GlobalHealth

Generations Valor
(HMO-POS)

ANNUAL NOTICE OF CHANGES

January 1–December 31, 2023

1-844-280-5555 (toll-free)
8 am to 8 pm, 7 days a week, (October 1 – March 31), and
8 am to 8 pm, Monday – Friday, (April 1 – September 30)
www.GlobalHealth.com

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

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Generations Valor (HMO-POS) offered by GlobalHealth, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Generations Value (HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.GlobalHealth.com. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles, and cost-sharing.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Generations Valor (HMO-POS).
- To change to a **different plan,** you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Generations Valor (HMO-POS).

OMB Approval 0938-1051 (Expires: February 29, 2024)

- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Care number at 1-844-280-5555 (toll-free) for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 7 days a week, (October 1 – March 31), and 8 am to 8 pm, Monday – Friday, (April 1 – September 30).
- This information is also available in Spanish and large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Generations Valor (HMO-POS)

- GlobalHealth is an HMO/SNP HMO plan with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal.
- When this document says "we," "us," or "our," it means GlobalHealth, Inc. When it says "plan" or "our plan," it means Generations Valor (HMO-POS).

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Generations Valor (HMO-POS) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium (See Section 2.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$3,000	$3,900 - in-network $4,900 - combined in- and out-of-network
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $40 per visit	Primary care visits: In-network- $0 per visit Specialist visits: In-network - $35 per visit Out-of-network - $55 per visit
Inpatient hospital stays	You pay a $400 copay per day for days 1 through 5. There is no coinsurance, copayment, or deductible for day 6 through 90. There is no coinsurance, copayment, or deductible for days 91 through 190.	In-network: You pay a $295 copay per day for days 1 through 7. There is no coinsurance, copayment, or deductible for days 8 through 90. There is no coinsurance, copayment, or deductible for days 91 through 190. Out-of-network: You pay a $345 copay per day for days 1 through 7. There is no coinsurance, copayment, or deductible for days 8 through 90.

SECTION 1 We Are Changing the Plan's Name

On January 1, 2023, our plan name will change from Generations Value (HMO) to Generations Valor (HMO-POS).

You will receive a new member ID card in the mail. The new plan name will be reflected on member communications beginning January 1, 2023.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction	$0	$75 per month

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,000	$3,900 - in-network $4,900 - combined in- and out-of-network Once you have paid $3,900 out-of-pocket for in-network covered Part A and Part B services, you will pay nothing for your in-network covered Part A and Part B services

Cost	2022 (this year)	2023 (next year)
		for the rest of the calendar year. Once you have paid $4,900 for covered Part A and Part B services either in-network or out-of-network, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

An updated *Provider Directory* is located on our website at www.GlobalHealth.com. You may also call Customer Care for updated provider information or to ask us to mail you a *Provider Directory*.

There are changes to our network of providers for next year. **Please review the *2023 Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Care so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Advance care planning	Advance care planning automated services are not covered.	There is no coinsurance, copay, or deductible for advance care planning to create your living will and/or health care power of attorney documents through Vital Decisions.
Dental services	You pay a $40 copay per office visit for Medicare-covered dental services.	You pay a $35 copay per office visit for Medicare-covered dental services.

Cost	2022 (this year)	2023 (next year)
Dental services - comprehensive	There is no coinsurance, copay, or deductible for supplemental dental services.	Non-routine services: • There is no coinsurance, copay, or deductible for nitrous oxide and other sedation. • You pay 20% of the total cost for other non-routine services. Diagnostic services: • There is no coinsurance, copay or deductible for diagnostic services. Restorative services: • There is no coinsurance, copay, or deductible for fillings. Limited to one per 24 months per tooth, per surface • You pay 20% of the total cost for other restorative services. Endodontics: • You pay 20% of the total cost for endodontics. Periodontics: • There is no coinsurance, copay, or deductible for periodontic cleanings. See Dental services - preventive.

Cost	2022 (this year)	2023 (next year)
		• You pay 20% of the total cost for periodontics. Limited to scaling in the presence of generalized moderate or severe gingival inflammation, full mouth 2 every 12 months and full mouth debridement limited to one per 36 months. Extractions: • You pay 20% of the total cost for extraction services. Prosthodontics • You pay 20% of the total cost for prosthodontics.
Dental services - preventive	• Cleaning (for up to 2 every year) • Dental x-ray(s) (for up to 2 every year) • Oral exam (for up to 2 every year)	Cleaning: • Standard cleaning limited to two every 12 months • Periodontal maintenance (cleaning) limited to four every 12 months.) Dental x-ray(s): • (Bitewing (1-4) limited to one every 12 months • Panoramic radiographic image, intraoral complete series, 7-8 vertical bitewings, limited to one every 36 months

