Generations Dual Premier (HMO D-SNP)

ANNUAL NOTICE OF CHANGES

January 1 - December 31, 2027

GlobalHealth is an HMO plan with Medicare and Oklahoma Medicaid program contracts. Enrollment in GlobalHealth depends on contract renewal.

1-844-280-5555 (Toll free) (TTY: 711)
From 8:00 a.m. to 8:00 p.m., 7 days a week (October 1 - March 31),
and 8:00 a.m. to 8:00 p.m. from Monday to Friday (April 1 - September 30)
www.globalhealth.com

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Generations Dual Premier (HMO D-SNP) offered by GlobalHealth, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of Generations Dual Premier (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Generations Dual Premier (HMO D-SNP).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage***.** Get a copy at www.globalhealth.com or call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m., 7 days a week, (October 1 – March 31), and 8:00 a.m. to 8:00 p.m., Monday – Friday, (April 1 – September 30). This call is free.
- This information is available in different formats including large print, braille, and audio CD. Please call our Customer Care at the numbers listed above if you need plan information in another format or language.

About Generations Dual Premier (HMO D-SNP)

- GlobalHealth is an HMO plan with Medicare and Oklahoma Medicaid program contracts. Enrollment in GlobalHealth depends on contract renewal. Our plan also has a written agreement with the Oklahoma Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means GlobalHealth, Inc. When it says "plan" or "our plan," it means Generations Dual Premier (HMO D-SNP).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Generations Dual Premier (HMO D-SNP).** Starting January 1, 2027, you'll get your medical and drug coverage through Generations Dual Premier (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	$9,250	**$9,850**
Primary care office visits	$0 per visit	**$0 per visit**
Specialist office visits	$0 per visit	**$0 per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation, and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0 per visit	**$0 per visit**
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible,	Part D drug coverage deductible $0	**Part D drug coverage deductible** **$0**

	2026 (this year)	2027 (next year)
Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage:	**Copayment during the Initial Coverage Stage:**
	Drug Tier 1:	**Drug Tier 1:**
	Low-income subsidy Level 1: $5.10 Low-income subsidy Level 2: $1.60	**Low-income subsidy Level 1: $5.80** **Low-income subsidy Level 2: $1.65**
	Low-income subsidy Level 3: $0	**Low-income subsidy Level 3: $0**
	Drug Tier 2:	**Drug Tier 2:**
	Low-income subsidy Level 1: $5.10 Low-income subsidy Level 2: $1.60	**Low-income subsidy Level 1: $5.80** **Low-income subsidy Level 2: $1.65**
	Low-income subsidy Level 3: $0	**Low-income subsidy Level 3: $0**
	Drug Tier 3:	**Drug Tier 3:**
	Low-income subsidy Level 1: $12.65 Low-income subsidy Level 2: $4.90	**Low-income subsidy Level 1: $14.40** **Low-income subsidy Level 2: $5.00**
	Low-income subsidy Level 3: $0	**Low-income subsidy Level 3: $0**
	Drug Tier 4:	**Drug Tier 4:**
	Low-income subsidy Level 1: $5.10 (generic), $12.65 (brand) Low-income subsidy Level 2: $1.60 (generic), $4.90 (brand)	**Low-income subsidy Level 1: $5.80 (generic), $14.40 (brand)** **Low-income subsidy Level 2: $1.65 (generic), $5.00 (brand)**
	Low-income subsidy Level 3: $0	**Low-income subsidy Level 3: $0**
	Drug Tier 5:	**Drug Tier 5:**

	2026 (this year)	2027 (next year)
	Low-income subsidy Level 1: $5.10 (generic), $12.65 (brand) Low-income subsidy Level 2: $1.60 (generic), $4.90 (brand) Low-income subsidy Level 3: $0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Low-income subsidy Level 1: $5.80 (generic), $14.40 (brand)** **Low-income subsidy Level 2: $1.65 (generic), $5.00 (brand)** **Low-income subsidy Level 3: $0** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	$0	**$0**

