



GlobalHealth
MEDICARE ADVANTAGE PLANS

GlobalHealth **Beat**

A Newsletter for GlobalHealth Medicare Advantage Members



Member Outreach

GlobalHealth's mission is to provide genuine care and help you reach your optimal health!

Throughout the year, we may reach out to you to offer support and resources tailored to your health needs.

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.

During this outreach, we may discuss:

- Preferred pharmacies
- Mail-order pharmacies
- Assisting with prescription drug refills
- \$0 copay for 100-day supply on 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 of select generic maintenance medications 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. Generations State of Oklahoma Retirees (HMO) members have 90-day supplies.

Preventive Care Saves Lives and Lowers Healthcare Costs

GlobalHealth covers all Medicare-approved preventive services at **no cost to you**. These services include counseling programs, lab tests, screenings, and immunizations designed to help you stay healthy and detect conditions early—when they are often easier to treat.

Delaying treatment may lead to higher health care costs and more serious health outcomes. * Annual checkups and screenings can also help maintain mobility and reduce emergency room or hospital visits.

See Medicare's website for a list of services at [Preventive and screening services](#) or Healthy Living Tips on our website ([Preventive Care | GlobalHealth](#)**) for more information. Schedule an appointment with your doctor right away to talk about which services are right for you.



[*How Cancer Screenings Helped Save the U.S. \\$6.5 Trillion: A Case for Early Detection - UDS](#)

**<https://www.globalhealth.com/oklahoma/healthy-living-tips/maintain-your-health-preventive-care/>

Manage Your Diabetes with Confidence

For those living with diabetes, monitoring your blood sugar levels at home is a crucial step in managing your condition and preventing complications. Frequent testing helps maintain optimal blood sugar levels and reduces the risk of extreme highs or lows.

Use a small, portable device known as a blood glucose meter. Consult with your doctor to determine the testing frequency based on your diabetes treatment, control status, and overall health. If you require frequent monitoring, consider a Continuous Glucose Monitor (CGM).

GlobalHealth offers comprehensive support. GlobalHealth is dedicated to supporting its members with diabetes by providing essential supplies at no additional charge*:

- Test Strips
- Lancets
- Calibration Solution
- Continuous Glucose Monitor (CGM) Supplies (Transmitters, Receivers/Readers, Sensors)

To enhance member access, diabetic supplies can now be ordered through any in-network retail pharmacy. Request your doctor to send a prescription to your local pharmacy for one of the following brands:

- Ascensia (Contour) - preferred brand for standard monitor and testing supplies
- Dexcom® - preferred brand for CGM
- FreeStyle® - preferred brand for CGM

All models in each brand are included at no cost to you*.

*Prior authorization may be required.

Telehealth

Telehealth has transformed how we access health care. Tools such as online patient portals, mobile apps, and virtual visits can help you manage your health and receive care from the comfort of your home.

Telehealth visits with your primary care physician (PCP) are a covered benefit for GlobalHealth members at a \$0 copay. Visits may take place by phone or secure video using your computer or smart device. This option is convenient if you are at home, traveling, or unable to visit the office due to a busy schedule.

- Follow up after hospitalization
- Preventive health care, like annual wellness visits
- Chronic condition management
- Medication management
- Nutrition counseling
- Prescription refills
- Test result(s) discussions

Contact your in-network designated primary healthcare providers to learn if they are currently using or which telehealth services they utilize. Your provider can also make sure you have the technology you need for a telehealth visit or give you directions if you need to update or install any software or apps for patient portal systems. They can tell you how to sign on or join the video chat for your visit. Be sure you find a comfortable, quiet, private spot to sit in during your visit.



What is a Late Enrollment Penalty for Part D?



According to CMS, the late enrollment penalty (also called the “LEP” or “penalty”) is an amount that may be added to a person’s monthly premium for Medicare drug coverage (Part D).

A person enrolled in a Medicare Advantage plan may owe a late enrollment penalty if they go without Part D or other creditable prescription drug coverage for a continuous period of 63 days or more after the end of their Initial Enrollment Period for Part D coverage.

Generally, the late enrollment penalty is added to a person’s monthly Part D premium for as long as they have Medicare drug coverage, even if they change their Medicare plan. The penalty amount changes each year, and the cost depends on how long the person went without Part D or other creditable prescription drug coverage.

