



GlobalHealth

Medicare Advantage Plans

# 2022 BENEFITS OVERVIEW

Oklahoma



## **Generations Medicare Advantage Plan Options:**

- H3706-024 Generations Special Care (HMO C-SNP)
- H3706-025 Generations Special Care Savings (HMO C-SNP)
- H3706-001 Generations Classic (HMO)
- H3706-009 Generations Value (HMO)
- H3706-018 Generations Select (HMO)
- H3706-021 Generations Classic Choice (HMO-POS)
- H3706-022 Generations Classic Plus (HMO)
- H3706-023 Generations Classic Plus (HMO)

***Call now to speak to  
a licensed agent!***

**1-855-766-7881  
(TTY:711)**



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# Why Choose GlobalHealth?



## About GlobalHealth

- Local, Oklahoma-Based Health Maintenance Organization (HMO)
- Available in 27 Counties for 2022
- 8 Medicare Advantage Plans
- Local Customer Care, Case Management and Pharmacy Teams
- Thousands of Quality Providers, Pharmacies and Many Major Hospitals

## What makes GlobalHealth Unique?



### **We are High-touch.**

Our local customer care, case management and pharmacy teams provide you with personal assistance to help you move through the increasingly complex world of Medicare. We are approachable, easy to reach and go above and beyond to help you.



### **We are Affordable.**

We offer a number of money-saving benefits designed to keep more money in your pocket and extend your dollars on your medical expenses.



### **We are your Health Partner.**

Not only will we help enroll you in the right plan, but you'll also have ongoing access to tireless health advocates who support your best health, even between doctor visits.

# Medicare Advantage Plans



## What is a Medicare Advantage Plan? (Medicare Part C)

A Medicare Advantage plan is an all-in-one alternative to Original Medicare to enhance your health coverage. Medicare Part C, such as a plan from GlobalHealth, combines Part A and Part B and often Part D prescription drugs. Medicare Part C usually offers more benefits for services such as dental, vision, hearing and low to no copays on physician visits. You must have Medicare Parts A and B to enroll in a Medicare Advantage plan.



### PART A

Hospital Insurance



### PART B

Medical Insurance



### PART C

Medicare Advantage  
Includes Part A, Part B, and  
sometimes Part D Coverage



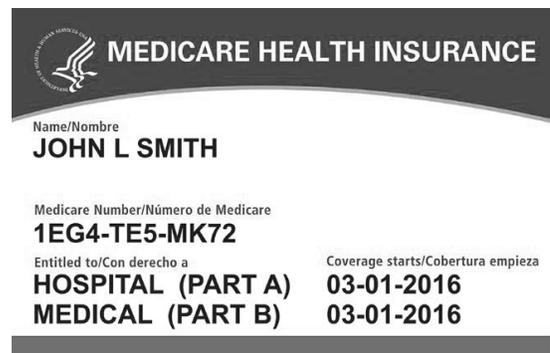
### PART D

Prescription  
Drug Coverage

# What Do You Know About Medicare?

## Are you eligible for Generations Medicare Advantage Plans?

- Must be a permanent resident in our service area
- Must have both Medicare Part A and Part B



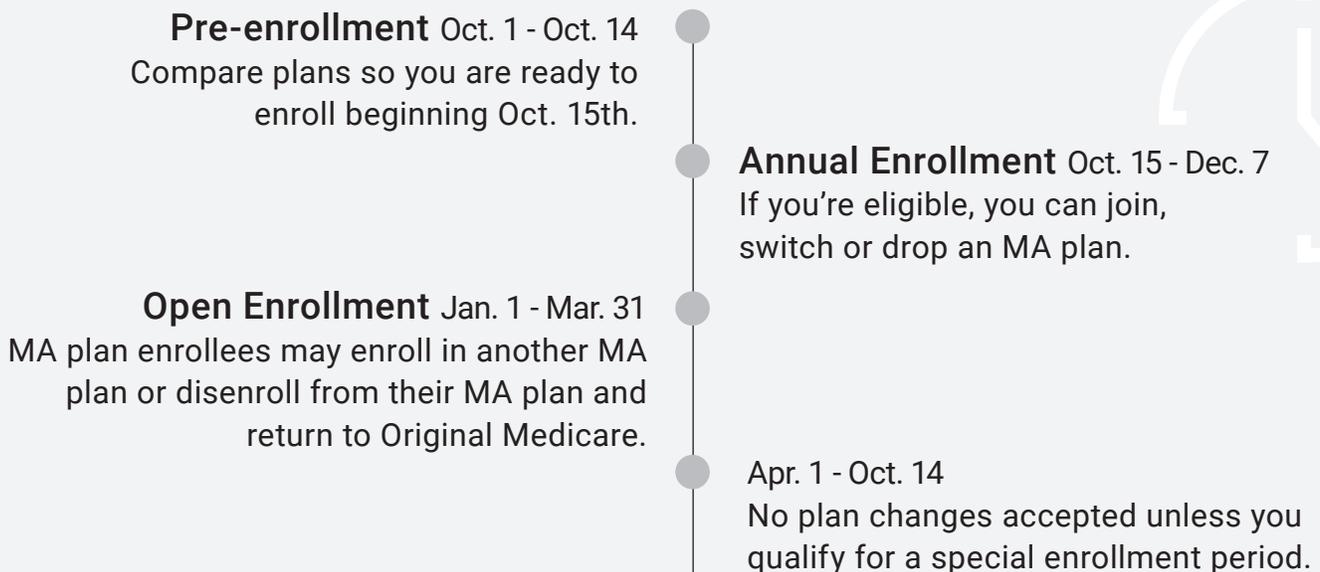
**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
<b>HOSPITAL (PART A)</b>	<b>03-01-2016</b>
<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>

## Medicare Advantage (MA) Enrollment Dates



# What Do You Know About Medicare?

## Special Enrollment Period (SEP)

Certain qualifying events may allow plan changes throughout the year.

