Oklahoma

SUMMARY OF BENEFITS

January 1-December 31, 2027

Generations Medicare Advantage Plan Options:Ă

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

1-844-280-5555 (toll-free) (TTY users call 711)
8:00 a.m. to 8:00 p.m., 7 days a week, (October 1 – March 31), and 8:00 a.m. to 8:00 p.m., Monday – Friday, (April 1 – September 30)
www.globalhealth.com

GlobalHealth
MEDICARE ADVANTAGE PLANS

H3706_0002170726_M
GHSBSNP2027E

Generations Medicare Advantage Plans Summary of Benefits

January 1, 2027 – December 31, 2027

GlobalHealth is an HMO plan with Medicare and Oklahoma Medicaid program contracts. Enrollment in GlobalHealth depends on contract renewal. GlobalHealth is a plan offered by GlobalHealth, Inc.

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

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

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

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

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

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Monthly Plan Premium	$0	$0	$0	$0
Medicare Part B Premium Reduction	$0 per month	$40 per month	$0 per month	$0 per month
Deductible	$0	$0	$0	$0
Maximum Out-of-Pocket (MOOP) Responsibility (Does not include supplemental benefits or prescription drugs)	$3,450	$3,900	$9,850	$9,850

1 = Prior Authorization Required
2 = Referral Required
3 = May be subject to Part B step therapy

	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Part C Benefits				
Inpatient Hospital Coverage[1,2]	• $195 copay per day (Days 1-7); • $0 copay per day (Days 8-90)	• $275 copay per day (Days 1-7); • $0 copay per day (Days 8-90)	$0 copay (Days 1-90)	$0 copay (Days 1-90)
Outpatient Hospital Surgery[1,2]	$225 copay per visit	$275 copay per visit	$0 copay per visit	$0 copay per visit
Ambulatory Surgery Center[1,2]	$175 copay per visit	$225 copay per visit	$0 copay per visit	$0 copay per visit
Doctor Visits	• $0 copay per visit for PCP • $20 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $35 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $0 copay per visit for specialists[1,2]	• $0 copay per visit for PCP • $0 copay per visit for specialists[1,2]
Preventive Services	$0 copay for Medicare-covered preventive services	$0 copay for Medicare-covered preventive services	$0 copay for Medicare-covered preventive services	$0 copay for Medicare-covered preventive services
Emergency Care	• $120 copay per visit; waived if admitted to acute care within 24 hours	• $120 copay per visit; waived if admitted to acute care within 24 hours	$0 copay per visit	$0 copay per visit
Urgently Needed Services	$15 copay per visit	$15 copay per visit	$0 copay per visit	$0 copay per visit
Outpatient Labs, X-Rays, etc.[1,2]	$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics	$0 copay for labs, x-rays, ultrasounds, EKGs, and similar low-cost diagnostics

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Outpatient Diagnostic Radiology[1,2] (MRI, etc.)	• $175 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $225 copay per visit in outpatient hospital	• $180 copay per visit in PCP, specialist, urgent care, freestanding radiological facility • $275 copay per visit in outpatient hospital	$0 copay per visit	$0 copay per visit
Hearing Services	• $0 copay per visit for Medicare-covered services in a PCP office • $20 copay per visit for Medicare covered services in a specialist office • $0 copay for routine hearing exam limited to one per year • $0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $1,000 for hearing aids per year	• $0 copay per visit for Medicare-covered services in a PCP office • $35 copay per visit for Medicare covered services in a specialist office • $0 copay for routine hearing exam limited to one per year • $0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $1,000 for hearing aids per year	• $0 copay per visit for Medicare-covered services in a PCP office • $0 copay per visit for Medicare covered services in a specialist office • $0 copay for routine hearing exam limited to one per year • $0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $1,000 for hearing aids per year	• $0 copay per visit for Medicare-covered services in a PCP office • $0 copay per visit for Medicare covered services in a specialist office • $0 copay for routine hearing exam limited to one per year • $0 copay for routine hearing aid evaluation limited to one per year • Our plan pays up to a total of $2,000 for hearing aids per year
Dental Services	• $20 copay per	• $35 copay per	• $0 copay per	• $0 copay per