To avoid the late enrollment penalty:

- Enroll in Medicare Part D drug coverage when you are first eligible.
- Enroll in Medicare Part D drug coverage if you lose other creditable coverage, such as a drug plan from a current or former employer, or individual health insurance coverage.
- Keep records showing you had creditable Part D drug coverage and tell your plan when they ask.

Make Sure You’re Receiving the Right Level of Extra Help

Prescription drug costs can be a major concern for many Medicare beneficiaries. Fortunately, Medicare offers a program called Extra Help, also known as Low-Income Subsidy (LIS), which helps eligible individuals lower their Medicare Part D prescription drug costs by lowering or eliminating premiums, deductibles, and copayments.

What many members may not realize is that Extra Help comes in different levels, and the level you receive determines how much financial assistance you receive for your medications.



Why Your Level of Extra Help Matters



Your level of Extra Help is determined based on your income and financial resources. If your circumstances change – such as changes in income, loss of Medicaid eligibility, or other life events – it may affect the level of assistance you qualify for.

In some cases, members may believe they qualify for a higher level of Extra Help than what is currently reflected in their records. If this occurs, there are steps you can take to request a review of your eligibility.

What to Do if You Think You Should Receive Extra Help

If you believe you may qualify for Extra Help but are not currently receiving it, you can apply through the Social Security Administration. Social Security determines eligibility for the program and reviews your income and resources to determine if you qualify.

You can apply:

- Online through the Social Security website (www.ssa.gov/medicare/part-d-extra-help)
- By calling Social Security at 1-800-772-1213 (Monday through Friday, 8 a.m. to 7 p.m.)
- By visiting a local Social Security Office

What if You Think Your Level of Extra Help is Incorrect?

If you are already receiving Extra Help but believe you qualify for a higher level of assistance, you may request that Social Security review your eligibility based on updated financial information.

Additionally, if you have documentation showing that you qualify for Extra Help, but it is not yet reflected in your Medicare records, your Medicare Advantage plan may be able to assist through a process known as

“Best Available Evidence” (BAE).

Understanding Best Available Evidence

Best Available Evidence allows your Medicare Advantage plan to review documentation that shows you qualify for Extra Help or a different level of assistance. If appropriate documentation is provided, the plan may be able to update your cost-sharing while the information is verified with Medicare.

Examples of acceptable Best Available Evidence may include:

- A Medicaid eligibility notice
- A notice showing eligibility for a Medicare Savings Program
- A Social Security letter confirming Extra Help eligibility
- Other official documentation showing your eligibility status

If you believe your Extra Help status is incorrect, contact Customer Care at the phone number listed on the back of your member ID card for assistance. The plan can review your documentation and help determine whether the Best Available Evidence process may apply.

We're Here to Help

Extra Help can significantly reduce prescription drug costs. If you think you may qualify – or if you believe your current level of assistance should be different – reviewing your eligibility may help to ensure you receive the benefits you deserve.



Referrals and Prior Authorizations

A **referral** is a written order from your primary care physician (PCP) or specialist for a specific medical service or test. Referrals help ensure that members receive care from the appropriate providers for the appropriate medical needs.

Prior authorization is a decision by your health plan that a service, treatment plan, prescription drug, or medical equipment is medically necessary.

Failure to obtain the necessary referral and/or prior before receiving certain tests or medical services may result in coverage not being applied to a visit, test, or service, **resulting in costs being passed directly to the patient.**

Some services require a referral, some need prior authorization, and some require both. See your Evidence of Coverage (EOC) for details.

For GlobalHealth Generations Medicare Advantage 2026 Plans:

