



# 2018 Benefits Guide

Premiums starting as  
low as \$0 a month



GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

## **Generations Medicare Advantage Plan Options:**

- Generations Value (HMO)
- Generations Classic (HMO)
- Generations Select (HMO)

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# Medicare Advantage Plans

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## About GlobalHealth

- Local, Oklahoma-based health maintenance organization (HMO)
- Available in 44 counties
- 3 Medicare Advantage plans
- Local Customer Care, Care Management and Pharmacy teams
- Thousands of quality providers, hospitals and pharmacies



## What is a Medicare Advantage plan? (Medicare Part C)

Medicare Advantage plans cover the same inpatient and outpatient services as original Medicare, including preventive care. Medicare Advantage plans may also offer additional coverage that Medicare does not have, such as prescription drug coverage. Medicare Advantage plans includes Medicare Part A, Part B and sometimes Part D.

## Are You Eligible for Our Medicare Advantage Plans?

- **Must** be a permanent resident in our service area
- **Must** have both Medicare Part A and Part B
- **Must not** have End Stage Renal Disease (ESRD)

# What Do You Know About Medicare?

## The Four Parts of Medicare



### PART A

Hospital Insurance



### PART B

Medical Insurance



### PART C

Medicare Advantage Plan  
Includes Part A, Part B and sometimes Part D Coverage



### PART D

Medicare Prescription Drug Coverage



## Medicare Advantage Enrollment Dates

### Pre-enrollment

**Oct. 1 - Oct. 14**  
Compare plans so you are ready to enroll beginning Oct. 15th.

### Annual Enrollment

**Oct. 15 - Dec. 7**  
If you're eligible, you can join, switch or drop a Medicare Advantage plan.

### Annual Disenrollment

**Jan 1 - Feb. 14**  
Plan members may disenroll from their current plan and return to Original Medicare

**Feb. 15 - Oct. 14**  
No plan changes unless special circumstances arise.

# What Do You Know About Medicare?



## Drug Payment Stages

DEDUCTIBLE STAGE	INITIAL COVERAGE STAGE	COVERAGE GAP STAGE	CATASTROPHIC COVERAGE STAGE
<p>You pay the full cost of your drugs until you hit your deductible.*</p>	<p>The plan pays its share of the cost, and you pay your share (copayment/coinsurance) until your total drug costs reach \$3,750.</p>	<p>You will pay no more than 44% for covered generics or 35% on all other drugs until you reach \$5,000.</p>	<p>You will pay the greater of 5% of the cost or \$3.35 for generics and \$8.35 for all other drugs.</p>
<p>Example: Drug = \$50 You pay = \$50</p>	<p>Example: Drug = \$50 Plan pays = \$40 You pay = \$10</p>	<p>Example: Drug = \$50 Plan pays = 56% (\$28) You pay = 44% (\$22)</p>	<p>Example: Drug = \$50 Plan pays = \$46.65 You pay = \$3.35</p>
<p>\$50 towards deductible*</p>	<p>\$50 towards initial coverage limit</p>	<p>\$22 towards coverage gap</p>	

\*No deductible on our plans.

# What Do You Know About Medicare?



## Need Extra Help? You May Qualify!

You may be able to get Extra Help, otherwise known as Low Income Subsidy (LIS), with your Medicare prescription drug plan premium and copay.

To find out if you qualify, call:

- GlobalHealth\*: 1-844-322-8322 (TTY: 711)
  - 8:00AM to 8:00PM Central, Monday through Sunday (Oct 1 – Feb 14)
  - 8:00AM to 8:00PM Central, Monday through Friday (Feb 15 – Sept 30)
- Medicare: 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY: 1-877-486-2048)
- Social Security Office: 1-800-772-1213, 7:00 AM to 7:00 PM (TTY: 1-800-325-0778)
- State Medicaid (SoonerCare Helpline): 1-800-987-7767

### 2018 Premium Subsidy Tables for Those Who Qualify for Extra Help

The premiums listed in the table below include coverage for both medical and prescription drug coverage (if applicable).

Your Extra Level of Help	Your Monthly Premium**	
	Generations Classic	Generations Select
100%	\$0	\$0
75%	\$0	\$7.20
50%	\$0	\$14.50
25%	\$0	\$21.70

\*By calling the listed number you may be speaking with a licensed sales representative.

