



**GlobalHealth**

Medicare Advantage Plans

# 2022 BENEFITS OVERVIEW

Arizona



## **GlobalHealth Medicare Advantage Plan Options:**

H9078-007 Global Special Care (HMO C-SNP)

H9078-009 Global Special Care (HMO C-SNP)

H9078-008 Global Special Care Savings (HMO C-SNP)

H9078-010 Global Special Care Savings (HMO C-SNP)

H9078-001 Global Classic (HMO)

H9078-003 Global Classic (HMO)

***Call now to speak to  
a licensed agent!***

**1-855-766-7881  
(TTY:711)**



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# Why Choose GlobalHealth?



## About GlobalHealth

- Health Maintenance Organization (HMO)
- Available in 2 Counties for 2022
- 6 Medicare Advantage Plans
- High-touch Customer Care, Case Management and Pharmacy Teams
- Quality Providers, Pharmacies and Many Major Hospitals

## What makes GlobalHealth Unique?



### **We are High-touch.**

Our customer care, case management and pharmacy teams provide you with personal assistance to help you move through the increasingly complex world of Medicare. We are approachable, easy to reach and go above and beyond to help you.



### **We are Affordable.**

We offer a number of money-saving benefits designed to keep more money in your pocket and extend your dollars on your medical expenses.



### **We are your Health Partner.**

Not only will we help enroll you in the right plan, but you'll also have ongoing access to tireless health advocates who support your best health, even between doctor visits.



# Medicare Advantage Plans



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

A Medicare Advantage plan is an all-in-one alternative to Original Medicare to enhance your health coverage. Medicare Part C, such as a plan from GlobalHealth, combines Part A and Part B and often Part D prescription drugs. Medicare Part C usually offers more benefits for services such as dental, vision, hearing and low to no copays on physician visits. You must have Medicare Parts A and B to enroll in a Medicare Advantage plan.



### PART A

Hospital Insurance



### PART B

Medical Insurance



### PART C

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



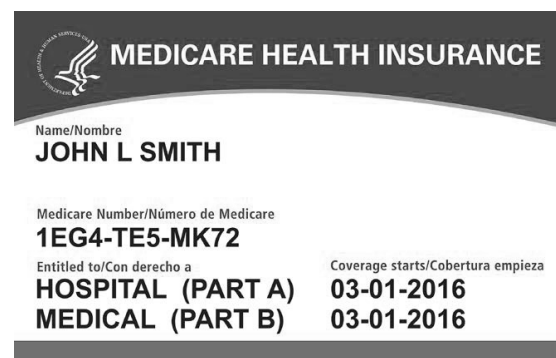
### PART D

Prescription  
Drug Coverage

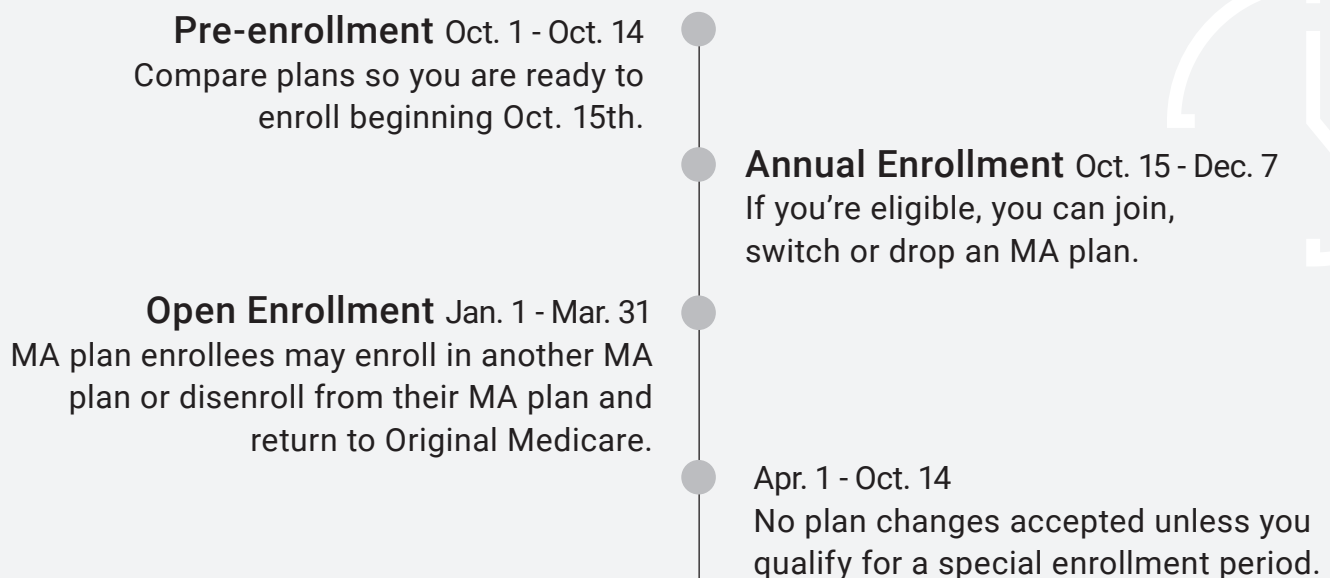
# What Do You Know About Medicare?

## Are you eligible for GlobalHealth Medicare Advantage Plans?

- Must be a permanent resident in our service area
- Must have both Medicare Part A and Part B



## Medicare Advantage (MA) Enrollment Dates



# What Do You Know About Medicare?

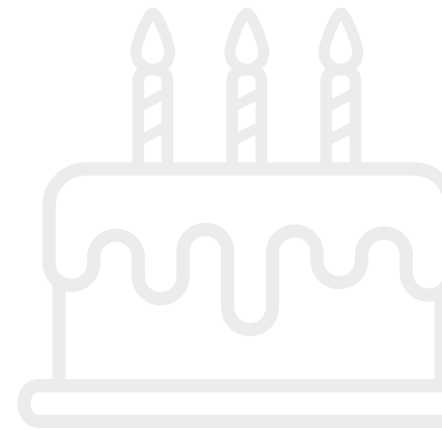
## Special Enrollment Period (SEP)

Certain qualifying events may allow plan changes throughout the year.

**Can you answer yes to at least one of these questions?**

- Do you have both Medicare and Medicaid?
- Have you recently moved?
- Are you leaving your employer or union coverage?
- Do you qualify for Extra Help paying for your prescriptions?
- Do you qualify for a special needs plan for diabetes, chronic heart failure or cardiovascular disease?
- Are you turning 65 soon or have you turned 65 within the last 3 months?

