GlobalHealth

Annual Notice of Changes

January 1 – December 31, 2021

Generations Value (HMO)

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

1-844-280-5555 (TTY users call 711)
8 a.m. to 8 p.m., 7 days a week
(October 1 - March 31)
8 a.m. to 8 p.m., Monday - Friday
(April 1 - September 30)
www.GlobalHealth.com/medicare-advantage

H3706_VALUEANOC_2021_M

Generations Value (HMO) offered by GlobalHealth, Inc.

Annual Notice of Changes for 2021

You are currently enrolled as a member of Generations Value (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Section 1.4 for information about benefit and cost changes for our plan.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your Medicare & You handbook.
- Look in Section 2.2 to learn more about your choices.

OMB Approval 0938-1051 (Expires: December 31, 2021)

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

   - If you don't join another plan by December 7, 2020, you will be enrolled in Generations Value (HMO).
   - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

   - If you don't join another plan by **December 7, 2020**, you will be enrolled in Generations Value (HMO).
   - If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021.** You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Care number at 1-844-280-5555 for additional information. (TTY users should call 711.) Hours are 8:00 am to 8:00 pm, seven days a week, from October 1 – March 31, and 8:00 am to 8:00 pm Monday – Friday from April 1 – September 30.
- This information is also available in large print. Some information may be available in Spanish.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Generations Value (HMO)

- GlobalHealth is an HMO with a Medicare contract. Enrollment in GlobalHealth, Inc. depends on contract renewal.
- When this booklet says "we," "us," or "our," it means GlobalHealth, Inc. When it says "plan" or "our plan," it means Generations Value (HMO).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Generations Value (HMO) in several important areas. **Please note this is only a summary of changes**. A copy of the *Evidence of Coverage* is located on our website at www.GlobalHealth.com/medicare-advantage. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$3,000	$3,000
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $40 per visit	Primary care visits: $0 per visit Specialist visits: $40 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	You pay a $250 copay per day for days 1 through 5. There is no coinsurance, copayment, or deductible for days 6 through 90. There is no coinsurance, copayment, or deductible for days 91 through 190.	You pay a $400 copay per day for days 1 through 5. There is no coinsurance, copayment, or deductible for days 6 through 90. There is no coinsurance, copayment, or deductible for days 91 through 190.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$3,000	$3,000 Once you have paid $3,000 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.GlobalHealth.com/medicare-advantage. You may also call Customer Care for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your

provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage.*

Cost	2020 (this year)	2021 (next year)
Acupuncture for chronic low back pain	Acupuncture for chronic low back pain is not covered.	You pay a $25 copayment for Medicare-covered acupuncture for chronic low back pain services.
Ambulance services	You pay a $150 copay for Medicare-covered ambulance services per one-way trip.	You pay a $250 copay for Medicare-covered ambulance services per one-way trip.
Cardiac rehabilitation services	You pay a $10 copay per office visit for Medicare-covered cardiac rehabilitation services or intensive cardiac rehabilitation services.	You pay a $30 copay per office visit for Medicare-covered cardiac rehabilitation services or intensive cardiac rehabilitation services.

Cost	2020 (this year)	2021 (next year)
	Prior authorization is required.	**Prior authorization is required.**
COVID-19	Cost shares not waived outside of public health emergency.	Cost shares waived for treatment of COVID-19 even if public health emergency is lifted: • Emergency services • Inpatient hospital care • Medicare Part B prescription drugs • Observation services • Specialist visits • Skilled nursing facility • Urgently needed services Testing copays for COVID-19 are waived, even if the result is negative
Comprehensive dental services	We will only pay up to a total of $1,000 for these dental services per year. You pay the amount that exceeds this allowance.	We will only pay up to a total of $1,500 for these dental services per year. You pay the amount that exceeds this allowance.
Dental services	Preventive dental services • Cleaning (for up to 2 every year) • Dental x-ray(s) (for up to 2 every year) • Oral exam (for up to 2 every year) Dental services (Non-preventive) • Non-routine services • Diagnostic services • Restorative services • Endodontics • Periodontics	Preventive dental services • Cleaning (for up to 2 every year) • Dental x-ray(s) (for up to 2 every year) • Oral exam (for up to 2 every year) Dental services (Non-preventive) • Non-routine services • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions

Cost	2020 (this year)	2021 (next year)
	• Extractions • Prosthodontics (dentures) There is no coinsurance, copayment, or deductible for these dental services. We will only pay up to a total of $1,000 for these dental services per year. You pay the amount that exceeds this allowance. For helping finding a dentist in network or more information about these covered services call Careington BenefitSolutions at (866) 636-9188.	• Prosthodontics (dentures) There is no coinsurance, copayment, or deductible for these dental services. We will only pay up to a total of $1,500 for these dental services per year. You pay the amount that exceeds this allowance. See the Evidence of Coverage for full list of covered codes. For helping finding a dentist in network or more information about these covered services call Careington BenefitSolutions at (866) 636-9188.
Emergency care	You pay a $75 copay per visit for all Medicare-covered emergency care services received during the visit.	You pay a $120 copay per visit for all Medicare-covered emergency care services received during the visit.
Hearing services • Hearing aids	We will only pay up to a total of $500 for these services per year. You pay the amount that exceeds this allowance.	We will only pay up to a total of $1,000 for these services per year. You pay the amount that exceeds this allowance.
Help with certain chronic conditions	You are eligible for 6 roundtrips to and from doctor appointments. **Prior authorization is required.**	You are eligible for 24 one-way trips to and from doctor appointments. **Prior authorization is required.**
Inpatient hospital care	For Medicare-covered hospital stays at an in-network hospital: • You pay a $250 copay per day for days 1 through 5. • There is no coinsurance, copayment, or deductible for days 6 through 90.	For Medicare-covered hospital stays at an in-network hospital: • You pay a $400 copay per day for days 1 through 5. • There is no coinsurance, copayment, or deductible for days 6 through 90.