\*\*You must continue to pay your Medicare Part B premium.

# What Do You Know About Medicare?

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## Key Terms

- **Coinsurance:** An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).
- **Copayment (copay):** An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.
- **Cost Share:** Cost-sharing refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).
- **Deductible:** The amount you must pay for health care or prescriptions before our plan begins to pay.
- **Drug Formulary:** A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.
- **Maximum out-of-pocket (MOOP):** The most that you pay out-of-pocket during the calendar year for in-network covered services.
- **Network:** Group of contracted providers, facilities and pharmacies for the plan.
- **Premium:** The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.
- **Prior Authorization (Referral):** On certain services or drugs, you will need to get approval in advance from GlobalHealth before obtaining the services or drugs. Your Primary Care Physician (PCP) may submit a referral to GlobalHealth for the prior authorization. If you do not get prior authorization, GlobalHealth may not cover the services.

# What Makes Us Different?

## Being a Member Has Its Perks

GlobalHealth Medicare Advantage plans allow you to enjoy the benefits you currently receive from Original Medicare plus, vision and dental services, peace of mind emergency coverage and many more money-saving benefits! In fact, most of our plans include Part D prescription drug coverage.

We make it simple for you to get more out of Medicare.



**\$0\* MONTHLY PREMIUM**



**UNLIMITED \$0 PRIMARY CARE PHYSICIAN VISITS**



**NO MEDICAL OR DRUG DEDUCTIBLES**



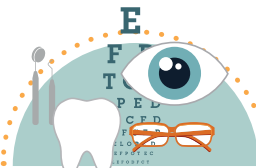
**\$0 COPAY ON MEDICARE COVERED PREVENTIVE SERVICES**



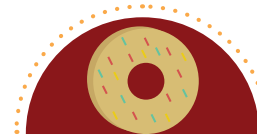
**3 MONTH SUPPLY OF PRESCRIPTION DRUGS FOR AS LOW AS A \$10 COPAY<sup>1</sup>**



**OVER THE COUNTER DRUG ALLOWANCE<sup>2</sup>**



**SUPPLEMENTAL EYEWEAR & DENTAL BENEFITS**



**GAP COVERAGE FOR PRESCRIPTION DRUGS<sup>3</sup>**



**OKLAHOMA-BASED**



**STRONG NETWORK**



**MOBILE APP**



**LOCAL CUSTOMER CARE**

\*Not applicable to all plans

<sup>1</sup>Cost-share/copay dependent on Tier status of drug and type of pharmacy being utilized. Not applicable to all Tiers. Only applicable to plans with prescription drug coverage.

<sup>2</sup>Limitations apply, not applicable to all plans.

<sup>3</sup>Limited to Tier 1 drugs. Review drug formulary for applicable drugs. Only applicable to plans with prescription drug coverage.



# Where is GlobalHealth?

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## Service Area

GlobalHealth Medicare Advantage plans are available in **44** Oklahoma counties. (see back cover of guide for complete service area)

## Provider Network\*

as of September 2017



GlobalHealth Medicare Advantage plans have a strong network of providers and facilities including:

### TULSA

- Harvard Family Physicians
- Utica Park Clinic Physician Group
- Hillcrest Medical Center
- Hillcrest South Hospital
- Hillcrest Hospital Claremore
- Tulsa Spine & Specialty Hospital
- Oklahoma Heart Institute
- Oklahoma Surgical Hospital
- OSU Medical Center, Mercy
- OSU Physicians
- Bailey Medical Center, Owasso
- Oklahoma Spine and Brain Institute
- McAlester Regional Health Center

### OKLAHOMA CITY

- Oklahoma City Clinic
- Mercy Hospital
- Mercy Primary Care Clinics
- Integris Baptist Medical Center
- Integris Health Edmond
- Integris Southwest Medical Center
- Integris Primary and Specialty Care Clinics
- Oklahoma Heart Hospitals
- Bone and Joint Hospital at St. Anthony
- St. Anthony Hospital
- Variety Care Clinic
- Mary Mahoney Health Center

\*This is not a full list of providers. Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary. To see if your local provider or hospital is in network, visit [www.GlobalHealth.com/search](http://www.GlobalHealth.com/search) or call Customer Care at 1-844-280-5555 (TTY: 711)