***You can enroll in a Medicare Advantage plan during a 7-month window around your 65th birthday:***



**3 months  
BEFORE  
you turn 65**



**The month  
you turn 65**



**3 months  
AFTER  
your birthday  
month**

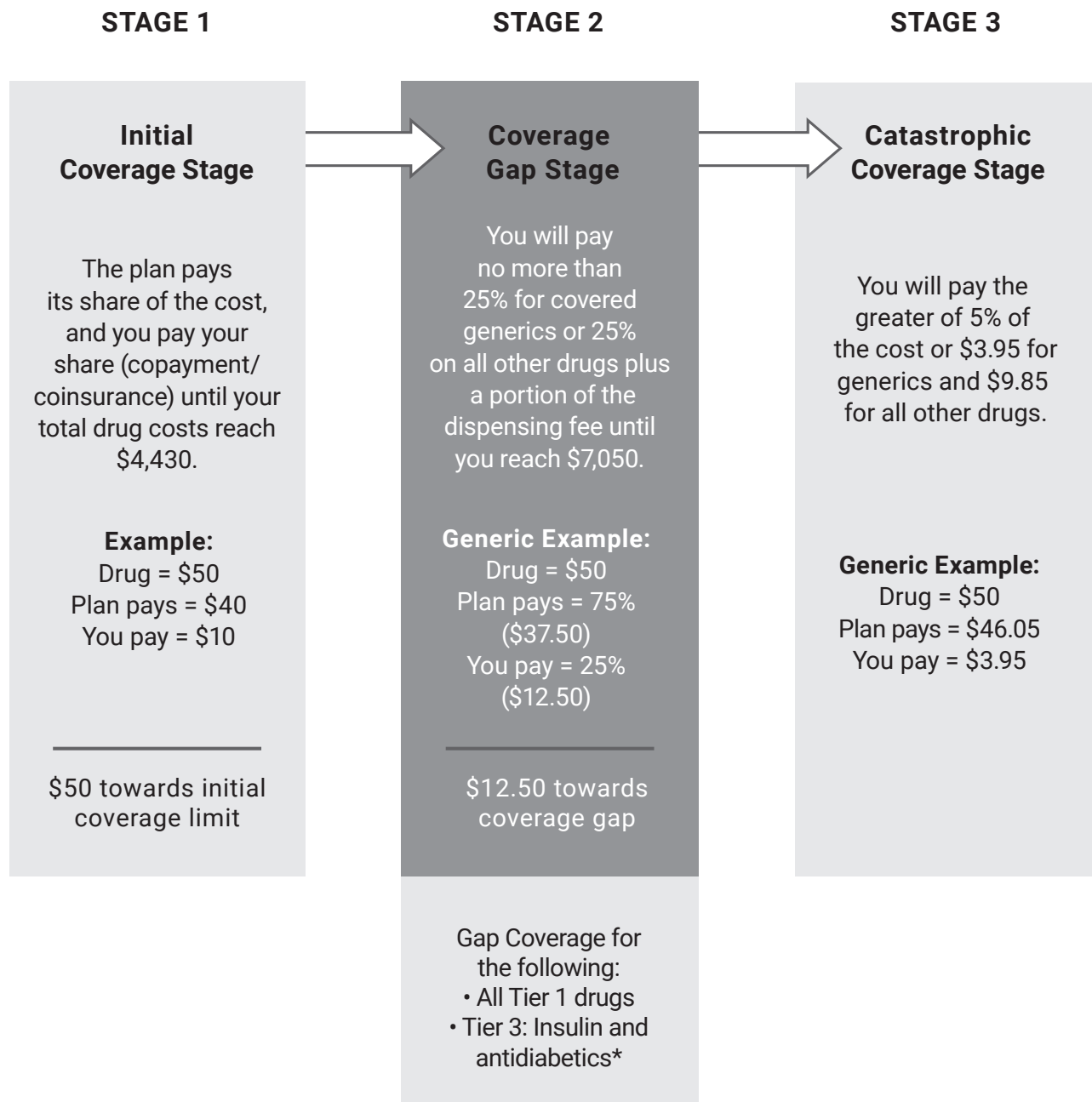
# What Do You Know About Medicare?

## 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:** Refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).
- **C-SNP (Chronic Condition Special Needs Plan):** A Medicare Advantage plan designed for Medicare beneficiaries with chronic conditions such as heart disease. Plans may offer C-SNP plans for only one condition or a group of conditions.
- **Deductible:** The amount you must pay for health care or prescriptions before the 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.
- **Health Maintenance Organization – Point of Service (HMO-POS):** A Medicare Advantage Plan that is a Health Maintenance Organization with a more flexible network allowing Plan Members to seek care outside of the traditional HMO network under certain situations or for certain treatment.
- **Maximum Out-of-Pocket (MOOP):** The most that you pay out-of-pocket during the calendar year for 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 plan for health or prescription drug coverage.
- **Prior Authorization:** For certain services or prescription drugs, you will need to get approval in advance from your insurance provider before obtaining the services or drugs. Your Primary Care Physician (PCP) or specialist may submit prior authorization to your insurance for the prior authorization.

