



GlobalHealth
MEDICARE ADVANTAGE PLANS

GlobalHealth**Beat**

A Newsletter for Medicare Advantage Members



Member Incentive Program



Preventive treatment is just as important as treatment for chronic conditions that are already present and may change over time. GlobalHealth wants to help you on your wellness journey.

As a benefit in 2024, you will be rewarded simply for making your health a priority when you complete service(s) before **August 31, 2024**.

- Annual Wellness Visit for a \$25 Prepaid Mastercard®
- Mammogram for a \$10 Prepaid Mastercard®

The reward card is for the purchase of groceries at select grocery stores. The card cannot be used at big box national chains and wholesale retailers. If you need help scheduling an Annual Wellness Visit, a mammogram and/or other preventive care testing or have questions, please contact our Clinical Quality team toll-free at 1-844-280-5562.

Manage Your Diabetes with Confidence

For those living with diabetes, monitoring your blood sugar levels at home is a crucial step in managing your condition and preventing complications. Frequent testing helps maintain optimal blood sugar levels and reduces the risk of extreme highs or lows.

Use a small, portable device known as a blood glucose meter. Consult with your doctor to determine the testing frequency based on your diabetes treatment, control status, and overall health. If you require frequent monitoring, consider a Continuous Glucose Monitor (CGM).

GlobalHealth offers comprehensive support. GlobalHealth is dedicated to supporting its members with diabetes by providing essential supplies at no additional charge*:

- Test Strips
- Lancets
- Calibration Solution
- Continuous Glucose Monitor (CGM) Supplies (Transmitters, Receivers/Readers, Sensors)

To enhance member access, diabetic supplies can now be ordered through any in-network retail pharmacy. Request your doctor to send a prescription to your local pharmacy for one of the following brands. All models in each brand are included at no cost to you*.

- OneTouch®
- Accu-Chek®
- Dexcom® - (preferred brand for Continuous Glucose Monitor)



*Prior authorization may be required.

Where do I go for Care?

When you are not feeling well or are having an acute health episode, it can be confusing where you should seek care, especially if you are needing care quickly. If you need assistance deciding where to go, call the CareNet 24/7 Nurse Line 1-800-554-9371 (TTY:711) with questions about which level of care would be appropriate for you. We have also provided a summary to help understand where it is best to go when you are not feeling your best.

Primary Care Provider's (PCP) Office

If you can get an appointment, your primary care provider's (PCP) office is the better choice over an urgent care/walk-in clinic. Why? Your PCP knows your health history, knows what medications you are taking and should have a more complete picture of your overall health. They are your partner in health, assisting you in navigating the healthcare system. You have unlimited visits for sick or well visits at a **\$0 copay** when visiting your PCP.

Urgent Care (or Walk-in Clinic)

Urgent Care can conveniently treat urgent minor medical issues, but they do not know your health history like your PCP does. Urgent Care facilities are usually staffed by Physician Extenders, Nurse Practitioners and Physician Assistants. Urgent Care copays are higher than your primary care copay. Examples of minor acute needs when your PCP is unable to see you are:

