



GlobalHealth

Generations Chronic Care (HMO C-SNP)

# ANNUAL NOTICE OF CHANGES

January 1-December 31, 2025

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

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

## Generations Chronic Care (HMO C-SNP) offered by GlobalHealth, Inc.

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Generations Chronic Care (HMO C-SNP). 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](http://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.**

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#### 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).
  - Review the changes to our drug coverage, including coverage restrictions and cost-sharing.
  - Think about how much you will spend on premiums, deductibles, and cost-sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- 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 Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in Generations Chronic Care (HMO C-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Generations Chronic Care (HMO C-SNP).
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### 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 call is free.
- This information is also available in other languages and alternate formats.
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Generations Chronic Care (HMO C-SNP)

- GlobalHealth is an HMO/SNP 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 Chronic Care (HMO C-SNP).

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***Annual Notice of Changes for 2025***  
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Generations Chronic Care (HMO C-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,450	\$3,450
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$20 per visit	Primary care visits: \$0 per visit Specialist visits: \$20 per visit
<b>Inpatient hospital stays</b>	You pay a \$195 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.	You pay a \$195 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.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: Standard 30-day Retail Cost-Share: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5</li> <li>• Drug Tier 2: \$10</li> </ul>	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: Standard 30-day Retail Cost-Share: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5</li> <li>• Drug Tier 2: \$10</li> </ul>

Cost	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> <li>• Drug Tier 3: \$47               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 4: \$100               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 5: 33% of the total cost.               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 3: \$47               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 4: \$100               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 5: 33% of the total cost.               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> </ul>
	<p>Preferred 30-day Retail Cost-Share:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$42               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 4: \$90               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> </ul>	<p>Preferred 30-day Retail Cost-Share:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$5</li> <li>• Drug Tier 3: \$42               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 4: \$90               <ul style="list-style-type: none"> <li>◦ You pay \$35 per month supply of each covered insulin product on this tier.</li> </ul> </li> </ul>

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	<p>Standard 100-day Retail Cost-Share:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$15</li> <li>• Drug Tier 2: \$30</li> <li>• Drug Tier 3: \$141                             <ul style="list-style-type: none"> <li>◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 4: \$300                             <ul style="list-style-type: none"> <li>◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> </ul>	<p>Standard 100-day Retail Cost-Share:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$15</li> <li>• Drug Tier 2: \$30</li> <li>• Drug Tier 3: \$141                             <ul style="list-style-type: none"> <li>◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> <li>• Drug Tier 4: \$300                             <ul style="list-style-type: none"> <li>◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> </ul>



Cost	2024 (this year)	2025 (next year)
	<p data-bbox="695 331 1015 407">Preferred 100-day Retail Cost-Share:</p> <ul data-bbox="760 428 1047 1073" style="list-style-type: none"> <li data-bbox="760 428 992 464">• Drug Tier 1: \$0</li> <li data-bbox="760 478 992 514">• Drug Tier 2: \$0</li> <li data-bbox="760 529 1047 779">• Drug Tier 3: \$84 <ul data-bbox="808 590 1047 779" style="list-style-type: none"> <li data-bbox="808 590 1047 779">◦ You pay \$84 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> <li data-bbox="760 793 1047 1073">• Drug Tier 4: \$270 <ul data-bbox="808 842 1047 1073" style="list-style-type: none"> <li data-bbox="808 842 1047 1073">◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> </ul> <p data-bbox="695 1094 998 1169">Standard 100-day Mail-order Cost-Share:</p> <ul data-bbox="760 1190 1047 1877" style="list-style-type: none"> <li data-bbox="760 1190 1008 1226">• Drug Tier 1: \$15</li> <li data-bbox="760 1241 1008 1276">• Drug Tier 2: \$30</li> <li data-bbox="760 1291 1047 1577">• Drug Tier 3: \$141 <ul data-bbox="808 1346 1047 1577" style="list-style-type: none"> <li data-bbox="808 1346 1047 1577">◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> <li data-bbox="760 1591 1047 1877">• Drug Tier 4: \$300 <ul data-bbox="808 1640 1047 1877" style="list-style-type: none"> <li data-bbox="808 1640 1047 1877">◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> </ul>	<p data-bbox="1068 317 1388 392">Preferred 100-day Retail Cost-Share:</p> <ul data-bbox="1133 413 1421 1058" style="list-style-type: none"> <li data-bbox="1133 413 1365 449">• Drug Tier 1: \$0</li> <li data-bbox="1133 464 1365 499">• Drug Tier 2: \$0</li> <li data-bbox="1133 514 1421 764">• Drug Tier 3: \$84 <ul data-bbox="1182 575 1421 764" style="list-style-type: none"> <li data-bbox="1182 575 1421 764">◦ You pay \$84 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> <li data-bbox="1133 779 1421 1058">• Drug Tier 4: \$270 <ul data-bbox="1182 827 1421 1058" style="list-style-type: none"> <li data-bbox="1182 827 1421 1058">◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> </ul> <p data-bbox="1068 1079 1372 1155">Standard 100-day Mail-order Cost-Share:</p> <ul data-bbox="1133 1176 1421 1862" style="list-style-type: none"> <li data-bbox="1133 1176 1382 1211">• Drug Tier 1: \$15</li> <li data-bbox="1133 1226 1382 1262">• Drug Tier 2: \$30</li> <li data-bbox="1133 1276 1421 1562">• Drug Tier 3: \$141 <ul data-bbox="1182 1339 1421 1562" style="list-style-type: none"> <li data-bbox="1182 1339 1421 1562">◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> <li data-bbox="1133 1577 1421 1862">• Drug Tier 4: \$300 <ul data-bbox="1182 1625 1421 1862" style="list-style-type: none"> <li data-bbox="1182 1625 1421 1862">◦ You pay \$105 per 100-day supply of each covered insulin product on this tier.</li> </ul> </li> </ul>

