



GlobalHealth

Oklahoma

SUMMARY OF BENEFITS

January 1-December 31, 2025

Generations Medicare Advantage Plan Options:

- Generations Chronic Care (HMO C-SNP)
- Generations Chronic Care Savings (HMO C-SNP)
- Generations Dual Support (HMO D-SNP)
- Generations Dual Premier (HMO D-SNP)

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

Generations Medicare Advantage Plans

Summary of Benefits

January 1, 2025 – December 31, 2025

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

To join GlobalHealth, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

To enroll in a GlobalHealth Chronic Special Needs Plan (C-SNP), you must have one of the following medical conditions: diabetes, chronic heart failure, and/or cardiovascular disorders.

To enroll in a GlobalHealth Dual Special Needs Plan (D-SNP), you must be eligible for Medicare and also have one of the following Medicaid statuses: QMB, QMB+, SLMB+, or FBDE.

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

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Monthly Plan Premium (You must continue to pay your Part B premium)	\$0	\$0	\$0	\$0
Medicare Part B Premium Reduction	\$0 per month	\$90 per month	\$0 per month	\$0 per month
Deductible	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket (MOOP) Responsibility (Does not include supplemental benefits or prescription drugs)	\$3,450	\$3,900	\$9,350	\$9,350

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
PART C BENEFITS				
Inpatient Hospital Coverage ^{1,2}	<ul style="list-style-type: none"> \$195 copay per day (Days 1 - 7); \$0 copay per day (Days 8 -90) 	<ul style="list-style-type: none"> \$275 copay per day (Days 1 - 7); \$0 copay per day (Days 8 -90) 	\$0 copay (Days 1-90)	\$0 copay (Days 1-90)
Outpatient Hospital Surgery ^{1,2}	\$225 copay per visit	\$275 copay per visit	\$0 copay per visit	\$0 copay per visit
Ambulatory Surgery Center ^{1,2}	\$175 copay per visit	\$225 copay per visit	\$0 copay per visit	\$0 copay per visit
Doctor Visits	<ul style="list-style-type: none"> \$0 copay per visit for PCP \$20 copay per visit for specialists^{1,2} 	<ul style="list-style-type: none"> \$0 copay per visit for PCP \$35 copay per visit for specialists^{1,2} 	<ul style="list-style-type: none"> \$0 copay per visit for PCP \$0 copay per visit for specialists^{1,2} 	<ul style="list-style-type: none"> \$0 copay per visit for PCP \$0 copay per visit for specialists^{1,2}
Preventive Services	\$0 for Medicare-covered preventive services	\$0 for Medicare-covered preventive services	\$0 for Medicare-covered preventive services	\$0 for Medicare-covered preventive services
Emergency Care	\$90 copay per visit; waived if admitted to acute care	\$90 copay per visit; waived if admitted to acute care	\$0 copay per visit	\$0 copay per visit
Urgently Needed Services	\$20 copay per visit	\$20 copay per visit	\$0 copay per visit	\$0 copay per visit
Outpatient Labs, X-Rays, Etc.	\$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	\$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	\$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	\$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Outpatient Diagnostic Radiology (MRI, etc.) ¹²	<ul style="list-style-type: none"> • \$175 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$225 copay per visit in outpatient hospital 	<ul style="list-style-type: none"> • \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$275 copay per visit in outpatient hospital 	\$0 copay per visit	\$0 copay per visit
Hearing Services	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services in a PCP office • \$20 for Medicare-covered services in a specialist office • \$0 copay for routine hearing exam limited to one per year • \$0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of \$1,000 for hearing aids per year 	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services in a PCP office • \$35 for Medicare-covered services in a specialist office • \$0 copay for routine hearing exam limited to one per year • \$0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of \$1,000 for hearing aids per year 	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services in a PCP office • \$0 for Medicare-covered services in a specialist office • \$0 copay for routine hearing exam limited to one per year • \$0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of \$1,000 for hearing aids per year 	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services in a PCP office • \$0 for Medicare-covered services in a specialist office • \$0 copay for routine hearing exam limited to one per year • \$0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of \$2,000 for hearing aids per year