# 2018 Benefits at a Glance

## GlobalHealth Medicare Advantage Plans

Effective January 1, 2018 - December 31, 2018

	MA-ONLY	MAPD	
	GENERATIONS VALUE (HMO)	GENERATIONS CLASSIC (HMO)	GENERATIONS SELECT (HMO)
BENEFIT	YOU PAY		
Premium	\$0	\$0	\$29
Deductible	\$0	\$0	\$0
MOOP	\$3,000	\$3,400	\$3,400
Primary Care Physician	\$0	\$0	\$0
Specialist	\$40 copay	\$40 copay	\$25 copay
Preventive Care	You pay nothing	You pay nothing	You pay nothing
Inpatient Hospital Care	\$250 copay per day (Days 1-5) You pay nothing per day (Days 6-190)	\$365 copay per day (Days 1-5) You pay nothing per day (Days 6-190)	\$325 copay per day (Days 1-5) You pay nothing per day (Days 6-90)
Outpatient Surgery and Hospital Services	\$250 copay - Ambulatory Surgery Center \$320 - Hospital	\$250 copay - Ambulatory Surgery Center \$320 - Hospital	\$250 copay - Ambulatory Surgery Center \$320 - Hospital
Diagnostic Tests, X-rays, Lab Services and Radiology	You pay nothing for labs and x-rays; \$50 copay for therapeutic radiology; \$100 copay for sleep studies in outpatient facility	You pay nothing for labs and x-rays; \$50 copay for therapeutic radiology; \$100 copay for sleep studies in outpatient facility	You pay nothing for labs and x-rays; \$40 copay for therapeutic radiology; \$100 copay for sleep studies in outpatient facility
MRI, PET, CT Scans	\$150 copay	\$150 copay	\$100 copay
Ambulance Services	\$100 copay	\$100 copay	\$100 copay
Emergency Room	\$75 copay	\$100 copay	\$85 copay
Urgent Care	\$10 copay	\$35 copay	\$25 copay
Chiropractic	\$20 copay	\$20 copay	\$20 copay
Home Health	You pay nothing	You pay nothing	You pay nothing

# 2018 Benefits at a Glance

## GlobalHealth Medicare Advantage Plans

Effective January 1, 2018 - December 31, 2018

	MA-ONLY	MAPD	
	GENERATIONS VALUE (HMO)	GENERATIONS CLASSIC (HMO)	GENERATIONS SELECT (HMO)
BENEFIT	YOU PAY		
Hearing Services	You pay nothing for PCP diagnostic evaluation; you pay \$40 copay for exams and treatment	You pay nothing for PCP diagnostic evaluation; you pay \$40 copay for exams and treatment	You pay nothing for PCP diagnostic evaluation; you pay \$25 copay for exams and treatment
Mental Health Inpatient Services	You pay \$275 copay per day (Days 1-6); You pay nothing per day (Day 7-90)	You pay \$275 copay per day (Days 1-6); You pay nothing per day (Day 7-90)	You pay \$250 copay per day (Days 1-6); You pay nothing per day (Day 7-90)
Mental Health Outpatient Services	You pay nothing for mental health visits; you pay \$25 copay for psychiatric visits	You pay nothing for mental health visits; you pay \$25 copay for psychiatric visits	You pay nothing for mental health visits; you pay \$25 copay for psychiatric visits
Skilled Nursing Facility	You pay nothing per day (Days 1-20); you pay \$160 per day (Days 21-100)	You pay nothing per day (Days 1-20); you pay \$160 per day (Days 21-100)	You pay nothing per day (Days 1-20); you pay \$160 per day (Days 21-100)
Rehabilitation Services	You pay \$20 copay	You pay \$20 copay	You pay \$10 copay
Durable Medical Equipment	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost
Prosthetics and related supplies	You pay nothing for surgically implanted devices & medical supplies; you pay 20% of the cost for external devices and medical supplies	You pay nothing for surgically implanted devices & medical supplies; you pay 20% of the cost for external devices and medical supplies	You pay nothing for surgically implanted devices & medical supplies; you pay 20% of the cost for external devices and medical supplies
Diabetes Supplies	You pay nothing	You pay nothing	You pay nothing
Medicare Part B Drugs	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost

# 2018 Benefits at a Glance

## Prescription Drug Coverage

Effective January 1, 2018 - December 31, 2018

Generations Classic & Generations Select

Deductible: \$0

Note: Generations Value does not include Prescription Drug Coverage

	GENERATIONS CLASSIC & SELECT		
Drug Type	30-Day Supply at Preferred Retail Pharmacy	90-Day Supply from Mail Order Pharmacy*	30-Day Supply from Standard Retail Pharmacy
Tier 1 - Preferred Generics	\$5	\$10	\$10
Tier 2 - Generics	\$15	\$30	\$20
Tier 3 - Preferred Brand Name	\$42	\$84	\$47
Tier 4 - Non-Preferred	40%	30%	50%
Tier 5 - Specialty	33%	N/A	33%
Coverage Gap Stage After your prescription costs reach \$3,750	Your costs will be no more than 44% of the cost for generic drugs. You pay 35% of the cost of brand name drugs		
Catastrophic Coverage Stage After you have paid \$5,000 out-of-pocket	You pay the greater of 5% of the cost of the drug or \$3.35 for generics/\$8.35 for brand names.		
Gap Coverage	You pay the same cost sharing for Tier 1 drugs that you paid in the Initial Coverage Stage or 44% of the cost, whichever is less, and the plan pays the rest.		

PLEASE NOTE: Generations Classic and Generations Select have different drug formularies. Please visit our website for the most up-to-date drug formularies. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

\*Costs for 90-day supply are higher at Standard Retail Pharmacy

# 2018 Benefits at a Glance

## Additional Benefits Not Covered Under Original Medicare

Effective January 1, 2018 - December 31, 2018

<b>GENERATIONS VALUE</b>	
Podiatry Services – Foot Care	\$40 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	\$50 copay; plan pays up to a \$200 calendar year maximum
Dental	You pay nothing for preventive services
Over-the-Counter Benefit	\$50 quarterly benefit for over-the-counter (OTC) health and wellness products available through our mail order service. If \$50 is not used in a quarter, the balance does not carry over. Prices include shipping, handling, and sales tax.
<b>GENERATIONS CLASSIC</b>	
Podiatry Services – Foot Care	\$40 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	\$40 copay; plan pays up to a \$200 calendar year maximum
Dental	You pay nothing for preventive services
Over-the-Counter Benefit	\$50 quarterly benefit for over-the-counter (OTC) health and wellness products available through our mail order service. If \$50 is not used in a quarter, the balance does not carry over. Prices include shipping, handling, and sales tax.
<b>GENERATIONS SELECT</b>	
Podiatry Services – Foot Care	\$25 copay (covered under Original Medicare)
Routine Vision Exam	You pay nothing for up to 1 visit per year
Routine Eyewear Benefit	\$35 copay for frames and lenses; Plan pays up to a \$200 calendar year maximum
Dental	<p>You pay nothing for preventive services</p> <p>You pay nothing for comprehensive dental services; plan pays up to \$250 calendar year maximum for comprehensive dental services including:</p> <ul style="list-style-type: none"> <li>• Non-routine services</li> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> </ul>

For a full listing of benefits, please reference the plan's Evidence of Coverage at: [www.GlobalHealth.com/medicare-advantage](http://www.GlobalHealth.com/medicare-advantage)

# How to Easily Access Your Benefit Information

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Looking for other ways to view our plan cost shares, network providers and other information included in a GlobalHealth Medicare Advantage plan? Below are additional ways to view our plan benefits.



## Download the GlobalHealth Mobile App

The GlobalHealth app provides quick access to plan benefit information and resources such as the provider and pharmacy search tool. The app also provides healthy living tips, enrollment reminders and news updates from GlobalHealth.

Visit your app store today to download the GlobalHealth mobile app or visit [www.GlobalHealth.com/mobileapp](http://www.GlobalHealth.com/mobileapp).



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## Visit the GlobalHealth Website

Our website includes the below information for quick and easy access. Visit [www.GlobalHealth.com/medicare-advantage](http://www.GlobalHealth.com/medicare-advantage) today.