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
(Coinsurance for comprehensive services does not accumulate to MOOP)	visit for Medicare-covered services[1,2] • $0 copay for preventive services – oral exams, x-rays, cleanings, and fluoride treatments limited to 2 visits per year • Our plan pays a total of $2,000 for comprehensive dental services per year • 20% coinsurance for some comprehensive services	visit for Medicare-covered services[1,2] • $0 copay for preventive services – oral exams, x-rays, cleanings, and fluoride treatments limited to 2 visits per year • Our plan pays a total of $2,000 for comprehensive dental services per year • 20% coinsurance for some comprehensive services	visit for Medicare-covered services[1,2] • $0 copay for preventive services – oral exams, x-rays, cleanings, and fluoride treatments limited to 2 visits per year • Our plan pays a total of $2,000 for comprehensive dental services per year • $0 copay for comprehensive services	visit for Medicare-covered services[1,2] • $0 copay for preventive services – oral exams, x-rays, cleanings, and fluoride treatments limited to 2 visits per year • Our plan pays a total of $3,800 for comprehensive dental services per year • $0 copay for comprehensive services
Vision Services	• $0 copay per visit for Medicare-covered services • $0 copay for routine eye exam (Limited to 1 per year) • Our plan pays up to a total of $200 for all supplemental eyewear per year	• $0 copay per visit for Medicare-covered services • $0 copay for routine eye exam (Limited to 1 per year) • Our plan pays up to a total of $200 for all supplemental eyewear per year	• $0 copay per visit for Medicare-covered services • $0 copay for routine eye exam (Limited to 1 per year) • Our plan pays up to a total of $100 for all supplemental eyewear per year	• $0 copay per visit for Medicare-covered services • $0 copay for routine eye exam (Limited to 1 per year) • Our plan pays up to a total of $400 for all supplemental eyewear per year
Inpatient	• $195 copay per	• $275 copay per	$0 copay (Days	$0 copay (Days

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Mental Health Care[1,2]	day (Days 1-7); • $0 copay per day (Days 8-90)	day (Days 1-7); • $0 copay per day (Days 8-90)	1-90)	1-90)
Outpatient Mental Health Visit[1,2]	$20 copay per visit	$35 copay per visit	$0 copay per visit	$0 copay per visit
Skilled Nursing Facility (SNF)[1,2]	• $0 copay per day (Days 1-20); • $218 copay per day (Days 21-100)	• $0 copay per day (Days 1-20); • $218 copay per day (Days 21-100)	$0 copay (Days 1-100)	$0 copay (Days 1-100)
Outpatient Rehabilitation Services[1,2] (Physical, occupational, and/or speech therapy)	$20 copay per visit	$35 copay per visit	$0 copay per visit	$0 copay per visit
Ambulance (One-way trip – waived if admitted to acute care) Non-emergency transport[1]	• $240 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	$0 copay per occurrence	$0 copay per occurrence
Transportation (To and from plan-approved locations)	• $0 copay per one-way trip • Limited to 36 one-way trips per year • Limited to 50 miles per one-way trip	• $0 copay per one-way trip • Limited to 36 one-way trips per year • Limited to 50 miles per one-way trip	• $0 copay per one-way trip • Limited to 36 one-way trips per year • Limited to 50 miles per one-way trip	• $0 copay per one-way trip • Limited to 36 one-way trips per year • Limited to 50 miles per one-way trip

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Medicare Part B Drugs (Includes chemotherapy and Part B insulin)[1,3]	• You pay up to 20% of the cost • You will pay no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebatable drug (typically a single source drug, e.g., brand drug) based on the date of service. This applies to specific Part B drugs and may include chemotherapy drugs. • You will pay no more than $35 for a one-month supply of Part B insulin. This applies to insulin used in an insulin pump.	• You pay up to 20% of the cost • You will pay no more than the dollar amount of the adjusted coinsurance percentage that applies to the specific Part B rebatable drug (typically a single source drug, e.g., brand drug) based on the date of service. This applies to specific Part B drugs and may include chemotherapy drugs. • You will pay no more than $35 for a one-month supply of Part B insulin. This applies to insulin used in an insulin pump.	$0 copay	$0 copay
Outpatient Hospital Observation Services[1,2]	$225 copay per visit	$275 copay per visit	$0 copay per visit	$0 copay per visit
Chiropractic Services (Medicare-	$20 copay per visit	$20 copay per visit	$0 copay per visit	$0 copay per visit

