



State of Oklahoma

Health Benefits
Plan 2016



Featuring:

- NEW! \$0 PCP Copay
- NEW! GlobalFit Gym Discounts
- NO Deductible or
*Coinsurance
- FREE Preventive Care Services
- \$500 Maternity Delivery



GlobalHealth, Inc.
701 NE 10th Street, Suite 300
Oklahoma City, OK 73104-5403
www.globalhealth.com/state

MSTBG16

BENEFITS AT A GLANCE

The following is intended to be only a summary of benefits offered by GlobalHealth, plan MSBST16, for State, Education and Local Government Employees. For more information, go to www.globalhealth.com/state.

BENEFIT	YOU PAY
ANNUAL DEDUCTIBLE	This plan doesn't have an annual deductible.
ANNUAL OUT-OF-POCKET MAXIMUM	Member: \$3,500 Family: \$10,500
PRIMARY CARE VISITS	\$0 copay per visit
SPECIALIST VISITS	\$50 copay per visit
PREVENTIVE CARE Well Child Visits	\$0 copay
X-RAYS & LABS	\$0 copay
SPECIALIZED SCANS, IMAGING, & DIAGNOSTIC EXAMS	\$250 copay per scan in free-standing/low-cost facility; \$750 copay per scan in hospital-owned facility
INPATIENT HOSPITAL STAY	\$250 copay per day with \$750 maximum per admission
OUTPATIENT SURGERY	\$250 copay in free-standing/low-cost facility; \$750 copay in hospital-owned facility
EMERGENCY ROOM SERVICE	\$300 copay, waived if admitted to hospital inpatient
URGENT CARE	\$25 copay in urgent care facility
PRESCRIPTION DRUGS <i>(Sovereign Medical Solutions is a home delivery option for Native American members. Please visit our website for additional information.)</i>	Preferred Network Retail Pharmacy \$5/\$10/\$50/\$75/\$100/\$200
	Non-Preferred Network Retail Pharmacy \$10/\$15/\$55/\$80/\$105/\$205
	Preferred Home Delivery or Extended Supply Retail \$10/\$20/\$100/\$150
	Non-Preferred Home Delivery or Extended Supply Retail \$15/\$25/\$105/\$155
MATERNITY CARE	\$0 copay for prenatal care; \$25 one-time copay for delivery and all post-natal care; \$500 copay per admission for delivery
FAMILY PLANNING	No copay for women on FDA-approved services; \$50 copay for men if services performed in an office setting
ALLERGY CARE	\$0 copay per PCP visit; \$50 copay per specialist visit; \$30 copay/6-week supply of antigen and administration
PHYSICAL, OCCUPATIONAL, SPEECH THERAPY <i>(limited to 60 combined visits per course of therapy)</i>	No copay for inpatient; Outpatient: \$50 copay per visit; Rehabilitation Facility: \$250 copay/day with \$750 copay/admission
CHIROPRACTIC CARE <i>(15 visits per year)</i>	\$25 copay per visit
MENTAL HEALTH SERVICES CHEMICAL DEPENDENCY & SUBSTANCE ABUSE	\$0 copay per outpatient office visit \$250 copay/day with \$750/admission

CHOOSE A PRIMARY CARE PHYSICIAN (PCP).

When you enroll, you choose a PCP from the GlobalHealth provider network. Each member of the family may choose a different PCP, including a pediatrician for children. You may change your PCP selection at any time throughout the year. Your PCP change will be effective the same day.



Find a PCP fast.

Check your Physician & Health Providers Directory or visit www.globalhealth.com/state and click "FIND A DOCTOR OR HOSPITAL"



Always start with your PCP.

Always unlimited \$0 copay.

Your PCP will coordinate and manage your medical care including referral requests if specialty care is necessary. The specialist may request referrals for procedures and follow up care after the initial visit. For same-day urgent care needs, call your PCP if during normal office hours. A referral is not required for specific self-referral services.