- **You can refer yourself for any in-network specialist office visit.** You do not need a referral from your primary care physician (PCP) or prior authorization from GlobalHealth for an in-network specialist office visit or routine office service.
 - Services provided in the specialist's office are covered
 - Most in-office procedures are covered
 - **Certain services, tests, and treatments do require prior authorization, even if they are provided in the specialist's office.** The specialist should submit an authorization request for you. Examples include but are not limited to:
 - Physical, occupational or speech therapy
 - Cardiac or pulmonary rehabilitation
 - Outpatient surgery in an outpatient surgical location or outside the specialist's office
 - Genetic testing
- **Certain services and tests require prior authorizations, as well as additional copays, even when provided in the specialist's office.** Examples include but are not limited to:
 - Specialized outpatient diagnostic tests (MRI, CT, etc.)
 - Part B drugs
 - When you are referred for a service, treatment, prescription drug, or medical equipment that requires prior authorization, please keep the following in mind: Make sure your health care provider(s) have your current insurance information. This is important because each plan has its own unique set of conditions for referrals.
 - The prior authorization process may take up to 14 days. In some cases, your provider may want to schedule the appointment sooner and ask for an expedited review; these are completed within 72 hours. Review your member benefit package for more information.
 - This timeline is much quicker for prescription drug determinations; both Part B and Part D Determinations are provided within 24 – 72hours.
 - Please keep in mind that specialists often have a process of their own that may impact the time frame you are scheduled for the service needed. They may screen referrals for clinical appropriateness by reviewing your complete medical record, such as visit notes, lab, and x-ray results. A signed medical record release may need to be obtained.
 - It is not uncommon for a specialist to review your case and ask for further tests to be done prior to the office visit. These tests may require authorization.
 - If your provider indicated that a referral would be submitted and **two weeks have passed with no updates**, please contact the provider's office to check on the status.

Medication Therapy Management (MTM) Program

If you are enrolled in a Medicare drug plan and you have complex health needs, you may be able to participate in a Medication Therapy Management (MTM) program. MTM helps you and your prescriber make sure that your medications are working. It also helps identify and reduce possible medication problems.

What is the Medication Therapy Management (MTM) program?

The MTM program is a free and voluntary service offered by GlobalHealth at no additional cost to you. A trained and licensed clinical health care provider (pharmacist, nurse, or physician) may contact you and your physician, if necessary, to address medication-related concerns and help you get better results. This program is not part of your plan benefits package.

What are the services of the MTM Program?

- Annual comprehensive review of your medications (CMR), including over-the-counter drugs, vitamins, dietary supplements, and herbal therapies.
- Educate on how to take your medications and answer any questions you may have about your medications.
- Evaluate the risk of potential drug interactions.
- Ensure you are not experiencing any side effects to your medications.
- Advice about more cost-effective medication alternatives.
- Reach out to your healthcare providers when a potential medication related problem is identified that requires their intervention.
- Provide information on how to manage your health condition.
- Quarterly targeted medication reviews (TMRs) with follow-up interventions when necessary.
- Provide information about the safe disposal of prescription drugs that are controlled substances.

How do I participate in this program?

Participation is based on specific criteria used to identify persons with multiple chronic conditions who may be at risk for medication-related problems. If you meet these criteria, you will receive a letter inviting you to participate. If you would like to find out whether you meet the program requirements, you may contact the GlobalHealth Pharmacy Clinical Department at **877-514-9706**. Participation is voluntary, and you may opt out or leave the program at any time.



Follow up after Emergency Department or Hospital Visits

It is important for your primary care physician (PCP) to know why you went to the emergency department or hospital and what happened while you were there. It is recommended that you schedule an appointment with your PCP within 3 to 5 days after your visit. This follow-up is important for several reasons:

1. Prevent future visits

Your PCP's goal is to help keep you healthy and avoid future hospitalizations. They can work with you to address the cause of your visit and help prevent it from happening again.

2. Review test results

All test results for tests performed before your discharge need to be reviewed to make certain nothing was missed. For example, some lab tests

may take a week or more to come back, especially if the test was sent to a specialty lab. Sometimes the test results require further work-up or a referral to a specialist.

3. Review medication changes

Go over medication changes, this includes monitoring to ensure medications are taken correctly and to prevent missed doses, duplication, or underdosing. This safety process is known as **medication reconciliation**.

Care Coordination

Care Coordination occurs when physicians and other health care providers, such as nurses, pharmacists, or other professionals that provide medical services or supplies, work together, and share information to provide safe, appropriate, and effective care to reduce emergency room visits and readmissions after hospital stays.