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
covered)				
Podiatry Services (Medicare-covered)[1,2]	$20 copay per visit	$35 copay per visit	$0 copay per visit	$0 copay per visit
Acupuncture[1,2]	$20 copay per visit	$35 copay per visit	$0 copay per visit	$0 copay per visit
Home Health Services[1,2]	$0 copay per visit	$0 copay per visit	$0 copay per visit	$0 copay per visit
Durable Medical Equipment[1] (e.g., wheelchairs, oxygen)	20% coinsurance	20% coinsurance	$0 copay	$0 copay
Diabetic Testing Supplies[1]	$0 copay	$0 copay	$0 copay	$0 copay
Prosthetics and Related Supplies[1] (e.g., braces, artificial limbs)	20% coinsurance	20% coinsurance	$0 copay	$0 copay
Outpatient Therapeutic Radiology[1,2]	$50 copay per visit	$50 copay per visit	$0 copay	$0 copay
Part D Drugs				
Cost-sharing may differ depending on the pharmacy type or status (e.g., preferred, standard, mail-order, Long Term Care (LTC), or home infusion) or the supply (e.g., 30- or 100-day supply). For more information on specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online. PLEASE NOTE: Please visit our website for the most up-to-date Drug List. The Drug List and/or pharmacy network may change at any time. You will receive notice when necessary. Important Message About What You Pay for Vaccines and Insulin: Our plan covers most Part D vaccines at no cost to you. You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Call Customer Care for more information.				
Phase 1: Deductible	$0	$0	$0	$0
Phase 2: Initial	$2,400	$2,400	$2,400	$2,400

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Coverage Limit				
Tier 1: Preferred Generics (Preferred 30-Day Supply)	$0 copay per fill	$0 copay per fill	$0	• LIS Level 1 - $5.80 • LIS Level 2 - $1.65 • LIS Level 3 - $0
Tier 2: Generic (Preferred 30-Day Supply)	$5 copay per fill	$5 copay per fill	• LIS Level 1 - $5.80 • LIS Level 2 - $1.65 • LIS Level 3 - $0	• LIS Level 1 - $5.80 • LIS Level 2 - $1.65 • LIS Level 3 - $0
Tier 3: Preferred Brand (Preferred 30-Day Supply)	• $41 copay per fill • $35 copay per fill for insulin	• $41 copay per fill • $35 copay per fill for insulin	• LIS Level 1 - $14.40 • LIS Level 2 - $5.00 • LIS Level 3 - $0	• LIS Level 1 - $14.40 • LIS Level 2 - $5.00 • LIS Level 3 - $0
Tier 4: Non-Preferred Drugs (Preferred 30-Day Supply)	40% coinsurance of the cost per fill	40% coinsurance of the cost per fill	• LIS Level 1 - $5.80 (generic), $14.40 (brand) • LIS Level 2 - $1.65 (generic), $5.00 (brand) • LIS Level 3 - $0	• LIS Level 1 - $5.80 (generic), $14.40 (brand) • LIS Level 2 - $1.65 (generic), $5.00 (brand) • LIS Level 3 - $0
Tier 5: Specialty Tier	• 33% coinsurance of the cost per fill • $35 copay per fill for insulin	• 33% coinsurance of the cost per fill $35 copay per fill for insulin	• LIS Level 1 - $5.80 (generic), $14.40 (brand) • LIS Level 2 - $1.65 (generic), $5.00 (brand) • LIS Level 3 - $0	• LIS Level 1 - $5.80 (generic), $14.40 (brand) • LIS Level 2 - $1.65 (generic), $5.00 (brand) • LIS Level 3 - $0
Tier 1: Preferred Generics (Preferred 100-Day Supply)	$0 copay per fill	$0 copay per fill	$0	• LIS Level 1 - $5.80 • LIS Level 2 - $1.65 • LIS Level 3 - $0