Section 1.2 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've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$9,250	**$9,850** **Once you've paid $9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* https://gh-findcare.globalhealthportals.com/oklahoma/globalhealth/medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at https://gh-findcare.globalhealthportals.com/oklahoma/globalhealth/medicare.
- Call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* https://www.globalhealth.com/oklahoma/medicare-advantage/member materials to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at https://www.globalhealth.com/oklahoma/medicare-advantage/member materials.
- Call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	**2027 (next year)**
Dental – supplemental comprehensive and preventive services	$4,000 per year	**$3,800 per year**
Home Support Service (Papa Pals)	Transportation to non-medical locations	**Transportation to plan-approved health-related locations only**
Smart Wallet Benefit The Smart Wallet Benefit allowance includes your monthly OTC allowance. Enrollees who meet the eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI) may use the Smart Wallet allowance to purchase OTC items and other	$215 per month	**$190 per month**

SSBCI-eligible items and services. Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Cardiovascular Disorders, Chronic hypertension, Overweight, obesity, and metabolic syndrome, Autoimmune Disorders, Chronic Heart Failure and other conditions not listed may be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.		
Worldwide emergency and urgent care services	$110 copayment per visit	**$115 copayment per visit**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is posted online at https://www.globalhealth.com/oklahoma/pharmacy/drug-formularies.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by October 15, call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	**2027 (next year)**
Preferred Generics:	Low-income subsidy Level 1: $5.10 Low-income subsidy Level 2: $1.60 Low-income subsidy Level 3: $0	**Low-income subsidy Level 1: $5.80** **Low-income subsidy Level 2: $1.65** **Low-income subsidy Level 3: $0**
Generics:	Low-income subsidy Level 1: $5.10 Low-income subsidy Level 2: $1.60 Low-income subsidy Level 3: $0	**Low-income subsidy Level 1: $5.80** **Low-income subsidy Level 2: $1.65** **Low-income subsidy Level 3: $0**
Preferred Brand:	Low-income subsidy Level 1: $12.65 Low-income subsidy Level 2: $4.90 Low-income subsidy Level 3: $0	**Low-income subsidy Level 1: $14.40** **Low-income subsidy Level 2: $5.00** **Low-income subsidy Level 3: $0**

	2026 (this year)	2027 (next year)
Non-preferred Drug:	Low-income subsidy Level 1: $5.10 (generic), $12.65 (brand) Low-income subsidy Level 2: $1.60 (generic), $4.90 (brand) Low-income subsidy Level 3: $0	**Low-income subsidy Level 1: $5.80 (generic), $14.40 (brand)** **Low-income subsidy Level 2: $1.65 (generic), $5.00 (brand)** **Low-income subsidy Level 3: $0**
Specialty Drugs:	Low-income subsidy Level 1: $5.10 (generic), $12.65 (brand) Low-income subsidy Level 2: $1.60 (generic), $4.90 (brand) Low-income subsidy Level 3: $0	**Low-income subsidy Level 1: $5.80 (generic), $14.40 (brand)** **Low-income subsidy Level 2: $1.65 (generic), $5.00 (brand)** **Low-income subsidy Level 3: $0**

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Home support services (Papa Pals) Customer Service hours	8:00 a.m. – 10:00 p.m., 7 days a week	**8:00 a.m. – 8:00 p.m., 7 days a week**
Ombudsman Email	Not available	**Ombudsman.intake.line@okdhs.org**

	2026 (this year)	2027 (next year)
Outpatient mental health and substance abuse (Carelon Health) member portal	Not available	**www.carelonbh.com/globalhealth**
Part D exception tier	Tier 4	**Tier 5**
Part D program complaints contact information	1-866-494-3927 (toll-free) TTY: 711 1-888-586-0616 (Fax) MedImpact 10181 Scripps Gateway Ct. San Diego, CA 92131	**Complaints related to benefits:** **1-844-280-5555 (toll-free)** **TTY: 711** **405-280-5294 (Fax)** **GlobalHealth, Inc.** **P.O. Box 2658** **Oklahoma City, OK 73101** **All other complaints:** **1-866-494-3927 (toll-free)** **TTY: 711** **1-888-586-0616 (Fax)** **MedImpact** **10181 Scripps Gateway Ct.** **San Diego, CA 92131**
Part D reimbursement fax	1-888-586-0102	**1-866-646-1403**
Quality Improvement Organization	Acentra Health 5201 West Kennedy Blvd. Suite 900 Tampa, FL 33609	**Acentra Health** **1650 Summit Lake Dr.** **Suite 102** **Tallahassee, FL 32317**