Hospital visits require referrals.

A referral and preauthorization from GlobalHealth are required for scheduled stays. You may only go to a hospital in the network except in an emergency. You do not have to obtain preauthorization for emergency services or stays in connection with childbirth. If you obtain other services without an authorized referral, you will be responsible for the costs. You may go to any emergency room, but you may be balance billed if you choose an ER that is not in-network.

YOU MAY SELF REFER FOR THE FOLLOWING SERVICES.

You do not need preauthorization from GlobalHealth or from your PCP in order to obtain in-network care for the following services:



Obstetrical/Gynecological Services and Well-Woman Exams

From a healthcare professional who specializes in obstetrics or gynecology.



Hearing and Speech Exams

From an audiologist for your child for an evaluation only. You will need preauthorization for any additional treatment.



Physical Therapy

For an evaluation only from a healthcare professional who specializes in physical therapy. You will need preauthorization for any additional treatment.



Routine Eye Exams

From a network optometrist.



Behavioral & Mental Health/Chemical Dependency Services

These may be accessed directly by calling MHNNet Behavioral Health.



After-Hours Urgent Care Visits

In-network.



PRESCRIPTION DRUG BENEFITS

Get details on preferred drugs and pharmaceutical management procedures at www.globalhealth.com/state. We offer a four-tier system for generics, preferred brand-name medications, non-preferred medications and specialty medications. You may choose to obtain your prescriptions through retail or home delivery.



MEMBER MATERIALS

Make the most of your benefits by going to www.globalhealth.com/state to download information including:

- ▶ State Schedule of Benefits
- ▶ Member Handbook
(includes Member Rights and Responsibilities & Notice of Privacy Practices)
- ▶ Drug Formulary
- ▶ Physician and Health Providers Directory
- ▶ Summary of Benefits and Coverage

Printed copies are available upon request by calling Customer Care.

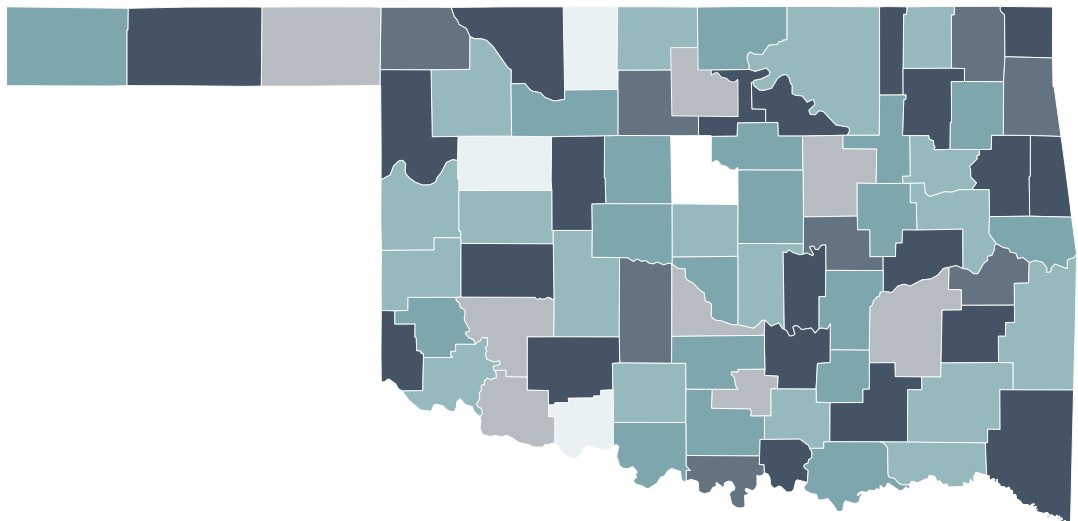


NEW! GlobalFit

Through our partnership with GlobalFit, you can register for our new wellness benefit giving you access to discounts on gym memberships at thousands of fitness clubs nationwide.

We cover Oklahoma.