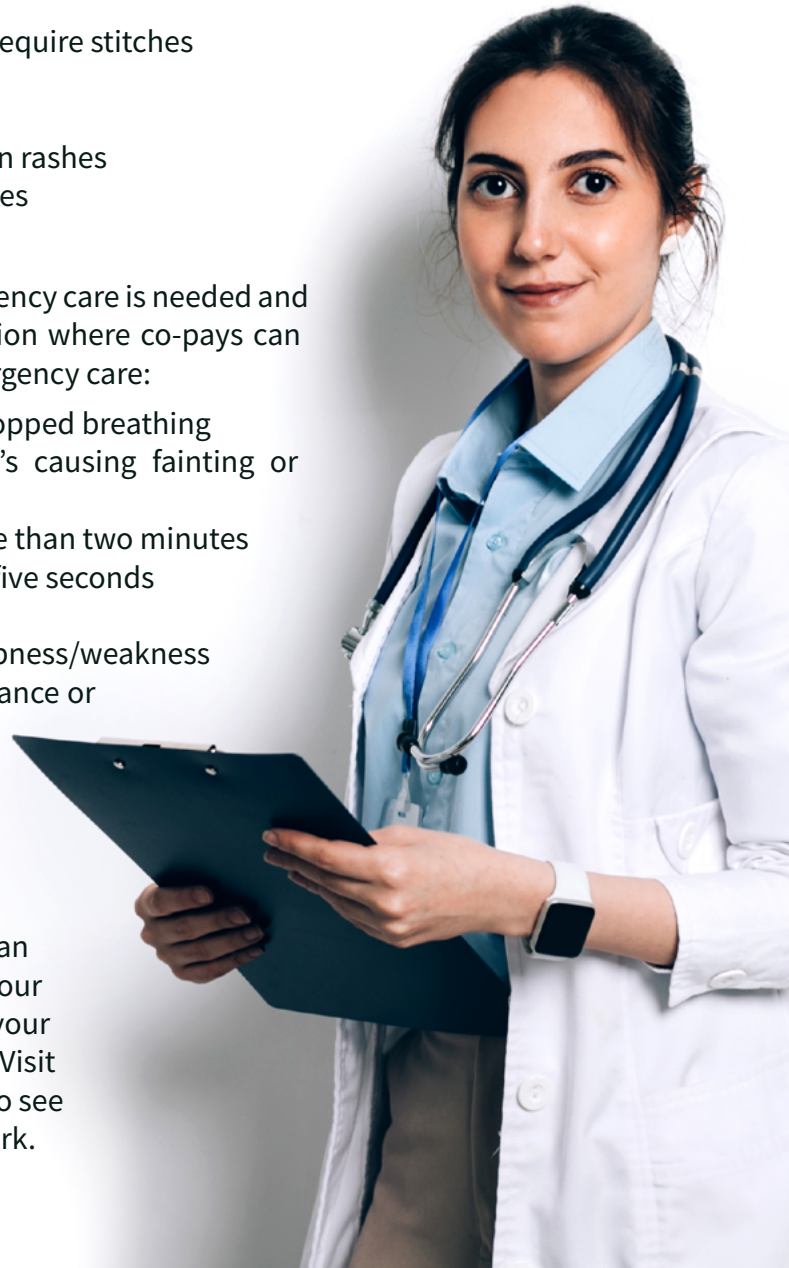
- Minor burns, wound care or small cuts that may require stitches
- Flu, cold, or mild asthma attacks
- Nausea, vomiting, diarrhea, or dehydration
- Fever, earache, headache, abdominal pain, or skin rashes
- Sprains, muscle pulls, back pain, or minor fractures

Emergency Department

The ER can treat the most severe symptoms when emergency care is needed and 911 should be called. It is also the most expensive option where co-pays can quickly add up. Examples of when you should seek emergency care:

- Choking, having breathing difficulties, or have stopped breathing
- Suffering from a head injury, particularly if it's causing fainting or confusion
- Having severe chest pain or pressure lasting more than two minutes
- Having a seizure(s) that lasts between three and five seconds
- Severe burns
- Stroke symptoms (slurred speech or sudden numbness/weakness in any area of your body, facial droop, loss of balance or vision, changes in mental status)
- Suffering from a neck or spine injury, especially when it's accompanied by loss of feeling
- Severe allergic reaction (swelling lips, difficulty swallowing or breathing)

To ensure you are getting the most out of your health plan benefits, consider researching the medical facilities in your local area to determine which locations are preferred by your health plan to ensure your highest benefit coverage. Visit www.GlobalHealth.com and go to "Find Care Provider" to see the hospitals and pharmacies in the GlobalHealth network.



Smart Wallet Benefit*

GlobalHealth is pleased to offer our Smart Wallet Benefit, a Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefits.



Depending on your plan¹, this card can cover Dental, Vision, and/or Hearing services as well as Over the Counter (OTC) health products, Groceries, Utilities, and/or Gasoline. You must activate the Smart Wallet card before use. Once activated, swipe your card at the end of your purchase and select the **CREDIT** option. Please note, your transaction will be DECLINED if you select debit.

