



GlobalHealth  
Medicare Advantage Plans

# 2022 SUMMARY OF BENEFITS

January 1 – December 31, 2022  
Texas



## GlobalHealth Medicare Advantage Plan Options:

H6062-005 Global Special Care (HMO C-SNP)

H6062-006 Global Special Care Savings (HMO C-SNP)

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)

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

H6062\_SBCSNP\_2022\_M

**GlobalHealth** is an HMO/HMO C-SNP plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

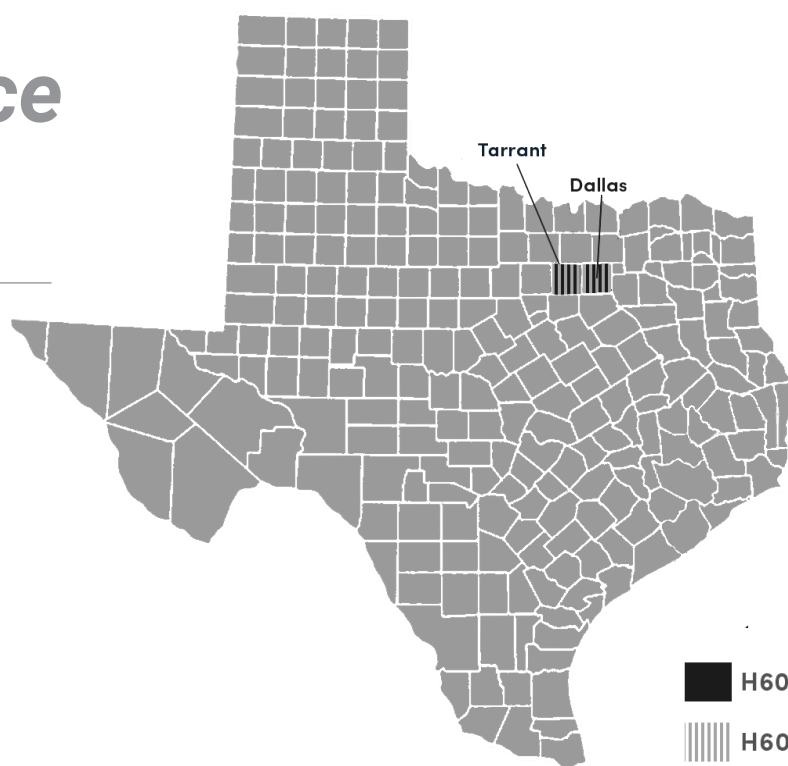
The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the “Evidence of Coverage.” The Evidence of Coverage can be found online at [www.GlobalHealth.com](http://www.GlobalHealth.com), or you can request a copy from Customer Care at 1-844-200-8167 (TTY: 711).

To join **GlobalHealth**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Texas:

## 2022 Service Area

Dallas

Tarrant



 H6062-005 Global Special Care

 H6062-006 Global Special Care Saving

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week.

This document is available in other languages and formats such as large print and Spanish.

For more information, please call us at 1-844-200-8167 (TTY: 711), or visit us at [www.GlobalHealth.com](http://www.GlobalHealth.com).



2022

# **GlobalHealth Medicare Advantage Plan Summary of Benefits**

# GlobalHealth Medicare Advantage Plans

## Summary of Benefits

January 1, 2022 – December 31, 2022

Plans may offer supplemental benefits in addition to Part C benefits.

	H6062-005 Global Special Care (HMO C-SNP)	H6062-006 Global Special Care Savings (HMO C-SNP)
Monthly Plan Premium (You must continue to pay your Part B premium)	\$0	\$0
Deductible	\$0	\$0
Part B Premium Buydown	\$0 per month	\$50 per month
Maximum Out-of-Pocket (MOOP) Annually (Does not include supplemental benefits or prescription drugs)	\$2,900	\$3,400
Healthy Benefits Grocery Card Redeemable at Walmart®	Plan pays \$25 per month	Plan pays \$25 per month
INPATIENT CARE		
Inpatient Hospital Coverage <sup>1,2</sup>	\$195 copay per day (Days 1-7); \$0 copay per day (Days 8-190)	\$250 copay per day (Days 1-7); \$0 copay per day (Days 8-190)
Inpatient Mental Health Care <sup>1,2</sup>	\$195 copay per day (Days 1-7); \$0 copay per day (Days 8-90)	\$250 copay per day (Days 1-7); \$0 copay per day (Days 8-90)
Skilled Nursing Facility (SNF) <sup>1,2</sup>	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)
OUTPATIENT CARE		
Doctor Visits	• \$0 copay per visit for PCP • \$20 copay per visit for specialists <sup>1,2</sup>	• \$0 copay per visit for PCP • \$30 copay per visit for specialists <sup>1,2</sup>
Chiropractic Services	\$20 copay per visit	\$20 copay per visit

