



GlobalHealth

Oklahoma

# RESUMEN DE BENEFICIOS

Del 1 de enero al 31 de diciembre de 2025

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Opciones de Planes Generations Medicare Advantage:

Generations State of Oklahoma Retirees (HMO)

1-844-280-5555 (número de teléfono gratuito)

de 8 a. m. a 8 p. m., los 7 días de la semana (del 1 de octubre al 31 de marzo),

y de 8 a. m. a 8 p. m., de lunes a viernes (del 1 de abril al 30 de septiembre)

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

## Planes Generations Medicare Advantage

### Resumen de beneficios

Del 1 de enero de 2025 al 31 de diciembre de 2025

GlobalHealth es un plan HMO/SNP que tiene un contrato con Medicare y un contrato estatal de Medicaid para los planes D-SNP. La inscripción en GlobalHealth depende de la renovación del contrato.

Para unirse a GlobalHealth, debe tener derecho a la Parte A de Medicare, estar inscrito en la Parte B de Medicare y vivir en nuestra área de servicio.

Los planes pueden ofrecer beneficios complementarios adicionales a los beneficios de la Parte C.

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Prima mensual del plan (Debe continuar pagando su prima de la Parte B)	\$195
Reducción de la Prima de la Parte B de Medicare	\$0 por mes
Deducible	\$0
Responsabilidad de gasto máximo de bolsillo (Maximum Out-of-Pocket, MOOP) (no incluye beneficios complementarios ni medicamentos con receta)	\$3,450
<b>BENEFICIOS DE LA PARTE C</b>	
Cobertura de hospitalización <sup>1,2</sup>	<ul style="list-style-type: none"><li>• \$50 de copago por día (entre los días 1 y 5); después</li><li>• \$0 de copago por día (para días ilimitados)</li></ul>
Cirugía en hospital para pacientes ambulatorios <sup>1,2</sup>	\$200 de copago por consulta
Centro de cirugía ambulatoria <sup>1,2</sup>	\$0 de copago por consulta
Consultas al médico	<ul style="list-style-type: none"><li>• \$0 de copago por consulta al PCP</li><li>• \$20 de copago por consulta con un especialista<sup>1,2</sup></li></ul>
Servicios médicos preventivos	\$0 por servicios preventivos cubiertos por Medicare
Atención médica de emergencia	\$75 de copago por consulta; no se aplica si lo ingresan a la unidad de cuidados intensivos
Servicios requeridos urgentemente	\$15 de copago por consulta
Análisis de laboratorio, radiografías, etc. para pacientes ambulatorios	\$0 de copago por análisis de laboratorio, radiografías, ultrasonidos, electrocardiogramas y diagnósticos similares a bajo costo

1 = Se requiere autorización previa

2 = Se requiere remisión

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Radiología de diagnóstico (resonancia magnética [RM], etc.) para pacientes ambulatorios <sup>1,2</sup>	\$150 de copago por consulta
Servicios de audición	<ul style="list-style-type: none"> <li>• \$0 de copago por consulta para servicios cubiertos por Medicare en el consultorio de un PCP</li> <li>• \$20 de copago por servicios cubiertos por Medicare en el consultorio de un especialista</li> <li>• \$0 de copago por examen de audición de rutina, limitado a uno por año</li> <li>• \$0 de copago por evaluación de uso de audífonos de rutina, limitada a una por año</li> <li>• Nuestro plan paga hasta un total de \$500 por audífonos por año</li> </ul>
Servicios dentales	\$20 de copago por consulta para los servicios cubiertos por Medicare <sup>1,2</sup>
Servicios de la vista	<ul style="list-style-type: none"> <li>• \$0 de copago por consulta para los servicios cubiertos por Medicare</li> <li>• \$0 de copago por examen de la vista de rutina, limitado a 1 por año</li> <li>• Nuestro plan paga hasta un total de \$200 por todos los anteojos complementarios por año</li> </ul>
Atención de salud mental para pacientes Internados <sup>1,2</sup>	<ul style="list-style-type: none"> <li>• \$50 de copago por día (entre los días 1 y 5); después</li> <li>• \$0 de copago por día (para días ilimitados)</li> </ul>
Consulta de salud mental para pacientes ambulatorios <sup>1,2</sup>	\$0 de copago por consulta
Centro de enfermería especializada (SNF) <sup>1,2</sup>	<ul style="list-style-type: none"> <li>• \$0 de copago por día (entre los días 1 y 20);</li> <li>• \$184 de copago por día (entre los días 21 y 100)</li> </ul>
Servicios de rehabilitación para pacientes ambulatorios <sup>1,2</sup> (Fisioterapia, terapia ocupacional o terapia del habla)	\$20 de copago por consulta
Ambulancia (Viaje de ida o de regreso, no se aplica si lo ingresan a cuidados intensivos) Transporte que no sea de emergencia <sup>1</sup>	\$50 de copago por evento