For plans offering an annual Dental, Vision, and/or Hearing Benefit, use your Smart Wallet Benefit for payments at your provider's office, like a flex spending account. Not all plans offer this additional benefit.

For plans offering either monthly or quarterly benefits for Over-the-Counter items and/or groceries, use your Smart Wallet Benefit at in-store retail locations to buy eligible OTC and/or food and produce items. For participating stores, visit GlobalHealth.NationsBenefits.com, where you can also buy eligible OTC or grocery items through the catalog. Other online purchases are not covered. Not all plans offer an additional grocery benefit.

For plans offering a monthly or quarterly gasoline assistance benefit, pay at the pump unless you receive a message to see the cashier. You may purchase gasoline only at a convenience store.

For plans offering a monthly Utility Assistance Benefit**, use your Smart Wallet Benefit to pay your electric,

gas, sanitary, water utilities, and/or certain petroleum expenses. Not all plans offer this additional benefit.

Your Smart Wallet Benefit cannot be used as a debit card for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, firearms, and/or gift cards. To find a list of eligible product categories, please visit www.GlobalHealth.com. You may also visit GlobalHealth.NationsBenefits.com to search for items eligible for in-store purchase. Smart Wallet Benefit amounts vary by plan.

Please note, funds may be spent in a single transaction or over multiple transactions, up to your benefit amount. You will be responsible to pay any amount over your benefit limit. Any leftover balance does NOT roll over to the next month, quarter, and/or year on most plans.

If you do not receive your card within two weeks of your effective date or have issues using your Smart Wallet Benefit card, please contact NationsBenefits at 1-877-241-4736 (TTY: 711). **Do not throw your card away at the end of the benefit period.** Your next period benefit amount will be loaded to the same Smart Wallet Benefit card.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access.

¹Amounts may vary by coverage. *The benefits mentioned are a part of special supplemental program for members with chronic diseases. Members must meet all benefit's eligibility criteria. Benefits vary per plan. **If you have questions, need materials on a standing basis in alternate formats, or need oral interpretation services, you can call us at 1-844-280-5555 (toll-free) or 711 (TTY, for the hearing impaired).

Referrals and Prior Authorizations

A **referral** is a written order from your primary care physician (PCP) or specialist for a specific medical service or test. Referrals are required to ensure that patients are seeing the correct providers for the correct problems.

Prior authorization is a decision by your health plan that a service, treatment plan, prescription drug or medical equipment is medically necessary.

Failure to obtain the necessary referral and/or prior authorization before having certain tests or medical services can result in coverage not being applied to a visit, test, or service, **resulting in costs being passed directly to the patient.**

Some services require referral, some services require prior authorization, and some services require both referral and prior authorization. See your Evidence of Coverage (EOC) for details.

For GlobalHealth Generations Medicare Advantage 2024 Plans:

- **You can refer yourself for any in-network specialist office visit.** You do not need a referral from your primary care physician (PCP) or prior authorization from GlobalHealth for an in-network specialist office visit or routine office service.
 - » Services Provided in the Specialist's Office are Covered
 - » In-Office Procedures are Covered
- **Certain services, tests and treatments do require prior authorization, whether or not they are provided in the specialist's office.** The specialist should submit an authorization request for you. Examples include but are not limited to:
 - » Physical, Occupational or Speech Therapy
 - » Cardiac or Pulmonary Rehabilitation
 - » Outpatient Surgery in an Outpatient Surgical Location or Outside the Specialist's Office
 - » Genetic Testing
- **Certain services and tests require prior authorizations, as well as additional copays, even when provided in the specialist's office.** Examples include but are not limited to:
 - » Specialized Outpatient Diagnostic Tests (MRI, CT, etc.)
 - » Part B Drugs

Things to consider when you are referred for a service, treatment, prescription drug, or medical equipment that needs prior authorization:



- Make sure your health care provider(s) have your current insurance information. This is important because each plan has its own unique set of conditions for referrals.
- The prior authorization process may take up to 14 days. In some cases, your provider may want to schedule the appointment sooner and ask for an expedited review, these are completed within 72 hours. Review your member benefit package for more information.
 - » This timeline is much quicker for prescription drug determinations, both Part B and Part D determinations are provided within 24 - 72 hours.
- Please keep in mind that specialists often have a process of their own that may impact the time frame you are scheduled for the needed service. They may screen referrals for clinical appropriateness by reviewing your complete medical record, such as visit notes, lab, and x-ray results. A signed medical record release may need to be obtained.
 - » It is not uncommon for a specialist to review the case and ask for further tests to be done prior to the office visit. These tests may require authorization.
- If your provider told you a referral would be made and it has been at least two weeks with no updates, please call the provider's office to check on the status of your referral.

Access Important Information on Part B Drug

At GlobalHealth, we are committed to transparency and providing you with easy access to crucial information. We are pleased to inform you that our Part B Drug Prior Authorization and Step Therapy Criteria are now publicly accessible on our website.

Understanding the criteria for Part B drug prior authorization and step therapy is essential for making informed decisions about your healthcare. Our website serves as a valuable resource to ensure you have access to the most up-to-date and relevant details. To view the Part B Drug Prior Authorization and Step Therapy Criteria, simply visit our website at <https://globalhealth.com/oklahoma/pharmacy/drug-formularies>. This page is designed to be user-friendly, allowing you to navigate effortlessly and find the information you need.

By making this information readily available, we aim to empower you with knowledge, facilitating open communication between healthcare providers and patients. We believe that informed decision-making leads to better healthcare outcomes, and we are dedicated to supporting you every step of the way.

If you have any questions or require further assistance, please do not hesitate to reach out to our member services team.

Thank you for choosing GlobalHealth as your trusted healthcare partner. We appreciate the opportunity to serve you and are committed to continually enhancing your experience with us.



24/7 Nurse Line



As a member of any GlobalHealth Medicare Advantage Plan, you can talk to a skilled, registered nurse to assist you with your health concerns at no cost to you. The nurse can help you decide if you need to make an appointment with your primary care provider (PCP), go to urgent care, or seek emergency care.

You do not need a referral or prior authorization to call. Call the **CareNet 24/7 Nurse Line at 1-800-554-9371 (TTY:711)**.

Please remember that calling the 24/7 Nurse Line is not a replacement for primary care physician visits and should not be used in an emergency. **Call 911 in emergency situations.**

Follow up after Emergency Department or Hospital Visits

It's very important for your PCP to know why you went to the emergency department or hospital and what happened while you were there. Their goal is to keep you healthy and out of the hospital, so they want to prevent whatever caused the visit from happening again.

All test results for tests performed before your discharge need to be reviewed to make certain nothing was missed. For example, some lab tests may take a week or more to come back, especially if the test was sent to a specialty lab. Sometimes the test results require further work-up or a referral to a specialist.

Another reason for follow-up is to go over medication changes, which require monitoring to ensure medications are being taken correctly and not accidentally doubled up or underdosed. This process, called medication reconciliation, is for safety as a patient.

As a GlobalHealth member, you may have access to:

- ✓ **Meal Delivery*** to your home following discharge from an inpatient hospital or a skilled nursing facility. A GlobalHealth Case Manager will arrange your meal delivery through Independent Living Systems.
- ✓ **Transportation*** assistance to your doctor or other plan-approved locations. Contact RoundTrip at 1-877-565-1612 (TTY:711) to schedule transportation. A 48-hour notice is required.

* Benefits vary by plan, to learn more check your Evidence of Coverage (EOC) for benefit limitations, visit the GlobalHealth Member Portal to access your EOC.

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



Meal Benefits

Did you know that you may qualify to receive meal delivery? GlobalHealth offers two types of benefits which can be shipped in one delivery or split into multiple deliveries up to your maximum benefit.

Post-discharge Meal Benefits

If you are admitted to a hospital or skilled nursing facility as an inpatient, you can get meals delivered to your home for a short period of time. Benefits vary by plan, so refer to your Evidence of Coverage (EOC) document.