Cost	2022 (this year)	2023 (next year)
		• Intraoral occlusal limited to two every 24 months Oral exam: • Limited exams limited to three every 12 months • Routine exams limited to two every 12 months • Comprehensive exams limited to one every 36 months
Dermatology services	In-network: You pay a $40 copay per office visit for Medicare-covered dermatology services. Out-of-network: Not covered.	In-network: You pay a $35 copay per office visit for Medicare-covered dermatology services. Out-of-network: You pay $55 copay per office visit for Medicare-covered dermatology services.
Dialysis services	Out-of-network: Dialysis services not covered while in our service area.	Out-of-network: You pay 20% of the total cost for Medicare-covered dialysis, either inside or outside our service area.
Emergency care	You pay a $120 copay per visit for all Medicare-covered emergency care services received during the visit.	You pay a $90 copay per visit for all Medicare-covered emergency care services received during the visit.
Emergency care - worldwide coverage	You pay a $120 copay per visit for emergency services outside the United States and its territories.	You pay a $90 copay per visit for emergency services outside the United States and its territories.
Hearing services	You pay a $40 copay per visit for specialist exams to diagnose and treat hearing and balance issues.	You pay a $35 copay per visit for specialist exams to diagnose and treat hearing and balance issues.

Cost	2022 (this year)	2023 (next year)
Inpatient hospital care	For each Medicare-covered hospital stays at an in-network hospital: • You pay a $400 copay per day for days 1 through 5. • There is no coinsurance, copay, or deductible for days 6 through 90. • There is no coinsurance, copay, or deductible for days 91 through 190.	In-network: For each Medicare-covered hospital stay: • You pay a $295 copay per day for days 1 through 7. • There is no coinsurance, copay, or deductible for days 8 through 90. • There is no coinsurance, copay, or deductible for days 91 through 190. Out-of-network: For each Medicare-covered hospital stay: • You pay a $345 copay per day for days 1 through 7. • There is no coinsurance, copay, or deductible for days 8 through 90.
Inpatient mental health care	For each Medicare-covered hospital stays in a network hospital: • You pay a $275 copay per day for days 1 through 6. • There is no coinsurance, copay, or deductible for days 7 through 90.	In-network: For each Medicare-covered hospital stay: • You pay a $295 copay per day for days 1 through 7. • There is no coinsurance, copay, or deductible for days 8 through 90. Out-of-network: For each Medicare-covered hospital stay: • You pay a $345 copay per day for days 1 through 7.

Cost	2022 (this year)	2023 (next year)
		• There is no coinsurance, copay, or deductible for days 8 through 90.
Opioid treatment program	Out-of-network: Not covered.	Out-of-network: There is no coinsurance, copay, or deductible for Medicare-covered certified opioid treatment program services.
Other healthcare professional	You pay a $40 copay per office visit to see a physician assistant, nurse practitioner, or other provider in a specialist's office.	In-network: You pay a $35 copay per office visit to see a physician assistant, nurse practitioner, or other provider in a specialist's office. Out-of-network: You pay $55 copay per office visit for Medicare-covered specialist services, except specialized outpatient diagnostic tests and Part B drugs, during an office visit.
Outpatient hospital services - hyperbaric oxygen therapy	You pay a $40 copay per visit for Medicare-covered care.	You pay a $35 copay per visit for Medicare-covered care.
Over-the-counter (OTC) drugs and supplies	You are eligible for a $50 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products available through our mail order services, including nicotine replacement therapy.	You are eligible for a $100 quarterly benefit to be used toward the purchase of over-the-counter (OTC) health and wellness products available through our mail order services and some retail stores, including nicotine replacement therapy, through the Smart Wallet.
Part B premium reduction	Medicare Part B premium reduction is not covered.	You receive up to a $75 reduction of your monthly Medicare Part B premium.

Cost	2022 (this year)	2023 (next year)
Personal emergency response system	Personal emergency response system is not covered.	There is no coinsurance, copay, or deductible for personal emergency response system device and monitoring.
Physician/Practitioner services, including doctor's office visits - specialist	You pay a $40 copay per office visit for Medicare-covered specialist services, except specialized outpatient diagnostic tests and Part B drugs, during an office or telehealth visit.	In-network: You pay a $35 copay per office visit for Medicare-covered specialist services, except specialized outpatient diagnostic tests and Part B drugs, during an office visit. Out-of-network: You pay $55 copay per office visit for Medicare-covered specialist services, except specialized outpatient diagnostic tests and Part B drugs, during an office visit.
Podiatry services	You pay a $40 copay per office visit for Medicare-covered podiatry services.	In-network: You pay a $35 copay per office visit for Medicare-covered podiatry services. Out-of-network: Not covered.
Pulmonary rehabilitation services	You pay a $30 copay per outpatient visit for Medicare-covered pulmonary rehabilitation services.	You pay a $20 copay per outpatient visit for Medicare-covered pulmonary rehabilitation services.
Skilled nursing facility	Out-of-network: Not covered.	Out-of-network: For each Medicare-covered skilled nursing facility stay per benefit period: • You pay a $225 copay per day for days 1 through 25. • There is no coinsurance, copay, or deductible for days 26 through 100.