- Find a provider or pharmacy
- Cost shares (copayments/coinsurance)
- Dental benefits
- Enroll in prescription drug mail order
- View Evidence of Coverage (EOC)
- Summary of Benefits
- Prescription drug forms

# Important Phone Numbers

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

IMPORTANT PHONE NUMBERS:	WHY CALL?
<p><b>Customer Care</b> <b>1-844-280-5555 (TTY: 711)</b></p> <p><b>8 am - 8 pm</b> <b>7 days a week (Oct 1 - Feb 14)</b> <b>Monday - Friday (Feb 15 - Sept 30)</b></p>	<p><b>Speak to a Member Advocate:</b></p> <ul style="list-style-type: none"><li>• If you've lost important plan documents, like your Member ID card or your Summary of Benefits.</li><li>• If you need to obtain authorization for a service or procedure.</li><li>• If you need to know if a specific procedure or service is covered.</li><li>• When you are going to be or have been admitted to the hospital.</li><li>• When you have had an emergency and gone to the emergency room.</li><li>• When you are being discharged from a hospital stay.</li><li>• If you have questions about:<ul style="list-style-type: none"><li>– Home healthcare</li><li>– Durable Medical Equipment</li><li>– Behavioral Health Services</li></ul></li></ul>
<p><b>Fraud, Waste, and Abuse Hotline</b> <b>1-877-280-5852</b></p> <p><b>All communications are confidential and anonymous.</b></p>	<p><b>Report any healthcare fraud, such as:</b></p> <ul style="list-style-type: none"><li>• Provider bills you for medical services, supplies or items that were not provided.</li><li>• Provider performs medically unnecessary services to obtain the insurance payment.</li><li>• Someone steals your personal information to submit false claims to obtain the insurance benefit.</li><li>• Someone pretends to represent Medicare, the Social Security Administration or an insurance plan for the purpose of obtaining personal information.</li></ul>

# Multi-Language & Non-Discrimination Notice

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GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GlobalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact GlobalHealth's Customer Care at 1 (844) 280-5555 (toll-free) (TTY: 711).

If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **ATTN: Director, Compliance & Legal Services, 701 NE 10th Street, Suite 300, Oklahoma City, OK 73104-5403, Fax: (405) 280-5894, or Email: [compliance@globalhealth.com](mailto:compliance@globalhealth.com)**. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Care is available to help you. 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-280-5555 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-280-5555 (TTY: 711)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-280-5555 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-280-5555 (رقم هاتف الصم والبكم: 117).

သတိပူပီရန - အကယုၣ် သဠည ဂုမ္မာစကား ကို ဝေပုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကို စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-844-280-5555 (TTY: 711) သို့မူ ဝေငှဆိုပါ။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-280-5555 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-280-5555 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-280-5555 (ATS: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-280-5555 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-280-5555 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-280-5555 (TTY: 711).

Hagsesda: iyuhno hyiwonihha [tsalagi gawonihisdi]. Call 1-844-280-5555 (TTY: 711).

امش یارب ناگیار تروصب ینابز تالی هست، دینک یم وگتفگ یراف نابز هب رگا: هجوت

دیری گب سامت اب. دش اب یم م هارف 1-844-280-5555 (TTY: 711)



# ENROLLMENT INFORMATION

## GLOBALHEALTH MEDICARE ADVANTAGE PLANS

# Understanding Enrollment Periods

## Annual Enrollment Period (October 15 – December 7)

- Switch, drop or join a Medicare Advantage plan of your choosing

## Medicare Advantage Disenrollment Period (January 1 – February 14)

- For Medicare Advantage plans, you can leave your plan and return to Original Medicare
  - If you return to Original Medicare, you can sign up for a standalone Prescription Drug Plan until February 14
- During this period you cannot do the following:
  - Switch from Original Medicare to a Medicare Advantage plan
  - Switch from one Medicare Advantage plan to another

SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
ENROLL (October 15 – December 7)				DISENROLL You cannot change your 2016 coverage after Feb 14* (January 1 – February 14)							
<b>SPECIAL ENROLLMENT PERIOD (YEAR-ROUND)</b>											

## **Q:** If you answer yes to any of the following questions, you may be eligible for a Special Enrollment Period

Q: Have you recently moved and are new to Medicare?

Q: Are you currently receiving Extra Help with your healthcare costs?

Q: Do you no longer qualify for Extra Help with your healthcare costs?