Chronic Meal Benefits

If you are enrolled in a GlobalHealth D-SNP plan, you may also qualify for 28 additional meals per year. This benefit is for members with a medical condition or potential medical condition that requires the enrollee to remain at home for a period of time.

In either situation, a case manager will work with you and the vendor to determine if you qualify and set up delivery. Meals can be tailored to your dietary needs.

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

Care Coordination

Care Coordination is when physicians and other health care providers, such as nurses, pharmacists, or other professionals that provide medical services or supplies, work together, and share information to provide safe, appropriate, and effective care. The goal of care coordination is to meet a patient's needs and preferences in the delivery of high-quality, high-value health care to reduce emergency room visits and readmissions after hospital stays.

Points of contact in which care coordination may be needed:

- ✓ Follow up after an emergency room visit hospital admission.
- ✓ Care between your PCP and specialists for chronic health condition(s).
- ✓ Temporary stays in skilled nursing facilities.
- ✓ Behavioral health care.
- ✓ Coordination between healthcare providers to assist with identifying barriers to health care.

How health care providers work together to coordinate a patient's care:

- ✓ Use of electronic health records to see the most current medical history, care, testing, and communication.
- ✓ Consulting with specialists to provide the best possible health outcome.
- ✓ Partnering with your health plan for optimal health outcomes by preventing or detecting problems early.
- ✓ Collaborating on individual care plan goals.

How GlobalHealth's Care Coordinators may help you:

- ✓ Contacting you to conduct health risk screening questions to learn your health care needs and barriers to care.
- ✓ Assisting with follow up after planned and unplanned visits or admissions to emergency rooms, skilled nursing facilities and hospitals to make sure you receive medications, testing, services, and durable medical equipment.
- ✓ Assisting with scheduling medical appointments and testing for chronic condition/disease management.
- ✓ Working with you and your health care providers to develop specific goals with the purpose of improving your health.
- ✓ Referrals to programs and resources for additional support based on your personal health needs and benefits.
- ✓ Medication management and adherence.

GlobalHealth is here to support you on your health care journey. We have a team that is here to help you with all your care coordination needs.



Member Outreach

At GlobalHealth, our mission is to provide you with genuine care and to help you reach your optimal health! GlobalHealth reaches out to our members throughout the year to support their health. We may reach out for any of the following reasons:

Prescription Drugs

Taking your medications as prescribed can significantly help control long-term chronic conditions and improve your overall health and well-being. If you are currently taking or have recently been prescribed one or more prescription drugs, GlobalHealth may contact you to ensure you are receiving and taking your prescription drugs as prescribed by your physician. We may discuss:

- Preferred pharmacies
- Mail-order pharmacies
- \$0 copay for 100-day supply on multiple medications in Tiers 1 and 2*
- Assisting with prescription drug refills

Preventive Screenings & Chronic Care Management

Staying up to date with your preventive screenings and receiving the care management assistance you may need is key! GlobalHealth may contact you to help coordinate the following:

- Annual Wellness Visit
- Mammogram
- Colonoscopy
- Bone density test
- Diabetes care

We are committed to building a strong partnership with you by providing you with personalized, engaging, and responsive services.

*Applicable to 100-day supply of select generic maintenance medications at **preferred retail and mail order pharmacies**. Not applicable for all medications for all tiers as coverage varies by plan. Only applicable to plans with prescription drug coverage. 100-day supply doesn't apply to Generations State of Oklahoma Group Retirees (HMO).



Getting Help at Home with Papa Pals



As a GlobalHealth member*, you can get help around the house or running errands.

- Technology assistance (home devices only)
- Transportation to and from appointments and errands
- Light household / yard chores
- Pets
- Socialization

All visits involve some face-to-face interaction between the member and Pal. Members must be present and should provide anything needed for the visit.

Members are eligible for 30 or 60 hours per calendar year, depending on benefit plan*.

- There is no copay or coinsurance
- Members may choose when to use the hours, minimum of 1 hour per visit
- Members call to schedule a Pal visit. Members should **call 72 hours in advance to ensure Pal is available.**

Papa Pals Scheduling – 1-855-485-9692 TTY (711)
7 am – 10 pm, 7 days a week, Central

*Generations State of Oklahoma Group Retiree members not covered.



