup>1,2</sup>	\$0 copay per visit
Skilled Nursing Facility (SNF) <sup>1,2</sup>	<ul style="list-style-type: none"> <li>• \$0 copay per day (Days 1-20);</li> <li>• \$184 copay per day (Days 21-100)</li> </ul>
Outpatient Rehabilitation Services <sup>1,2</sup> (Physical, occupational, and/or speech therapy)	\$20 copay per visit
Ambulance (One-way trip - waived if admitted to acute care) Non-emergency transport <sup>1</sup>	\$50 copay per occurrence
Transportation (To and from plan-approved locations)	\$0 copay per one-way trip <ul style="list-style-type: none"> <li>• Limited to 12 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>

1 = Prior Authorization Required  
2 = Referral Required

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Medicare Part B Drugs (Includes chemotherapy and Part B insulin) <sup>1,3</sup>	<p>You pay up to 20% of the cost</p> <p>You will pay no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebatable drug (typically a single source drug, e.g., brand drug) based on the date of service. This applies to specific Part B drugs and may include chemotherapy drugs.</p> <p>You will pay no more than \$35 for a one-month's supply of Part B insulin. This applies to insulin used in an insulin pump.</p>
Outpatient Hospital Observation Services <sup>1,2</sup>	\$150 copay per visit
Chiropractic Services (Medicare-covered)	\$20 copay per visit
Podiatry Services (Medicare-covered) <sup>1,2</sup>	\$20 copay per visit
Acupuncture <sup>1,2</sup>	\$20 copay per visit
Home Health Services <sup>1,2</sup>	\$0 copay per visit
Durable Medical Equipment <sup>1</sup> (e.g., wheelchairs, oxygen)	20% coinsurance
Diabetic Testing Supplies <sup>1</sup>	\$0 copay
Prosthetics and Related Supplies <sup>1</sup> (e.g., Braces, artificial limbs)	<ul style="list-style-type: none"> <li>• \$0 copay for surgically implanted devices and medical supplies</li> <li>• 20% coinsurance for external devices and medical supplies</li> </ul>
Outpatient Therapeutic Radiology <sup>1,2</sup>	\$40 copay per visit
<b>PART D DRUGS</b> <b>Cost-sharing may differ depending on the pharmacy type or status (e.g., preferred, standard, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30- or 90-day supply). For more information on specific cost-sharing and the phases of the benefit, please call us or access our <i>Evidence of Coverage</i> online. PLEASE NOTE: Please visit our website for the most up-to-date Drug List. The Drug List and/or pharmacy network may change at any time. You will receive notice when necessary.</b> <b>Important Message About What You Pay for Vaccines and Insulin: Our plan covers most Part D vaccines at no cost to you. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Call Customer Care for more information.</b>	
Phase 1: Deductible	\$0

1 = Prior Authorization Required  
3 = May be subject to Part B step therapy  
2 = Referral Required

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Phase 2: Initial Coverage Limit (ICL)	\$2,000
Tier 1: Preferred Generics (Preferred Retail 30-Day Supply)	\$0 copay per fill
Tier 2: Generic (Preferred Retail 30-Day Supply)	\$15 copay per fill
Tier 3: Preferred Brand (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> <li>• \$42 copay per fill</li> <li>• \$35 copay per fill for insulins</li> </ul>
Tier 4: Non-Preferred Drug (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> <li>• \$95 copay per fill</li> <li>• \$35 copay per fill for insulins</li> </ul>
Tier 5: Specialty Tier (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> <li>• 33% of the cost per fill</li> <li>• \$35 copay per fill for insulins</li> </ul>
Tier 1: (Preferred Retail & Mail Order 90-Day Supply)	\$0 copay per fill
Tier 2: (Preferred Retail & Mail Order 90-Day Supply)	\$0 copay per fill
Tier 3: (Preferred Retail & Mail Order 90-Day Supply)	<ul style="list-style-type: none"> <li>• \$84 copay per fill</li> <li>• \$84 copay per fill for insulins</li> </ul>
Tier 4: Non-Preferred Drug (Preferred Retail and Mail Order 90-Day-Supply)	<ul style="list-style-type: none"> <li>• \$190 copay per fill</li> <li>• \$105 copay per fill for insulins</li> </ul>
3: Catastrophic Coverage Stage (After you have paid \$2,000 out-of-pocket)	\$0 copay per fill
<b>SUPPLEMENTAL BENEFITS</b>	
Smart Wallet Benefit (OTC Benefit includes nicotine replacement therapy)	<ul style="list-style-type: none"> <li>• \$50 per quarter for Over-the-Counter</li> <li>• Benefits do not roll over to the next period</li> </ul>
Fitness	\$0 copay per visit
24/7 Nurse Line	\$0 copay per visit
Meal Benefit	\$0 copay per meal <sup>2</sup> <ul style="list-style-type: none"> <li>• Limited to 10 meals following inpatient hospital or skilled nursing facility discharge</li> <li>• Limited to 4 times per year</li> </ul>

2 = Referral Required

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the *Evidence of Coverage*. The *Evidence of Coverage* can be found online at [www.GlobalHealth.com](http://www.GlobalHealth.com), or you can request a copy from Customer Care at 1-844-280-5555 (toll-free) (TTY: 711).