1 = Se requiere autorización previa

2 = Se requiere remisión

	<b>Generations State of Oklahoma Retirees (HMO)</b>
Transporte (Hacia lugares aprobados por el plan y desde estos)	\$0 de copago para viajes de ida o de regreso <ul style="list-style-type: none"> <li>• Limitado a 12 viajes de ida o de regreso por año</li> <li>• Limitado a un viaje de 50 millas de ida o de regreso</li> </ul>
Medicamentos de la Parte B de Medicare (incluye quimioterapia e insulina de la Parte B) <sup>1,3</sup>	Usted paga hasta el 20% del costo  No pagará más que el monto en dólares del porcentaje de coseguro ajustado que se aplica al medicamento reembolsable específico de la Parte B (por lo general, un medicamento de fuente única, p. ej. un medicamento de marca) según la fecha del servicio. Esto se aplica a medicamentos específicos de la Parte B y puede incluir medicamentos de quimioterapia.  No pagará más que \$35 por un suministro de un mes de insulina de la Parte B. Esto se aplica a la insulina que se utiliza en una bomba de insulina.
Servicios de observación hospitalaria para pacientes ambulatorios <sup>1,2</sup>	\$150 de copago por consulta
Servicios quiroprácticos (cubiertos por Medicare)	\$20 de copago por consulta
Servicios de podología (cubiertos por Medicare) <sup>1,2</sup>	\$20 de copago por consulta
Acupuntura <sup>1,2</sup>	\$20 de copago por consulta
Servicios de atención médica domiciliaria <sup>1,2</sup>	\$0 de copago por consulta
Equipo médico duradero <sup>1</sup> (p. ej., silla de ruedas, oxígeno)	20% de coseguro
Suministros para pruebas de la diabetes <sup>1</sup>	\$0 de copago
Dispositivos ortopédicos y suministros relacionados <sup>1</sup> (p. ej., aparatos ortopédicos, extremidades artificiales)	<ul style="list-style-type: none"> <li>• \$0 de copago por dispositivos implantados quirúrgicamente y suministros médicos</li> <li>• 20 % de coseguro para dispositivos externos y suministros médicos</li> </ul>
Radiología terapéutica para pacientes ambulatorios <sup>1,2</sup>	\$40 de copago por consulta

1 = Se requiere autorización previa  
3 = Puede estar sujeto a terapia escalonada de la Parte B  
1 =Se requiere autorización previa  
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**MEDICAMENTOS DE LA PARTE D**

Los costos compartidos pueden diferir según el tipo o el estado de la farmacia (p. ej., preferida, estándar, pedido por correo, atención médica a largo plazo [Long Term Care, LTC] o infusión en casa) o del suministro (p. ej., suministro para 30 o 90 días). Para obtener más información de los costos compartidos específicos de las farmacias adicionales y de las fases del beneficio, llámenos o acceda a nuestra *Evidencia de Cobertura* en línea. **TENGA EN CUENTA LO SIGUIENTE:** Visite nuestra página web para obtener la Lista de Medicamentos más reciente. La Lista de Medicamentos o la red de farmacias pueden cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

**Mensaje importante sobre lo que usted paga por las vacunas y la insulina:** Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted. No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente de la categoría de costo compartido en la que se encuentre. Llame a Atención al cliente para obtener más información.