When care coordination may be needed:

- After an emergency room visit or hospital admission
- Chronic health condition(s)
- Temporary stays in skilled nursing facilities
- Behavioral health care
- Identifying barriers to health care

How health care providers coordinate a patient's care:

- Using electronic health records to see the most current medical history, care, testing, and communication
- Consulting with specialists to provide the best possible health outcome
- Partnering with your health plan for optimal health outcomes by preventing or detecting problems early
- Collaborating on individual care plan goals

How GlobalHealth's Care Coordinators may help you:

- Conducting health risk screening questions to learn your health care needs and barriers to care
- Assisting after planned and unplanned visits or admissions to emergency rooms, skilled nursing facilities, and hospitals to make sure you receive medications, testing, services, and durable medical equipment
- Assisting with scheduling medical appointments and testing for chronic condition/disease management
- Working with you and your providers to develop specific goals with the purpose of improving your health
- Referrals to programs and resources for additional support based on your personal health needs and benefits
- Medication management and adherence

GlobalHealth is here to support you on your healthcare journey. We have a team that is here to help you with all your care coordination needs, call 1-844-280-5555 (TTY: 711) to learn more.

Where do I go for care?

When you are not feeling well or are having an acute health episode, it can be confusing to know where you should seek care, especially if you need care quickly.

If you need assistance deciding where to go, you can speak with a registered nurse at no cost to you. The nurse can help you decide if you need to make an appointment with your primary care physician (PCP), go to urgent care, or seek emergency care. You can call the CareNet 24/7 Nurse Line at **1-800-554-9371 (TTY: 711)** with questions about which level of care is appropriate for you.

Primary Care Physician's (PCP) Office

For routine or minor medical issues, start with your PCP. Your PCP knows your health history, knows what medications you take, and has a more complete picture of your overall health. They are your partner in health, assisting you in navigating the healthcare system. You have unlimited visits for sick or well visits at a **\$0 copay when visiting your PCP**.

Urgent Care (or Walk-in Clinic)

Urgent Care centers can conveniently treat urgent minor medical issues if your PCP cannot schedule a same-day appointment. Please note that Urgent Care copays are higher than your PCP copay, but much lower than visiting an emergency room. Wait time at Urgent Care centers is much shorter than the wait time at the emergency room. Examples of minor acute needs include:

- Minor burns, wound care, or small cuts that may require stitches
- Flu, cold, or mild asthma attacks
- Nausea, vomiting, diarrhea, or dehydration
- Fever, earache, headache, abdominal pain, or skin rashes
- Sprains, muscle pulls, back pain, or minor fractures

Emergency Room (ER)

The Emergency Room (ER) can treat the most severe symptoms when emergency care is needed, and 911 should be called. It is the most expensive option and should not be used in place of your PCP or an urgent care facility. It is for situations when you believe that you need immediate medical attention to prevent loss of life or bodily function. For example, the ER is appropriate for:

- Choking, difficulty breathing, or stopped breathing
- Suffering from a head injury, particularly if it's causing fainting or confusion
- Having severe chest pain or pressure lasting more than two minutes
- Having a seizure(s) that lasts between three and five seconds
- Severe burns
- Stroke symptoms (slurred speech or sudden numbness/weakness in any area of your body, facial drooping, loss of balance or vision, changes in mental status)
- Suffering from a neck or spine injury, especially when it's accompanied by loss of feeling
- Severe allergic reaction (swelling lips, difficulty swallowing or breathing)



Meal Benefits

GlobalHealth plans offer additional benefits to address members' nutritional needs following an inpatient stay. The purpose of this benefit is to provide a nutritional bridge for members until additional help is available.

Eligibility

To qualify for meal benefits, the following criteria must be met:

- Member must be admitted to a hospital or skilled nursing facility.
- The member must be admitted as an inpatient (acute or long-term acute hospital, psychiatric hospital, or skilled nursing facility) or have undergone surgery.
- Other outpatient stays do not qualify, even if an overnight stay is required.
- Social factors, by themselves, do not qualify an enrollee for meal services.

Benefit: All plans have a benefit limit for meal delivery of 4 times (discharges) per year.

Plan	Benefit
Generations Classic Rewards (HMO) Generations Valor (HMO) Generations Classic Plus (HMO) Generations State of Oklahoma Retirees (HMO)	2 meals / day for 5 days (10 total)
Generations Chronic Care (HMO C-SNP) Generations Chronic Care Savings (HMO C-SNP)	2 meals / day for 7 days (14 total)
Generations Dual Support (HMO D-SNP) Generations Dual Premier (HMO D-SNP)	3 meals / day for 14 days (42 total)

Getting Meals:

If you are enrolled in Generations Classic Rewards (HMO), Generations Classic Plus (HMO), Generations Valor (HMO), or Generations State of Oklahoma Retirees (HMO), you will need to call Customer Care within 30 days of your discharge to request meal delivery. Members enrolled in a special needs plan will receive meal delivery through their care management plan.