**Can you answer yes to at least one of these questions?**

- Do you have both Medicare and Medicaid?
- Have you recently moved?
- Are you leaving your employer or union coverage?
- Do you qualify for Extra Help paying for your prescriptions?
- Do you qualify for a special needs plan for diabetes, chronic heart failure or cardiovascular disease?
- Are you turning 65 soon or have you turned 65 within the last 3 months?

***You can enroll in a Medicare Advantage plan during a 7-month window around your 65th birthday:***



# What Do You Know About Medicare?

## Key Terms

- **Coinsurance:** An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

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- **Copayment (copay):** An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit or a prescription drug. A copayment is a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

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- **Cost Share:** Refers to amounts that a member has to pay when services or drugs are received (for example, your copayment or coinsurance).

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- **C-SNP (Chronic Condition Special Needs Plan):** A Medicare Advantage plan designed for Medicare beneficiaries with chronic conditions such as heart disease. Plans may offer C-SNP plans for only one condition or a group of conditions.

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- **Deductible:** The amount you must pay for health care or prescriptions before the plan begins to pay.

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- **Drug Formulary:** A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

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- **Health Maintenance Organization – Point of Service (HMO-POS):** A Medicare Advantage Plan that is a Health Maintenance Organization with a more flexible network allowing Plan Members to seek care outside of the traditional HMO network under certain situations or for certain treatment.

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- **Maximum Out-of-Pocket (MOOP):** The most that you pay out-of-pocket during the calendar year for covered services.

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- **Network:** Group of contracted providers, facilities and pharmacies for the plan.

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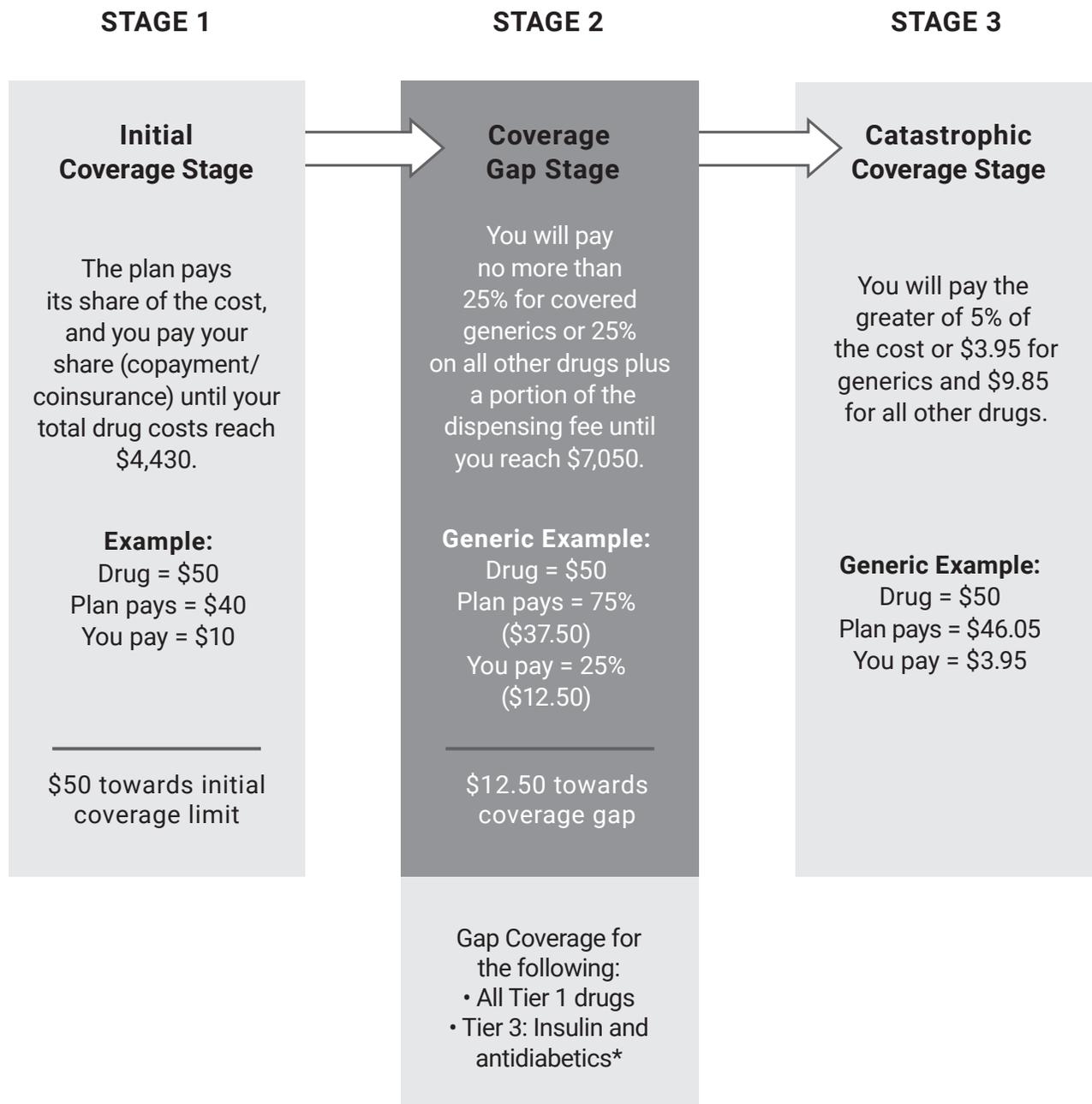
- **Premium:** The periodic payment to Medicare, an insurance company, or a health plan for health or prescription drug coverage.

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- **Prior Authorization:** For certain services or prescription drugs, you will need to get approval in advance from your insurance provider before obtaining the services or drugs. Your Primary Care Physician (PCP) or specialist may submit prior authorization to your insurance for the prior authorization.