# Prescription Drug Coverage

## Three Stages



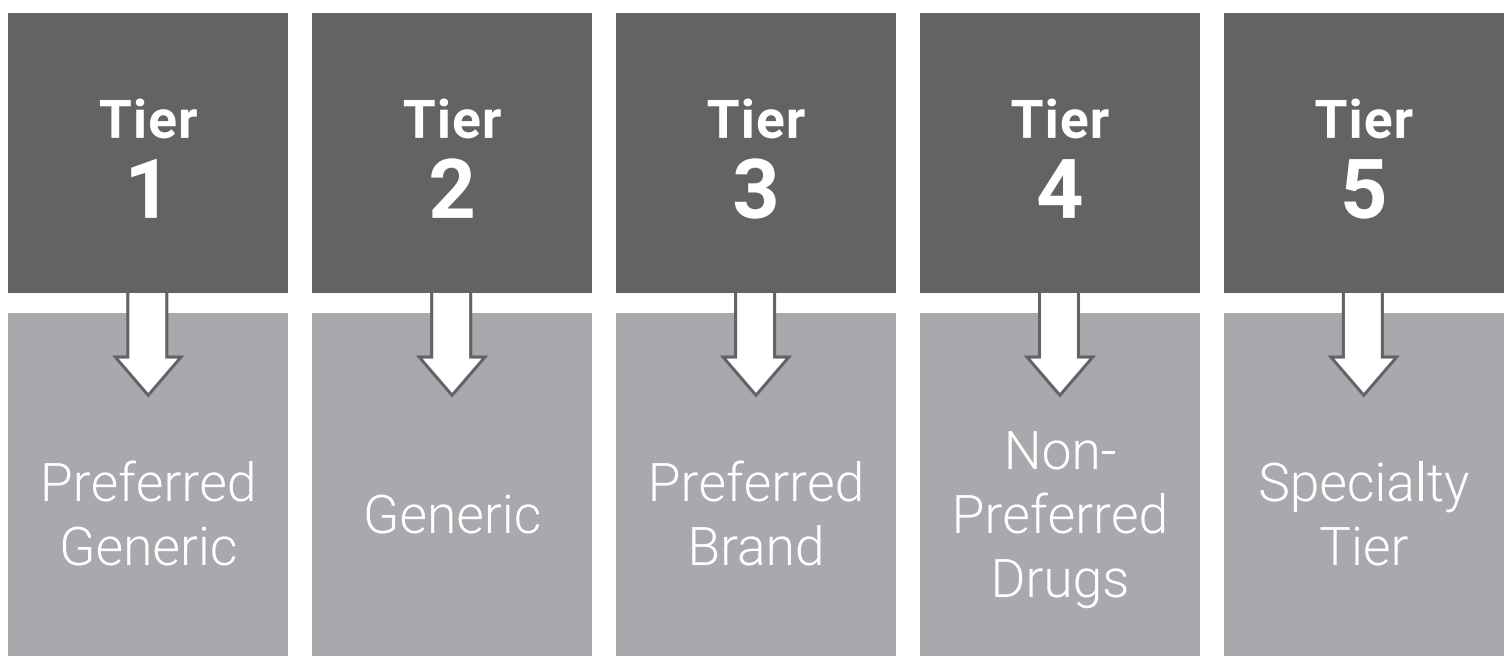
\*Not applicable to all plans



# 5-Tier Formulary



You'll notice in the prescription drug formulary that drugs are divided into a tier system. Simply put, the more expensive the drug, the higher the tier. Each tier will have a defined out-of-pocket cost that the member must pay before receiving the prescription medication. The Tier system is as follows:



**Tier 1** - Commonly prescribed Preferred Generic Drugs

**Tier 2** - Generic Drugs that may have a low copay

**Tier 3** - Preferred Brand Drugs that do not have a generic equal and are the lowest-cost brand name drugs

**Tier 4** - Non-Preferred Drugs include Non-Preferred Brand Drugs and Non-Preferred Generic Drugs.

**Tier 5** - Specialty Drugs are the most expensive in the Tier system and are used to treat complex conditions such as cancer

# Need Extra Help? *You May Qualify!*



You may be able to get Extra Help with your prescription drug costs.

**To find out if you qualify, call:**

- GlobalHealth: 1-855-766-7881 (TTY: 711)\*
- 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): 1-800-523-0231

## **2022 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 Monthly Premium**   |                                      |                                      |                                                    |                                                    |                                                            |                                                            |
|--------------------------|--------------------------------------|--------------------------------------|----------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| Your Extra Level of Help | H9078-001<br>Global Classic<br>(HMO) | H9078-003<br>Global Classic<br>(HMO) | H9078-007<br>Global Special<br>Care (HMO<br>C-SNP) | H9078-009<br>Global Special<br>Care (HMO<br>C-SNP) | H9078-008<br>Global Special<br>Care Savings<br>(HMO C-SNP) | H9078-010<br>Global Special<br>Care Savings<br>(HMO C-SNP) |
| 100%                     | \$0                                  | \$0                                  | \$0                                                | \$0                                                | \$0                                                        | \$0                                                        |
| 75%                      | \$0                                  | \$0                                  | \$0                                                | \$0                                                | \$0                                                        | \$0                                                        |
| 50%                      | \$0                                  | \$0                                  | \$0                                                | \$0                                                | \$0                                                        | \$0                                                        |
| 25%                      | \$0                                  | \$0                                  | \$0                                                | \$0                                                | \$0                                                        | \$0                                                        |

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

\*\*This does not include any Medicare Part B premium you may have to pay.

# Chronic Special Needs Plans (C-SNP)

***Available in these counties:  
Maricopa and Pima***



## **What is a C-SNP plan?**

C-SNPs are types of Medicare Advantage plans designed for Medicare beneficiaries with chronic conditions such as heart disease. Plans may offer C-SNP plans for only one condition or a group of conditions.

## **What conditions qualify?**

The Centers for Medicare and Medicaid defines which condition or conditions a Medicare Advantage plan may cover through a C-SNP plan. For 2022, GlobalHealth is offering new C-SNP plans in select counties. These C-SNP plans will cover:

- **Chronic heart failure**
- **Diabetes**
- **Cardiovascular disease including cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic disorder.**

## **How do C-SNPs help?**

Members enrolled in a C-SNP plan receive additional proactive case management services to help manage chronic conditions. Members receive a tailored health care action plan tied directly to help them reach their optimal health.

## **Who is eligible?**

GlobalHealth's C-SNP plans are available in the following counties:

- **Maricopa**
- **Pima**

# GlobalHealth C-SNP Features and Benefits



- ✓ Standard Diabetic Testing Supplies  
**COVERED AT NO COST**

- ✓ **FREE PAIR** of Therapeutic Custom-Molded Shoes and Inserts\*



- ✓ **\$35 COPAY** for Select Insulins through the Part D Senior Savings Model

- ✓ **ADDITIONAL COVERAGE FOR TIER 3 ORAL ANTIDIABETICS** through the Gap Coverage Stage



\*Prior authorization may be required. For a complete listing of benefits and limitations, please reference the plan's Evidence of Coverage.

# Why Choose GlobalHealth?

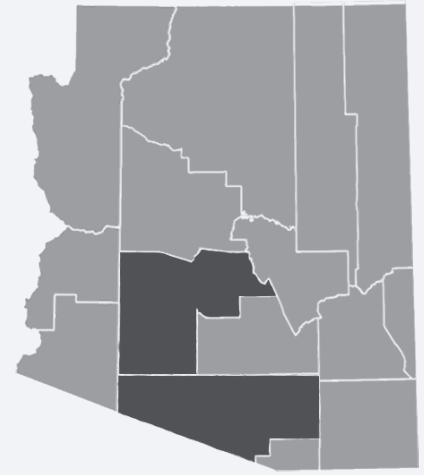


At GlobalHealth, nothing is more important than providing you with personal attention and being a part of your community. We're going to help you save money while offering you great benefits, such as:

- **\$0 Primary Care Physician Visits**
- **Low Hospital Copays**
- **Dental, Vision and Hearing Benefits**
- **Prescription Drug Savings**

More importantly, we're going to ensure you're enrolled in the right GlobalHealth Medicare Advantage Plan that best suits your health needs and budget. You'll have ongoing access to tireless health advocates who go above and beyond to support your health, even between doctors visits. Our personal approach to member care gives you the confidence that we'll be by your side while always working toward your best health.

