GlobalHealth
Medicare Advantage Plans

2022 SUMMARY OF BENEFITS

January 1 – December 31, 2022

Arizona

Generations Medicare Advantage Plan Options:

H9078-007 Global Special Care (HMO C-SNP)
H9078-009 Global Special Care (HMO C-SNP)
H9078-008 Global Special Care Savings (HMO C-SNP)
H9078-010 Global Special Care Savings (HMO C-SNP)

1-844-200-8194 (TTY: 711)
8 a.m. to 8 p.m. 7 days a week (October 1 - March 31)
Monday - Friday (April 1 - September 30)
www.GlobalHealth.com

GlobalHealth is an HMO/HMO C-SNP plan with a Medicare contract. Enrollment in GlobalHealth depends on contract renewal.

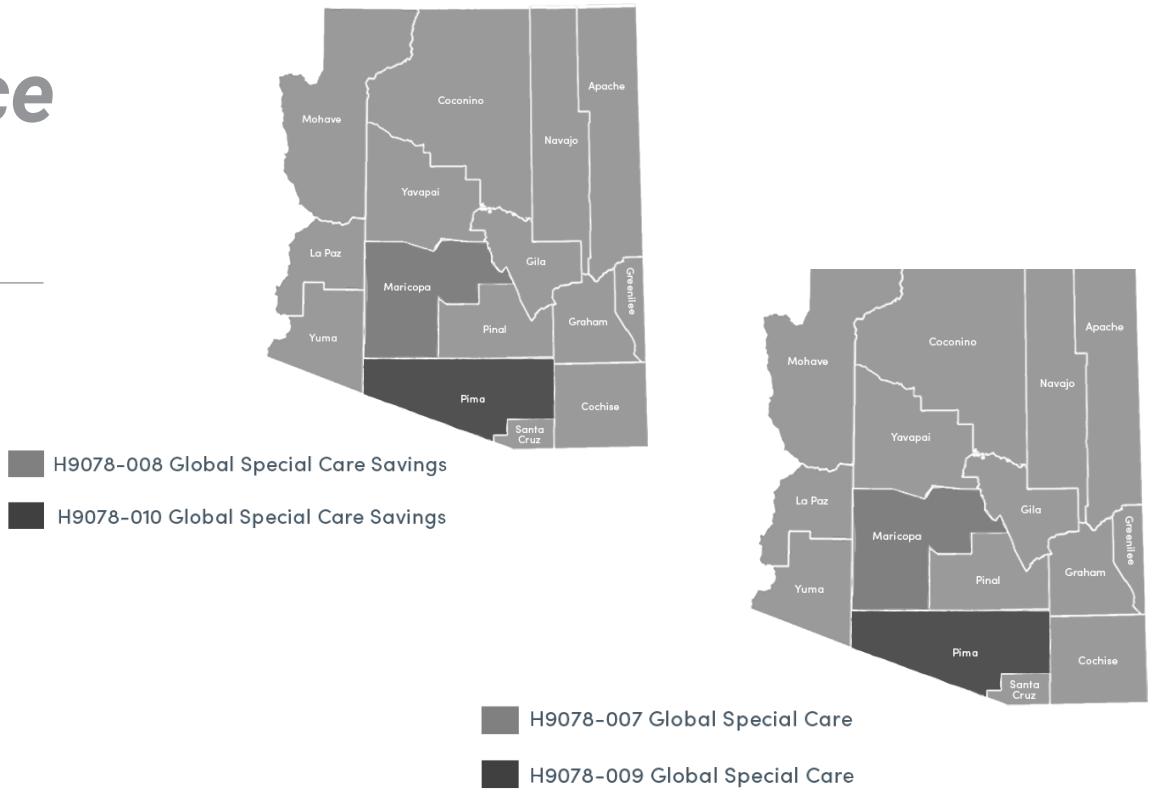
The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the "Evidence of Coverage." The Evidence of Coverage can be found online at www.GlobalHealth.com, or you can request a copy from Customer Care at 1-844-200-8194 (TTY: 711).

To join **GlobalHealth**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Arizona:

2022 *Service Area*

Maricopa

Pima



Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (TTY users should call 1-877-486-2048) 24 hours a day/7 days a week.

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

For more information, please call us at 1-844-200-8194 (TTY: 711), or visit us at www.GlobalHealth.com.