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Tier 2: Generics (Preferred 100-Day Supply)	$0 copay per fill	$0 copay per fill	• LIS Level 1 - $5.80 • LIS Level 2 - $1.65 • LIS Level 3 - $0	• LIS Level 1 - $5.80 • LIS Level 2 - $1.65 • LIS Level 3 - $0
Tier 3: Preferred Brand (Preferred 100-Day Supply)	• $82 copay per fill • $82 copay per fill for insulin	• $82 copay per fill • $82 copay per fill for insulin	• LIS Level 1 - $14.40 • LIS Level 2 - $5.00 • LIS Level 3 - $0	• LIS Level 1 - $14.40 • LIS Level 2 - $5.00 • LIS Level 3 - $0
Tier 4: Non-Preferred Drugs (Preferred 100-day Supply)	40% coinsurance of the cost per fill	40% coinsurance of the cost per fill	• LIS Level 1 - $5.80 (generic), $14.40 (brand) • LIS Level 2 - $1.65 (generic), $5.00 (brand) • LIS Level 3 - $0	• LIS Level 1 - $5.80 (generic), $14.40 (brand) • LIS Level 2 - $1.65 (generic), $5.00 (brand) • LIS Level 3 - $0
Tier 5: Specialty Drugs	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs)	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs)	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs)	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs)
Phase 3: Catastrophic Coverage Stage (After you have paid $2,400 out-of-pocket)	$0 copay per fill	$0 copay per fill	$0 copay per fill	$0 copay per fill
Supplemental Benefits				
Smart Wallet Benefit* (OTC Benefit includes nicotine replacement	• $55 per month for hearing dental, vision expenses • SSBCI-eligible members** may also use	• $50 per month for hearing dental, vision expenses • SSBCI-eligible members** may also use	• $215 per month for over-the-counter products • SSBCI-eligible members** may also use	• $190 per month for over-the-counter products • SSBCI-eligible members**

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therapy)	for over-the-Counter products, gasoline, food and produce, and/or utilities • Unused amounts do not roll over to the next month	for over-the-Counter products, gasoline, food and produce, and/or utilities • Unused amounts do not roll over to the next month	for gasoline, food and produce, and/or utilities • Unused amounts do not roll over to the next month	may also use for gasoline, food and produce, and/or utilities • Unused amounts do not roll over to the next month
Routine Foot Care[1,2] (Does not accumulate to MOOP)	• $20 copay per visit • Limited to 6 visits per year	• $35 copay per visit • Limited to 6 visits per year	• $0 copay per visit • Limited to 6 visits per year	• $0 copay per visit • Limited to 6 visits per year
Fitness You may choose to pay a fee for optional services including access to premium facilities	$0 copay per visit	$0 copay per visit	$0 copay per visit	$0 copay per visit
24/7 Nurse Line	$0 copay per visit	$0 copay per visit	$0 copay per visit	$0 copay per visit
Meal Benefit[1]	• $0 copay per meal • Limited to 14 meals following surgery or inpatient hospital or skilled nursing facility discharge • Limited to 4	• $0 copay per meal • Limited to 14 meals following surgery or inpatient hospital or skilled nursing discharge • Limited to 4 times	• $0 copay per meal • Limited to 42 meals following surgery or inpatient hospital or skilled nursing discharge • Limited to 4 times	• $0 copay per meal • Limited to 42 meals following surgery or inpatient hospital or skilled nursing discharge • Limited to 4 times

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	Generations Chronic Care (HMO C-SNP)	Generations Chronic Care Savings (HMO C-SNP)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
	times (discharges) per year	(discharges) per year	(discharges) per year	(discharges) per year
Home Support Services	55 hours per year	55 hours per year	45 hours per year	45 hours per year
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	• $115 copay per visit • Limited to $50,000 benefit combined with urgent care	• $115 copay per visit • Limited to $50,000 benefit combined with urgent care
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	• $115 copay per visit • Limited to $50,000 benefit combined with emergency care	• $115 copay per visit • Limited to $50,000 benefit combined with emergency care