# Prescription Drug Coverage

## Three Stages

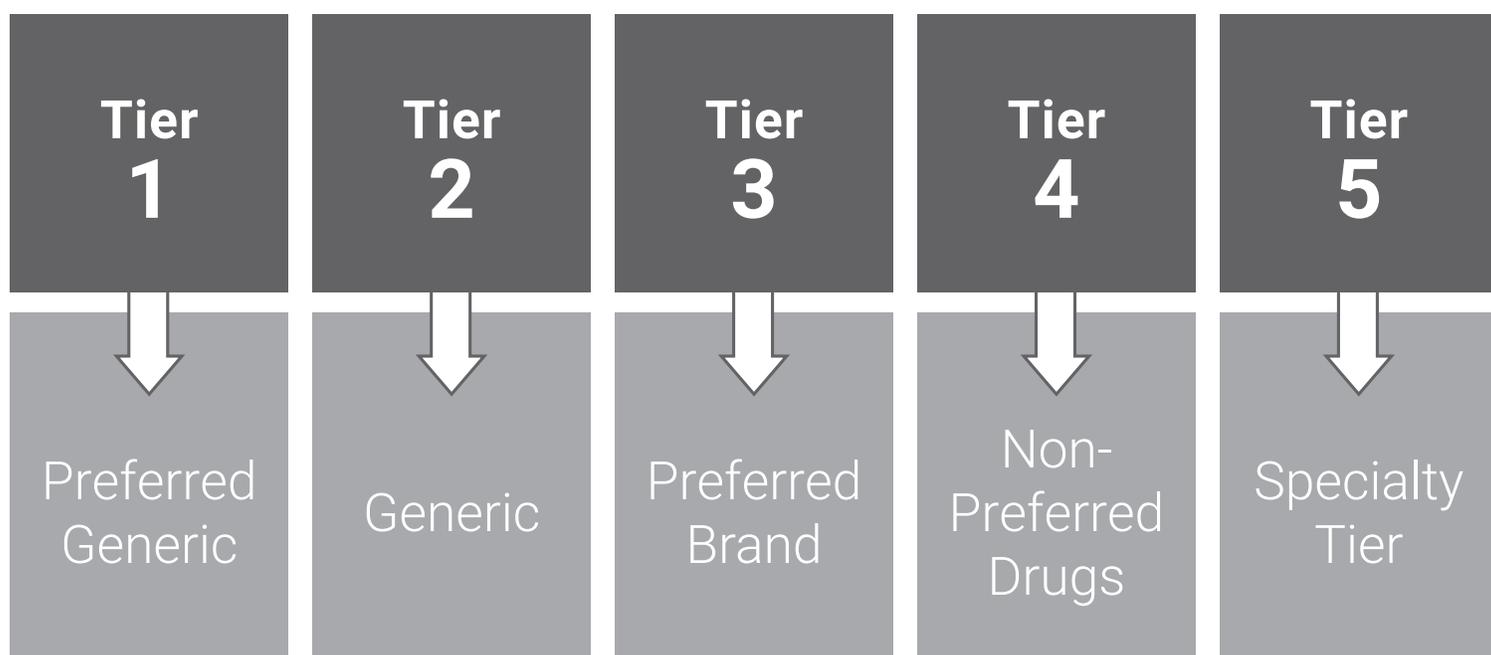


\*Not applicable to all plans

# 5-Tier Formulary



You'll notice in the prescription drug formulary that drugs are divided into a tier system. Simply put, the more expensive the drug, the higher the tier. Each tier will have a defined out-of-pocket cost that the member must pay before receiving the prescription medication. The Tier system is as follows:



**Tier 1** - Commonly prescribed Preferred Generic Drugs

**Tier 2** - Generic Drugs that may have a low copay

**Tier 3** - Preferred Brand Drugs that do not have a generic equal and are the lowest-cost brand name drugs

**Tier 4** - Non-Preferred Drugs include Non-Preferred Brand Drugs and Non-Preferred Generic Drugs.

**Tier 5** - Speciality Drugs are the most expensive in the Tier system and are used to treat complex conditions such as cancer

# Need Extra Help? You May Qualify!



You may be able to get Extra Help with your prescription drug costs.

To find out if you qualify, call:

- GlobalHealth: 1-855-766-7881 (TTY: 711)\*
- Medicare: 1-800-MEDICARE (1-800-633-4227),  
24 hours a day, 7 days a week (TTY: 1-877-486-2048)
- Social Security Office: 1-800-772-1213, 7:00 AM to 7:00 PM  
(TTY: 1-800-325-0778)
- State Medicaid (SoonerCare Helpline): 1-800-987-7767

## 2022 Premium Subsidy Tables for Those Who Qualify for Extra Help

The premiums listed in the table below include coverage for both medical and prescription drug coverage (if applicable).

Your Monthly Premium**							
Your Extra Level of Help	H3706-001 Generations Classic (HMO)	H3706-021 Generations Classic Choice (HMO-POS)	H3706-018 Generations Select (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)
100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
75%	\$0	\$2.50	\$7.20	\$0	\$0	\$0	\$0
50%	\$0	\$5.00	\$14.50	\$0	\$0	\$0	\$0
25%	\$0	\$7.50	\$21.70	\$0	\$0	\$0	\$0

\*By calling the listed number you may be speaking with a licensed sales representative.

\*\*This does not include any Medicare Part B premium you may have to pay.

# Chronic Special Needs Plans (C-SNP)

***Available in these counties:***

***Oklahoma, Tulsa, Rogers and Cleveland***



## **What is a C-SNP plan?**

C-SNPs are types of Medicare Advantage plans designed for Medicare beneficiaries with chronic conditions such as heart disease. Plans may offer C-SNP plans for only one condition or a group of conditions.

## **What conditions qualify?**

The Centers for Medicare and Medicaid defines which condition or conditions a Medicare Advantage plan may cover through a C-SNP plan. For 2022, GlobalHealth is offering new C-SNP plans in select counties. These C-SNP plans will cover:

- **Chronic heart failure**
- **Diabetes**
- **Cardiovascular disease including cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic disorder.**

## **How do C-SNPs help?**

Members enrolled in a C-SNP plan receive additional proactive case management services to help manage chronic conditions. Members receive a tailored health care action plan tied directly to help them reach their optimal health.