	2026 (this year)	2027 (next year)
Vision (EyeMed) Customer Service hours	8:00 a.m. to 2:00 a.m., Monday – Saturday and 11:00 a.m. to 8:00 p.m., Sunday (October – March) 8:00 a.m. to 11:00 p.m., Monday – Saturday and 11:00 a.m. to 8:00 p.m., Sunday (October – March)	7:00 a.m. to 10:00 p.m., Monday – Saturday and 10:00 a.m. to 7:00 p.m., Sunday

SECTION 3 How to Change Plans

To stay in Generations Dual Premier (HMO D-SNP), you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Generations Dual Premier (HMO D-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Generations Dual Premier (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Generations Dual Premier (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, GlobalHealth, Inc. offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.

- Social Security at 1-800-772-1213 between 8:00 a.m. and 7:00 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
- Your State Medicaid office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Oklahoma has a program called RX for Oklahoma that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Oklahoma HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Oklahoma HIV Drug Assistance Program (HDAP) at 1-405-271-4636. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. You do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-844-280-5555 (Toll free) (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Generations Dual Premier (HMO D-SNP)

- **Call Customer Care at 1-844-280-5555 (Toll free). (TTY users call 711.)**

We're available for phone calls 8:00 a.m. to 8:00 p.m., 7 days a week, (October 1 – March 31), and 8:00 a.m. to 8:00 p.m., Monday – Friday, (April 1 – September 30). Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Generations Dual Premier (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.globalhealth.com or call Customer Care at 1-844-280-5555 (Toll free) (TTY users call 711) to ask us to mail you a copy.

- **Visit www.globalhealth.com**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get 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 State Health Insurance Counseling Program.

Call State Health Insurance Counseling Program to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call State Health Insurance Counseling Program at 1-800-763-2828. Learn more about State Health Insurance Counseling Program by visiting https://www.oid.ok.gov/consumers/information-for-seniors/.

Get Help 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 can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call SoonerCare (Medicaid) at 1-800-987-7767. TTY users should call 711 for help with Medicaid enrollment or benefit questions. For assistance with questions about your Medicaid benefits, visit https://oklahomagov/ohca/.

Notice of Nondiscrimination

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 (toll-free) 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.

Notice of Availability of Electronic Materials

GlobalHealth provides important plan materials that explain how to use your health plan benefits. These materials will be available online at www.globalhealth.com no later than October 15, 2026. If you would like a hard copy of any material, please contact Customer Care.

Evidence of Coverage

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*.

Provider Directory

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*.

Pharmacy Directory*

In most cases, your prescriptions are covered only if they are filled at a network pharmacy.

Hardcopies of the above materials may be requested by calling:
GlobalHealth Customer Care
Toll Free: 1-844-280-5555 (toll-free) (TTY: 711)
8:00 a.m. to 8:00 p.m., 7 days a week (Oct 1-Mar 31)
8:00 a.m. to 8:00 p.m., Monday-Friday (Apr 1-Sept 30)

When you request hard copies of these materials, we will ask whether your request is for one time only or whether you would like to continue receiving hard copies until you tell us you prefer to use electronic versions again.

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 Medicare Advantage 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).

GlobalHealth is an HMO plan offered by GlobalHealth, Inc.

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Notice of availability of language assistance services and auxiliary aids and services

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-280-5555 (TTY 711).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-280-5555 (TTY 711).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-844-280-5555 (TTY 711) 。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-844-280-5555 (TTY 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-280-5555 (TTY 711).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-844-280-5555 (TTY 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-844-280-5555 (TTY 711) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-844-280-5555 (TTY 711) 로 전화하세요.

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в

доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-844-280-5555 (TTY 711).

Arabic: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. تتوفر المساعدات والخدمات المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل بالرقم
.1-844-280-5555 (TTY 711)

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-844-280-5555 (TTY 711).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-844-280-5555 (TTY 711).

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-844-280-5555 (TTY 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-844-280-5555 (TTY 711).

Hindi: यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी नि: शुल्क उपलब्ध हैं। कॉल 1-844-280-5555 (TTY 711).

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-844-280-5555 (TTY 711) に電話します。

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Customer Care: 1-844-280-5555 (toll-free) (TTY: 711)

8:00 a.m. to 8:00 p.m., 7 days a week, (October 1 – March 31), and 8:00 a.m. to 8:00 p.m., Monday – Friday, (April 1 – September 30)

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