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**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	\$0	\$0

Cost	2024 (this year)	2025 (next year)
(You must also continue to pay your Medicare Part B premium.)		

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

## 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$3,450	\$3,450
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$3,450 out-of-pocket for covered Part A and Part B services, you will 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 and Pharmacy Networks

Amounts you pay for your prescription drugs may 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 includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at [www.globalhealth.com](http://www.globalhealth.com). You may also call Customer Care for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory, [www.globalhealth.com](http://www.globalhealth.com), to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory, [www.globalhealth.com](http://www.globalhealth.com), to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies 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 1.4 – 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	2024 (this year)	2025 (next year)
<b>Dental services - preventive</b>	Oral exams limited to: <ul style="list-style-type: none"> <li>Limited exams - 3 per 12-month period</li> <li>Routine exams - 2 per 12-month period</li> <li>Comprehensive exams - 1 per 36-month period</li> </ul>	Oral exams limited to 2 per year
<b>Meal benefit</b>	Prior authorization is required.	Prior authorization is <u>not</u> required.
<b>Smart Wallet Benefit</b>	You have a \$150 benefit amount per quarter for a combination of over-the-counter (OTC) items, food and produce, and gasoline. Unused amounts do <u>not</u> roll over to next quarter.  You have a \$1,000 benefit amount per year for dental, vision, and hearing expenses.	You have a \$55 benefit amount per month for a combination of over-the-counter (OTC) items, food and produce, gasoline, dental, vision, and/or hearing expenses. Unused amounts do roll over to next month and expire at the end of the year.
<b>Transportation</b>	Non-emergency ground transportation to a plan-approved health-related location limited to 30 one-way trips per year.	Non-emergency ground transportation to a plan-approved health-related location limited to 36 one-way trips per year.

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

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 plan 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 are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we made the change, you will still get information on the specific change we make, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Care or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*

(also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2024, please call Customer Care and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>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.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 - Preferred Generic:</b></p> <p><i>Standard cost-sharing:</i></p> <p>You pay \$5 per prescription.</p> <p><i>Preferred cost-sharing:</i></p> <p>You pay \$0 per prescription.</p> <p><b>Tier 2 - Generic:</b></p> <p><i>Standard cost-sharing:</i></p> <p>You pay \$10 per prescription.</p> <p><i>Preferred cost-sharing:</i></p> <p>You pay \$5 per prescription.</p> <p><b>Tier 3 - Preferred Brand:</b></p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 - Preferred Generic:</b></p> <p><i>Standard cost-sharing:</i></p> <p>You pay \$5 per prescription.</p> <p><i>Preferred cost-sharing:</i></p> <p>You pay \$0 per prescription.</p> <p><b>Tier 2 - Generic:</b></p> <p><i>Standard cost-sharing:</i></p> <p>You pay \$10 per prescription.</p> <p><i>Preferred cost-sharing:</i></p> <p>You pay \$5 per prescription.</p>