Q: Have you recently left a PACE program (Program of All-inclusive Care for the Elderly)?

Q: Are you leaving employer or union coverage?

Q: Do you live in a long-term care facility?

Q: Will you be moving into a long-term care facility?

Q: Have you recently moved out of a long-term care facility?

\*Unless you qualify for a Special Enrollment Period

# Enrolling in a GlobalHealth Medicare Advantage Plan

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Follow these easy steps to enroll in a GlobalHealth Medicare Advantage plan.

1. Each applicant must fill out a separate enrollment form.
2. Have your Medicare card ready. You will need to fill in the requested information EXACTLY as it appears on your Medicare card to avoid delays with your enrollment.
3. Sign and date the enrollment form. Your enrollment form is not complete without a signature.

## There are four easy ways to submit your enrollment:



### Local sales agent:

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



### Call us:

To enroll by phone, please call us at 1-844-322-8322 (TTY: 711)\*.

8 a.m. to 8 p.m.

7 days a week (October 1 - February 14)

Monday - Friday (February 15 - September 30)



### Enroll online:

You have the option to enroll online on our website:

[www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare)

Medicare beneficiaries may also enroll in GlobalHealth through the CMS Online Enrollment Center located at <http://www.Medicare.gov>.

\*By calling the listed number you may be speaking with a licensed sales representative.

# Enrolling in a GlobalHealth Medicare Advantage Plan

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## Mail:

Print a paper enrollment form from our website, fill out the paper enrollment form and mail it, along with any other required documentation to:

GlobalHealth  
Attn: Eligibility and Enrollment  
P.O. Box 1747  
Oklahoma City, OK 73101-1747

Please do not submit your enrollment information more than once to avoid delays with your enrollment.

If you need assistance in filling out your enrollment form or have any questions, please call us at 1-844-322-8322 (TTY: 711)\*.

8 a.m. to 8 p.m.

7 days a week (October 1 - February 14)

Monday - Friday (February 15 - September 30)

\*By calling the listed number you may be speaking with a licensed sales representative.

## FOR AGENT USE ONLY:



### Agent Online Enrollment:

You have the option to enroll a member on our website:

<https://globalhealth.destinationrx.com/PlanCompare/Professional/type1/2018/>

**FORMS  
FOR  
AGENT  
USE ONLY**

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# GlobalHealth Medicare Advantage Plans

## Receipt of Enrollment

To be filled out by Agent.

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Confirmation # (Connecture Enrollments Only):

Application Date:  /  /

Proposed Effective Date:  /  /

Plan Name:

Agent Name:

Agent Phone Number:  -  -

Agent ID (Optional):

This document verifies you met with an agent and completed an Enrollment Request Form for a GlobalHealth Medicare Advantage plan. Upon confirmation of your enrollment, you will receive important plan information such as your Member ID Card and a Welcome Kit that will include your Evidence of Coverage.

**Please tear out to keep for your records.**

If you have any questions regarding your plan benefits, contact **Customer Care**:

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

**8 a.m. to 8 p.m.**

**7 days a week (October 1 - February 14)**

**Monday - Friday (February 15 - September 30)**

Beneficiary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# AGENT ENROLLMENT ATTESTATION

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**Instructions: Agent, complete and retain this with the SOA.**

**By initialing the boxes below and signing this form, I attest to each of the following.**

1.  Enrollment form is complete and accurate; correct plan selected.
2.  Reviewed Summary of Benefits with enrollee including premium, covered benefits, and applicable deductibles, coinsurance, and copays.
3.  Reviewed Formulary and drug tiers and Coverage Gap.
4.  Enrollee voices understanding of benefits, including Prescription Drug Coverage.
5.  Reviewed Provider Directory with enrollee and “in-network” requirements.
6.  Beneficiary voices understanding that plan requires prior authorization and does not cover out-of-network services except in emergency situations.
7.  Reviewed Primary Care Physician (PCP) requirements and referral process.
8.  Enrollee voices understanding that he/she must continue to pay the Part B Premium.
9.  Enrollee voices understanding of how he/she will make monthly premium payments, if applicable.
10.  Notified enrollee to expect an enrollment confirmation letter from the plan.
11.  Advised enrollee to use the new ID card from GlobalHealth rather than the Medicare red, white, and blue card beginning with enrollment effective date.
12.  Reviewed late enrollment penalty (LEP), if applicable.
13.  Answered enrollee’s questions and advised him/her to review plan materials carefully.