## **Who is eligible?**

GlobalHealth's Generations C-SNP plans are available in the following counties:

- **Cleveland**
- **Oklahoma**
- **Rogers**
- **Tulsa**

# GlobalHealth C-SNP Features and Benefits



- ✓ Standard Diabetic Testing Supplies  
**COVERED AT NO COST**

- ✓ **FREE PAIR** of Therapeutic Custom-Molded Shoes and Inserts\*



- ✓ **\$35 COPAY** for Select Insulins through the Part D Senior Savings Model

- ✓ **ADDITIONAL COVERAGE FOR TIER 3 ORAL ANTIDIABETICS** through the Gap Coverage Stage



\*Prior authorization may be required. For a complete listing of benefits and limitations, please reference the plan's Evidence of Coverage.

# Why Choose GlobalHealth?

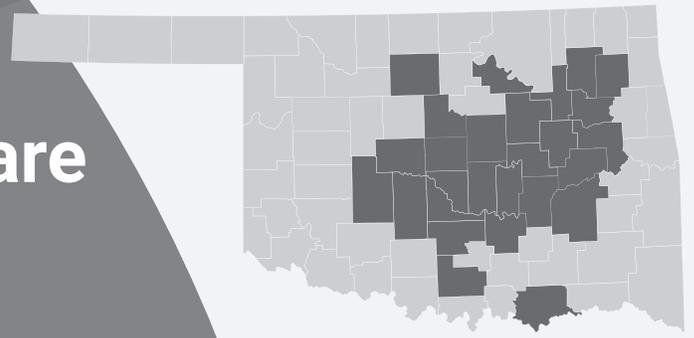


At GlobalHealth, nothing is more important than providing you with personal attention and being a part of your community. We're going to help you save money while offering you great benefits, such as:

- **\$0 Primary Care Physician Visits**
- **Low Hospital Copays**
- **Dental, Vision and Hearing Benefits**
- **Prescription Drug Savings**

More importantly, we're going to ensure you're enrolled in the right Generations Medicare Advantage Plan that best suits your health needs and budget. You'll have ongoing access to tireless health advocates who go above and beyond to support your health, even between doctors visits. Our personal approach to member care gives you the confidence that we'll be by your side while always working toward your best health.

# GlobalHealth Generations Medicare Advantage Plans



County	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice (HMO-POS)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Bryan	✓	✓	✓					
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	✓	✓	✓	✓	✓		✓	✓
Wagoner	✓	✓	✓					



**GlobalHealth  
Generations Medicare  
Advantage Plans  
Benefits Review**

# Generations Medicare Advantage Plans Benefits Review

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Monthly Plan Premium (You must continue to pay your Part B premium)	\$0	\$0	\$29	\$10	\$10	\$0	\$0	\$0	\$0
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part B Premium Buydown	\$0 per month	\$0 per month	\$0 per month	\$0 per month	\$0 per month	\$0 per month	\$0 per month	\$0 per month	\$25 per month
Maximum Out-of-Pocket (MOOP) Annually (Does not include supplemental benefits or prescription drugs)	\$3,900	\$3,000	\$3,900	\$3,900	\$10,000 (Combined in-network and out-of-network)	\$3,900	\$3,900	\$3,450	\$3,900
Healthy Benefits Grocery Card redeemable at WalMart®	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Plan pays \$25 per month	Plan pays \$25 per month
<b>INPATIENT CARE</b>									
Inpatient Hospital Coverage	\$395 copay per day (Days 1-5); \$0 copay per day (Days 6-190)	\$400 copay per day (Days 1-5); \$0 copay per day (Days 6-190)	\$325 copay per day (Days 1-5); \$0 copay per day (Days 6-190)	\$395 copay per day (Days 1-5); \$0 copay per day (Days 6-190)	You pay 30% of the cost per visit	\$275 copay per day (Days 1-7); \$0 copay per day (Days 8-190)	\$275 copay per day (Days 1-7); \$0 copay per day (Days 8-190)	\$225 copay per day (Days 1-7); \$0 copay per day (Days 8-190)	\$275 copay per day (Days 1-7); \$0 copay per day (Days 8-190)

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Inpatient Mental Health Care	\$275 copay per day (Days 1-6); \$0 copay per day (Days 7-90)	\$275 copay per day (Days 1-6); \$0 copay per day (Days 7-90)	\$250 copay per day (Days 1-6); \$0 copay per day (Days 7-90)	\$275 copay per day (Days 1-6); \$0 copay per day (Days 7-90)	You pay 30% of the cost per visit	\$265 copay per day (Days 1-7); \$0 copay per day (Days 8-90)	\$265 copay per day (Days 1-7); \$0 copay per day (Days 8-90)	\$225 copay per day (Days 1-7); \$0 copay per day (Days 8-90)	\$265 copay per day (Days 1-7); \$0 copay per day (Days 8-90)
Skilled Nursing Facility (SNF)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	You pay 30% of the cost per visit	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)	\$0 copay per day (Days 1-20); \$184 copay per day (Days 21-100)
<b>OUTPATIENT CARE</b>									
Doctor Visits	• \$0 copay per visit for PCP • \$45 copay per visit for specialists	• \$0 copay per visit for PCP • \$40 copay per visit for specialists	• \$0 copay per visit for PCP • \$35 copay per visit for specialists	• \$0 copay per visit for PCP • \$45 copay per visit for specialists	• PCP visits not covered • You pay 30% of the cost per visit for specialists	• \$0 copay per visit for PCP • \$35 copay per visit for specialists	• \$0 copay per visit for PCP • \$40 copay per visit for specialists	• \$0 copay per visit for PCP • \$20 copay per visit for specialists	• \$0 copay per visit for PCP • \$35 copay per visit for specialists
Chiropractic Services	\$20 copay per visit	Not covered	\$20 copay per visit						
Podiatry Services	\$45 copay per visit	\$40 copay per visit	\$35 copay per visit	\$45 copay per visit	You pay 30% of the cost per visit	\$35 copay per visit	\$40 copay per visit	\$20 copay per visit	\$35 copay per visit
Outpatient Mental Health Visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	Not covered	\$35 copay per visit	\$40 copay per visit	\$20 copay per visit	\$35 copay per visit
Ambulatory Surgery Center	\$250 copay per visit; waived if admitted to acute care	\$250 copay per visit; waived if admitted to acute care	\$250 copay per visit; waived if admitted to acute care	\$250 copay per visit; waived if admitted to acute care	Not covered	\$225 copay per visit; waived if admitted to acute care	\$225 copay per visit; waived if admitted to acute care	\$175 copay per visit; waived if admitted to acute care	\$225 copay per visit; waived if admitted to acute care
Outpatient Hospital Observation Services	\$300 copay per visit; waived if admitted to acute care	\$300 copay per visit; waived if admitted to acute care	\$150 copay per visit; waived if admitted to acute care	\$300 copay per visit; waived if admitted to acute care	You pay 30% of the cost per visit	\$275 copay per visit; waived if admitted to acute care	\$275 copay per visit; waived if admitted to acute care	\$225 copay per visit; waived if admitted to acute care	\$275 copay per visit; waived if admitted to acute care