# GlobalHealth Medicare Advantage Plans



| County   | H9078-001<br>Global Classic<br>(HMO) | H9078-003<br>Global Classic<br>(HMO) | H9078-007<br>Global Special<br>Care<br>(HMO C-SNP) | H9078-009<br>Global Special<br>Care (HMO<br>C-SNP) | H9078-008<br>Global Special<br>Care Savings<br>(HMO C-SNP) | H9078-010<br>Global Special<br>Care Savings<br>(HMO C-SNP) |
|----------|--------------------------------------|--------------------------------------|----------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| Maricopa | ✓                                    |                                      | ✓                                                  | ✓                                                  |                                                            |                                                            |
| Pima     |                                      | ✓                                    |                                                    |                                                    | ✓                                                          | ✓                                                          |





**GlobalHealth  
Medicare Advantage  
Plans Benefits Review**



# GlobalHealth Medicare Advantage Plans Benefits Review

|                                                                                                                  | H9078-001<br>Global Classic<br>(HMO)                                    | H9078-003<br>Global Classic<br>(HMO)                                    | H9078-007<br>Global Special Care<br>(HMO C-SNP)                         | H9078-009<br>Global Special Care<br>(HMO C-SNP)                         | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)              | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)              |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Monthly Plan Premium<br>(You must continue to pay<br>your Part B premium)                                        | \$0                                                                     | \$0                                                                     | \$0                                                                     | \$0                                                                     | \$0                                                                     | \$0                                                                     |
| Deductible                                                                                                       | \$0                                                                     | \$0                                                                     | \$0                                                                     | \$0                                                                     | \$0                                                                     | \$0                                                                     |
| Medicare Part B Premium<br>Buydown                                                                               | \$0 per month                                                           | \$0 per month                                                           | \$0 per month                                                           | \$0 per month                                                           | \$50 per month                                                          | \$50 per month                                                          |
| Maximum Out-of-Pocket<br>(MOOP) Annually<br>(Does not include<br>supplemental benefits or<br>prescription drugs) | \$3,400                                                                 | \$3,400                                                                 | \$2,900                                                                 | \$2,900                                                                 | \$3,400                                                                 | \$3,400                                                                 |
| Healthy Benefits Grocery<br>Card redeemable at<br>Walmart®                                                       | Not covered                                                             | Not covered                                                             | Plan pays \$25 per month                                                | Plan pays \$25 per month                                                | Plan pays \$25 per month                                                | Plan pays \$25 per month                                                |
| INPATIENT CARE                                                                                                   |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |                                                                         |
| Inpatient Hospital<br>Coverage                                                                                   | \$300 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-190) | \$225 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-190) | \$150 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-190) | \$195 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-190) | \$250 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-190) | \$250 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-190) |

|                                             | H9078-001<br>Global Classic<br>(HMO)                                                                                            | H9078-003<br>Global Classic<br>(HMO)                                                                                            | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                 | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                                 | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                      | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                      |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Inpatient Mental Health<br>Care             | \$265 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-90)                                                          | \$225 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-90)                                                          | \$150 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-90)                                                          | \$195 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-90)                                                          | \$250 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-90)                                                          | \$250 copay per day<br>(Days 1-7);<br>\$0 copay per day<br>(Days 8-90)                                                          |
| Skilled Nursing Facility<br>(SNF)           | \$0 copay per day<br>(Days 1-20);<br>\$184 copay per day<br>(Days 21-100)                                                       | \$0 copay per day<br>(Days 1-20);<br>\$184 copay per day<br>(Days 21-100)                                                       | \$0 copay per day<br>(Days 1-20);<br>\$184 copay per day<br>(Days 21-100)                                                       | \$0 copay per day<br>(Days 1-20);<br>\$184 copay per day<br>(Days 21-100)                                                       | \$0 copay per day<br>(Days 1-20);<br>\$184 copay per day<br>(Days 21-100)                                                       | \$0 copay per day<br>(Days 1-20);<br>\$184 copay per day<br>(Days 21-100)                                                       |
| OUTPATIENT CARE                             |                                                                                                                                 |                                                                                                                                 |                                                                                                                                 |                                                                                                                                 |                                                                                                                                 |                                                                                                                                 |
| Doctor Visits                               | <ul style="list-style-type: none"> <li>• \$0 copay per visit for PCP</li> <li>• \$30 copay per visit for specialists</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 copay per visit for PCP</li> <li>• \$30 copay per visit for specialists</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 copay per visit for PCP</li> <li>• \$20 copay per visit for specialists</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 copay per visit for PCP</li> <li>• \$20 copay per visit for specialists</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 copay per visit for PCP</li> <li>• \$25 copay per visit for specialists</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 copay per visit for PCP</li> <li>• \$25 copay per visit for specialists</li> </ul> |
| Chiropractic Services                       | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            |
| Podiatry Services                           | \$30 copay per visit                                                                                                            | \$30 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$25 copay per visit                                                                                                            | \$25 copay per visit                                                                                                            |
| Outpatient Mental Health<br>Visit           | \$30 copay per visit                                                                                                            | \$30 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$20 copay per visit                                                                                                            | \$25 copay per visit                                                                                                            | \$25 copay per visit                                                                                                            |
| Ambulatory Surgery<br>Center                | \$250 copay per visit                                                                                                           | \$175 copay per visit                                                                                                           | \$100 copay per visit                                                                                                           | \$145 copay per visit                                                                                                           | \$200 copay per visit                                                                                                           | \$200 copay per visit                                                                                                           |
| Outpatient Hospital<br>Observation Services | \$300 copay per visit                                                                                                           | \$225 copay per visit                                                                                                           | \$150 copay per visit                                                                                                           | \$195 copay per visit                                                                                                           | \$250 copay per visit                                                                                                           | \$250 copay per visit                                                                                                           |

|                                                                 | H9078-001<br>Global Classic<br>(HMO)                                                                                                          | H9078-003<br>Global Classic<br>(HMO)                                                                                                          | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                               | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                                               | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                    | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                    |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient Hospital<br>Surgery                                  | \$300 copay per visit                                                                                                                         | \$225 copay per visit                                                                                                                         | \$150 copay per visit                                                                                                                         | \$195 copay per visit                                                                                                                         | \$250 copay per visit                                                                                                                         | \$250 copay per visit                                                                                                                         |
| Emergency Care                                                  | \$120 copay per visit; waived if admitted to acute care                                                                                       | \$120 copay per visit; waived if admitted to acute care                                                                                       | \$120 copay per visit; waived if admitted to acute care                                                                                       | \$120 copay per visit; waived if admitted to acute care                                                                                       | \$120 copay per visit; waived if admitted to acute care                                                                                       | \$120 copay per visit; waived if admitted to acute care                                                                                       |
| Worldwide Emergency<br>Care<br>(Does not accumulate<br>to MOOP) | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with urgent care</li> </ul>    | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with urgent care</li> </ul>    | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with urgent care</li> </ul>    | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with urgent care</li> </ul>    | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with urgent care</li> </ul>    | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with urgent care</li> </ul>    |
| Urgently Needed<br>Services                                     | \$65 copay per visit                                                                                                                          | \$65 copay per visit                                                                                                                          | \$65 copay per visit                                                                                                                          | \$65 copay per visit                                                                                                                          | \$65 copay per visit                                                                                                                          | \$65 copay per visit                                                                                                                          |
| Worldwide Urgent Care<br>(Does not accumulate<br>to MOOP)       | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with emergency care</li> </ul> | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with emergency care</li> </ul> | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with emergency care</li> </ul> | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with emergency care</li> </ul> | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with emergency care</li> </ul> | <ul style="list-style-type: none"> <li>• \$120 copay per visit</li> <li>• Limited to \$50,000 benefit combined with emergency care</li> </ul> |
| Outpatient<br>Labs, X-Rays, Etc.                                | \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics                                                                       | \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics                                                                       | \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics                                                                       | \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics                                                                       | \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics                                                                       | \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics                                                                       |
| Outpatient<br>Therapeutic Radiology                             | You pay 20% of the cost per visit                                                                                                             | You pay 20% of the cost per visit                                                                                                             | You pay 20% of the cost per visit                                                                                                             | You pay 20% of the cost per visit                                                                                                             | You pay 20% of the cost per visit                                                                                                             | You pay 20% of the cost per visit                                                                                                             |