Cost	2020 (this year)	2021 (next year)
	• There is no coinsurance, copayment, or deductible for days 91 through 190.	• There is no coinsurance, copayment, or deductible for days 91 through 190.
Outpatient diagnostic tests and therapeutic services and supplies • Laboratory tests	There is no coinsurance, copayment, or deductible for Medicare-covered outpatient diagnostic test services.	You pay a $5 copay per office visit for Medicare-covered outpatient laboratory tests.
Outpatient mental health care	You pay a $25 copay per office visit with a network psychiatrist. Telehealth services not covered.	There is no coinsurance, copayment, or deductible for psychiatrist services. There is no coinsurance, copayment, or deductible for mental health telehealth services.
Outpatient substance abuse services	You pay a $25 copay per office visit with a network psychiatrist. Telehealth services not covered.	There is no coinsurance, copayment, or deductible for psychiatrist services. There is no coinsurance, copayment, or deductible for telehealth services.
Over-the-counter (OTC) drugs and supplies	Nicotine replacement therapy not covered.	Nicotine replacement therapy included in our over-the-counter (OTC) health and wellness products available through our mail order service.
Medicare Part B prescription drugs	Part B drugs not subject to Step Therapy requirements.	Part B drugs may be subject to Step Therapy requirements. **Prior authorization is required.** The following link will take you to a list of Part B Drugs that may be subject to Step Therapy:

Cost	2020 (this year)	2021 (next year)
		www.GlobalHealth.com/pharmacy/drug-formularies/
Physician/Practitioner services, including doctor's office visits – PCP	Telehealth services not covered.	There is no coinsurance, copayment, or deductible for telehealth services.
Podiatry services	You pay a $30 copay per office visit for Medicare-covered podiatry services.	You pay a $40 copay per office visit for Medicare-covered podiatry services.
Pulmonary rehabilitation services	You pay a $10 copay per office visit for Medicare-covered pulmonary rehabilitation services. **Prior authorization is required.**	You pay a $30 copay per office visit for Medicare-covered pulmonary rehabilitation services. **Prior authorization is required.**
Services to treat kidney disease	You pay a $30 copay for each Medicare-covered renal dialysis treatment in an outpatient facility. **Prior authorization is required.**	You pay a 20% coinsurance for each Medicare-covered renal dialysis treatment in an outpatient facility. **Prior authorization is required.**
Skilled nursing facility (SNF) care	For Medicare-covered skilled nursing facility stays per benefit period: • There is no coinsurance, copayment, or deductible for days 1 through 20. • You pay a $178 copay per day for days 21 through 100. **Prior authorization is required.**	For Medicare-covered skilled nursing facility stays per benefit period: • There is no coinsurance, copayment, or deductible for days 1 through 20. • You pay a $184 copay per day for days 21 through 100. **Prior authorization is required.**

Cost	2020 (this year)	2021 (next year)
Supervised exercise therapy (SET)	You pay a $10 copay per office visit for Medicare-covered SET services. **Prior authorization is required.**	You pay a $30 copay per office visit for Medicare-covered SET services. **Prior authorization is required.**
Vision care • Choice of one supplemental pair of eyeglasses (frames and lenses) or contact lenses per year.	We will only pay up to a total of $200 for supplemental eye wear per year. If the eye wear you purchase costs more than this allowed amount, you pay the amount that exceeds this allowance.	We will only pay up to a total of $300 for supplemental eye wear per year. If the eye wear you purchase costs more than this allowed amount, you pay the amount that exceeds this allowance.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Generations Value (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Generations Value (HMO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Generations Value (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Generations Value (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Oklahoma, the SHIP is called Senior Health Insurance Counseling Program.

Senior Health Insurance Counseling Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to

give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Counseling Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Counseling Program at 1-800-763-2828. You can learn more about Senior Health Insurance Counseling Program by visiting their website (www.ship.oid.ok.gov).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Drug Assistance Program (HDAP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Please call HIV Drug Assistance Program (HDAP) at (405) 271-4636.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call HIV Drug Assistance Program (HDAP) at (405) 271-4636.

SECTION 6 Questions?

Section 6.1 – Getting Help from Generations Value (HMO)

Questions? We're here to help. Please call Customer Care at 1-844-280-5555. (TTY only, call 711.) We are available for phone calls 8:00 am to 8:00 pm, seven days a week, from October 1 – March 31, and 8:00 am to 8:00 pm Monday – Friday from April 1 – September 30. Calls to these numbers are free.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Generations Value (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.GlobalHealth.com/medicare-advantage. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.GlobalHealth.com/medicare-advantage. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read Medicare & You 2021

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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