	<b>H3706-001</b> Generations Classic (HMO)	\$320 copay per visit; waived if admitted to acute care		<b>H3706-018</b> Generations Select (HMO)	\$320 copay per visit; waived if admitted to acute care	<b>H3706-021</b> Generations Classic Choice In-Network (HMO-POS)	\$320 copay per visit; waived if admitted to acute care	<b>H3706-021</b> Generations Classic Choice Out-Of-Network (HMO-POS)	Not covered	<b>H3706-022</b> Generations Classic Plus (HMO)	\$275 copay per visit; waived if admitted to acute care	<b>H3706-023</b> Generations Classic Plus (HMO)	\$275 copay per visit; waived if admitted to acute care	<b>H3706-024</b> Generations Special Care (HMO C-SNP)	\$225 copay per visit; waived if admitted to acute care	<b>H3706-025</b> Generations Special Care Savings (HMO C-SNP)	\$275 copay per visit; waived if admitted to acute care
<b>Outpatient Hospital Surgery</b>		\$320 copay per visit; waived if admitted to acute care			\$320 copay per visit; waived if admitted to acute care		\$320 copay per visit; waived if admitted to acute care				\$275 copay per visit; waived if admitted to acute care				\$225 copay per visit; waived if admitted to acute care		\$275 copay per visit; waived if admitted to acute care
<b>Emergency Care</b>		\$120 copay per visit; waived if admitted to acute care			\$85 copay per visit; waived if admitted to acute care		\$90 copay per visit; waived if admitted to acute care				\$90 copay per visit; waived if admitted to acute care				\$120 copay per visit; waived if admitted to acute care		\$90 copay per visit; waived if admitted to acute care
<b>Worldwide Emergency Care (Does not accumulate to MOOP)</b>		• \$120 copay per visit • Limited to \$50,000 benefit combined with urgent care			• \$85 copay per visit • Limited to \$50,000 benefit combined with urgent care		• \$90 copay per visit • Limited to \$50,000 benefit combined with urgent care				• \$90 copay per visit • Limited to \$50,000 benefit combined with urgent care				• \$120 copay per visit • Limited to \$50,000 benefit combined with urgent care		• \$90 copay per visit • Limited to \$50,000 benefit combined with urgent care
<b>Urgently Needed Services</b>		\$15 copay per visit			\$25 copay per visit		\$30 copay per visit				\$30 copay per visit				\$20 copay per visit		\$40 copay per visit
<b>Worldwide Urgent Care (Does not accumulate to MOOP)</b>		• \$120 copay per visit • Limited to \$50,000 benefit combined with emergency care			• \$85 copay per visit • Limited to \$50,000 benefit combined with emergency care		• \$90 copay per visit • Limited to \$50,000 benefit combined with emergency care				• \$90 copay per visit • Limited to \$50,000 benefit combined with emergency care				• \$120 copay per visit • Limited to \$50,000 benefit combined with emergency care		• \$90 copay per visit • Limited to \$50,000 benefit combined with emergency care
<b>Outpatient Labs, X-Rays, Etc.</b>		• \$5 copay per visit for labs • \$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics			\$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics		\$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics				\$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics				\$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics		\$0 - labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics
<b>Outpatient Therapeutic Radiology</b>		\$50 copay per visit			\$40 copay per visit		\$50 copay per visit				\$50 copay per visit				\$50 copay per visit		\$50 copay per visit

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Outpatient Diagnostic Radiology (MRI, etc.)	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$250 outpatient hospital	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$250 outpatient hospital	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$250 outpatient hospital	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$250 outpatient hospital	Not covered	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$275 outpatient hospital	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$275 outpatient hospital	• \$175 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$225 outpatient hospital	• \$180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • \$275 outpatient hospital
Outpatient Rehabilitation Services (Physical, occupational, and/or speech therapy)	\$20 copay per visit	\$20 copay per visit	\$10 copay per visit	\$20 copay per visit	Not covered	\$35 copay per visit	\$40 copay per visit	\$20 copay per visit	\$35 copay per visit
Acupuncture	\$25 copay per visit	Not covered	\$35 copay per visit	\$40 copay per visit	\$20 copay per visit	\$35 copay per visit			
Ambulance (One-way trip - waived if admitted to acute care)	• \$250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$240 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$250 copay per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$250 per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$250 per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$240 per occurrence for ground • You pay 20% of the cost per occurrence for air	• \$240 per occurrence for ground • You pay 20% of the cost per occurrence for air
Home Health Services	\$0	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	\$0
<b>PREVENTIVE CARE</b>									
Preventive Services	\$0 for Medicare-covered preventive services	Not covered	\$0 for Medicare-covered preventive services						
<b>PART B DRUGS</b>									
Medicare Part B Drugs (includes chemotherapy)	You pay 20% of the cost	Not covered	You pay 20% of the cost						