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Dental Services (Coinsurance for comprehensive services does not accumulate to MOOP)	<ul style="list-style-type: none"> \$20 for Medicare-covered services^{1,2} \$0 copay for preventive services - oral exams, x-rays, cleanings, and fluoride treatments Our plan pays a total of \$2,000 for comprehensive dental services per year 20% coinsurance for some comprehensive services 	<ul style="list-style-type: none"> \$35 for Medicare-covered services \$0 copay for preventive services - oral exams, x-rays, cleanings, and fluoride treatments Our plan pays a total of \$2,000 for comprehensive dental services per year 20% coinsurance for some comprehensive services 	<ul style="list-style-type: none"> \$0 copay per visit for Medicare-covered services^{1,2} \$0 copay for preventive services - oral exams, x-rays, cleanings, and fluoride treatments Our plan pays a total of \$2,000 for comprehensive dental services per year \$0 copay for comprehensive services 	<ul style="list-style-type: none"> \$0 copay per visit for Medicare-covered services^{1,2} \$0 copay for preventive services - oral exams, x-rays, cleanings, and fluoride treatments Our plan pays a total of \$5,000 for comprehensive dental services per year \$0 copay for comprehensive services
Vision Services	<ul style="list-style-type: none"> \$20 copay per visit for Medicare-covered services \$0 copay for routine eye exam limited to 1 per year Our plan pays up to a total of \$200 for all supplemental eyewear per year 	<ul style="list-style-type: none"> \$35 copay per visit for Medicare-covered services \$0 copay for routine eye exam limited to 1 per year Our plan pays up to a total of \$200 for all supplemental eyewear per year 	<ul style="list-style-type: none"> \$0 copay per visit for Medicare-covered services \$0 copay for routine eye exam limited to 1 per year Our plan pays up to a total of \$100 for all supplemental eyewear per year 	<ul style="list-style-type: none"> \$0 copay per visit for Medicare-covered services \$0 copay for routine eye exam limited to 1 per year Our plan pays up to a total of \$400 for all supplemental eyewear per year
Inpatient Mental Health Care ^{1,2}	<ul style="list-style-type: none"> \$195 copay per day (Days 1-7); \$0 copay per day (Days 8-90) 	<ul style="list-style-type: none"> \$275 copay per day (Days 1-7); \$0 copay per day (Days 8-90) 	\$0 copay (Days 1-90)	\$0 copay (Days 1-90)
Outpatient Mental Health Visit ^{1,2}	\$20 copay per visit	\$35 copay per visit	\$0 copay per visit	\$0 copay per visit

1 = Prior Authorization Required
2 = Referral Required

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Skilled Nursing Facility (SNF) ^{1,2}	<ul style="list-style-type: none"> \$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100) 	<ul style="list-style-type: none"> \$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100) 	\$0 copay (Days 1-100)	\$0 copay (Days 1-100)
Outpatient Rehabilitation Services ^{1,2} (Physical, occupational, and/or speech therapy)	\$20 copay per visit	\$35 copay per visit	\$0 copay per visit	\$0 copay per visit
Ambulance (One-way trip - waived if admitted to acute care)	<ul style="list-style-type: none"> \$240 per occurrence for ground You pay 20% of the cost per occurrence for air 	<ul style="list-style-type: none"> \$240 per occurrence for ground You pay 20% of the cost per occurrence for air 	\$0 copay	\$0 copay
Non-emergency transport ¹	\$0 copay per one-way trip	\$0 copay per one-way trip	\$0 copay per one-way trip	\$0 copay per one-way trip
Transportation (To and from plan-approved locations)	<ul style="list-style-type: none"> Limited to 36 one-way trips per year Limited to 50 miles per one-way trip 	<ul style="list-style-type: none"> Limited to 36 one-way trips per year Limited to 50 miles per one-way trip 	<ul style="list-style-type: none"> Limited to 36 one-way trips per year Limited to 50 miles per one-way trip 	<ul style="list-style-type: none"> Limited to 36 one-way trips per year Limited to 50 miles per one-way trip

