February | 2025



GobalHealthBeat A Newsletter for GlobalHealth Medicare Advantage Members



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Your Opinion Counts!

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

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

by sharing insight into the quality of care you want from GlobalHealth for your healthcare needs.

Thanks to your feedback, CMS has rated GlobalHealth a 4 out of 5 Stars for the 2025 Star Ratings! ¹ Every year, Medicare evaluates plans based on a 5-star rating system.

Do you have a PCP?

Your relationship with your primary care provider (PCP) is very important in managing your health.

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

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

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



Who do you call?

When you need help, who do you call? Check the back of your GlobalHealth insurance card to quickly find important phone numbers to contact about your benefits and services.^{*} Calling these numbers directly avoids delays and helps you get the information you need when you need it. *Phone numbers vary by individual plan benefits.

GlobalHealth	Medicare R	
<plan name=""> Member ID: <xxxxxxxxxxxxx <first name=""> <ml> <last name=""></last></ml></first></xxxxxxxxxxxxx </plan>	RXBIN: 004336 RXPCN: MEDDADV RXGRP: HMOMAPD	
PCP Name: <pcp name=""> PCP Phone: <xxx-xx-xxxx></xxx-xx-xxxx></pcp>		
Copayments PCP SPEC ER <xx> <xx> <xx></xx></xx></xx>	H3706- <pbp #=""> Effective: [cvg_eff_dt]</pbp>	



Smart Wallet Benefit

All GlobalHealth members qualify for our Smart Wallet Benefit¹, a Benefits Mastercard[®] Prepaid Benefits Card, through our partnership with NationsBenefits. All plans include a Smart Wallet Benefit. Depending on your plan, you may have a benefit for a combination of over-the-counter (OTC), groceries², gasoline², dental, vision, and/or hearing expenses. D-SNP members have benefit for a combination of over-the-counter (OTC), groceries³, gasoline³, and utilities³ with a separate benefit for dental, vision, and/or hearing expenses.

What is covered¹ and how to access benefits:

- Over-the-counter (OTC) items and products
 - See the product catalog for eligible items like vitamins and minerals, first aid supplies, pain relievers, blood pressure monitors, supports and braces, adult incontinence, eye and ear care, foot care, bathroom safety products, and nicotine replacement therapy products, among other categories.
 - Order through the NationsBenefits Portal or visit certain retail locations www.GlobalHealth. NationsBenefits.com.
- Groceries²
 - Use to purchase healthy foods like meat, fruits and vegetables, dairy products, and bread, among others. Do not use it for sodas, chips, cookies, baby formula, alcohol, desserts, coffee shop items, fresh baked goods, or non-food items.
 - Order through the NationsBenefits Portal or visit certain retail locations <u>www.GlobalHealth.NationsBenefits.com</u>.
- Gasoline assistance²
 - Pay at the pump unless you get a message to see the cashier.
 - Use for gasoline purchases only. Other convenience store items will be declined.
- Utility assistance³
 - Utility assistance is for electricity, gas, sanitary, and/or water expenses, among others.



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

General rules

- Catalogs are available at <u>www.GlobalHealth.com</u>, or you can request a printed copy from Customer Care.
- **Don't throw away your card.** The new benefit amount is loaded onto your same Smart Wallet Benefit card for each new period.
- **Select "CREDIT."** Transactions are declined when "debit" is selected.
- Any leftover balance does NOT roll over to the next month, quarter, or year on some plans.
- Cannot be used for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, firearms, and/or gift cards.
- Cannot be used at other online or retail stores.
 Not all types of services are covered under every plan.
 See plan-specific Evidence of Coverage for benefit amount and types of services covered.
 The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated, and the card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access.

¹Benefits may vary per coverage. Call us or refer to your Evidence of Coverage available on our website www.globalhealth.com for benefit information, limitations and exclusions. ²The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Chronic heart failure and Diabetes. Eligibility cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. ³If you have questions, need materials on a standing basis in alternate formats, or need oral interpretation services, you can call us at 1-844-280-5555 (toll-free) or 711 (TTY, for the hearing impaired).