*A Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefits. The benefit cannot be used for cash withdrawal nor purchase the following services or products: cosmetic procedures, hospital indemnity insurance, funeral planning and expenses, life insurance, alcohol, tobacco, cannabis products, broad membership programs inclusive of multiple unrelated services and discounts, and non-healthy food. **Eligible enrollees with chronic conditions, such as Diabetes Mellitus, Chronic Heart Failure, Cardiovascular Disorders, Autoimmune Disorders, Chronic and disabling mental health conditions and other conditions not listed might be eligible for the SSBCI program. Eligibility for the benefits described is not guaranteed solely based on the presence of a listed chronic condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

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The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the *Evidence of Coverage*. The *Evidence of Coverage* can be found online at www.globalhealth.com, or you can request a copy from Customer Care at 1-844-280-5555 (toll-free) (TTY: 711) 8 am to 8 pm, 7 days a week, (October 1 – March 31), and 8 am to 8 pm, Monday – Friday, (April 1 – September 30).

Benefits may vary by plan. Call us or refer to your *Evidence of Coverage* available on our website, www.globalhealth.com, for benefit information, periodicity, limitations, and exclusions.

For coverage and costs of Original Medicare, look in your current "**Medicare & You 2027**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

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

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by SoonerCare (Medicaid). You can see what SoonerCare (Medicaid) covers and what our plan covers.

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

Benefits	SoonerCare (Medicaid)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
Inpatient hospital care	Covered	Covered	Covered
Doctor office visits	Covered	Covered	Covered
Preventive care	Covered	Covered	Covered
Emergency care	Covered	Covered	Covered
Urgently needed services	Covered	Covered	Covered
Diagnostic tests	Covered	Covered	Covered
Hearing services	Covered	Covered	Covered
Dental services	Covered	Covered	Covered
Vision services	Covered	Covered	Covered
Inpatient mental health care	Covered	Covered	Covered
Mental health care	Covered	Covered	Covered
Skilled nursing facility (SNF)	Covered	Covered	Covered
Ambulance	Covered	Covered	Covered
Transportation (routine)	Covered	Covered	Covered
Prescription drug benefits	Covered	Covered	Covered
Chiropractic care	Covered	Covered	Covered
Diabetes supplies and services	Covered	Covered	Covered
Durable medical equipment	Covered	Covered	Covered
Foot care	Covered	Covered	Covered
Home health care	Covered	Covered	Covered
Hospice	Not covered	Covered	Covered
Outpatient hospital services	Covered	Covered	Covered
Prosthetics and orthotics	Covered	Covered	Covered
Family planning services	Covered	Not covered	Not covered
Nurse midwife services	Covered	Not covered	Not covered
Medication assisted treatment	Covered	Covered	Covered
Organ transplants	Covered	Covered	Covered
Personal care	Covered	Not covered	Not covered
Pregnancy and	Covered	Not covered	Not covered

Benefits	SoonerCare (Medicaid)	Generations Dual Support (HMO D-SNP)	Generations Dual Premier (HMO D-SNP)
maternity services			
Inpatient rehab hospital	Covered	Covered	Covered
Routine patient cost in qualifying clinical trials	Covered	Covered	Covered
Stop smoking (cessation) products	Covered	Covered	Covered
Substance use disorder residential treatment	Covered	Not covered	Not covered
Therapy services	Covered	Covered	Covered

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at www.globalhealth.com.

GlobalHealth is required by law to provide you with this Notice of our legal duties and privacy practices, to notify you following a breach of unsecured PHI, and to abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice and our privacy practices. Any revised Notice will apply to all PHI we maintain, including PHI we created or received before the change, as allowed by 45 C.F.R. §164.530(i)(2)(ii). If material changes are made to this Notice, GlobalHealth will (a) prominently post the revised Notice on our website by the effective date of the change, and (b) provide the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals then covered by the plan, as required under 45 C.F.R. §164.520(c)(1)(v)(A).

How GlobalHealth May Use or Disclose Your Health Information

For Treatment. We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

For Payment. We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

For Health Plan Operations. We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

Health-Related Business and Services. We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

Where Permitted or Required by Law. We may use and/or disclose information about you as permitted or required by law. For example, we may disclose information:

To a regulatory agency for activities including, but not limited to, licensure, certification,

accreditation, audits, investigations, inspections, and medical device reporting.