<sup>1</sup> Prior Authorization Required

<sup>2</sup> Referral Required



	<b>H6062-005 Global Special Care (HMO C-SNP)</b>	<b>H6062-006 Global Special Care Savings (HMO C-SNP)</b>
Podiatry Services <sup>1,2</sup>	\$20 copay per visit	\$30 copay per visit
Outpatient Mental Health Visit <sup>1,2</sup>	\$20 copay per visit	\$30 copay per visit
Ambulatory Surgery Center <sup>1,2</sup>	\$145 copay per visit	\$175 copay per visit
Outpatient Hospital Observation Services <sup>1,2</sup>	\$195 copay per visit	\$225 copay per visit
Outpatient Hospital Surgery <sup>1,2</sup>	\$195 copay per visit	\$225 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
Worldwide Emergency Care (Does not accumulate 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>
Urgently Needed Services	\$65 copay per visit	\$65 copay per visit
Worldwide Urgent Care (Does not accumulate 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>
Outpatient 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
Outpatient <sup>1,2</sup> Therapeutic Radiology	You pay 20% of the cost per visit	You pay 20% of the cost per visit
Outpatient <sup>1,2</sup> Diagnostic Radiology (MRI, etc.)	<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>• \$175 copay per visit in PCP, specialist, urgent care, freestanding radiological facility</li> <li>• \$225 outpatient hospital</li> </ul>
Outpatient Rehabilitation Services <sup>1,2</sup> (Physical, occupational, and/or speech therapy)	\$20 copay per visit	\$30 copay per visit
Acupuncture <sup>1,2</sup>	\$20 copay per visit	\$30 copay per visit
Ambulance (One-way trip)	<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>• \$200 per occurrence for ground</li> <li>• You pay 20% of the cost per occurrence for air</li> </ul>
Home Health Services <sup>1,2</sup>	\$0	\$0

1 Prior Authorization Required

2 Referral Required

	<b>H6062-005 Global Special Care (HMO C-SNP)</b>	<b>H6062-006 Global Special Care Savings (HMO C-SNP)</b>
<b>PREVENTIVE CARE</b>		
<b>Preventive Services</b>	\$0 for Medicare-covered preventive services	\$0 for Medicare-covered preventive services
<b>PART B DRUGS</b>		
<b>Medicare Part B Drugs<sup>1,2</sup> (Includes chemotherapy)</b>	You pay 20% of the cost	You pay 20% of the cost
<b>OUTPATIENT MEDICAL SUPPLIES</b>		
<b>Durable Medical Equipment<sup>1</sup> (e.g., Continuous glucose monitors (CGM), wheelchairs, oxygen)</b>	You pay 20% of the cost	You pay 20% of the cost
<b>Standard Diabetic Testing Supplies<sup>1</sup></b>	\$0	\$0
<b>Prosthetics and Related Supplies<sup>1</sup> (e.g., Braces, artificial limbs)</b>	You pay 20% of the cost	You pay 20% of the cost
<b>SUPPLEMENTAL BENEFITS</b>		
<b>Hearing Services</b>	<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>
<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 (Does not accumulate to MOOP)</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 (Does not accumulate to MOOP)</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>
<b>Transportation<sup>1</sup> (To and from plan-approved locations)</b>	<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<sup>1,2</sup></b>	<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>• \$30 copay per visit</li> <li>• Limited to 6 visits per year</li> </ul>

<sup>1</sup> Prior Authorization Required

<sup>2</sup> Referral Required

	<b>H6062-005 Global Special Care (HMO C-SNP)</b>	<b>H6062-006 Global Special Care Savings (HMO C-SNP)</b>
<b>Over-the-Counter Benefit (Includes nicotine replacement therapy)</b>	Plan pays \$25 per month	Plan pays \$25 per month
<b>Fitness</b>	\$0	\$0
<b>24/7 Nurse Line</b>	\$0	\$0
<b>Post-Discharge Meal Delivery<sup>1</sup></b>	<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>
<b>PART D DRUGS</b>		
<b>Phase 1: Deductible</b>	\$0	\$0
<b>Phase 2: Initial Coverage Limit (ICL)</b>	\$4,430	\$4,430
<b>Tier 1: Preferred Generics* (Preferred Retail 30-Day Supply)</b>	\$0 copay per fill	\$0 copay per fill
<b>Tier 2: Generic* (Preferred Retail 30-Day Supply)</b>	\$5 copay per fill	\$5 copay per fill
<b>Tier 3: Preferred Brand* (Preferred Retail 30-Day Supply)</b>	<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>
<b>Tier 4: Non-Preferred Drug* (Preferred Retail 30-Day Supply)</b>	\$90 copay per fill	\$90 copay per fill
<b>Tier 5: Specialty Tier* (Preferred Retail 30-Day Supply)</b>	You pay 33% of the cost per fill	You pay 33% of the cost per fill
<b>Tier 1: Preferred Retail &amp; Mail Order (100-Day Supply)</b>	\$0 copay per fill	\$0 copay per fill
<b>Tier 2: Preferred Retail &amp; Mail Order (100-Day Supply)</b>	\$10 copay per fill	\$10 copay per fill
<b>Tier 3: Preferred Retail &amp; Mail Order (100-Day Supply)</b>	<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>
<b>Tier 4: Preferred Retail &amp; Mail Order (100-Day Supply)</b>	\$270 copay per fill	\$270 copay per fill