What is an AWV?

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

Annual Wellness Visits* include:

- Development of a personalized prevention plan
- Routine measurements check (e.g., height, weight, body mass index, blood pressure, etc.)
- Review of functional ability and level of safety
- Learning about your medical and family history
- Making a list of current providers, DME suppliers, and medications

- Screening for cognitive impairment
- Screening for depression
- Health advice and referrals for health education and/or preventive counseling (e.g., weight loss, physical activity, smoking cessation, fall prevention, nutrition, etc.)

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

Physical Exams include:

- Health history
- Vital signs
- General appearance
- Heart exam
- Lung exam
- Head and neck exam

- Abdominal exam
- Neurological exam
- Dermatological exam
- Extremities exam

 Counseling to include healthy behaviors and screening services

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

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

If you have questions about your benefits, please call GlobalHealth at 1-844-280-5555 (TTY: 711).

8:00 AM - 8:00 PM Seven days a week (Oct 1 - Mar 31) Monday through Friday (Apr 1 - Sep 30)

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



Member Incentive Program

Preventive treatment is just as important as the treatment of chronic conditions that are already present and may change over time. GlobalHealth wants to help you on your wellness journey.

As a incentive in 2025, you will be rewarded simply for making your health a priority when you complete service(s) before August 31, 2025.

- Annual Wellness Visit for a \$25 Prepaid Mastercard[®]
- Mammogram for a \$10 Prepaid Mastercard[®]

The reward cards are for the purchase of groceries at select grocery stores. The cards cannot be used at big box national chains and wholesale retailers. If you need help scheduling an Annual Wellness Visit, a mammogram, and/or other preventive care testing, or have questions, please contact our Clinical Quality team toll-free at 1-844-280-5562.

Preparing for your next Physician's Visit

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

- Make a list of all your questions and prioritize your concerns to ask about the most important ones first.
- Take information with you to the doctor. Bring your insurance information, and a list of all your medications, including over-the-counter items, vitamins, and herbal remedies or supplements. Be sure to include the medication strengths and directions of how you take them or bring them with you.
 - Keep your doctor up to date. Be sure to let your doctor know if you have been treated in an urgent care, emergency room, hospital, or seen by a specialist. Be sure to let all healthcare and health service providers know who your PCP is so that they can share your records to ensure that your PCP is aware of your most current health status, medication changes, and if follow-up testing or care is needed. If you are ever unsure of the next steps for your care, follow-up with your PCP's office.
 - Bring a family member or friend to the doctor's visit. They can take notes for you to remember what the doctor said. You can decide how active a role they will play in your support system.
 - Let your doctor know if you have a tough time hearing or understanding them. Ask them to speak louder or slower and if you need interpretive services. If an interpreter is needed be sure to call the doctor's office ahead of time to plan or schedule the interpreter services.

Finally, does your healthcare provider have a patient portal? Be sure to sign up! This is a great way to ask questions and view test results. Ask your provider for help to sign up today. 6

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

Chapter	MAPD (includes Part D coverage)	MA-only (no Part D coverage)	
Chapter 1	 Eligibility Important membership materials Your premium If you have more than just GlobalHealth coverage 		
Chapter 2	- Contact information		
Chapter 3	 Getting needed care, including from out-of-network providers Balance billing Rules about durable medical equipment, including oxygen 		
Chapter 4	 Out-of-pocket costs for medical care, including maximum out-of-pocket limits, copays, and coinsurance What isn't covered by GlobalHealth (exclusions) 		
Chapter 5	 Getting prescription drugs Understanding the drug list Coverage changes Drug safety and drug management 	- Getting reimbursed for medical care	
Chapter 6	 Payment stages Out-of-pocket costs for prescription drugs, including maximum out- of-pocket limits, copays, and coinsurance 	- Your rights and responsibilities as a plan member	
Chapter 7	 Getting reimbursed for medical care Getting reimbursed for prescription drugs 	How to file a complaintHow to file an appeal	
Chapter 8	- Your rights and responsibilities as a plan member	- Ending your membership in our plan	
Chapter 9	 Getting prescription drugs Understanding the drug list Coverage changes Drug safety and drug management 	- Legal Notices	
Chapter 10	- Ending your membership in our plan	- Important definitions	
Chapter 11	- Legal notices	N/A	
Chapter 12	- Important definitions	N/A	