A case manager will work with you and the meal vendor to confirm eligibility and coordinate delivery.

- Meals are shipped frozen in quantities of 10 or 14, depending on the benefit.
- Meals may be delivered in one shipment or split into multiple deliveries, up to the maximum benefit.

Menu options include:

- Regular
- Fish free
- Pork free
- Diabetic
- Renal
- Southwest
- Puree
- Vegetarian
- Gluten sensitive
- Kosher
- Shelf stable

Meals will be delivered via FedEx or UPS, Wednesday through Friday, excluding Major Holidays, as further described below.:

- New Year's Day
- Martin Luther King's Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day

Follow-up:

- ILS contacts the member within twenty-four (24) hours of receipt of an order to schedule meal delivery.
- An ILS Customer Service Agent will confirm member's delivery information and will conduct a mini assessment of each member, which consists of ten (10) questions, including:
 - Member's height
 - Weight
 - Allergies
 - Special dietary restrictions
- GlobalHealth also supports members by:
 - Providing information and links to websites with nutritious diet planning information, such as ChooseMyPlate.gov
 - Providing nutritional tips in its newsletters and/or on its websites
 - Partnering with social community services such as "Meals on Wheels"

* 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.

Getting Help at Home with Papa Pals



As a GlobalHealth member*, you may qualify for help at home or with everyday errands through Papa Pals:

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

- There is no copay or coinsurance
- Members may choose when to use the hours, 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.

Papa Pals Scheduling – 1-855-485-9692 (711) 7:00 a.m. – 10:00 p.m., 7 days a week, providing you with personalized, engaging, and responsive services.

*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.

Smart Wallet Benefit

GlobalHealth is pleased to offer our Smart Wallet Benefit, a Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefits.

2026 Smart Wallet Benefits		Separate Benefits from Your Smart Wallet		
Plan	Amount	Supplemental Dental Benefit	Supplemental Hearing Benefit	Supplemental Vision Benefit
Generations Classic Rewards (HMO)	\$140/quarter for OTC/D/ V/H NO roll over	\$1,500/year	\$1,000/year	\$200/year
Generations Valor (HMO)	\$100/quarter for OTC/D/ V/H NO roll over	\$1,500/year	\$1,000/year	\$300/year
Generations Classic Plus (HMO)	\$140/quarter for OTC/D/ V/H with roll over to the end of the year	\$2,000/year	\$1,000/year	\$200/year
Generations Chronic Care (HMO C-SNP)	\$60/month for OTC*/ groceries*/ gasoline*/utilities*/D/V/H with roll over to the end of the year	\$2,000/year	\$1,000/year	\$200/year
Generations Chronic Care Savings (HMO C-SNP)	\$60/month for OTC*/ groceries*/ gasoline*/utilities*/D/V/H with roll over to the end of the year	\$2,000/year	\$1,000/year	\$200/year
Generations Dual Support (HMO D-SNP)	\$250/month for OTC/ groceries*/ gasoline*/ utilities* with NO roll over	\$2,000/year	\$1,000/year	\$100/year
Generations Dual Premier (HMO D-SNP)	\$215/month for OTC/ groceries*/ gasoline*/ utilities* with NO roll over	\$4,000/year	\$2,000/year	\$400/year
Generations State of Oklahoma Retirees (HMO)	\$50/quarter for OTC with NO roll over	N/A	\$500/year	\$200/year

Before using your Smart Wallet card, you must **activate it**. Once activated, swipe your card at the end of your purchase and select the **CREDIT** option. Please note, your transaction will be **DECLINED** if you select debit.

The benefit **cannot be used for cash withdrawal nor purchase** the following services or products:

- Cosmetic procedures
- Hospital indemnity insurance
- Funeral planning and related expenses
- Life insurance
- Alcohol, tobacco, or cannabis products
- Broad membership programs that include multiple unrelated services or discounts
- Non-healthy food items

Please note, funds may be used in a single transaction or over multiple transactions, up to your benefit amount. You will be responsible for paying any amount over your maximum benefit amount. Any leftover balance rolls over to the next month or quarter and then expires at the end of the year on most plans².

