



**FOR IMMEDIATE RELEASE**

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## **Oklahoma HMO shares Medicare enrollment information**

*Annual Enrollment Period opens Tuesday, Oct. 15, many Oklahomans don't take advantage of Medicare Advantage benefits*

**OKLAHOMA** – Oklahomans wanting to make changes to various aspects of their Medicare coverage or enroll in a Medicare Advantage plan, can do so during the upcoming annual enrollment period (AEP). According to the most recent data from the Centers for Medicare & Medicaid Services, only 20% of Oklahomans are enrolled in Medicare Advantage plans, compared to the national average of roughly 34%.

GlobalHealth, an Oklahoma-based health insurance provider, is supplying educational information to help Oklahoma seniors prepare for AEP and understand the differences between Original Medicare and Medicare Advantage. For 2020 coverage, open enrollment will run from Tuesday, Oct. 15 to Saturday, Dec. 7, 2019.

“There is a discrepancy between the national and Oklahoma Medicare Advantage enrollment numbers,” said Dr. Wesley Williams, medical director at GlobalHealth. “A significantly lower number of Oklahomans have taken advantage of this type of plan, which often provides more coverage options than Original Medicare. It’s important that Oklahoma seniors know the differences between Original Medicare and Medicare Advantage to ensure they are choosing the right plan for their health and budget for the upcoming coverage year.”

### **What are the different parts of Medicare?**

Medicare Part A, also known as hospital insurance, is part of Original Medicare and covers hospitalizations, skilled nursing facilities and home health care. Medicare Part B, also known as medical insurance, is also part of Original Medicare and covers outpatient care, certain doctor’s services, medical supplies and preventive care.

Medicare Part C, also known as Medicare Advantage, is an all-in-one replacement to Original Medicare to enhance a Medicare beneficiary’s health coverage. Medicare Part C combines Part A and Part B and often Part D prescription drugs. Medicare Part C usually offers more benefits for services such a dental, vision and low-to-no copays on physician visits. Medicare beneficiaries must have Medicare Part A and B to enroll in a Medicare Advantage plan.

Medicare Part D is an optional part of Medicare that provides prescription drug coverage. Beneficiaries must have Medicare Part A and/or B to enroll in a prescription drug plan.

**Medicare vs. Medicare Advantage.** Medicare Part C (Medicare Advantage) is an all-in-one replacement plan to Original Medicare and combines Part A and B and often Part D. While Medicare Advantage is similar to Original Medicare in many ways, it can also include additional benefits such as dental and vision services and low-to-no copays on physician visits. Unlike Original Medicare, all Medicare Advantage plans have a medical maximum out-of-pocket protection that limits how much beneficiaries pay out-of-pocket for Medicare expenses. Additionally, there are Medicare Advantage plans with \$0 monthly premiums and no medical or drug deductibles. Beneficiaries must continue to pay their Part B premium.

**Enrollment eligibility.** People age 65 and older and individuals that are younger than 65 with certain disabilities are eligible for Medicare Part A. To enroll in a Medicare Advantage plan (Part C), beneficiaries must have Part A and Part B.

**Coverage changes.** During AEP, beneficiaries can switch from Original Medicare to Medicare Advantage, or vice versa. They can also switch from one Medicare Advantage plan to another, from a Medicare Advantage Prescription Drug plan to a Medicare Advantage plan, or vice versa. If they did not enroll in a Medicare Part D plan when they were first eligible, they can do so during AEP, although they may face a late enrollment penalty.

**What questions should be considered when selecting a plan?** There are many questions a Medicare beneficiary should ask, such as:

- Can I talk to someone local?
- Is the plan easy to use?
- What is the monthly plan premium?
- Are there medical and drug deductibles?
- What are the costs for the services I use most often?
- Are there extra benefits such as vision, dental or over-the-counter allowances?
- What is my maximum out-of-pocket protection?
- What are the costs to see my physician?
- Is customer service local?
- What are the costs for my prescriptions?

**Enrollment checklist.** To enroll during AEP, beneficiaries will need to provide their first and last name as it appears on their Medicare card, date of birth, phone number, permanent address and current Medicare ID card. They can enroll in the plan they choose online at Medicare.gov or by calling or scheduling a face-to-face appointment with a health insurance agent.

“Your Medicare benefits and premiums, as well as your health, can change from year to year. It is important to assess your current plan to ensure it is still the best option,” Williams said. “During AEP, you can view coverage changes from the current year to the next, which will allow you to make an educated decision on your health plan choice for the following year.”

**About GlobalHealth**

GlobalHealth is changing health insurance in Oklahoma. As an industry leader, GlobalHealth is an Oklahoma-based health maintenance organization covering individuals in all 77 Oklahoma counties. Working proactively with its members, GlobalHealth engages a personalized management plan to address their specific needs and ensure the best possible health outcomes. GlobalHealth utilizes cutting-edge, predictive data technology as a foundation to deliver improved healthcare as part of its commitment to making health insurance more affordable. Its membership includes state, education and municipal employees, federal employees, and individuals who are eligible for Medicare. To learn more, visit [www.GlobalHealth.com](http://www.GlobalHealth.com).

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

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