\*Cost-sharing may differ depending on the pharmacy's status (e.g., preferred, non-preferred, mail-order, Long Term Care (LTC) or home infusion) or the supply (e.g., 30 or 100-day supply). For more information on the additional pharmacies specific cost-sharing and the phases of the benefit, please call us or access the Evidence of Coverage at [www.GlobalHealth.com](http://www.GlobalHealth.com).

	H6062-005 Global Special Care (HMO C-SNP)	H6062-006 Global Special Care Savings (HMO C-SNP)
Phase 3: GAP Coverage Stage <sup>3</sup> (After your prescription costs reach \$4,430)	<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>	
Phase 4: Catastrophic Coverage Stage (After your prescriptions reach \$7,050)	You pay the greater 5% of the cost of the drug or \$3.95 for generics/\$9.85 for brand names.	

<sup>3</sup>You stay in this stage until your year-to-year "out-of-pocket" (you payments) reach a total of \$7,050. This amount and rules for counting costs toward this amount have been set by Medicare.

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



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**Customer Care: 1-844-200-8167 (TTY: 711)**

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Monday - Friday (April 1 - September 30)

[www.GlobalHealth.com/medicare-advantage/member-materials](http://www.GlobalHealth.com/medicare-advantage/member-materials)

Provider Directory: [www.GlobalHealth.com](http://www.GlobalHealth.com)  
Pharmacy Directory: [www.GlobalHealth.com](http://www.GlobalHealth.com)

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.GlobalHealth.com](http://www.GlobalHealth.com).

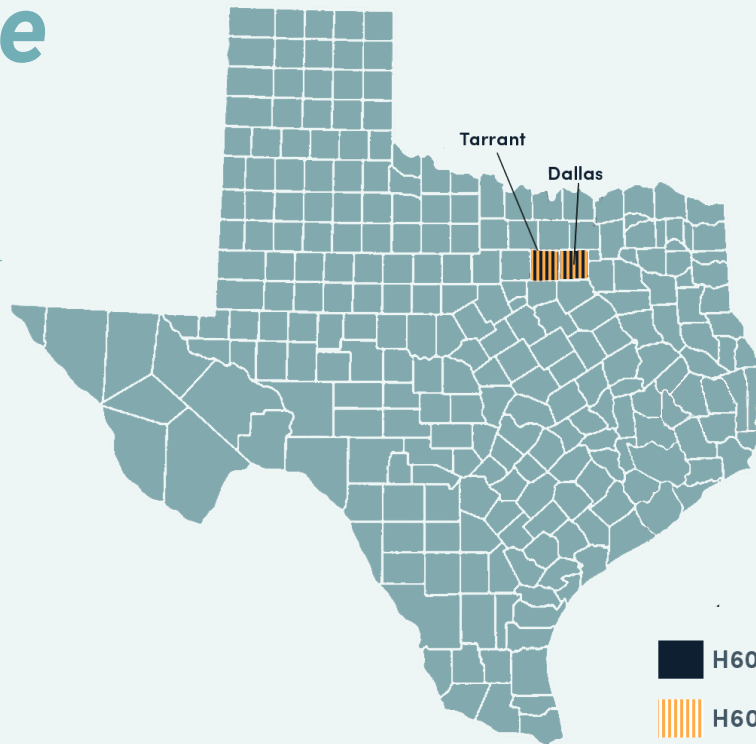
**Fraud, Waste and Abuse:** GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852.





# 2022 Service Area

Dallas

Tarrant



 H6062-005 Global Special Care  
 H6062-006 Global Special Care Savings



## GlobalHealth

Medicare Advantage Plans

For questions or to enroll:

**1-844-200-8167 (TTY: 711)**

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

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 tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

You must continue to pay your Medicare Part B premium. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.