If you do not receive your card within two weeks of your effective date or have issues using your Smart Wallet Benefit card, please contact **NationsBenefits at 1-877-241-4736 (TTY: 711)**. Do not throw your card away at the end of the allowance period. Your next period allowances will be loaded to the same Smart Wallet benefit card.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and 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.

* 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.



How Healthcare Fraud and Abuse Can Affect Your Benefits

Healthcare fraud and abuse do not just impact insurance companies, they can directly affect your healthcare benefits and costs. Although GlobalHealth has processes in place to protect your benefits through ongoing monitoring it is important to stay alert. If something seems wrong – we are here to protect your benefits.

Risk of Medical Identity Theft

If your insurance ID or personal information is misused, someone else may receive care under your name. You need to inform us immediately to prevent:

- Incorrect medical records
- Bills for services you didn't receive

Errors in Your Medical Records

Fraud and abuse can lead to inaccurate information in your health history, which may affect treatment decisions or future coverage. It is important that you notify us immediately of any potential fraud to ensure that your medical records have accurate information.

How You Can Help Protect Your Benefits

You play an important role in preventing fraud and abuse by:

- Carefully reviewing your Explanation of Benefits (EOB)
- Questioning charges for services you do not recognize
- Never sharing your insurance ID with unsolicited callers
- Reporting anything that does not seem right

Reporting Is Easy and Confidential

If you suspect fraud, waste, or abuse (FWA) related to your EOB, please contact the GlobalHealth Compliance Department immediately. Reports may be submitted openly or anonymously through any of the following channels:

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

Together we can Fight FWA!



Mental Health Matters for Everyone

Mental health is important at every stage of life. It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act as we cope with life. It determines how we handle stress, relate to others, and make choices.

It is important to seek help if you are experiencing distressing symptoms that have lasted more than two weeks, such as difficulty sleeping, appetite changes, difficulty concentrating, loss of interest in things you usually find enjoyable, and inability to perform daily tasks and responsibilities.

GlobalHealth is committed to improving quality of life by covering mental health and substance use disorder services. These services administered by Carelon Behavioral Health include office visits, telehealth appointments, and care provided in other settings, such as inpatient and partial hospitalization programs.

If you have questions about your mental health benefits, please call **Carelon Behavioral Health** at 1-888-434-9202 (TTY: 711) Monday through Friday 7:00 a.m. – 5:00 p.m. CST

<https://medlineplus.gov/howtoimprovementalhealth.html>

<https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health>

Tips for Improving Cognitive Health

Cognitive health is essential for maintaining independence and quality of life. According to WebMD, cognitive decline in older

adults refers to changes or difficulties in thinking, memory, concentration, and other brain functions beyond what is typically expected with normal aging. Cognitive decline can develop suddenly or gradually and may be temporary or permanent.

As we age, our brains change just like the rest of our bodies. Fortunately, there are steps we can take to support and improve cognitive health over time. The National Institute on Aging recommends the following:

- **Keep your mind active.** People who engage in personally meaningful activities, such as volunteering or hobbies, say they feel happier and healthier. Learning new skills may improve your thinking ability. Learning new things, reading books, playing games, going to events, and playing musical instruments help reduce the risk of cognitive decline.

- **Be socially active.** Maintaining relationships is key for emotional help and helps lower the risk for some health problems and improve well-being to reduce the risk of cognitive impairment and dementia by challenging people to communicate.
- **Stay physically active.** Lack of exercise and other physical activity may increase your risk of diabetes, heart disease, depression, and stroke, all of which can harm the brain. Physical activity has been linked to improved cognitive performance and reduced risk for Alzheimer's disease.

There are other factors that can affect cognitive health such as a poor diet, smoking, sedentary lifestyle, too much alcohol, sleep problems, and some medications. Talk to your primary care provider (PCP) if you are concerned about cognitive impairments.

<https://www.webmd.com/healthy-aging/what-to-know-about-cognitive-decline-in-older-adults>

<https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults#:~:text=Lack%20of%20exercise%20and%20other,reduced%20risk%20for%20Alzheimer's%20disease>



GlobalHealth
MEDICARE ADVANTAGE PLANS

GlobalHealthBeat

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**Health and wellness or
prevention information**

Information to help you achieve your optimal health

GlobalHealthBeat
A Newsletter for Medicare Advantage members



GlobalHealth
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 2028. 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_18770426_M**