Enrollee Name \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) requires Sales Agents and Brokers to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by the Medicare beneficiary or his/her authorized representative.

**Please initial beside the type of product(s) you want to discuss.**

\_\_\_\_\_ Medicare Advantage Plan (Part C only)

\_\_\_\_\_ Medicare Advantage and Prescription Plan (Part C and D)

**By signing this form, you agree to a meeting with a Sales Agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by GlobalHealth. He/she does **not** work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

<b>Beneficiary or Authorized Representative Signature and Signature Date:</b>	
Signature	Signature Date
<b>If you are the authorized representative, please sign above and print clearly and legibly below:</b>	
Name (Last, First, MI)	Relationship to Beneficiary
<b>If scope of appointment was not signed PRIOR to appointment:</b>	
Reason:	

# Scope of Sales Appointment Confirmation Form (cont.)

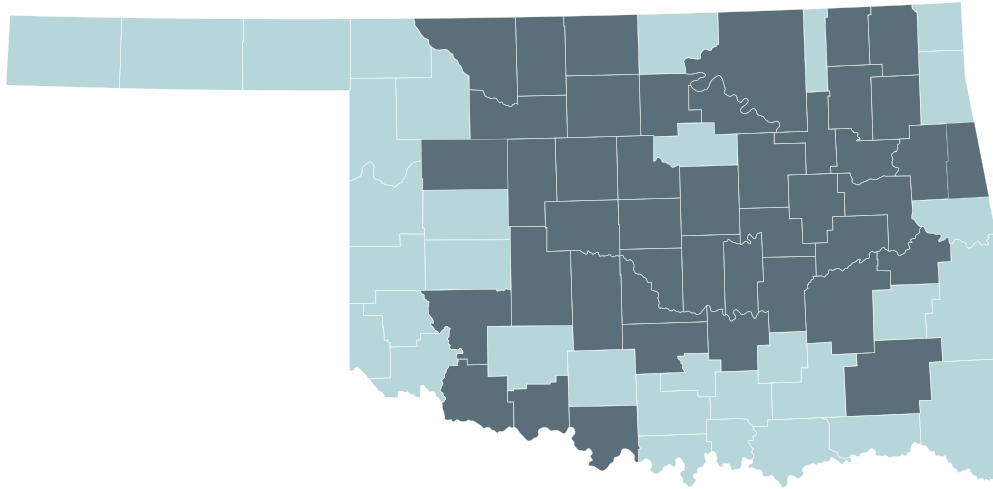
**Agent Certification:** By signing this form, I attest that during this appointment, I discussed only those products requested by the above beneficiary or authorized representative. This Scope of Appointment (“SOA”) form is subject to CMS record retention requirements.

<b>To be completed by Agent (please print clearly and legibly)</b>		
Agent Name (First, MI, Last)	Agent Phone	Agent ID
Beneficiary Name (Last, First, MI)	Beneficiary Phone (optional)	Date Appointment Completed
Beneficiary Address (optional)		
Initial Method of Contact (e.g., walk-in, call-in, event)	Plan(s) the agent represented during the meeting	
<b>Agent’s Signature</b>		

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

H3706\_SOA\_2018 Accepted

## 2018 Service Area



Adair	Garfield	Major	Pawnee
Alfalfa	Garvin	Mayes	Pittsburg
Blaine	Grady	McClain	Pontotoc
Caddo	Grant	McIntosh	Pottawatomie
Canadian	Haskell	Muskogee	Pushmataha
Cherokee	Hughes	Noble	Rogers
Cleveland	Jefferson	Nowata	Seminole
Cotton	Kingfisher	Okfuskee	Tillman
Craig	Kiowa	Oklahoma	Tulsa
Creek	Lincoln	Okmulgee	Wagoner
Dewey	Logan	Osage	Woods



# GlobalHealth

For questions or to enroll:

**1-844-322-8322 (TTY: 711)**

8 a.m. to 8 p.m.

7 days a week (October 1 - February 14)

Monday - Friday (February 15 - September 30)

[www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare)

Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852.

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. By calling the listed number you may be speaking with a licensed sales representative. You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.