2022

GlobalHealth Medicare Advantage Plans
Summary of Benefits

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January 1, 2022 – December 31, 2022

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

	H9078-007 Global Special Care (HMO C-SNP)	H9078-009 Global Special Care (HMO C-SNP)	H9078-008 Global Special Care Savings (HMO C-SNP)	H9078-010 Global Special Care Savings (HMO C-SNP)
Monthly Plan Premium (You must continue to pay your Part B premium)	$0	$0	$0	$0
Deductible	$0	$0	$0	$0
Medicare Part B Premium Buydown	$0 per month	$0 per month	$50 per month	$50 per month
Maximum Out-of-Pocket (MOOP) Annually (Ddoes not include supplemental benefits or prescription drugs)	$2,900	$2,900	$3,400	$3,400
Healthy Benefits Grocery Card redeemable at Walmart®	Plan pays $25 per month	Plan pays $25 per month	Plan pays $25 per month	Plan pays $25 per month
INPATIENT CARE				
Inpatient Hospital Coverage[1,2]	$150 copay per day (Days 1-7); $0 copay per day (Days 8-190)	$195 copay per day (Days 1-7); $0 copay per day (Days 8-190)	$250 copay per day (Days 1-7); $0 copay per day (Days 8-190)	$250 copay per day (Days 1-7); $0 copay per day (Days 8-190)
Inpatient Mental Health Care[1,2]	$150 copay per day (Days 1-7); $0 copay per day (Days 8-90)	$195 copay per day (Days 1-7); $0 copay per day (Days 8-90)	$250 copay per day (Days 1-7); $0 copay per day (Days 8-90)	$250 copay per day (Days 1-7); $0 copay per day (Days 8-90)
Skilled Nursing Facility (SNF)[1,2]	$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)

1 Prior Authorization Required
2 Referral Required

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OUTPATIENT CARE				
Doctor Visits	• $0 copay per visit for PCP • $20 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $20 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $25 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $25 copay per visit for specialists[1,2]
Chiropractic Services	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Podiatry Services[1,2]	$20 copay per visit	$20 copay per visit	$25 copay per visit	$25 copay per visit
Outpatient Mental Health Visit[1,2]	$20 copay per visit	$20 copay per visit	$25 copay per visit	$25 copay per visit
Ambulatory Surgery Center[1,2]	$100 copay per visit	$145 copay per visit	$200 copay per visit	$200 copay per visit
Outpatient Hospital Observation Services[1,2]	$150 copay per visit	$195 copay per visit	$250 copay per visit	$250 copay per visit
Outpatient Hospital Surgery[1,2]	$150 copay per visit	$195 copay per visit	$250 copay per visit	$250 copay per visit
Emergency Care	$120 copay per visit; waived if admitted to acute care	$120 copay per visit; waived if admitted to acute care	$120 copay per visit; waived if admitted to acute care	$120 copay per visit; waived if admitted to acute care
Worldwide Emergency Care (Does not accumulate to MOOP)	• $120 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	• $120 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
Urgently Needed Services	$65 copay per visit	$65 copay per visit	$65 copay per visit	$65 copay per visit
Worldwide Urgent Care (Does not accumulate to MOOP)	• $120 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	• $120 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

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Outpatient Labs, X-Rays, Etc.	$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
Outpatient Therapeutic Radiology[1,2]	You pay 20% of the cost per visit	You pay 20% of the cost per visit	You pay 20% of the cost per visit	You pay 20% of the cost per visit
Outpatient Diagnostic Radiology[1,2] (MRI, etc.)	• $100 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $150 outpatient hospital	• $145 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $195 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
Outpatient Rehabilitation Services[1,2] (Physical, occupational, and/or speech therapy)	$20 copay per visit	$20 copay per visit	$25 copay per visit	$25 copay per visit
Acupuncture[1,2]	$20 copay per visit	$20 copay per visit	$25 copay per visit	$25 copay per visit
Ambulance (One-way trip)	• $225 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	• $225 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[1,2]	$0	$0	$0	$0
PREVENTIVE CARE				
Preventive Services	$0 for Medicare-covered preventive services	$0 for Medicare-covered preventive services	$0 for Medicare-covered preventive services	$0 for Medicare-covered preventive services
PART B DRUGS				
Medicare Part B Drugs[1,2] (Includes chemotherapy)	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost

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OUTPATIENT MEDICAL SUPPLIES				
Durable Medical Equipment[1] (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
Standard Diabetic[1] Testing Supplies	$0	$0	$0	$0
Prosthetics and Related Supplies[1] (e.g., Braces, artificial limbs)	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost	You pay 20% of the cost
SUPPLEMENTAL BENEFITS				
Hearing Services	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year	• $0 routine hearing exam limited to one per year • $0 routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $500 for hearing aids per year
Dental Services	• $0 preventive services - oral exams, x-rays, cleanings, and flouride treatments • Our plan pays a total of $1,000 for comprehensive dental services per year, • You pay 30% of the cost for some comprehensive services	• $0 preventive services - oral exams, x-rays, cleanings, and flouride treatments • Our plan pays a total of $1,000 for comprehensive dental services per year, • You pay 30% of the cost for some comprehensive services	• $0 preventive services - oral exams, x-rays, cleanings, and flouride treatments • Our plan pays a total of $1,000 for comprehensive dental services per year, • You pay 30% of the cost for some comprehensive services	• $0 preventive services - oral exams, x-rays, cleanings, and flouride treatments • Our plan pays a total of $1,000 for comprehensive dental services per year, • You pay 30% of the cost for some comprehensive services
Vision Services	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $100 for all supplemental eyewear per year	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $100 for all supplemental eyewear per year	• $0 routine eye exam limited to 1 per year • Our plan pays up to a total of $100 for all supplemental eyewear per year	• $0 routineeye exam limited to 1 per year • Our plan pays up to a total of $100 for all supplemental eyewear per year

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Transportation[1] (To and from plan-approved locations)	• $0 per trip • Limited to 18 one-way trips per year • Limited to 50 miles per one-way trip	• $0 per trip • Limited to 18 one-way trips per year • Limited to 50 miles per one-way trip	• $0 per trip • Limited to 18 one-way trips per year • Limited to 50 miles per one-way trip	• $0 per trip • Limited to 18 one-way trips per year • Limited to 50 miles per one-way trip
Routine Foot Care[1,2]	• $20 copay per visit • Limited to 6 visits per year	• $20 copay per visit • Limited to 6 visits per year	• $25 copay per visit • Limited to 6 visits per year	• $25 copay per visit • Limited to 6 visits per year
Over-the-Counter Benefit (Includes nicotine replacement therapy)	Plan pays $25 per month	Plan pays $25 per month	Plan pays $25 per month	Plan pays $25 per month
Fitness	$0	$0	$0	$0
24/7 Nurse Line	$0	$0	$0	$0
Post-Discharge Meal Delivery[1]	• $0 per meal • Limited to 14 meals following discharge • Limited to 4 times per year	• $0 per meal • Limited to 14 meals following discharge • Limited to 4 times per year	• $0 per meal • Limited to 14 meals following discharge • Limited to 4 times per year	• $0 per meal • Limited to 14 meals following discharge • Limited to 4 times per year
PART D DRUGS				
Phase 1: Deductible	$0	$0	$0	$0
Phase 2: Initial Coverage Limit (ICL)	$4,430	$4,430	$4,430	$4,430
Tier 1: Preferred Generics* (Preferred Retail 30-Day Supply)	$0 copay per fill	$0 copay per fill	$0 copay per fill	$0 copay per fill
Tier 2: Generic* (Preferred Retail 30-Day Supply)	$5 copay per fill	$5 copay per fill	$5 copay per fill	$5 copay per fill
Tier 3: Preferred Brand* (Preferred Retail 30-Day Supply)	• $42 copay per fill • $35 copay per fill for select insulins	• $42 copay per fill • $35 copay per fill for select insulins	• $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)	$90 copay per fill	$90 copay per fill	$90 copay per fill	$90 copay per fill
Tier 5: Specialty Tier* (30-day Preferred Retail)	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

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Tier 1: Preferred Retail & Mail Order (100-Day Supply)	$0	$0	$0	$0
Tier 2: Preferred Retail & Mail Order (100-Day Supply)	$10 copay per fill	$10 copay per fill	• $10 copay per fill	• $10 copay per fill
Tier 3: Preferred Retail & Mail Order (100-Day Supply)	• $84 copay per fill • $84 copay per fill for select insulins	• $84 copay per fill • $84 copay per fill for select insulins	• $84 copay per fill • $84 copay per fill for select insulins	• $84 copay per fill • $84 copay per fill for select insulins
Tier 4: Preferred Retail & Mail Order (100-Day Supply)	$270 copay per fill	$270 copay per fill	$270 copay per fill	$270 copay per fill
Phase 3: GAP Coverage Stage[3] (After your prescription costs reach $4,430)	**Generic Drugs:** • GlobalHealth members continue to pay the same amount as in the initial coverage stage for Tier 1 generic drugs or Tier 3 oral antidiabetics. • Members pay 25% of the cost for generic drugs in other tiers. **Brand Name Drugs:** • The Medicare Coverage Gap Discount Program of 70% is applied to the initial coverage stage copayment for Tier 1 brand drugs or for Tier 3 oral antidiabetics. • Members pay 25% of the cost of the drug plus a portion of the dispensing fee for other brand name drugs. **Insulin:** • Members pay no more than $35 for a 30-day supply of select insulins.			
Phase 4: Catastrophic Coverage Stage (After your prescriptions reach $7,050)	You pay the greater 5% of the cost of the drug or $3.95 for generics/$9.85 for brand names.			