What costs am I responsible for?

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

Medicare Premiums:

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

Late Enrollment Penalty:

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

Medical copays and coinsurance:

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

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

- Your Medicare premiums
- Your late enrollment penalty, if owed
- Part C supplemental benefit copays or coinsurance, if any

 Non-covered services, including excluded services or services that are covered but you obtained them without prior authorization (if required) or from an out-of-network provider, or have reached any limitation that applies

Part D copays and coinsurance

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

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

Prescription Drug copays and coinsurance:

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

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

Income-Related Monthly Adjustment Amount:

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

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Vision Benefits

All Medicare beneficiaries are entitled to some vision services.

Service	GlobalHealth Network Cost-share	GlobalHealth Prior Authorization Requirement
Yearly eye exam for diabetic retinopathy	No charge	No
Glaucoma screenings for those at high risk	No charge	No
Diagnosis and treatment for macular degeneration, dry eye syndrome, eye infections, etc. (office visit)	Medicare-covered visit copayment	No
Diagnosis and treatment for macular degeneration, dry eye syndrome, eye infections, etc. (other settings)	*Copayment based on setting	Yes
Cataract surgery, intraocular lenses, and related costs	*Outpatient surgery copayment	Yes
Artificial eyes in specific circumstances with a replacement once every 5 years	*Prosthetic devices coinsurance	Yes

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* Not eligible for the Smart Wallet Benefit.

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

Eye Exam Benefits

- Yearly routine eye exam **not related to disease** or injury at **\$0 copay**
- To assess vision correction needed
- Includes dilation as necessary
- Glaucoma and diabetic retinopathy screenings

Eyewear Benefits

- Members may choose either contacts or glasses

 up to the same eyewear maximum benefit
 amount, combined.
- Contacts are subject to the same rules and limitations as glasses.

- \$0 copay through an in-network GlobalHealth optometrist or ophthalmologist
- \$39 fee if retinopathy scan is conducted by an EyeMed provider
- No referral or prior authorization is required
- Contact fitting is covered.
- Post-cataract eyewear is also covered at no cost to the member. Limited to basic frames and lenses.

Member Outreach

At GlobalHealth, our mission is to provide you with genuine care and to help you reach your optimal health! GlobalHealth reaches out to our members throughout the year to support their health. We may reach out for any of the following reasons:

Prescription Drugs*

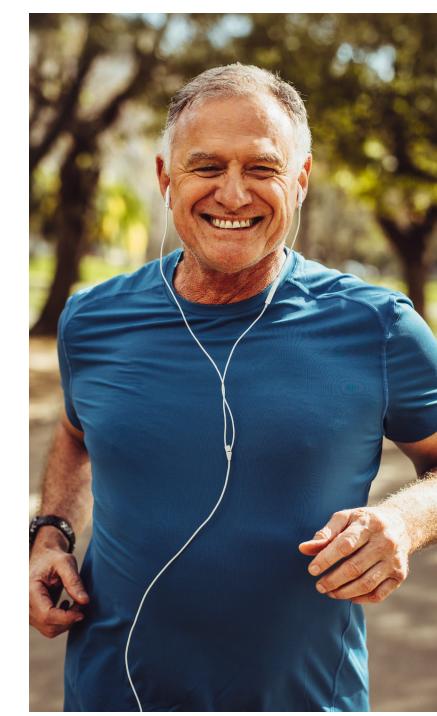
Taking your medications as prescribed can significantly help control long-term chronic conditions and improve your overall health and well-being. If you are currently taking or have recently been prescribed one or more prescription drugs, GlobalHealth may contact you to ensure you are receiving and taking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

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

Preventive Screenings & Chronic Care Management

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

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



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

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

Have you completed your Health Risk Assessment (HRA)?