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<b>OUTPATIENT MEDICAL SUPPLIES</b>										
Durable Medical Equipment (e.g., Continuous glucose monitors (CGM), wheelchairs, oxygen)	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost	Not covered	You pay 20% of the cost				
Standard Diabetic Testing Supplies	\$0	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	\$0	
Prosthetics and Related Supplies (e.g., Braces, artificial limbs)	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	Not covered	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for surgically implanted devices and medical supplies</li> <li>• You pay 20% of the cost for external devices and medical supplies</li> </ul>	
<b>SUPPLEMENTAL BENEFITS</b>										
Hearing Services	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$1000 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	You pay 30% of the cost for Medicare-covered services	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 routine hearing exam limited to one per year</li> <li>• \$0 routine hearing aid evaluation limited to one per year</li> <li>• Our plan pays up to a total of \$500 for hearing aids per year</li> </ul>

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures</li> <li>You pay 30% of the cost for some comprehensive services</li> </ul>	Our plan pays a total of \$1,500 for preventive and comprehensive dental services per year, including dentures	Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures	<ul style="list-style-type: none"> <li>Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures</li> <li>You pay 30% of the cost for some comprehensive services</li> </ul>	You pay 30% of the cost for Medicare-covered services	<ul style="list-style-type: none"> <li>Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures</li> <li>You pay 30% of the cost for some comprehensive services</li> </ul>	<ul style="list-style-type: none"> <li>Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures</li> <li>You pay 30% of the cost for some comprehensive services</li> </ul>	<ul style="list-style-type: none"> <li>Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures</li> <li>You pay 30% of the cost for some comprehensive services</li> </ul>	<ul style="list-style-type: none"> <li>Our plan pays a total of \$1,000 for preventive and comprehensive dental services per year, including dentures</li> <li>You pay 30% of the cost for some comprehensive services</li> </ul>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$300 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>	<ul style="list-style-type: none"> <li>\$0 routine eye exam limited to 1 per year</li> <li>Our plan pays up to a total of \$200 for all supplemental eyewear per year</li> </ul>
<b>Transportation (To and from plan-approved locations)</b>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 24 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	Not covered	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per trip</li> <li>Limited to 12 one-way trips per year</li> <li>Limited to 50 miles per one-way trip</li> </ul>
<b>Routine Foot Care</b>	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	<ul style="list-style-type: none"> <li>\$35 copay per visit</li> <li>Limited to 6 visits per year</li> </ul>	

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Over-the-Counter Benefit (Includes nicotine replacement therapy)	Plan pays \$50 per quarter	Not covered	Plan pays \$50 per quarter	Plan pays \$50 per quarter	Plan pays \$25 per month	Plan pays \$25 per month			
Fitness	\$0	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	\$0
24/7 Nurse Line	\$0	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	\$0
Post-Discharge Meal Delivery	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	Not covered	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 10 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 14 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 per meal</li> <li>• Limited to 14 meals following discharge</li> <li>• Limited to 4 times per year</li> </ul>
<b>PART D DRUGS</b>									
Deductible	\$0		\$0	\$0		\$0	\$0	\$0	\$0
Initial Coverage Limit (ICL)	\$4,430		\$4,430	\$4,430		\$4,430	\$4,430	\$4,430	\$4,430
Tier 1: Preferred Generics (Preferred Retail 30-day supply)	\$5 copay per fill	Not covered	\$3 copay per fill	\$5 copay per fill	Not covered	\$5 copay per fill	\$5 copay per fill	\$0 copay per fill	\$0 copay per fill
Tier 2: Generic (Preferred Retail 30-day supply)	\$15 copay per fill		\$13 copay per fill	\$15 copay per fill		\$15 copay per fill	\$15 copay per fill	\$5 copay per fill	\$5 copay per fill

	H3706-001 Generations Classic (HMO)	H3706-009 Generations Value (HMO)	H3706-018 Generations Select (HMO)	H3706-021 Generations Classic Choice In-Network (HMO-POS)	H3706-021 Generations Classic Choice Out-Of-Network (HMO-POS)	H3706-022 Generations Classic Plus (HMO)	H3706-023 Generations Classic Plus (HMO)	H3706-024 Generations Special Care (HMO C-SNP)	H3706-025 Generations Special Care Savings (HMO C-SNP)
Tier 3: Preferred Brand (Preferred Retail 30-Day Supply)	\$42 copay per fill		\$40 copay per fill	\$42 copay per fill		\$42 copay per fill	\$42 copay per fill	• \$42 copay per fill • \$35 copay per fill for select insulins	• \$42 copay per fill • \$35 copay per fill for select insulins
Tier 4: Non-Preferred Drug (Preferred Retail 30-Day Supply)	You pay 40% of the cost per fill		You pay 40% of the cost per fill	You pay 40% of the cost per fill		You pay 40% of the cost per fill	You pay 40% of the cost per fill	\$90 copay per fill	\$90 copay per fill
Tier 5: Specialty Tier (Preferred Retail 30-Day Supply)	You pay 33% of the cost per fill		You pay 33% of the cost per fill	You pay 33% of the cost per fill	Not covered	You pay 33% of the cost per fill	You pay 33% of the cost per fill	You pay 33% of the cost per fill	You pay 33% of the cost per fill
Tier 1 & Tier 2: Preferred Retail & Mail Order (100-Day Supply)	\$0		\$0	\$0		\$0	\$0	\$0	\$0
Tier 3: Preferred Retail & Mail Order (100-Day Supply)	\$84 copay per fill		\$80 copay per fill	\$84 copay per fill		\$84 copay per fill	\$84 copay per fill	• \$84 copay per fill • \$84 copay per fill for select insulins	• \$84 copay per fill • \$84 copay per fill for select insulins



# What does Maximum Out-of-Pocket (MOOP) mean?



The Maximum Out-of-Pocket (MOOP) is the limit of how much you pay when you share the cost of your care through deductibles, coinsurance and copays. What you pay toward your plan's deductible, coinsurance and copays apply to your MOOP. Once you reach your MOOP, the plan pays 100% of the following services.