What is a Coverage Gap or “Donut Hole”?

Most Medicare drug plans have a coverage gap, often called the “donut hole,” which is a temporary limit on what the drug plan will cover for medications. It is one of the coverage phases you may encounter during the year being on a Medicare Advantage plan with prescription drug coverage.

A coverage gap starts after the drug plan and the member have spent the threshold for the initial coverage stage. The threshold amount may change each year. For 2024, it is \$5,030.

The reason it is called a “donut hole” is because it used to be a hole in the middle of your drug coverage during a calendar year where you will pay more out of pocket for the cost of prescriptions before you exit the “donut hole.”

The coverage phases of a Medicare Part D plan start every January 1st.

The phase that you are in will be indicated on the explanation of benefits (EOB). GlobalHealth does not have an annual deductible stage.

Initial Coverage - Where you pay your share of prescription cost through copayments or coinsurance.

Coverage Gap or “Donut Hole” - All GlobalHealth Medicare Advantage plans have additional coverage or “gap coverage,” where the copay for certain medications in certain tiers will remain the same during the gap phase.

Items that count towards getting out of the coverage gap phase:

- Your coinsurance and copayments that you may pay
- The pharmaceutical manufacturer’s discount you get on brand-name drugs in the coverage gap
- Payments made by others on your behalf
- Payment made by assistance programs (special eligibility rules apply):
 - » Oklahoma HIV Drug Assistance Program (HDAP)
 - » RX for Oklahoma

Items that don’t count towards getting out of the coverage gap phase:

- The drug plan premium
- Pharmacy dispensing fee
- What you pay for drugs that aren’t covered by GlobalHealth
- Plan payments

Catastrophic Coverage – In 2024, once the member’s expenses paid reaches \$8,000, they will pay \$0 for all formulary drugs for the rest of the year.

What is a Late Enrollment Penalty for Part D?

According to CMS, the late enrollment penalty (also called the “LEP” or “penalty”) is an amount that may be added to a person’s monthly premium for Medicare drug coverage (Part D).

A person enrolled in a Medicare Advantage plan may owe a late enrollment penalty if they go without Part D or other creditable prescription drug coverage for any continuous period of 63 days or more after the end of their Initial Enrollment Period for Part D coverage.

Generally, the late enrollment penalty is added to the person’s monthly Part D premium for as long as they have Medicare drug coverage, even if the person changes their Medicare plan. The late enrollment penalty amount changes each year. The cost of the late enrollment penalty depends on how long the person went without Part D or other creditable prescription drug coverage. You will have to pay this penalty for as long as you have a Medicare drug plan.

To avoid the late enrollment penalty:

- ✓ Enroll in Medicare Part D drug coverage when you are first eligible.
- ✓ Enroll in Medicare Part D drug coverage if you lose other creditable coverage, such as a drug plan from a current or former employer, or individual health insurance coverage.
- ✓ Keep records showing you had creditable Part D drug coverage and tell your plan when they ask.



Mental Health Matters for Everyone

Mental health is important at every stage of our life. It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act as we cope with life. It determines how we handle stress, relate to others, and make choices.



It is important to seek help if you are experiencing distressing symptoms that have lasted more than 2 weeks, such as difficulty sleeping, appetite changes, difficulty concentrating, loss of interest in things you usually find enjoyable and inability to perform daily functions and responsibilities.

- GlobalHealth, along with Caredon Behavioral Health, believes in improving people's quality of life by covering mental health and substance use disorder services such as office and telehealth visits as well as services in other settings such as inpatient and partial hospitalization.

If you have questions about your mental health benefits, please call Caredon Behavioral Health (formerly known as Beacon Health) at 1-888-434-9202 (TTY: 711) Monday through Friday 7 am – 5 pm CST

<https://medlineplus.gov/howtoimprovementalhealth.html>

<https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health>



Laughter is the best medicine!