Cost	2022 (this year)	2023 (next year)
Smart Wallet	Smart Wallet is not covered.	The Smart Wallet is a prepaid debit card with a combined annual limit of $500 per year to reduce your out of pocket expenses for dental, vision, and hearing services. In addition, the Smart Wallet has a separate allowance of $100 per quarter for over-the-counter items.
Supervised exercise therapy	You pay a $30 copay per outpatient visit for Medicare-covered SET services.	You pay a $25 copay per outpatient visit for Medicare-covered SET services.
Urgently needed services - worldwide coverage	You pay a $120 copay per visit for urgently needed services outside the United States and its territories.	You pay a $90 copay per visit for urgently needed services outside the United States and its territories.
Vision care - supplemental eyewear	We will only pay up to a total of $300 for supplemental eyewear per year in-network.	We will only pay up to a total of $300 for supplemental eyewear per year combined in-network and out-of-network.

SECTION 3 Administrative Changes

Description	2022 (this year)	2023 (next year)
Dental administration	Your preventive and comprehensive dental services are administered by Careington BenefitSolutions. See your *Evidence of Coverage* or go to www.GlobalHealth.com for more information.	Your preventive and comprehensive dental services are administered by DentaQuest. See your *Evidence of Coverage* or go to www.GlobalHealth.com for more information.
Over-the-counter administration	Spend your allowance on over-the-counter items and products through a	Spend your debit card allowance on over-the-counter items

Description	2022 (this year)	2023 (next year)
	mail-order catalog. See your *Evidence of Coverage* or go to www.GlobalHealth.com for more information.	and products through a mail-order catalog or in many stores. You will receive a new debit card, called Smart Wallet. See your *Evidence of Coverage* or go to www.GlobalHealth.com for more information.
Point-of-service option	Point-of-service option is not available.	You may see out-of-network providers for certain services at a different cost share. • Ambulance - air • Ambulance - ground • Dialysis services • Eyewear - Medicare-covered and supplemental • Inpatient hospital • Inpatient psychiatric hospital • Other health care professional • Opioid treatment program • Skilled nursing facility • Specialist Out-of-network/ non-contracted providers are under no obligation to treat plan members, except in emergency

Description	2022 (this year)	2023 (next year)
		situations. Please call our Customer Care number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
Service area	Bryan, Caddo, Canadian, Carter, Cleveland, Creek, Garfield, Garvin, Grady, Hughes, Lincoln, Logan, Mayes, McClain, McIntosh, Muskogee, Okfuskee, Oklahoma, Okmulgee, Pawnee, Pittsburg, Pontotoc, Pottawatomie, Rogers, Seminole, Tulsa, and Wagoner	Caddo, Canadian, Carter, Cleveland, Creek, Garfield, Garvin, Grady, Hughes, Lincoln, Logan, Mayes, McClain, McIntosh, Muskogee, Okfuskee, Oklahoma, Okmulgee, Pawnee, Pittsburg, Pontotoc, Pottawatomie, Rogers, Seminole, Tulsa, and Wagoner

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Generations Valor (HMO-POS)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Generations Valor (HMO-POS).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

As a reminder, GlobalHealth, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Generations Valor (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Generations Valor (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oklahoma, the SHIP is called Senior Health Insurance Counseling Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Counseling Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Counseling Program at 1-800-763-2828. You can learn more about Senior Health Insurance Counseling Program by visiting their website (https://www.oid.ok.gov/consumers/information-for-seniors/senior-health-insurance-counseling-program-ship/).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Oklahoma HIV Drug Assistance Program (HDAP). **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Please call Oklahoma HIV Drug Assistance Program (HDAP) at 1-405-271-4636.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Oklahoma HIV Drug Assistance Program (HDAP) at 1-405-271-4636.

SECTION 8 Questions?

Section 8.1 – Getting Help from Generations Valor (HMO-POS)

Questions? We're here to help. Please call Customer Care at 1-844-280-5555 (toll-free). (TTY only, call 711.) We are available for phone calls 8 am to 8 pm, 7 days a week, (October 1 – March 31), and 8 am to 8 pm, Monday – Friday, (April 1 – September 30). Calls to these numbers are free.

Read your *2023 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Generations Valor (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.GlobalHealth.com. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.GlobalHealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling

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