**Our Generations Medicare Advantage Plans protect you with a LOW maximum out-of-pocket.**

## **Inpatient Services**

- Inpatient Hospital Care
- Inpatient Mental Health
- Skilled Nursing Facility

## **Outpatient Services**

- Doctor Visits
- Chiropractic Services
- Podiatry Services
- Home Health Services
- Outpatient Mental Health
- Outpatient Substance Abuse
- Outpatient Surgery
- Medically Necessary Ambulance Services
- Emergency Care
- Urgent Care
- Outpatient Rehabilitation Services (OT, PT, & ST)

## **Outpatient Medical Services & Supplies**

- Annual Wellness Visit
- Durable Medical Equipment
- Prosthetic Devices
- Diabetes Self Monitoring & Training
- Diabetic Monitoring Supplies
- Nutrition Therapy & Supplies
- Diagnostic Tests
- X-Rays
- Lab Services
- Radiology Services
- Bone Mass Measurement
- Colorectal Screening Exams
- Immunizations (Flu, Hepatitis B, Pneumonia)
- Mammograms
- Pap Smears
- Prostate Cancer Screening Exams
- End Stage Renal Disease Services

# Your GlobalHealth Supplemental Benefits



GlobalHealth partners with great companies to provide vision, dental, hearing, transportation, fitness and over-the-counter benefits. When using these benefits, you must stay in the network of providers and take your GlobalHealth ID card to the participating network facility on your first visit or have it ready when you call. Check your plan's EOC to verify coverage for the services below.



**Vision** – GlobalHealth partners with EyeMed to provide vision services. To view a complete provider listing for EyeMed, please visit [www.GlobalHealth.com](http://www.GlobalHealth.com). For questions, please call 1-800-884-6321 (TTY: 711) or contact Customer Care.



**Dental** – GlobalHealth partners with Careington to provide dental services. To view a complete provider listing for Careington, visit [www.GlobalHealth.com](http://www.GlobalHealth.com). For questions, please call 1-866-636-9188 (TTY: 711) or contact Customer Care.



**Hearing** – GlobalHealth partners with NationsHearing to provide hearing services. To view a complete provider listing for NationsHearing, visit [www.GlobalHealth.com](http://www.GlobalHealth.com). You may also contact NationsHearing at 1-877-241-4736 (TTY: 711) or Customer Care for all hearing benefit questions.



**Behavioral Health** – GlobalHealth partners with Beacon Health Solutions to provide behavioral health benefits. To view a complete providing listing for Beacon Health Solutions, visit [www.GlobalHealth.com](http://www.GlobalHealth.com). You may also contact Beacon Health Solutions at 1-888-434-9202 (TTY: 711) or Customer Care for questions regarding your behavioral health benefit.

For questions prior to January 1st, 2022, contact GlobalHealth's Customer Care.

# Your GlobalHealth Supplemental Benefits



**Transportation** – GlobalHealth partners with RoundTrip to provide transportation services. To schedule a ride to your doctor or other plan-approved location, call RoundTrip at 1-877-565-1612. 72 hours notice required.



**Fitness** – GlobalHealth partners with Silver&Fit to provide fitness benefits. For a complete listing of participating network facilities and information on how to utilize all of the benefits visit [www.GlobalHealth.com](http://www.GlobalHealth.com) or contact Customer Care.



**Over-the-Counter Health Related Supplies** – GlobalHealth partners with OTC Health Solutions to provide over-the-counter health related supplies. You can view all items available in the OTC Catalog. You can order supplies by calling 1-888-628-2770 (TTY: 1-877-672-2688) or online at [cvs.com/otchs/globalhealth](http://cvs.com/otchs/globalhealth).



**Meal Delivery** – GlobalHealth partners with Independent Living Systems to help provide you meals after you are discharged from an inpatient hospital or skilled nursing facility admission. A GlobalHealth Case Manager will arrange your meal delivery.



**24/7 Nurse Line** – GlobalHealth's 24/7 nurse line is staffed with skilled, registered nurses ready to assist you with health concerns. Call 1-800-554-9371 (TTY: 711) for assistance.

For questions prior to January 1st, 2022, contact GlobalHealth's Customer Care.

# Enrolling in a GlobalHealth Generations Medicare Advantage Plan



There are five easy ways to submit your enrollment:

1



**Call us:**

To enroll by phone, please call us at 1-855-766-7881 (TTY: 711)\*.

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2



**Local sales agent:**

Contact your local sales agent to help you choose the right plan and to complete your enrollment.

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3



**FOR AGENT USE ONLY:**

**Agent Online Enrollment:**

You have the option to enroll a member on our website:  
<https://globalhealth2.destinationrx.com/PC/2022>

\*By calling the listed number you may be speaking with a licensed sales representative.

# Enrolling in a GlobalHealth Generations Medicare Advantage Plan

4



## Enroll online:

Go to <https://globalhealth1.destinationrx.com/PC/2022> to enroll.

Medicare beneficiaries may also enroll in a GlobalHealth Generations Medicare Advantage Plan through the CMS Online Enrollment Center located at: [www.Medicare.gov](http://www.Medicare.gov).

To avoid delays with your enrollment, please do not submit your enrollment information more than once.

If you need assistance in filling out your enrollment form or have any questions, please call us at 1-855-766-7881 (TTY: 711)\*.