Laughter is a great form of stress relief and there are many positive things that laughter can do. According to the Mayo Clinic, laughter can stimulate many organs, active and relieve your stress response, and soothe tension. It may improve your immune system, relieve pain, increase personal satisfaction, and improve your mood. Best of all, this priceless medicine is fun, free, and easy to use.

<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress-relief/art-20044456>

<https://www.helpguide.org/articles/mental-health/laughter-is-the-best-medicine.htm>

Tips for Improving Cognitive Health

Cognitive health is important for living independently. According to WebMD, cognitive decline in older adults refers to the concern of or difficulty with a person's thinking, memory, concentration, and other brain functions beyond what is typically expected due to aging. It can come on suddenly or gradually and can be permanent or temporary.

Your brain, like the rest of your body, changes as you grow older. Fortunately, there are things we can do to improve our cognition as we get older. The National Institute on Aging tips include:

- ✓ Keep your mind active. People who engage in personally meaningful activities, such as volunteering or hobbies, say they feel happier and healthier. Learning new skills may improve your thinking ability. Learning new things, reading books, playing games, going to events, and playing musical instruments help reduce the risk of cognitive decline.
- ✓ Be socially active. Maintaining relationships is key for emotional help and helps lower the risk for some health problems and improve well-being to reduce the risk of cognitive impairment and dementia by challenging people to communicate.
- ✓ Stay physically active. Lack of exercise and other physical activity may increase your risk of diabetes, heart disease, depression, and stroke, all of which can harm the brain. Physical activity has been linked to improved cognitive performance and reduced risk for Alzheimer's disease.

There are other factors that can affect cognitive health such as a poor diet, smoking, sedentary lifestyle, too much alcohol, sleep problems, and some medications. Talk to your primary care provider (PCP) if you are concerned about cognitive impairments.

<https://www.webmd.com/healthy-aging/what-to-know-about-cognitive-decline-in-older-adults>

<https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults#:~:text=Lack%20of%20exercise%20and%20other,reduced%20risk%20for%20Alzheimer's%20disease>

Osteoporosis



According to the National Osteoporosis Foundation, osteoporosis is often called a “silent disease” because one can’t feel bones weakening. A broken bone is often the first sign of the disease, and the resulting fractures can be devastating. The good news is that osteoporosis can be prevented or treated.

Prevention starts with regular annual wellness visits and health screenings with emphasis on a healthy diet and regular exercise. Stay active, eat a variety of healthy foods, and maintain a healthy weight.

A screening bone density test measures how strong your bones are and can alert you to problems with your bones before you have a fracture. Here are some facts from the US Preventive Services Task Force, a panel of experts in disease prevention, about osteoporosis and getting screened:

Who should be screened?

- Women 65 and older
- Postmenopausal women who are younger than 65 but at an increased risk for osteoporosis.
- Men over age 70

How often should I be screened?

Every two years, or within 6 months of a bone fracture if one has not been completed in the past 2 years.

What kind of test is it?

A bone mineral density test—known as a central DXA scan—is the most used method to check for osteoporosis. It’s like an x-ray of your hip and/or spine and does not hurt.

What happens if I have osteoporosis?

Your doctor will talk to you about treatment, including medication and other steps to reduce the risk of future osteoporosis related fractures. Fractures caused by osteoporosis, particularly hip fractures, are linked to restricted mobility, chronic pain, disability, and loss of independence, as well as a lower quality of life. Nearly one-third of patients who experience a hip fracture die within a year.

With the risks that a bone break comes with, it’s better to play it safe and get screened so you can stay healthy. A bone density test is one of the front-line methods for screening against osteoporosis and is a covered benefit with a \$0 copay for GlobalHealth members.