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

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

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

24 Hours a Day/7 Days a Week Nurse Line

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

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

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



You Are Never Alone

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

You can call our partner, NationsBenefits, to choose your device and set up a 24/7 monitoring service through Connect America. The NationsBenefits advisor will help you determine which model is right for you based on your lifestyle. They are also able to assist you with returning your previous ADT device and activating your new device. Call NationsBenefits at 1-877-241-4736 (TTY:711) for support from 8 am to 8 pm central time, 7 days a week.

Getting Help at Home with Papa Pals



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

- Technology assistance (home devices only)
- Light household/yard chores
- Pets
- Transportation to and from appointments and errands
 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 60 hours per calendar year, depending on the benefit plan^{*}.

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

Papa Pals Scheduling – 1-855-485-9692 TTY (711) 8am – 8 pm, 7 days a week, Central

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

My Living Voice

If you haven't already thought about advance care planning, you should. Advance Care Planning consists of documenting the formalized care preferences for when a person can no longer make their own healthcare decisions. One type of advance care planning document is a living will. It is a written document that helps you tell doctors how you want to be treated if you are dying or permanently unconscious and cannot make your own decisions about emergency treatment.

My Living Voice makes it easy to prepare a statespecific living will. Just log onto the My Living Voice portal at <u>https://globalhealth.mylivingvoice.com</u>. You can then answer some questions to indicate your preferences about how you want your treatment handled. You can print and sign the legal documents. Be sure to share them with your doctor and loved ones.

It is important for you to know that whether you complete an advance directive or not, you are entitled to the same benefits through your plan. But this service helps ensure that your wishes are followed at no cost to you. MyLiving Voice

Durable Medical Equipment (DME) Benefits

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

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

Remember to Take Your Medication

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

Tips for remembering to take your medications:

- Create a routine Take medications with an activity you do at the same time every day.
- Keep visible Leave medications in a safe place that is easy to see.
- Set an alarm Setting an alarm on your clock, watch, or cell phone can be helpful.
- Post a note Put a reminder note in a place that can be seen every day.
- Use a pillbox A pillbox with compartments for each day and dosing time can be a visual reminder to take medications and help prevent double doses.



- Flip Pill Bottle Over Each time you take your medications, flip the bottle over so you know you took it. Then at the end of the day, turn them right side up.
- Carry extra doses Leave some extra doses in a container so you can take your medications if you're away from home.
- Record each dose Use a calendar or medication journal to check off when you take each dose.
- Use a free mobile medication reminder app on your cell phone device.

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

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

Colorectal Cancer

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

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



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

https://www.accc-cancer.org/home/learn/cancer-types/gastrointestinal-cancer/colorectal-cancer?

Race, Ethnicity, and Language Collection and Use

CMS (Medicare) asks that race, ethnicity, and language information be collected across healthcare settings, including insurance plans. This information helps us understand the unique health risks and needs of members to enhance programs and services to improve quality of care.

Studies have shown that our racial and ethnic backgrounds may place us at different risks for certain diseases. By sharing this information with us, you are helping GlobalHealth to:

- detect and reduce disparities or barriers in accessing care
- make sure every member receives appropriate benefits, services, and programs
- provide more culturally responsive care management programs and services, where available
- comply with legal and regulatory standards

Please know that your responses are private and protected by law like all personal health information. Your responses will not impact your benefits in any way. They will not be used to make decisions about healthcare premiums, coverage for services, or how we pay claims. Providing the information is entirely voluntary and you do not have to answer the questions if you do not feel comfortable.