5



## Mail:

Follow these easy steps to enroll in a GlobalHealth Generations Medicare Advantage Plan:

1. Each applicant must complete a separate enrollment form.
2. Have your Medicare card ready. You will need to fill in the requested information EXACTLY as it appears on your Medicare card to avoid delays with your enrollment.
3. Sign and date the enrollment form. Your enrollment form is not complete without a signature.
4. Mail it, along with any other required documentation, to:

GlobalHealth  
Attn: Eligibility and Enrollment  
P.O. Box 1678  
Oklahoma City, OK 73101-1678

\*By calling the listed number you may be speaking with a licensed sales representative.

# After Enrollment What Happens Next?



Welcome to the GlobalHealth family! After you enroll in your Generations Medicare Advantage Plan, use the checklist below to know what to expect next.

STEP	HOW YOU RECEIVE THIS	WHY YOU RECEIVE THIS
1 Enrollment Verification Letter	 Mail	To assure you that we received your completed enrollment form. (Please note: Medicare still must approve your enrollment.)
2 Notice to Confirm Your Enrollment	 Mail	To confirm your enrollment was approved by Medicare.
3 Welcome Kit	 Mail	To provide you with a Welcome Kit that has plan information, including information about where to find your Evidence of Coverage.
4 Member ID Card	 Mail	To provide you with a Member ID card. You need to show this card every time you visit the physician, hospital or pharmacy (if applicable).
5 Health Risk Assessment (HRA)	 Mail	This information will allow GlobalHealth to coordinate with your health care providers in a way that best serves your preventive health care needs.

QUESTIONS? You can call our friendly Customer Care team for answers to your questions at 1-844-280-5555 (TTY: 711).  
8 a.m. to 8 p.m. 7 days a week (October 1 - March 31) Monday - Friday (April 1 - September 30)

# Important Phone Numbers



Do you have questions about your plan benefits? You can call Customer Care for answers to your questions. If you suspect Medicare fraud, waste or abuse, call our hotline. Keep this list handy, so you always know who to call.

## IMPORTANT PHONE NUMBERS:

### Customer Care

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

**8 am - 8 pm**

**7 days a week (Oct 1 - Mar 31)**

**Monday - Friday (Apr 1 - Sept 30)**

### 24 Hour Nurse Line

**1-800-554-9371**

### Fraud, Waste, and Abuse Hotline

**1-877-280-5852**

**All communications are confidential and anonymous.**

## WHY CALL?

### Speak to a Member Advocate:

- If you've lost important plan documents, like your Member ID card or your Summary of Benefits.
- If you need to obtain authorization for a service or procedure.
- If you need to know if a specific procedure or service is covered.
- If you have benefit or coverage questions.
- If you need help locating a network provider or pharmacy.
- If you need to verify if a prescription is on the drug formulary.

### Report any health care fraud, such as:

- Provider bills you for medical services, supplies or items that were not provided.
- Provider performs medically unnecessary services to obtain the insurance payment.
- Someone steals your personal information to submit false claims to obtain the insurance benefit.
- Someone pretends to represent Medicare, the Social Security Administration or an insurance plan for the purpose of obtaining personal information.

# Still Have Questions?



## Get easy-to-understand answers to your Medicare questions.

*Compare GlobalHealth's Generations Medicare Advantage plans to your current plan.*



Speak to a licensed agent 1-855-766-7881 | TTY: 711

\*By calling the listed number you may be speaking with a licensed sales representative.

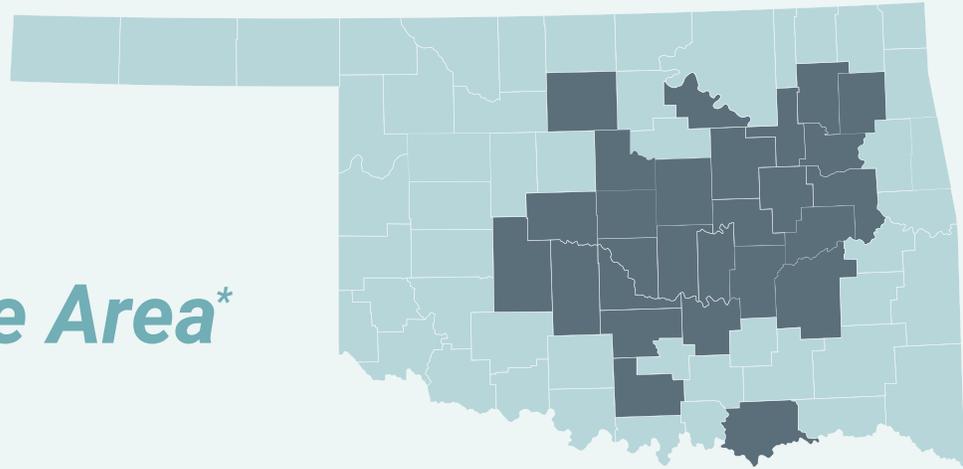


Visit [www.GlobalHealthMedicare.com](http://www.GlobalHealthMedicare.com) to find plan information and helpful resources.





# 2022 Service Area\*



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Bryan	Garfield	Mayes	Okmulgee	Seminole
Caddo	Garvin	McClain	Pawnee	Tulsa
Canadian	Grady	McIntosh	Pittsburg	Wagoner
Carter	Hughes	Muskogee	Pontotoc	
Cleveland	Lincoln	Okfuskee	Pottawatomie	
Creek	Logan	Oklahoma	Rogers	

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## GlobalHealth

Medicare Advantage Plans

For questions or to enroll:

**1-855-766-7881 (TTY: 711)**

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

\*Plans not available in all counties.

GlobalHealth is an HMO/HMO C-SNP plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal. You must continue to pay your Medicare Part B premium. By calling the listed number you may be speaking with a licensed sales representative.

GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2022. This approval is based on a review of GlobalHealth's Model of Care.

Out-of-network/non-contracted providers are under no obligation to treat Generations Classic Choice (HMO-POS) Plan members, except in emergency situations. Please call our customer care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. GlobalHealth tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Fraud, Waste and Abuse: GlobalHealth is committed to fighting health care fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline – 1-877-280-5852. Contact the plan for more information.