Stage	2024 (this year)	2025 (next year)
	<p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><i>Preferred cost-sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><b>Tier 4 - Non-Preferred Drug:</b> <i>Standard cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><i>Preferred cost-sharing:</i> You pay \$90 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><b>Tier 5 - Specialty:</b> <i>Standard cost-sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p>	<p><b>Tier 3 - Preferred Brand:</b> <i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><i>Preferred cost-sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><b>Tier 4 - Non-Preferred Drug:</b> <i>Standard cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><i>Preferred cost-sharing:</i> You pay \$90 per prescription. You pay \$35 per month supply of each covered insulin product in this tier.</p> <p><b>Tier 5 - Specialty:</b> <i>Standard cost-sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product in this tier.</p>

Stage	2024 (this year)	2025 (next year)
	<p>You pay \$35 per month supply of each covered insulin product in this tier.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p><i>Preferred cost-sharing:</i></p> <p>You pay 33% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product in this tier.</p> <hr/> <p>Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Dental categories - comprehensive services</b>	<p>List of category names:</p> <ul style="list-style-type: none"> <li>• Non-routine services</li> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> </ul>	<p>New list of category names:</p> <ul style="list-style-type: none"> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics, removable</li> </ul>



Description	2024 (this year)	2025 (next year)
	<ul style="list-style-type: none"> <li>• Extractions</li> <li>• Prosthodontics, other oral/ maxillofacial surgery, other services</li> </ul>	<ul style="list-style-type: none"> <li>• Maxillofacial prosthetics</li> <li>• Prosthodontics, fixed</li> <li>• Oral and maxillofacial surgery</li> <li>• Adjunctive general services</li> </ul> <p>Only the dental codes included in each of the categories in the Dental Benefits Chart (<i>Evidence of Coverage</i>, Chapter 4) may change. The specific service cost share won't change.</p>
<b>Home support services (Papa Pals) hours</b>	8 am to 10 pm CST, 7 days a week	8 am to 8 pm CST, 7 days a week  (except Thanksgiving Day, Christmas Day, and New Years Day)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1-844-280-5555 (TTY:</p>

Description	2024 (this year)	2025 (next year)
		711) or visit <a href="https://www.medicare.gov">Medicare.gov</a> .
<b>Part D complaint contact information</b>	Fax: 1-866-217-3353  Write: CVS Caremark Part D Services, Grievances Department, P.O. Box 30016, Pittsburg, PA 15222-0330	Fax: 405-280-5294  Write: GlobalHealth, Inc., P.O. Box 2658, Oklahoma City, OK 73101
<b>Prescription drugs - exception tier</b>	If we agree to cover a drug not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4.	If we agree to cover a drug not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 5.
<b>Quality Improvement Organization information</b>	KEPRO  <a href="https://www.keproqio.com/">https://www.keproqio.com/</a>	Acentra Health  <a href="https://www.acentraqio.com/">https://www.acentraqio.com/</a>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Generations Chronic Care (HMO C-SNP)

**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 Chronic Care (HMO C-SNP).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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, please see Section 1.1 regarding 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 Chronic Care (HMO C-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Generations Chronic Care (HMO C-SNP).
- 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 4 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, 2025.

### 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, 2025, 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, 2025.

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 (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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 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 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **Help from your state’s pharmaceutical assistance program.** 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.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. 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). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-844-280-5555 (toll-free) (TTY:711) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Generations Chronic Care (HMO C-SNP)

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 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Generations Chronic Care (HMO C-SNP). 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](https://www.globalhealth.com). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

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### Visit our Website

You can also visit our website at [www.globalhealth.com](http://www.globalhealth.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## Section 7.2 – Getting Help from Medicare

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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](http://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](http://www.medicare.gov/plan-compare).

### Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document 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 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **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](http://www.globalhealth.com) no later than October 15, 2024. If you would like a hard copy of any material, please contact Customer Service.

## **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. 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 (toll-free) (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 if 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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-280-5555 (toll-free) (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 (toll-free) (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 1-844-280-844-1 (TTY:) 5555-280-844-1 (toll-free) (TTY:) 5555-280-844-1. 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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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 (toll-free) (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。



**GlobalHealth**  
MEDICARE ADVANTAGE PLANS

Customer Care: 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](http://www.globalhealth.com)