How can you share this information with GlobalHealth?

- During phone calls our team members may ask for this information from members.
- Complete your Health Risk Assessment on the GlobalHealth Member Portal.

For any questions, please call GlobalHealth at 1-844-280-5555 (TTY: 711).

Digital Health Literacy Program

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

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

- Access to the internet and your email address
- Your GlobalHealth Member ID card
- Your Medicare Health Insurance card

- Your name and date of birth
- The zip code associated with your Medicare Advantage enrollment

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

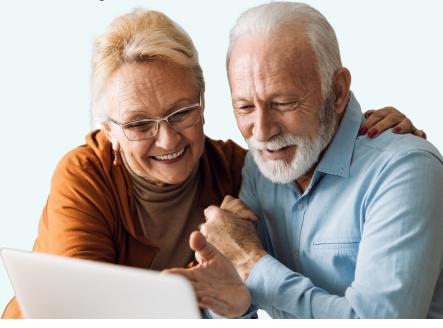
- Update your permanent or mailing addresses
- View or change your Primary Care Physician (PCP)
- View, order, or print member ID cards
- View, order, or print materials of your current benefits and plan
- Send messages to the GlobalHealth Customer Care Team
- Complete your Health Risk Assessment (HRA)
- View your medical claims and Explanation of Benefits (EOB) from the last 365 days

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

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

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

- View your referrals and authorizations
- View Smart Wallet Benefit^{**} balance for dental, hearing, vision, over-the-counter (OTC) products, grocery², gasoline², and/or utility¹
- View the catalog and order over-thecounter (OTC) and grocery products
- Learn the latest GlobalHealth news through Alerts



*We encourage you to use Google Chrome, Microsoft Edge, or Mozilla Firefox. **Smart Wallet Benefit varies by plan. 'Amounts may vary by coverage. If you have questions, need materials on a standing basis in alternative formats and/or languages, or need oral interpretation services, you can call us at 1-844-280-5555 (toll-free) or 711 (TTY, for the hearing impaired). 'The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Chronic heart failure and Diabetes. Eligibility cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

Fraud, Waste, and Abuse (FWA) to protect your benefits.

What is FWA?

Fraud – knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any healthcare benefit program or to obtain by means of false or fraudulent pretenses, payment from a healthcare benefit program.

Waste – overutilization of services, or other practices that result in unnecessary costs to healthcare benefit programs.

Abuse – includes actions that may, directly or indirectly, result in unnecessary costs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are not medically necessary.

Examples of FWA:

- 1. Provider/Facility billing for services not rendered
- 2. Provider/Facility providing unnecessary services
- 3. Pharmacy billing for prescriptions not received
- 4. Receiving suspicious calls requesting your social security number and any other information without providing information about the purpose of the call

We encourage you to review your Explanation of Benefits and notify us if you detect any services you have not received. Also, contact us if you have any questions about a call you received from any person requesting information about your benefits.

If you suspect FWA, please contact GlobalHealth. Reports may be submitted openly or anonymously. To report a concern of potential FWA, please call GlobalHealth's Confidential Reporting Lines: ACTright Hotline (available 24 hours/7 days) at **1-877-627-0004** or Web Reporting Line at <u>globalhealth.ethicspoint.com</u>.

You may also report potential FWA by going to www. GlobalHealth.com and selecting Compliance & Fraud, Waste and Abuse at the bottom of the page.

If you ever have any concern, you can contact Customer Care, who will direct your concern to the right department.

You too can help us fight FWA and work together to protect your benefits!





Health and wellness or prevention information

Information to help you achieve your optimal health





GlobalHealth is an HMO/SNP plan with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal. Based on a Model of Care review, Global Health Generations has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025. This approval is based on a review of GlobalHealth's Model of Care. H3706_14600125_M

www.GlobalHealth.com