|                                                                                             | H9078-001<br>Global Classic<br>(HMO)                                                                                                                                               | H9078-003<br>Global Classic<br>(HMO)                                                                                                                                               | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                    | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                    | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                                         | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                                         |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outpatient<br>Diagnostic Radiology<br>(MRI, etc.)                                           | <ul style="list-style-type: none"> <li>• \$145 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$300 outpatient hospital</li> </ul> | <ul style="list-style-type: none"> <li>• \$175 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$225 outpatient hospital</li> </ul> | <ul style="list-style-type: none"> <li>• \$100 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$150 outpatient hospital</li> </ul> | <ul style="list-style-type: none"> <li>• \$145 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$195 outpatient hospital</li> </ul> | <ul style="list-style-type: none"> <li>• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$250 outpatient hospital</li> </ul> | <ul style="list-style-type: none"> <li>• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$250 outpatient hospital</li> </ul> |
| Outpatient Rehabilitation<br>Services<br>(Physical, occupational,<br>and/or speech therapy) | \$30 copay per visit                                                                                                                                                               | \$30 copay per visit                                                                                                                                                               | \$20 copay per visit                                                                                                                                                               | \$20 copay per visit                                                                                                                                                               | \$25 copay per visit                                                                                                                                                               | \$25 copay per visit                                                                                                                                                               |
| Acupuncture                                                                                 | \$20 copay per visit                                                                                                                                                               | \$30 copay per visit                                                                                                                                                               | \$20 copay per visit                                                                                                                                                               | \$20 copay per visit                                                                                                                                                               | \$25 copay per visit                                                                                                                                                               | \$25 copay per visit                                                                                                                                                               |
| Ambulance<br>(One-way trip)                                                                 | <ul style="list-style-type: none"> <li>• \$250 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>                                      | <ul style="list-style-type: none"> <li>• \$250 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>                                      | <ul style="list-style-type: none"> <li>• \$225 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>                                      | <ul style="list-style-type: none"> <li>• \$240 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>                                      | <ul style="list-style-type: none"> <li>• \$225 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>                                      | <ul style="list-style-type: none"> <li>• \$240 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>                                      |
| Home Health Services                                                                        | \$0                                                                                                                                                                                | \$0                                                                                                                                                                                | \$0                                                                                                                                                                                | \$0                                                                                                                                                                                | \$0                                                                                                                                                                                | \$0                                                                                                                                                                                |
| PREVENTIVE CARE                                                                             |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |
| Preventive Services                                                                         | \$0 for Medicare-covered preventive services                                                                                                                                       | \$0 for Medicare-covered preventive services                                                                                                                                       | \$0 for Medicare-covered preventive services                                                                                                                                       | \$0 for Medicare-covered preventive services                                                                                                                                       | \$0 for Medicare-covered preventive services                                                                                                                                       | \$0 for Medicare-covered preventive services                                                                                                                                       |
| PART B DRUGS                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                    |
| Medicare Part B Drugs<br>(Includes chemotherapy)                                            | You pay 20% of the cost                                                                                                                                                            | You pay 20% of the cost                                                                                                                                                            | You pay 20% of the cost                                                                                                                                                            | You pay 20% of the cost                                                                                                                                                            | You pay 20% of the cost                                                                                                                                                            | You pay 20% of the cost                                                                                                                                                            |

|                                                                                                   | H9078-001<br>Global Classic<br>(HMO)                                                                                                                                                                                                           | H9078-003<br>Global Classic<br>(HMO)                                                                                                                                                                                                           | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                                                                                | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                                                                                | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                                                                                                     | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OUTPATIENT MEDICAL SUPPLIES                                                                       |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |
| Durable Medical Equipment<br>(e.g., Continuous<br>glucose monitors (CGM),<br>wheelchairs, oxygen) | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        |
| Standard Diabetic Testing<br>Supplies                                                             | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | \$0                                                                                                                                                                                                                                            | \$0                                                                                                                                                                                                                                            | \$0                                                                                                                                                                                                                                            | \$0                                                                                                                                                                                                                                            |
| Prosthetics and Related<br>Supplies<br>(e.g., Braces, artificial<br>limbs)                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        | You pay 20% of the cost                                                                                                                                                                                                                        |
| SUPPLEMENTAL BENEFITS                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |
| Hearing Services                                                                                  | <ul style="list-style-type: none"> <li>\$0 routine hearing exam limited to one per year</li> <li>\$0 routine hearing aid evaluation limited to one per year</li> <li>Our plan pays up to a total of \$500 for hearing aids per year</li> </ul> | <ul style="list-style-type: none"> <li>\$0 routine hearing exam limited to one per year</li> <li>\$0 routine hearing aid evaluation limited to one per year</li> <li>Our plan pays up to a total of \$500 for hearing aids per year</li> </ul> | <ul style="list-style-type: none"> <li>\$0 routine hearing exam limited to one per year</li> <li>\$0 routine hearing aid evaluation limited to one per year</li> <li>Our plan pays up to a total of \$500 for hearing aids per year</li> </ul> | <ul style="list-style-type: none"> <li>\$0 routine hearing exam limited to one per year</li> <li>\$0 routine hearing aid evaluation limited to one per year</li> <li>Our plan pays up to a total of \$500 for hearing aids per year</li> </ul> | <ul style="list-style-type: none"> <li>\$0 routine hearing exam limited to one per year</li> <li>\$0 routine hearing aid evaluation limited to one per year</li> <li>Our plan pays up to a total of \$500 for hearing aids per year</li> </ul> | <ul style="list-style-type: none"> <li>\$0 routine hearing exam limited to one per year</li> <li>\$0 routine hearing aid evaluation limited to one per year</li> <li>Our plan pays up to a total of \$500 for hearing aids per year</li> </ul> |