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Medicare Part B Drugs (Includes chemotherapy and Part B insulin) ^{1,3}	You pay up to 20% of the cost You will pay no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebatable drug (typically a single source drug, e.g., brand drug) based on the date of service. This applies to specific Part B drugs and may include chemotherapy drugs.	You pay up to 20% of the cost You will pay no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebatable drug (typically a single source drug, e.g., brand drug) based on the date of service. This applies to specific Part B drugs and may include chemotherapy drugs.	\$0 copay	\$0 copay
Outpatient Hospital Observation Services ^{1,2}	\$225 copay per visit	\$275 copay per visit	\$0 copay per visit	\$0 copay per visit
Chiropractic Services (Medicare-covered)	\$20 copay per visit	\$20 copay per visit	\$0 copay per visit	\$0 copay per visit
Podiatry Services (Medicare-covered) ^{1,2}	\$20 copay per visit	\$35 copay per visit	\$0 copay per visit	\$0 copay per visit
Acupuncture ^{1,2}	\$20 copay per visit	\$35 copay per visit	\$0 copay per visit	\$0 copay per visit
Home Health Services ^{1,2}	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit

1 = Prior Authorization Required

3 = May be subject to Part B step therapy

2 = Referral Required

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Durable Medical Equipment ¹ (e.g., wheelchairs, oxygen)	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
Diabetic Testing Supplies ¹	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Prosthetics and Related Supplies ¹ (e.g., Braces, artificial limbs)	<ul style="list-style-type: none"> \$0 copay for surgically implanted devices and medical supplies 20% coinsurance for external devices and medical supplies 	<ul style="list-style-type: none"> \$0 copay for surgically implanted devices and medical supplies 20% coinsurance for external devices and medical supplies 	\$0 copay	\$0 copay
Outpatient Therapeutic Radiology ^{1,2}	\$50 copay per visit	\$50 copay per visit	\$0 copay per visit	\$0 copay per visit
PART D DRUGS				
<p>Cost-sharing may differ depending on the pharmacy type or status (e.g., preferred, standard, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30- or 100-day supply). For more information on specific cost-sharing and the phases of the benefit, please call us or access our <i>Evidence of Coverage</i> online. PLEASE NOTE: Please visit our website for the most up-to-date Drug List. The Drug List and/or pharmacy network may change at any time.</p> <p>You will receive notice when necessary.</p> <p>Important Message About What You Pay for Vaccines and Insulin: Our plan covers most Part D vaccines at no cost to you. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Call Customer Care for more information.</p>				
Phase 1: Deductible	\$0	\$0	\$0	\$0