To law enforcement upon receipt of a court order, warrant, summons, or other similar process.

In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process.

To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability.

For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.

For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations.

In order to comply with laws and regulations related to Workers' Compensation.

For coordination of insurance or Medicare benefits, if applicable.

When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and

In the course of any administrative or judicial proceeding, where required by law.

Business Associates. We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

Personal/Authorized Representatives. We may use and/or disclose PHI to your authorized representative.

Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Emergencies. We may use and/or disclose your PHI if necessary, in an emergency if the use or disclosure is necessary for your emergency treatment.

Military/Veterans. If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official, as necessary for: (a) the institution or official to provide you with health care; (b) your health and safety or the health and safety of other inmates; (c) the health and safety of correctional staff or others responsible for transporting or supervising you; (d) the administration and maintenance of the safety, security, and good order of the correctional institution. These uses and disclosures are permitted under the HIPAA Privacy Rule and other applicable law, including situations governed by 45 C.F.R.

§164.512(k)(5) and, where applicable, 42 CFR part 2.

Appointment Reminders. We may use and/or disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. Other forms of outreach, including, but not limited to, text messages, emails, and telephone calls, will be used only if you have provided us with written consent to receive such communications If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medication and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications. Other forms of outreach, including, but not limited to, text messages, emails, and telephone calls, will be used only if you have provided us with written consent to receive such communications.

Limited Data Set. A "limited data set" is health information from which certain direct identifiers (such as your name, address, Social Security number, telephone number, email address, and other information that can directly identify you) have been removed, as permitted under HIPAA. A limited data set may still include information such as dates of service, city, state, ZIP code, and other non-direct identifiers needed for analysis or operational purposes. If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set must enter into a Data Use Agreement which require them to take reasonable steps to protect the privacy of your information.

Substance Use Disorder Patient Records. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Other Uses. If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

NOTE: We will disclose your PHI for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization. The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

Your Health Information Rights

Right to Inspect and Copy

You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are

denied access, you may appeal to our Privacy Officer.

Right to Confidential Communication

You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

Right to Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

Right to Request Restrictions on Uses or Disclosures

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If do we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

Right to Request Amendment of PHI

You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we maintain; (3) the information is not a part of the record that you would be permitted to inspect and copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

Right to Be Notified of a Breach

You have the right to receive notification of any breaches of your unsecured PHI.

Right to Revoke Authorization

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

Right to Receive a Copy of this Notice

You have the right to receive a paper copy of this Notice upon request.

To Report a Privacy Violation

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer
210 Park Avenue Suite 2900
Oklahoma City, OK 73102
Toll-free 1-844-280-5555 (TTY: 711)
(operational hours: October 1 – March 31, 7 days a week 8:00 am – 8:00 pm local time.
April 1 – September 30 Monday – Friday, 8:00 am – 8:00 pm local time)
Email privacy@globalhealth.com

You may file a complaint in writing by mail or email. You will not be penalized or retaliated against for filing a privacy complaint.

You also have the right to file a privacy complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, if you believe your privacy rights under HIPAA have been violated. You may file electronically through the OCR Complaint Portal at https://ocrportal.hhs.gov, or by mail or phone at:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

GlobalHealth will not retaliate against you for filing a complaint with us or with the Secretary.

Third-party apps and the FTC

Please be advised that most Third-Party App's will not be covered by HIPAA. Most apps will instead fall under the jurisdiction of the Federal Trade Commission (FTC) and the protections provided by the FTC Act. The FTC Act, among other things, protects against deceptive acts (e.g., if an app shares personal data without permission, despite having a privacy policy that says it will not do so). If you have any concerns regarding the use of Third-Party App's and your information you may contact the Federal Trade Commission (FTC) and file a complaint at https://reportfraud.ftc.gov/#/.

Effective Date: 10/01/2023 Original Notice: 04/01/2003 Revised:

04/01/2011
04/01/2013
08/01/2021
10/01/2023
07/2025
02/2026

Notification of Availability of Electronic Materials

GlobalHealth provides important plan materials that explain how to use your health plan benefits. These materials will be available online at www.globalhealth.com. no later than October 15, 2026. If you would like a hard copy of any material, please contact Customer Care.