For coverage and costs of Original Medicare, look in your current “**Medicare & You 2025**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other languages and alternate formats such as large print and Spanish.

You can see the complete plan *Drug Formulary* (list of Part D prescription drugs) and any restrictions as well as the *Provider Directory* and the *Pharmacy Directory* on our website.

For more information, please call us at 1-844-280-5555 (toll-free) (TTY: 711) or visit us at [www.globalhealth.com](http://www.globalhealth.com)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at [www.globalhealth.com](http://www.globalhealth.com).

### **How GlobalHealth May Use or Disclose Your Health Information**

**For Treatment.** We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

**For Payment.** We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

**For Health Plan Operations.** We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

**Health-Related Business and Services.** We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

**Where Permitted or Required by Law.** We may use and/or disclose information about you as permitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;
- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;

- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services (“CMS”), State Department of Health, Insurance Department, etc.;
- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers’ Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat);
- In the course of any administrative or judicial proceeding, where required by law.

**Business Associates.** We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

**Personal/Authorized Representative.** We may use and/or disclose PHI to your authorized representative.

**Family, Friends, Caregivers.** We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

**Emergencies.** We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

**Military/Veterans.** If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

**Inmates.** If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

**Appointment Reminders.** We may use and/or disclosure your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

**Medication and Refill Reminders.** We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

**Limited Data Set.** If we use your PHI to make a “limited data set,” we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

**Other Uses.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

**NOTE:** We will disclose your PHI for purposes not described in this Notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization.

The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

## **Your Health Information Rights**

### **Right to Inspect and Copy**

You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

### **Right to Confidential Communication**

You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

### **Right to Accounting of Disclosures**

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

### **Right to Request Restrictions on Uses or Disclosures**

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If do we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

### **Right to Request Amendment of PHI**

You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

### **Right to Be Notified of a Breach**

You have the right to receive notification of any breaches of your unsecured PHI.

### **Right to Revoke Authorization**

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

### **Right to Receive a Copy of this Notice**

You have the right to receive a paper copy of this Notice upon request.

### **Changes to this Notice**

GlobalHealth is required to comply with the requirements of this Notice currently in effect. We reserve the right to change this Notice and make the new provisions effective for all PHI that we maintain. The revised Notice will be made available to you on our website at [www.globalhealth.com](http://www.globalhealth.com).

### **To Report a Privacy Violation**

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer  
210 Park Avenue  
Suite 2900  
Oklahoma City, OK 73102  
Toll-free 1-877-627-0004  
Email [privacy@globalhealth.com](mailto:privacy@globalhealth.com)

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at § 92.101(a)(2)), age, or disability.

GlobalHealth, Inc.:

- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including:
  - Qualified interpreters for individuals with disabilities
  - Information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities;
- Provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact GlobalHealth's Customer Care at 1-844-280-5555 (toll free). Our hours of operations are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. From April 1 to September 30 are Monday through Friday 8:00 a.m. to 8:00 p.m. TTY users should call 711.

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, our Section 1557 Coordinator is available to help you. You can file a grievance in person, or by mail, fax or email:

**Mailing address:**

GlobalHealth  
Section 1557 Coordinator  
P.O. Box 2658  
Oklahoma City, OK 73101-2658

**Telephone number:**

1-844-280-5555  
8:00 a.m. to 8:00 p.m., seven days a week,  
from October 1 through March 31.

8:00 a.m. to 8:00 p.m., Monday to Friday,  
from April 1 through September 30.

**TTY number:**

711

**Fax number:**

405-280-5294

**Email:**

[section1557coordinator@globalhealth.com](mailto:section1557coordinator@globalhealth.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at our website: [www.globalhealth.com](http://www.globalhealth.com).

GlobalHealth provides important plan materials that explain how to use your health plan benefits. These materials will be available online at [www.GlobalHealth.com](http://www.GlobalHealth.com) no later than October 15, 2024. If you would like a hard copy of any material, please contact Customer Service.