|                                                                 | H9078-001<br>Global Classic<br>(HMO)                                                                                                                                                                                                                                                           | H9078-003<br>Global Classic<br>(HMO)                                                                                                                                                                                                                                                           | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                                                                                                                                | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                                                                                                                                | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                                                                                                                                                     | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dental Services</b>                                          | <ul style="list-style-type: none"> <li>• \$0 preventive services - oral exams, x-rays, cleanings, and fluoride treatments</li> <li>• Our plan pays a total of \$1,000 for comprehensive dental services per year</li> <li>• You pay 30% of the cost for some comprehensive services</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 preventive services - oral exams, x-rays, cleanings, and fluoride treatments</li> <li>• Our plan pays a total of \$1,000 for comprehensive dental services per year</li> <li>• You pay 30% of the cost for some comprehensive services</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 preventive services - oral exams, x-rays, cleanings, and fluoride treatments</li> <li>• Our plan pays a total of \$1,000 for comprehensive dental services per year</li> <li>• You pay 30% of the cost for some comprehensive services</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 preventive services - oral exams, x-rays, cleanings, and fluoride treatments</li> <li>• Our plan pays a total of \$1,000 for comprehensive dental services per year</li> <li>• You pay 30% of the cost for some comprehensive services</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 preventive services - oral exams, x-rays, cleanings, and fluoride treatments</li> <li>• Our plan pays a total of \$1,000 for comprehensive dental services per year</li> <li>• You pay 30% of the cost for some comprehensive services</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 preventive services - oral exams, x-rays, cleanings, and fluoride treatments</li> <li>• Our plan pays a total of \$1,000 for comprehensive dental services per year</li> <li>• You pay 30% of the cost for some comprehensive services</li> </ul> |
| <b>Vision Services</b>                                          | <ul style="list-style-type: none"> <li>• \$0 routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$100 for all supplemental eyewear per year</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• \$0 routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$100 for all supplemental eyewear per year</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• \$0 routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$100 for all supplemental eyewear per year</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• \$0 routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$100 for all supplemental eyewear per year</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• \$0 routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$100 for all supplemental eyewear per year</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• \$0 routine eye exam limited to 1 per year</li> <li>• Our plan pays up to a total of \$100 for all supplemental eyewear per year</li> </ul>                                                                                                           |
| <b>Transportation<br/>(To and from plan-approved locations)</b> | <ul style="list-style-type: none"> <li>• \$0 per trip</li> <li>• Limited to 12 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>• \$0 per trip</li> <li>• Limited to 12 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>• \$0 per trip</li> <li>• Limited to 18 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>• \$0 per trip</li> <li>• Limited to 18 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>• \$0 per trip</li> <li>• Limited to 18 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>• \$0 per trip</li> <li>• Limited to 18 one-way trips per year</li> <li>• Limited to 50 miles per one-way trip</li> </ul>                                                                                                                               |
| <b>Routine Foot Care</b>                                        | Not covered                                                                                                                                                                                                                                                                                    | Not covered                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• \$20 copay per visit</li> <li>• Limited to 6 visits per year</li> </ul>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• \$20 copay per visit</li> <li>• Limited to 6 visits per year</li> </ul>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• \$25 copay per visit</li> <li>• Limited to 6 visits per year</li> </ul>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• \$25 copay per visit</li> <li>• Limited to 6 visits per year</li> </ul>                                                                                                                                                                               |



|                                                                        | H9078-001<br>Global Classic<br>(HMO)                                                                                                                       | H9078-003<br>Global Classic<br>(HMO)                                                                                                                       | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                                            | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                                                            | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                 | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Over-the-Counter Benefit<br>(Includes nicotine<br>replacement therapy) | Plan pays \$50 per quarter                                                                                                                                 | Plan pays \$50 per quarter                                                                                                                                 | Plan pays \$25 per month                                                                                                                                   | Plan pays \$25 per month                                                                                                                                   | Plan pays \$25 per month                                                                                                                                   | Plan pays \$25 per month                                                                                                                                   |
| Fitness                                                                | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        |
| 24/7 Nurse Line                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        |
| Post-Discharge Meal<br>Delivery                                        | <ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 14 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 14 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 14 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul> | <ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 14 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul> |
| PART D DRUGS                                                           |                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                            |
| Deductible                                                             | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        | \$0                                                                                                                                                        |
| Initial Cover Limit (ICL)                                              | \$4,430                                                                                                                                                    | \$4,430                                                                                                                                                    | \$4,430                                                                                                                                                    | \$4,430                                                                                                                                                    | \$4,430                                                                                                                                                    | \$4,430                                                                                                                                                    |
| Tier 1: Preferred Generics<br>(Preferred Retail 30-day supply)         | \$5 copay per fill                                                                                                                                         | \$5 copay per fill                                                                                                                                         | \$0 copay per fill                                                                                                                                         | \$0 copay per fill                                                                                                                                         | \$0 copay per fill                                                                                                                                         | \$0 copay per fill                                                                                                                                         |
| Tier 2: Generic<br>(Preferred Retail 30-day supply)                    | \$15 copay per fill                                                                                                                                        | \$15 copay per fill                                                                                                                                        | \$5 copay per fill                                                                                                                                         | \$5 copay per fill                                                                                                                                         | \$5 copay per fill                                                                                                                                         | \$5 copay per fill                                                                                                                                         |

|                                                                      | H9078-001<br>Global Classic<br>(HMO) | H9078-003<br>Global Classic<br>(HMO) | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                            | H9078-009<br>Global Special Care<br>(HMO C-SNP)                                                                            | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                 | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP)                                                                 |
|----------------------------------------------------------------------|--------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Tier 3: Preferred Brand<br>(Preferred Retail 30-day<br>supply)       | \$42 copay per fill                  | \$42 copay per fill                  | <ul style="list-style-type: none"> <li>• \$42 copay per fill</li> <li>• \$35 copay per fill for select insulins</li> </ul> | <ul style="list-style-type: none"> <li>• \$42 copay per fill</li> <li>• \$35 copay per fill for select insulins</li> </ul> | <ul style="list-style-type: none"> <li>• \$42 copay per fill</li> <li>• \$35 copay per fill for select insulins</li> </ul> | <ul style="list-style-type: none"> <li>• \$42 copay per fill</li> <li>• \$35 copay per fill for select insulins</li> </ul> |
| Tier 4:<br>Non-Preferred Drug<br>(Preferred Retail 30-Day<br>Supply) | \$90 copay per fill                  | \$90 copay per fill                  | \$90 copay per fill                                                                                                        | \$90 copay per fill                                                                                                        | \$90 copay per fill                                                                                                        | \$90 copay per fill                                                                                                        |
| Tier 5:<br>Specialty Tier<br>(Preferred Retail 30-Day<br>Supply)     | You pay 33%<br>of the cost per fill  | You pay 33%<br>of the cost per fill  | You pay 33%<br>of the cost per fill                                                                                        | You pay 33%<br>of the cost per fill                                                                                        | You pay 33%<br>of the cost per fill                                                                                        | You pay 33%<br>of the cost per fill                                                                                        |
| Tier 1: Preferred Retail &<br>Mail Order<br>(100-Day Supply)         | \$10 copay per fill                  | \$10 copay per fill                  | \$0                                                                                                                        | \$0                                                                                                                        | \$0                                                                                                                        | \$0                                                                                                                        |
| Tier 2: Preferred Retail &<br>Mail Order<br>(100-Day Supply)         | \$30 copay per fill                  | \$30 copay per fill                  | \$10 copay per fill                                                                                                        | \$10 copay per fill                                                                                                        | \$10 copay per fill                                                                                                        | \$10 copay per fill                                                                                                        |
| Tier 3:<br>Preferred Retail & Mail<br>Order<br>(100-Day Supply)      | \$84 copay per fill                  | \$84 copay per fill                  | <ul style="list-style-type: none"> <li>• \$84 copay per fill</li> <li>• \$84 copay per fill for select insulins</li> </ul> | <ul style="list-style-type: none"> <li>• \$84 copay per fill</li> <li>• \$84 copay per fill for select insulins</li> </ul> | <ul style="list-style-type: none"> <li>• \$84 copay per fill</li> <li>• \$84 copay per fill for select insulins</li> </ul> | <ul style="list-style-type: none"> <li>• \$84 copay per fill</li> <li>• \$84 copay per fill for select insulins</li> </ul> |