Fase 1: Deducible	\$0
Fase 2: Límite de Cobertura Inicial (Initial Coverage Limit, ICL)	\$2,000
Categoría 1: Medicamentos genéricos preferidos (Suministro para 30 días en farmacia minorista preferida)	\$0 de copago por surtido
Categoría 2: Medicamentos genéricos (Suministro para 30 días en farmacia minorista preferida)	\$15 de copago por surtido
Categoría 3: Medicamentos de marca preferidos (Suministro para 30 días en farmacia minorista preferida)	<ul style="list-style-type: none"> <li>• \$42 de copago por surtido</li> <li>• \$35 de copago por surtido de insulinas</li> </ul>
Categoría 4: Medicamentos no preferidos (Suministro para 30 días en farmacia minorista preferida)	<ul style="list-style-type: none"> <li>• \$95 de copago por surtido</li> <li>• \$35 de copago por surtido de insulinas</li> </ul>
Categoría 5: Medicamentos especializados (Suministro para 30 días en farmacia minorista preferida)	<ul style="list-style-type: none"> <li>• 33% del costo por surtido</li> <li>• \$35 de copago por surtido de insulinas</li> </ul>
Categoría 1: (Suministro para 90 días en farmacia minorista preferida y pedido por correo)	\$0 de copago por surtido

	Generations State of Oklahoma Retirees (HMO)
Categoría 2: (Suministro para 90 días en farmacia minorista preferida y pedido por correo)	\$0 de copago por surtido
Categoría 3: (Suministro para 90 días en farmacia minorista preferida y pedido por correo)	<ul style="list-style-type: none"> <li>• \$84 de copago por surtido</li> <li>• \$84 de copago por surtido de insulinas</li> </ul>
Categoría 4: Medicamento no preferido (Suministro para 90 días en farmacia minorista preferida y pedido por correo)	<ul style="list-style-type: none"> <li>• \$190 de copago por surtido</li> <li>• \$105 de copago por surtido de insulinas</li> </ul>
3: Etapa de cobertura en caso de catástrofe (Después de que haya pagado \$2,000 de gastos de bolsillo)	\$0 de copago por surtido
BENEFICIOS COMPLEMENTARIOS	
Beneficio Smart Wallet (El beneficio de OTC incluye terapia de reemplazo de nicotina)	<ul style="list-style-type: none"> <li>• \$50 por trimestre para artículos de venta libre</li> <li>• Los beneficios no se transfieren al período siguiente</li> </ul>
Acondicionamiento físico	\$0 de copago por consulta
Línea de Consejos de Enfermería disponible las 24 horas del día, los 7 días de la semana	\$0 de copago por consulta
Beneficio de Alimentos	\$0 de copago por comida <sup>2</sup> <ul style="list-style-type: none"> <li>• Limitado a 10 comidas después del alta de un hospital para pacientes internados o un centro de enfermería especializada</li> <li>• Se limita a 4 veces por año</li> </ul>

Esta información de beneficios no menciona todos los servicios que cubrimos ni todas las limitaciones o exclusiones. Para obtener una lista completa de los servicios que cubrimos, consulte la *Evidencia de Cobertura*. Puede encontrar la *Evidencia de Cobertura* en línea en [www.GlobalHealth.com](http://www.GlobalHealth.com), o puede solicitar una copia a Servicio al Cliente llamando al 1-844-280-5555 (número de teléfono gratuito) (TTY: 711).

Para conocer la cobertura y los costos de Medicare Original, consulte su manual “**Medicare & You 2025**” actual. Véalo en línea en [www.medicare.gov](http://www.medicare.gov) o pida una copia llamando al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Este documento está disponible en otros idiomas y formatos, como letra grande y en inglés.

<sup>2</sup> = Se requiere remisión

Puede ver la *Lista de Medicamentos* completa del plan (lista de los medicamentos recetados de la Parte D), cualquier restricción, el *Directorio de Proveedores* y el *Directorio de Farmacias* en nuestra página web.

Para obtener más información, llámenos al 1-844-280-5555 (número de teléfono gratuito) (TTY: 711) o visite [www.globalhealth.com](http://www.globalhealth.com).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at [www.globalhealth.com](http://www.globalhealth.com).

### **How GlobalHealth May Use or Disclose Your Health Information**

**For Treatment.** We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

**For Payment.** We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

**For Health Plan Operations.** We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

**Health-Related Business and Services.** We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

**Where Permitted or Required by Law.** We may use and/or disclose information about you as

permitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;
- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;



- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services (“CMS”), State Department of Health, Insurance Department, etc.;
- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers’ Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat);
- In the course of any administrative or judicial proceeding, where required by law.