### **Evidence of Coverage**

The Evidence of Coverage (EOC) is essentially your Member Handbook. It contains detailed information on your benefits, cost-shares, and coverage rules for your plan. For example, if you are unsure whether a service requires prior authorization or not, you can find that information in your plan's EOC.

### **Provider Directory**

In most cases, you must receive care from an in-network provider.

### **Drug Formulary\***

The Drug Formulary (List of Covered Drugs) provides you information about the prescription drugs covered under your plan, including tier placement, and availability of mail order. Additionally, if a prescription drug has prior authorization, step therapy or quantity limits, this information is provided in the Drug Formulary.

### **Pharmacy Directory\***

In most cases, your prescriptions are covered only if they are filled at a network pharmacy. Our network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

**Hardcopies of the above materials may be requested by calling:  
GlobalHealth CustomerCare**

**Toll Free: 1-844-280-5555 (TTY: 711)**

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

8:00 AM-8:00 PM, Monday-Friday (Apr 1-Sept 30)

### **Your Right to Opt Out of Plan Business Calls**

Occasionally, the health plan may call current enrollees, including those in non-Medicare products, to discuss plan business (examples of this include calls to enrollees aging into Medicare from commercial products offered by the same organization's existing Medicaid plan enrollees to talk about its Medicare products, and calls to current MA enrollees to promote other Medicare plan types or to discuss plan benefits). If you do not wish to receive these calls, you may opt out by calling us on the number listed on the back of your Member ID card.

\*Only applicable to plans with prescription drug coverage. 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).

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-280-5555 (toll-free) (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-280-5555 (toll-free) (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-280-5555 (toll-free) (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-280-5555 (toll-free) (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-280-5555 (toll-free) (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-280-5555 (toll-free) (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-280-5555 (toll-free) (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-280-5555 (toll-free) (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-280-5555 (toll-free) (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-280-5555 (toll-free) (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إتنا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-280-5555 (TTY: 711) (toll-free) سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-280-5555 (toll-free) (TTY: 711) फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-280-5555 (toll-free) (TTY: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555 (toll-free) (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

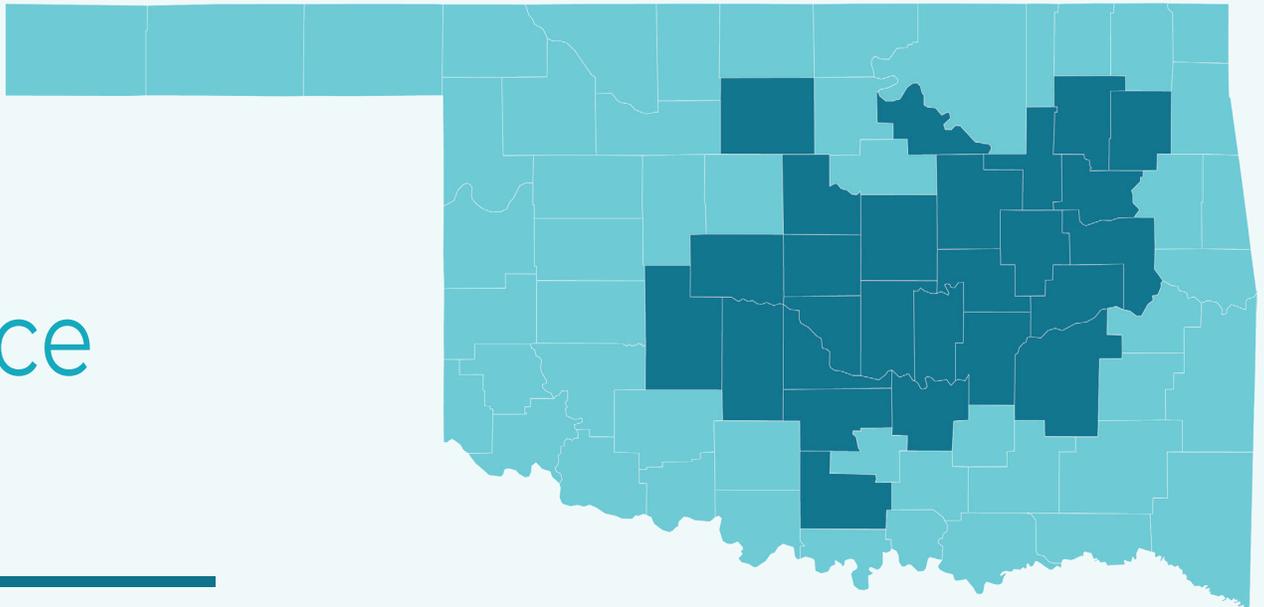
**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-280-5555 (toll-free) (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-280-5555 (toll-free) (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-280-5555 (toll-free) (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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