Fitness

Staying fit is a huge part of staying healthy. With GlobalHealth, you have a \$0 fitness benefit that includes:

- *No membership fees
- Fitness center membership – you may choose any network fitness center that participates in Silver&Fit® and may change fitness centers throughout the year
- Instructor-led group exercise sessions
- Home fitness kit (1 per year delivered to member's home) – member chooses 1 each year (may be the same or different each year)
 - » Wearable fitness trackers (Fitbit Inspire 2™ or Garmin Vivofit®)
 - » Pilates
 - » Yoga (2 levels)
 - » Aquatic (2 levels)
 - » Strength (3 levels – beginner, intermediate, and advanced)
- Online live exercise classes
 - » Daily streaming senior fitness classes on Facebook and YouTube
 - » 4 workouts per day, 5 days a week (Monday through Friday)
- Digital Library
 - » More than 13,000 on-demand digital workout library videos
 - » Adding some of the most popular third-party exercise videos and American Specialty Health Fitness (ASH)-produced videos
 - » Daily Fit at Home exercise videos
 - » Chair exercise classes available
 - » Workout plans for lifestyle condition management, stay fit training post-injury, sports training, and healthy joint programs
 - » Audio-only programming
 - » Silver&Fit Connected!™ tool to assist with tracking activity
 - » Any purchase made by the member is not reimbursed by GlobalHealth and the cost does not apply toward the maximum out-of-pocket limit
 - » Healthy Aging Coaching
 - » Trained coaches
 - » Members may participate through phone, video, or chat
 - » Topics include exercise, nutrition, social isolation, and brain health
- Silver&Fit® mobile app
- Members can earn a hat and pins for reaching new activity milestones
 - » Members will have a choice between a floppy hat, visor, or baseball style hat
 - » Well-being club
 - » Articles
 - » Videos
 - » Live virtual classes and events
 - » Social groups – over 120,000 nationwide (not affiliated with ASH)
 - » Enhanced Member Dashboard with increased personalization to the member
 - » Social determinants of health – coaching members to remove barriers to healthcare
 - » Expanded social events
 - » Content feedback mechanism



Telehealth

The internet has changed our modern life! It helps you stay in touch with your family and friends as well as buy goods and services. Did you know there are several telehealth tools, such as online patient portals, web-based or mobile apps and virtual visits? These can help you manage your health care and receive services you need, all from the comfort of your home.

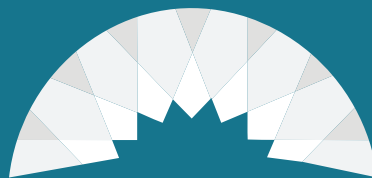
Telehealth is the use of communication technologies to provide health care from a distance. This includes a “virtual visit” with a health care provider, through a phone call or a secure video chat on your computer or other smart device. This allows your provider to check on you while you are at home, on vacation or if you are unable to visit their office due to your busy schedule.

Telehealth visits can be used when you have mobility issues, time constraints, or transportation concerns. They reduce potential infectious exposures and strains on health care systems during flu season and allow for continuity of care to avoid negative consequences from delayed preventive, chronic, or routine care for those that don't have easy access to providers.

There are many types of care that can be used via telehealth:

- Follow up after hospitalization
- General/Preventative health care, like annual wellness visits
- Management of chronic conditions
- Medication management
- Mental health counseling
- Nutrition counseling
- Prescription refills
- Specialist consultations
- Test result(s) discussions
- Urgent care conditions, such as sinusitis, urinary tract infections, common rashes, pink eye, etc.

Telehealth is a covered benefit for GlobalHealth members. Contact your in-network designated primary healthcare providers to learn if they are currently using or which telehealth services they utilize. Your provider can also make sure you have the technology you need for a telehealth visit or give you directions if you need to update or install any software or apps for patient portal systems. They could tell you how to sign on or join the video chat for your visit. Be sure you find a comfortable, quiet, private spot to sit during your visit.



GlobalHealth
MEDICARE ADVANTAGE PLANS

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

8:00 AM - 8:00 PM

Seven days a week (Oct 1 - Mar 31) / Monday through Friday (Apr 1 - Sept 30)

GlobalHealth is an HMO/SNP HMO with a Medicare contract and a state Medicaid contract for D-SNP. Enrollment in GlobalHealth depends on contract renewal. GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) in 2024. This approval is based on a review of GlobalHealth's Model of Care. **H3706_17850424_M**

www.GlobalHealth.com