**Business Associates.** We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

**Personal/Authorized Representative.** We may use and/or disclose PHI to your authorized representative.

**Family, Friends, Caregivers.** We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

**Emergencies.** We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

**Military/Veterans.** If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

**Inmates.** If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

**Appointment Reminders.** We may use and/or disclosure your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

**Medication and Refill Reminders.** We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

**Limited Data Set.** If we use your PHI to make a “limited data set,” we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

**Other Uses.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

**NOTE:** We will disclose your PHI for purposes not described in this Notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization.

The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

## **Your Health Information Rights**

### **Right to Inspect and Copy**

You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

### **Right to Confidential Communication**

You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

### **Right to Accounting of Disclosures**

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

### **Right to Request Restrictions on Uses or Disclosures**

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If do we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

### **Right to Request Amendment of PHI**

You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

### **Right to Be Notified of a Breach**

You have the right to receive notification of any breaches of your unsecured PHI.

### **Right to Revoke Authorization**

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

### **Right to Receive a Copy of this Notice**

You have the right to receive a paper copy of this Notice upon request.

### **Changes to this Notice**

GlobalHealth is required to comply with the requirements of this Notice currently in effect. We reserve the right to change this Notice and make the new provisions effective for all PHI that we maintain. The revised Notice will be made available to you on our website at [www.globalhealth.com](http://www.globalhealth.com).

### **To Report a Privacy Violation**

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer  
210 Park Avenue  
Suite 2900  
Oklahoma City, OK 73102  
Toll-free 1-877-627-0004  
Email [privacy@globalhealth.com](mailto:privacy@globalhealth.com)

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at § 92.101(a)(2)), age, or disability.

GlobalHealth, Inc.:

- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including:
  - Qualified interpreters for individuals with disabilities
  - Information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities;
- Provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact GlobalHealth's Customer Care at 1-844-280-5555 (toll free). Our hours of operations are Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31. From April 1 to September 30 are Monday through Friday 8:00 a.m. to 8:00 p.m. TTY users should call 711.

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, our Section 1557 Coordinator is available to help you. You can file a grievance in person, or by mail, fax or email:

**Mailing address:**

GlobalHealth  
Section 1557 Coordinator  
P.O. Box 2658  
Oklahoma City, OK 73101-2658

**Telephone number:**

1-844-280-5555  
8:00 a.m. to 8:00 p.m., seven days a week,  
from October 1 through March 31.

8:00 a.m. to 8:00 p.m., Monday to Friday,  
from April 1 through September 30.

**TTY number:**

711

**Fax number:**

405-280-5294

**Email:**

section1557coordinator@globalhealth.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at our website: [www.globalhealth.com](http://www.globalhealth.com).

GlobalHealth provides important plan materials that explain how to use your health plan benefits. These materials will be available online at [www.GlobalHealth.com](http://www.GlobalHealth.com) no later than October 15, 2024. If you would like a hard copy of any material, please contact Customer Service.

### **EvidenceofCoverage**

The Evidence of Coverage (EOC) is essentially your Member Handbook. It contains detailed information on your benefits, cost-shares, and coverage rules for your plan. For example, if you are unsure whether a service requires prior authorization or not, you can find that information in your plan's EOC.

### **ProviderDirectory**

In most cases, you must receive care from an in-network provider.

### **Drug Formulary\***

The Drug Formulary (List of Covered Drugs) provides you information about the prescription drugs covered under your plan, including tier placement, and availability of mail order. Additionally, if a prescription drug has prior authorization, step therapy or quantity limits, this information is provided in the Drug Formulary.

### **PharmacyDirectory\***

In most cases, your prescriptions are covered only if they are filled at a network pharmacy. Our network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

**Hardcopies of the above materials may be requested by calling:  
GlobalHealth CustomerCare**

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

8:00 AM-8:00 PM, 7 days a week (Oct 1-Mar 31)

8:00 AM-8:00 PM, Monday-Friday (Apr 1-Sept 30)

### **Your Right to Opt Out of Plan Business Calls**

Occasionally, the health plan may call current enrollees, including those in non-Medicare products, to discuss plan business (examples of this include calls to enrollees aging into Medicare from commercial products offered by the same organization's existing Medicaid plan enrollees to talk about its Medicare products, and calls to current MA enrollees to promote other Medicare plan types or to discuss plan benefits). If you do not wish to receive these calls, you may opt out by calling us on the number listed on the back of your Member ID card.