|                 | H9078-001<br>Global Classic<br>(HMO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | H9078-003<br>Global Classic<br>(HMO) | H9078-007<br>Global Special Care<br>(HMO C-SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H9078-009<br>Global Special Care<br>(HMO C-SNP) | H9078-008<br>Global Special Care<br>Savings<br>(HMO C-SNP) | H9078-010<br>Global Special Care<br>Savings<br>(HMO C-SNP) |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| GAP<br>Coverage | <p><b>Generic Drugs:</b></p> <ul style="list-style-type: none"> <li>GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 generic drugs or Tier 3 oral antidiabetics.</li> <li>Members pay 25% of the cost for other generic drugs.</li> </ul> <p><b>Brand Name Drugs:</b></p> <ul style="list-style-type: none"> <li>The Medicare Coverage Gap Discount Program of 70% is applied to the initial coverage stage copayment for Tier 1 brand drugs or for Tier 3 oral antidiabetics.</li> <li>Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs.</li> </ul> |                                      | <p><b>Generic Drugs:</b></p> <ul style="list-style-type: none"> <li>GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 generic drugs or Tier 3 oral antidiabetics.</li> <li>Members pay 25% of the cost for other generic drugs.</li> </ul> <p><b>Brand Name Drugs:</b></p> <ul style="list-style-type: none"> <li>The Medicare Coverage Gap Discount Program of 70% is applied to the initial coverage stage copayment for Tier 1 brand drugs or for Tier 3 oral antidiabetics.</li> <li>Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs.</li> </ul> <p><b>Insulin:</b></p> <ul style="list-style-type: none"> <li>Members pay no more than \$35 for a 30-day supply of select insulins.</li> </ul> |                                                 |                                                            |                                                            |

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

# What does Maximum Out-of-Pocket (MOOP) mean?



The Maximum Out-of-Pocket (MOOP) is the limit of how much you pay when you share the cost of your care through deductibles, coinsurance and copays. What you pay toward your plan's deductible, coinsurance and copays apply to your MOOP. Once you reach your MOOP, the plan pays 100% of the following services.

**Our GlobalHealth Medicare Advantage Plans protect you with a LOW maximum out-of-pocket.**

## **Inpatient Services**

- Inpatient Hospital Care
- Inpatient Mental Health
- Skilled Nursing Facility

## **Outpatient Services**

- Doctor Visits
- Chiropractic Services
- Podiatry Services
- Home Health Services
- Outpatient Mental Health
- Outpatient Substance Abuse
- Outpatient Surgery
- Medically Necessary Ambulance Services
- Emergency Care
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT, & ST)

## **Outpatient Medical Services & Supplies**

- Annual Wellness Visit
- Durable Medical Equipment
- Prosthetic Devices
- Diabetes Self Monitoring & Training
- Diabetic Monitoring Supplies
- Nutrition Therapy & Supplies
- Diagnostic Tests
- X-Rays
- Lab Services
- Radiology Services
- Bone Mass Measurement
- Colorectal Screening Exams
- Immunizations (Flu, Hepatitis B, Pneumonia)
- Mammograms
- Pap Smears
- Prostate Cancer Screening Exams
- End Stage Renal Disease Services

# Your GlobalHealth Supplemental Benefits



GlobalHealth partners with great companies to provide vision, dental, hearing, transportation, fitness and over-the-counter benefits. When using these benefits, you must stay in the network of providers and take your GlobalHealth ID card to the participating network facility on your first visit or have it ready when you call. Check your plan's EOC to verify coverage for the services below.



**Vision** – GlobalHealth partners with EyeMed to provide vision services. To view a complete provider listing for EyeMed, please visit [www.GlobalHealth.com](http://www.GlobalHealth.com). For questions, please call 1-800-884-6321 (TTY: 711) or contact Customer Care.



**Dental** – GlobalHealth partners with DentaQuest to provide dental services. To view a complete provider listing for DentaQuest, visit [www.GlobalHealth.com](http://www.GlobalHealth.com). For questions, please call 1-833-493-0551 (TTY: 711) or contact Customer Care.



**Hearing** – GlobalHealth partners with NationsHearing to provide hearing services. To view a complete provider listing for NationsHearing, visit [www.GlobalHealth.com](http://www.GlobalHealth.com). You may also contact NationsHearing at 1-877-241-4736 (TTY: 711) or Customer Care for all hearing benefit questions.



**Behavioral Health** – GlobalHealth partners with Beacon Health Solutions to provide behavioral health benefits. To view a complete providing listing for Beacon Health Solutions, visit [www.GlobalHealth.com](http://www.GlobalHealth.com). You may also contact Beacon Health Solutions at 1-888-434-9202 (TTY: 711) or Customer Care for questions regarding your behavioral health benefit.

For questions prior to January 1<sup>st</sup>, 2022, contact GlobalHealth's Customer Care at 1-844-200-8167 (TTY: 711).  
8 a.m. to 8 p.m. 7 days a week (October 1 - March 31) Monday - Friday (April 1 - September 30)

# Your GlobalHealth Supplemental Benefits



**Transportation** – GlobalHealth partners with RoundTrip to provide transportation services. To schedule a ride to your doctor or other plan-approved location, call RoundTrip at 1-877-557-4567. 72 hours notice required.



**Fitness** – GlobalHealth partners with Silver&Fit to provide fitness benefits. For a complete listing of participating network facilities and information on how to utilize all of the benefits visit [www.GlobalHealth.com](http://www.GlobalHealth.com) or contact Customer Care.



**Over-the-Counter Health Related Supplies** – GlobalHealth partners with OTC Health Solutions to provide over-the-counter health related supplies. You can view all items available in the OTC Catalog. You can order supplies by calling 1-888-628-2770 (TTY: 1-877-672-2688) or online at [cvs.com/otchs/globalhealtharizona](http://cvs.com/otchs/globalhealtharizona).



**Meal Delivery** – GlobalHealth partners with Independent Living Systems to help provide you meals after you are discharged from an inpatient hospital or skilled nursing facility admission. A GlobalHealth Case Manager will arrange your meal delivery.