Evidence of Coverage

The *Evidence of Coverage* (*EOC*) is essentially your Member Handbook. It contains detailed information on your benefits, cost shares, and coverage rules for your plan. For example, if you are unsure whether a service requires prior authorization or not, you can find that information in your plan's *EOC*.

Provider Directory

In most cases, you must receive care from an in-network provider.

*Drug Formulary**

The *Drug Formulary* (List of Covered Drugs) provides you information about the prescription drugs covered under your plan, including tier placement, and availability of mail order. Additionally, if a prescription drug has prior authorization, step therapy or quantity limits, this information is provided in the *Drug Formulary*.

*Pharmacy Directory**

In most cases, your prescriptions are covered only if they are filled at a network pharmacy.

Hardcopies of the above materials may be requested by calling:
GlobalHealth Customer Care
Toll Free: 1-844-280-5555 (TTY: 711)
8:00 AM-8:00 PM, 7 days a week (Oct 1-Mar 31)
8:00 AM-8:00 PM, Monday-Friday (Apr 1-Sept 30)

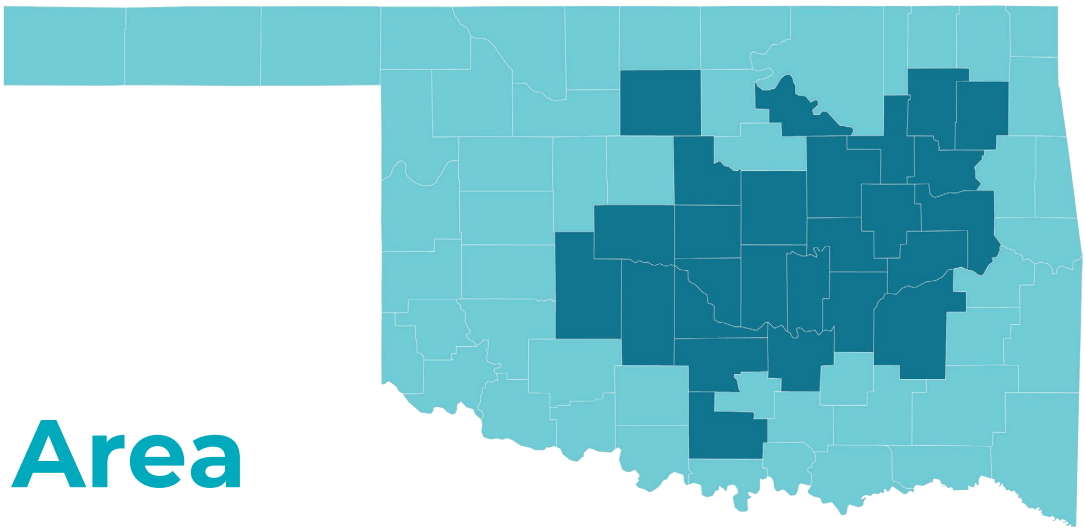
When you request hard copies of these materials, we will ask whether your request is for one time only or whether you would like to continue receiving hard copies until you tell us you prefer to use electronic versions again.

Your Right to Opt Out of Plan Business Calls

Occasionally, the health plan may call current enrollees, including those in non-Medicare products, to discuss plan business (examples of this include calls to enrollees aging into Medicare from commercial products offered by the same organization's existing Medicaid plan enrollees to talk about its Medicare products, and calls to current Medicare Advantage enrollees to promote other Medicare plan types or to discuss plan benefits). If you do not wish to receive these calls, you may opt out by calling us on the number listed on the back of your Member ID card.

*Only applicable to plans with prescription drug coverage. GlobalHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).

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2027

Service Area

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

GlobalHealth
MEDICARE ADVANTAGE PLANS

1-844-280-5555 (toll-free) (711)
8:00 a.m. to 8:00 p.m., 7 days a week, (October 1 – March 31), and
8:00 a.m. to 8:00 p.m., Monday – Friday, (April 1 – September 30)
www.globalhealth.com