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Phase 2: Initial Coverage Limit (ICL)	\$2,000	\$2,000	\$2,000	\$2,000
Tier 1: Preferred Generics (Preferred Retail 30-Day Supply)	\$0 copay per fill	\$0 copay per fill	\$0 copay per fill	\$0 copay per fill
Tier 2: Generic (Preferred Retail 30-Day Supply)	\$5 copay per fill	\$5 copay per fill	Not covered	Not covered
Tier 3: Preferred Brand (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> \$42 copay per fill \$35 copay per fill for insulins 	<ul style="list-style-type: none"> \$42 copay per fill \$35 copay per fill for insulins 	Not covered	Not covered
Tier 4: Non-Preferred Drug (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> \$90 copay per fill \$35 copay per fill for insulins 	<ul style="list-style-type: none"> \$90 copay per fill \$35 copay per fill for insulins 	Not covered	Not covered
Tier 5: Specialty Tier (Preferred Retail 30-Day Supply)	<ul style="list-style-type: none"> 33% of the cost per fill \$35 copay per fill for insulins 	<ul style="list-style-type: none"> 33% of the cost per fill \$35 copay per fill for insulins 	Not covered	Not covered
Tier 1: (Preferred Retail & Mail Order 100-Day Supply)	\$0 copay per fill	\$0 copay per fill	\$0 copay per fill	\$0 copay per fill
Tier 2: (Preferred Retail & Mail Order 100-Day Supply)	\$0 copay per fill	\$0 copay per fill	Not covered	Not covered
Tier 3: (Preferred Retail & Mail Order 100-Day Supply)	<ul style="list-style-type: none"> \$84 copay per fill \$84 copay per fill for insulins 	<ul style="list-style-type: none"> \$84 copay per fill \$84 copay per fill for insulins 	Not covered	Not covered

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Tier 4: Non-Preferred Drug (Preferred Retail and Mail Order 100-Day-Supply)	<ul style="list-style-type: none"> \$270 copay per fill \$105 copay per fill for insulins 	<ul style="list-style-type: none"> \$270 copay per fill \$105 copay per fill for insulins 	Not covered	Not covered
3: Catastrophic Coverage Stage (After you have paid \$2,000 out-of-pocket)	\$0 copay per fill	\$0 copay per fill	\$0 copay per fill	\$0 copay per fill
SUPPLEMENTAL BENEFITS				
The benefits mentioned are part of a special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria.				
Smart Wallet Benefit (OTC Benefit includes nicotine replacement therapy)	<ul style="list-style-type: none"> \$55 per month for Over-the-Counter, Gasoline, Food and Produce, Hearing, Dental and/or Vision 	<ul style="list-style-type: none"> \$55 per month for Over-the-Counter, Gasoline, Food and Produce, Hearing, Dental and/or Vision 	<ul style="list-style-type: none"> \$500 per year for Hearing, Dental and/or Vision \$260 per month for Over-the-Counter, Gasoline, Utilities and/or Food and Produce Benefits do not roll over to the next period 	<ul style="list-style-type: none"> \$1,250 per year for Hearing, Dental and/or Vision \$225 per month for Over-the-Counter, Gasoline, Utilities and/or Food and Produce Benefits do not roll over to the next period
Routine Foot Care ^{1,2} (Does not accumulate to MOOP)	<ul style="list-style-type: none"> \$20 copay per visit Limited to 6 visits per year 	<ul style="list-style-type: none"> \$35 copay per visit Limited to 6 visits per year 	<ul style="list-style-type: none"> \$0 copay per visit Limited to 6 visits per year 	<ul style="list-style-type: none"> \$0 copay per visit Limited to 6 visits per year
Fitness	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
24/7 Nurse Line	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Meal Benefit	<p>\$0 copay per meal²</p> <ul style="list-style-type: none"> Limited to 14 meals following inpatient hospital or skilled nursing facility discharge Limited to 4 times per year 	<p>\$0 copay per meal²</p> <ul style="list-style-type: none"> Limited to 14 meals following inpatient hospital or skilled nursing facility discharge Limited to 4 times per year 	<p>\$0 copay per meal²</p> <ul style="list-style-type: none"> Limited to 42 meals following inpatient hospital or skilled nursing facility discharge, limited to 4 times per year Limited to 28 meals at any time during the year for a medical condition or potential medical condition that requires the enrollees to remain at home for a period of time 	<p>\$0 copay per meal²</p> <ul style="list-style-type: none"> Limited to 42 meals following inpatient hospital or skilled nursing facility discharge, limited to 4 times per year Limited to 28 meals at any time during the year for a medical condition or potential medical condition that requires the enrollees to remain at home for a period of time
Home Support Services	60 hours per year	60 hours per year	60 hours per year	60 hours per year
Worldwide Emergency Care (Does not accumulate to MOOP)	<ul style="list-style-type: none"> \$90 copay per visit Limited to \$50,000 benefit combined with urgent care 	<ul style="list-style-type: none"> \$90 copay per visit Limited to \$50,000 benefit combined with urgent care 	<ul style="list-style-type: none"> \$110 copay per visit Limited to \$50,000 benefit combined with urgent care 	<ul style="list-style-type: none"> \$110 copay per visit Limited to \$50,000 benefit combined with urgent care
Worldwide Urgent Care (Does not accumulate to MOOP)	<ul style="list-style-type: none"> \$90 copay per visit Limited to \$50,000 benefit combined with emergency care 	<ul style="list-style-type: none"> \$90 copay per visit Limited to \$50,000 benefit combined with emergency care 	<ul style="list-style-type: none"> \$110 copay per visit Limited to \$50,000 benefit combined with emergency care 	<ul style="list-style-type: none"> \$110 copay per visit Limited to \$50,000 benefit combined with emergency care