**24/7 Nurse Line** – GlobalHealth's 24/7 nurse line is staffed with skilled, registered nurses ready to assist you with health concerns. Call 1-877-285-1424 (TTY: 711) for assistance.

For questions prior to January 1<sup>st</sup>, 2022, contact GlobalHealth's Customer Care at 1-844-200-8167 (TTY: 711).  
8 a.m. to 8 p.m. 7 days a week (October 1 - March 31) Monday - Friday (April 1 - September 30)

# Enrolling in a GlobalHealth Medicare Advantage Plan



There are five easy ways to submit your enrollment:

1



**Call us:**

To enroll by phone, please call us at 1-855-766-7881 (TTY: 711)\*.

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2



**Local sales agent:**

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

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3



**FOR AGENT USE ONLY:**

**Agent Online Enrollment:**

You have the option to enroll a member on our website:  
<https://globalhealth2.destinationrx.com/PC/2022>

\*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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## Enroll online:

Go to <https://globalhealth1.destinationrx.com/PC/2022> to enroll.

Medicare beneficiaries may also enroll in a GlobalHealth Medicare Advantage Plan through the CMS Online Enrollment Center located at: [www.Medicare.gov](http://www.Medicare.gov).

To avoid delays with your enrollment, please do not submit your enrollment information more than once.

**If you need assistance in filling out your enrollment form or have any questions, please call us at 1-855-766-7881 (TTY: 711)\*.**

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## Mail:

Follow these easy steps to enroll in a GlobalHealth Medicare Advantage Plan:

1. Each applicant must complete 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.
4. Mail it, along with any other required documentation, to:

GlobalHealth  
Attn: Eligibility and Enrollment  
P.O. Box 1678  
Oklahoma City, OK 73101-1678

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

# After Enrollment What Happens Next?



Welcome to the GlobalHealth family! After you enroll in your GlobalHealth Medicare Advantage Plan, use the checklist below to know what to expect next.

| STEP                                | HOW YOU RECEIVE THIS                                                                        | WHY YOU RECEIVE THIS                                                                                                                                |
|-------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Enrollment Verification Letter    | <br>Mail   | To assure you that we received your completed enrollment form. (Please note: Medicare still must approve your enrollment.)                          |
| 2 Notice to Confirm Your Enrollment | <br>Mail | To confirm your enrollment was approved by Medicare.                                                                                                |
| 3 Welcome Kit                       | <br>Mail | To provide you with a Welcome Kit that has plan information, including information about where to find your Evidence of Coverage.                   |
| 4 Member ID Card                    | <br>Mail | To provide you with a Member ID card. You need to show this card every time you visit the physician, hospital or pharmacy (if applicable).          |
| 5 Health Risk Assessment (HRA)      | <br>Mail | This information will allow GlobalHealth to coordinate with your health care providers in a way that best serves your preventive health care needs. |

QUESTIONS? You can call our friendly Customer Care team for answers to your questions at 1-844-200-8194 (TTY: 711).  
8 a.m. to 8 p.m., 7 days a week (October 1 - March 31), Monday - Friday (April 1 - September 30)

# Important Phone Numbers



Do you have 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:

### Customer Care

**1-844-200-8194 (TTY: 711)**

**8 am - 8 pm**

**7 days a week (Oct 1 - Mar 31)**

**Monday - Friday (Apr 1 - Sept 30)**

### 24 Hour Nurse Line

**1-800-554-9371 (TTY: 711)**

## WHY CALL?

### Speak to a Member Advocate:

- If you've lost important plan documents, like your Member ID card or your Summary of Benefits.
- If you need to obtain authorization for a service or procedure.
- If you need to know if a specific procedure or service is covered.
- If you have benefit or coverage questions.
- If you need help locating a network provider or pharmacy.
- If you need to verify if a prescription is on the drug formulary.

### Fraud, Waste, and Abuse Hotline

**1-877-280-5852**

**All communications are confidential and anonymous.**

### Report any health care fraud, such as:

- Provider bills you for medical services, supplies or items that were not provided.
- Provider performs medically unnecessary services to obtain the insurance payment.
- Someone steals your personal information to submit false claims to obtain the insurance benefit.
- Someone pretends to represent Medicare, the Social Security Administration or an insurance plan for the purpose of obtaining personal information.

# Still Have Questions?



**Get easy-to-understand answers  
to your Medicare questions.**

*Compare GlobalHealth's Medicare Advantage plans to your current plan.*



Speak to a licensed agent 1-855-766-7881 | TTY: 711

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



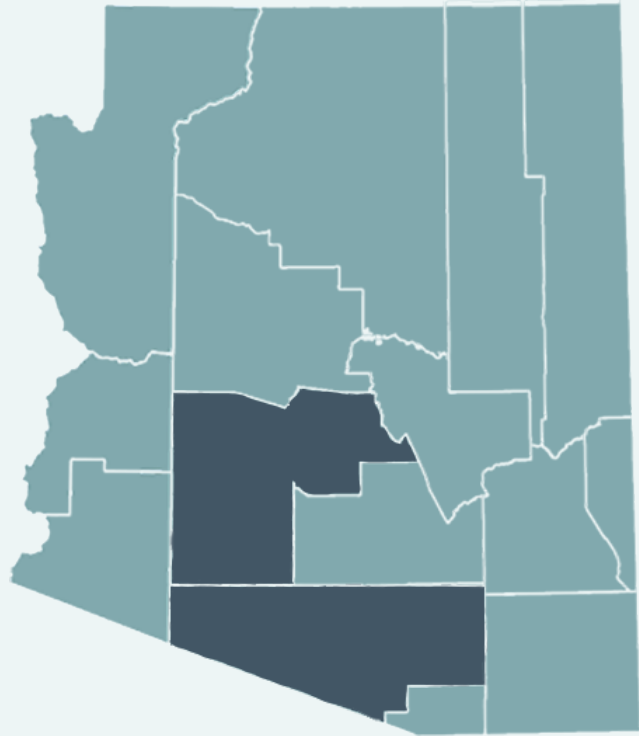
Visit [www.GlobalHealth.com](http://www.GlobalHealth.com) to find  
plan information and helpful resources.

[illegible]



# 2022 Service Area

Maricopa  
Pima



For questions or to enroll:  
**1-855-766-7881 (TTY: 711)**  
[www.GlobalHealth.com](http://www.GlobalHealth.com)

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

GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2022. This approval is based on a review of GlobalHealth's Model of Care.

GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. GlobalHealth bik'ehgo hójil'ínígíí bidadeeti'ígíí Wááshindoon t'áá át'é bilá'ashdla'iibee bá ádahaaazt'i'ígíí bibee haz'áanii dóó doo ak'íjil' nitsáhákees da díí ninahjil' al'áá dadine'é, dine'é bikágí át'ehígíí, binááhai'ígíí, nazhniit'ago da, éí doodaii' asdzání dóó diné át'ehígíí.

Fraud, Waste and Abuse: GlobalHealth is committed to fighting health care fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852. Contact the plan for more information.