

Changes to the  
Global Special Care Savings (HMO C-SNP)  
2022  
Evidence of Coverage

10/25/2021

Dear Member,

**This is important information on changes in your Global Special Care Savings (HMO C-SNP) coverage.**

We previously sent you a notice that the Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan is available on our website. This notice is to let you know there were errors in your EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at [www.GlobalHealth.com](http://www.GlobalHealth.com).

**Changes to your EOC**

<b>Where you can find the error in your 2022 EOC</b>	<b>Original Information</b>	<b>Corrected Information</b>	<b>What does this mean for you?</b>
<p>On page 61, Section 2.1, “Your medical benefits and costs as a member of the plan”</p> <p>*Comprehensive dental services</p>	<p>Restorative services:</p> <ul style="list-style-type: none"> <li>• You pay 30% of the total cost for fillings.</li> </ul> <p>Periodontics:</p> <ul style="list-style-type: none"> <li>• You pay 30% of the total cost for periodontics.</li> </ul> <p>Extractions:</p> <ul style="list-style-type: none"> <li>• You pay 30% of the total cost for extraction services.</li> </ul>	<p>Restorative services:</p> <ul style="list-style-type: none"> <li>• You pay 30% of the total cost for fillings.</li> </ul> <p>Periodontics:</p> <ul style="list-style-type: none"> <li>• You pay 30% of the total cost for periodontics.</li> </ul> <p>Extractions:</p> <ul style="list-style-type: none"> <li>• You pay 30% of the total cost for extraction services.</li> </ul> <p>We will only pay up to a total of \$1,000 for comprehensive dental services per year. You pay the amount that exceeds this allowance.</p>	<p>The maximum allowance for comprehensive dental services is \$1,000.</p>

<p>On page 86, Section 2.1, “Your medical benefits and costs as a member of the plan”</p> <p>Services to treat kidney disease</p> <ul style="list-style-type: none"> <li>• Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Chapter 3</li> <li>• Home dialysis equipment and supplies</li> <li>• Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply)</li> </ul> <p>Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, “Medicare Part B prescription drugs.”</p>	<p>You pay the home health agency care cost share for home dialysis equipment if provided by a home health agency. Otherwise, you pay the durable medical equipment cost share.</p> <p><b>Prior authorization may be required.</b></p> <p>There is no coinsurance, copayment, or deductible for Medicare-covered self-dialysis or home support services.</p> <p><b>Prior authorization may be required.</b></p> <p>You pay 20% of the total cost for Medicare Part B covered drugs.</p> <p><b>Prior authorization may be required.</b></p>	<p>You pay 20% of the total cost for Medicare-covered outpatient dialysis treatment and support services.</p> <p><b>Prior authorization may be required.</b></p>	<p>You pay 20% of the total cost for outpatient services to treat kidney disease.</p>
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You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 1-844-200-8194 (toll-free). (TTY users should call 711.) Hours are 8:00 am to 8:00 pm, seven days a week, from October 1 – March 31, and 8:00 am to 8:00 pm Monday – Friday from April 1 – September 30.

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

This document is available for free in Spanish.