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the *Evidence of Coverage*. The *Evidence of Coverage* can be found online at www.GlobalHealth.com, or you can request a copy from Customer Care at 1-844-280-5555 (toll-free) (TTY: 711) 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). If you have

questions, need materials on a standing basis in alternate formats and/or language or need oral interpretation services, you can call us at 1-844-280-5555 (toll-free) or 711 (TTY, for the hearing impaired).

For coverage and costs of Original Medicare, look in your current “**Medicare & You 2025**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

You can see the complete plan *Drug Formulary* (list of Part D prescription drugs) and any restrictions as well as the *Provider Directory* and the *Pharmacy Directory* on our website.

For more information, please call us at 1-844-280-5555 (toll-free) (TTY: 711) or visit us at www.globalhealth.com

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by SoonerCare (Medicaid). You can see what SoonerCare (Medicaid) covers and what our plan covers.

Coverage of the benefits depends on your level of Medicaid eligibility. If Medicare doesn't cover a service or a benefit has run out, SoonerCare (Medicaid) may help, but you may have to pay a cost share. In some situations, SoonerCare (Medicaid) may pay your Medicare cost-sharing amount. See your SoonerCare (Medicaid) Member Handbook for more details. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call 1-800-987-7767 (TTY: 711)

Benefits	SoonerCare (Medicaid)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Inpatient hospital care	Covered	Covered	Covered
Doctor office visits	Covered	Covered	Covered
Preventive care	Covered	Covered	Covered
Emergency care	Covered	Covered	Covered
Urgently needed services	Covered	Covered	Covered
Diagnostic tests	Covered	Covered	Covered
Hearing services	Covered	Covered	Covered
Dental services	Covered	Covered	Covered
Vision services	Covered	Covered	Covered
Inpatient mental health care	Covered	Covered	Covered
Mental health care	Covered	Covered	Covered
Skilled nursing facility (SNF)	Covered	Covered	Covered
Ambulance	Covered	Covered	Covered
Transportation (routine)	Covered	Covered	Covered
Prescription drug benefits	Covered	Covered	Covered
Chiropractic care	Not Covered	Covered	Covered
Diabetes supplies and services	Covered	Covered	Covered
Durable medical equipment	Covered	Covered	Covered

Benefits	SoonerCare (Medicaid)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Foot care	Covered	Covered	Covered
Home health care	Covered	Covered	Covered
Hospice	Not Covered	Covered	Covered
Outpatient hospital services	Covered	Covered	Covered
Prosthetic and orthotics	Covered	Covered	Covered
Family planning services	Covered	Not Covered	Not Covered
Nurse midwife services	Covered	Not Covered	Not Covered
Medication assisted treatment	Covered	Not Covered	Not Covered
Organ transplants	Covered	Covered	Covered
Personal care	Covered	Not Covered	Not Covered
Pregnancy and maternity services	Covered	Not Covered	Not Covered
Inpatient rehab hospital	Covered	Not covered	Not covered
Routine patient cost in qualifying clinical trials	Covered	Covered	Covered
Stop smoking (cessation) products	Covered	Covered	Covered
Substance use disorder residential treatment	Covered	Not Covered	Not Covered
Therapy services	Covered	Covered	Covered

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.