\*Only applicable to plans with prescription drug coverage. GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY:

711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-280-5555 (toll free) (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-280-5555 (número de teléfono gratuito) (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-280-5555（免费电话）(TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-280-5555 (免費電話) (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-280-5555 (libre na toll) (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-280-5555 (appel gratuit) (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-280-5555 (số điện thoại miễn cước) (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-280-5555 (gebührenfrei) (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-280-5555 (수신자 부담) (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.



**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-280-5555 (бесплатно) (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-280-5555 (الرقم المجاني) (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-280-5555 (टोल फ्री) (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-280-5555 (numero verde) (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555 (número de telefone gratuito) (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

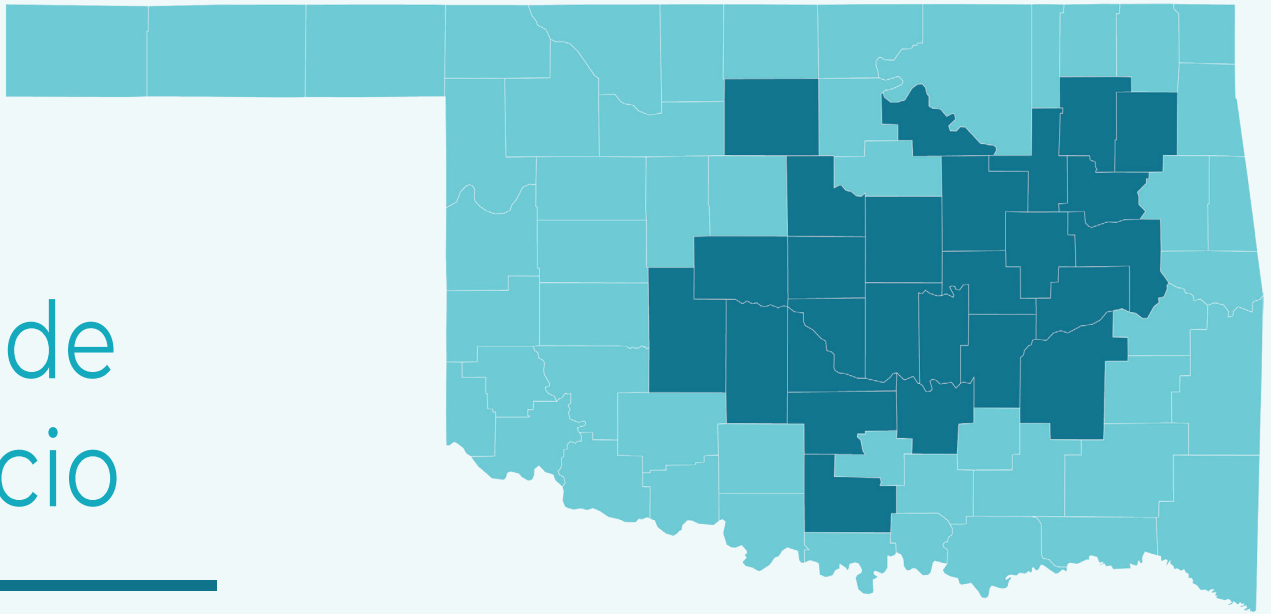
**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-280-5555 (nimewo telefòn gratis) (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-280-5555 (bezpłatnie) (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-280-5555 (フリーダイヤル) (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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de 8 a. m. a 8 p. m., los 7 días de la semana (del 1 de octubre al 31 de marzo), y de 8 a. m. a 8 p. m., de lunes a viernes (del 1 de abril al 30 de septiembre)

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

Con llamar al número indicado podría hablar con un representante de ventas autorizado. Fraude, derroche y abuso: GlobalHealth se compromete a combatir el fraude, el derroche y el abuso en la atención médica. Si sospecha de fraude, derroche o abuso en Medicare, llame a nuestra línea directa: 1-877-627-0004. Los beneficios, las primas o los copagos/coseguros pueden cambiar el 1 de enero de cada año.