*Cost-sharing may differ depending on the pharmacy's status (e.g., preferred, non-preferred, mail-order, Long Term Care (LTC) or home infusion) or the supply (e.g., 30 or 100-day supply). For more information on the additional pharmacies specific cost-sharing and the phases of the benefit, please call us or access the Evidence of Coverage at www.GlobalHealth.com.

[3] You stay in this stage until your year-to-year "out-of-pocket" (you payments) reach a total of $7,050. This amount and rules for counting costs toward this amount have been set by Medicare.

PLEASE NOTE: Please visit our website for the most up-to-date drug formulary. The formulary and.or pharmacy network may change at any time. You will receive notice when necessary.

Customer Care: 1-844-200-8194 (TTY: 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)

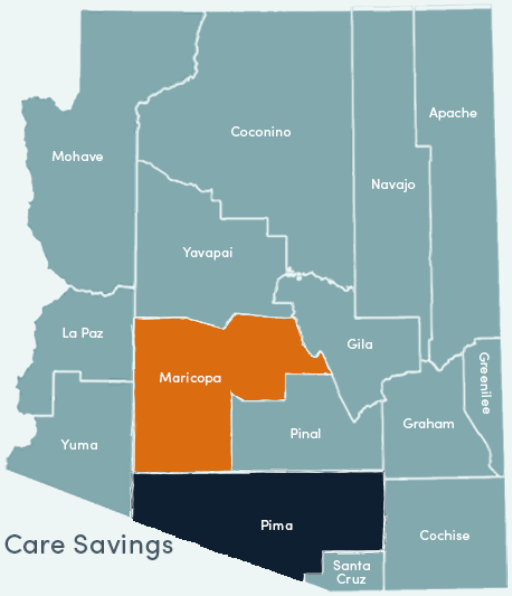
[www.GlobalHealth.com/medicare-advantage/member-materials]

Provider Directory: www.GlobalHealth.com
Pharmacy Directory: www.GlobalHealth.com

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.GlobalHealth.com].

Fraud, Waste and Abuse: GlobalHealth is committed to fighting healthcare fraud, waste and abuse. If you suspect Medicare fraud, waste or abuse, call our hotline — 1-877-280-5852.

2022 *Service Area*

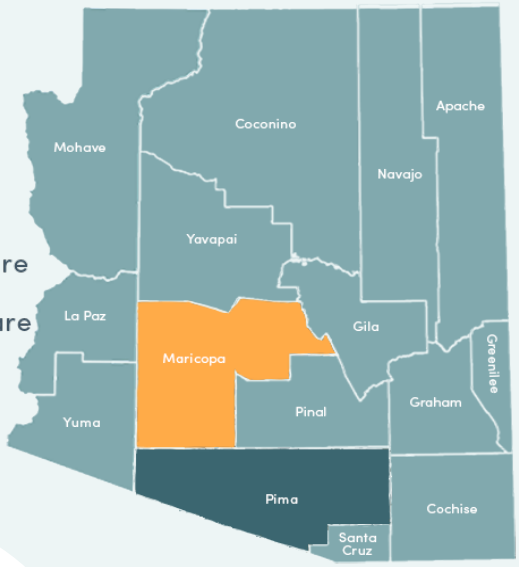


H9078-008 Global Special Care Savings

H9078-010 Global Special Care Savings

Maricopa

Pima



H9078-007 Global Special Care

H9078-009 Global Special Care

GlobalHealth

Medicare Advantage Plans

For questions or to enroll:

1-844-200-8194 (TTY: 711)

www.GlobalHealth.com

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.

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 bik'ehgo hójił'ínígíí bidadeeti'ígíí Wááshindoon t'áá át'é bilá'ashdla'ii bee bá ádahaazt'i'ígíí bibee haz'áąnii dóó doo ak'íjį' nitsáhákees da díí ninahjį' ał'ąą dadine'é, dine'é bikágí át'ehígíí, binááhai'ígíí, nazhnitł'ago da, éí doodaii' asdzání dóó diné át'ehígíí.

You must continue to pay your Medicare Part B premium. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.