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.

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

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.

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, 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 (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 (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 panggamot. 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: إتنا 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 (TTY: 711) (toll-free) 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) 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 Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

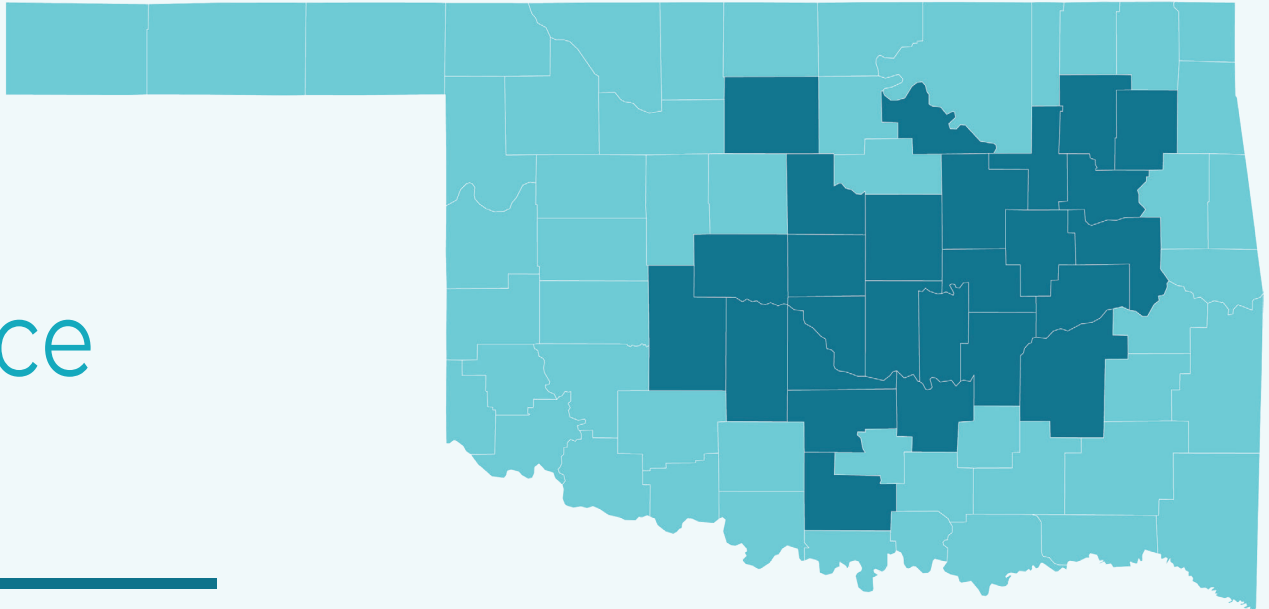
Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-280-5555 (toll-free) (TTY: 711). Irá encontrar alguém que fale o idioma Português para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

2025 Service Area



Caddo
Canadian
Carter
Cleveland
Creek
Garfield
Garvin
Grady
Hughes

Lincoln
Logan
Mayes
McClain
McIntosh
Muskogee
Okfuskee
Oklahoma
Okmulgee

Pawnee
Pittsburg
Pontotoc
Pottawatomie
Rogers
Seminole
Tulsa
and Wagoner



GlobalHealth
MEDICARE ADVANTAGE PLANS

1-844-280-5555 (toll-free) (711)

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

By calling the listed number you may be speaking with a licensed sales representative. Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline – 1-877-627-0004. Based on GlobalHealth's Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.