GlobalHealth is available statewide. You must live or work in Oklahoma to be eligible. Each of the 77 counties in Oklahoma and all of their zip codes are covered in their entirety.



EXCLUSIONS AND LIMITATIONS

All benefits described below are excluded (not covered) or limited under this GlobalHealth medical Plan.

LIMITATIONS

Ancillary Services and Supplies

- GlobalHealth will determine whether Durable Medical Equipment (DME) items will be obtained by rental or purchase. All approved DME must be supplied by an In-Network Provider.
- Replacement, repair, or adjustments of purchased DME items are covered only when determined to be Medically Necessary.
- Rental equipment must be returned when it is no longer Medically Necessary.
- DME maintenance, only when preauthorized by GlobalHealth.
- Hearing aids are covered only for children less than eighteen (18) years of age.
- Routine corrective lenses and fittings for adults limited to first set of basic frames and lenses (up to \$100.00) following cataract surgery.
 - Deluxe lens features for eye glasses such as special coating, polarization, UV treatment, etc. are not covered.
 - Contact lenses are not covered.

Chiropractic Care

- Limited to fifteen (15) visits per Plan year.

Cosmetic or Plastic Surgery

- Operative procedure or any portion of a procedure performed primarily to improve physical appearance through change in bodily form. Coverage limited to:
 - Repairing conditions resulting from an accidental injury;
 - Improvement of the physiological functioning of a malformed body member not related to dentistry or dental processes to the teeth and surrounding tissue; and
 - Breast reconstruction following a Medically Necessary mastectomy.

Dental Services – Medical Coverage

- Emergency room services necessary to stabilize naturally sound teeth due to accidental injury will be covered. Replacement, re-implantation, and follow-up care of those teeth are not covered, even if the teeth are not saved by emergency stabilization.
- Orthognathic surgery is covered only when Medically Necessary (e.g., malocclusion has produced significant inability to function). Sufficient clinical documentation must be provided and services must be preauthorized.

Genetic Analysis, Services, or Testing

- Genetic counseling and testing is limited to women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 and BRCA 2 genes.

Home HealthCare

- Limited to 100 visits per Plan year.

Physical Therapy and Rehabilitation Services

- Physical, occupational, and/or speech therapy services limited to 60 combined visits for you to regain, maintain, or prevent deterioration of a skill or function that has been acquired, but then lost or impaired due to illness, injury, or disabling condition per course of therapy.

Prescription Drugs

- Inhaler extender devices, peak flow meters, Ana-Kits, and EpiPens are limited to three (3) per Plan year.
- Prescription diaphragms are limited to two (2) per Plan year.
- The GlobalHealth Pharmacy and Therapeutics Committee's standard quantity limits, prior authorization criteria, and step therapies apply.
- Prescription benefits cover pharmacy vaccine Network contracted immunizations that are prescribed by a Network physician and administered at a contracted vaccine Network pharmacy Provider.
- Specialty medications are limited to a one-month supply.
- Smoking cessation products are limited to two (2) full 90-day courses of any FDA-approved tobacco cessation product per Plan year, if prescribed by your PCP. This benefit is available to you as well as your enrolled Dependents who are at least eighteen (18) years old. The covered medications are listed in the formulary and include: Chantix™ (varenicline), Nicotrol® Inhaler (nicotine), Nicotrol® Nasal Spray (nicotine), and bupropion SR 150 mg (generic for Zyban®). Over-the-counter products (such as nicotine patches and gum) may be covered. See your Drug Formulary.
- Medications prescribed or administered by Out-of-Network physicians in non-emergencies is limited to those prescribed by dentists.

Psychiatric and Behavioral Health Services – Medical Coverage

- Autism screening is limited to children at age eighteen (18) months and twenty-four (24) months.
- Developmental screening is limited to children up to the age of three (3) years.
- Compulsive disorders treatment is limited to programs for anorexia and bulimia when Medically Necessary.
- Other services may be covered by behavioral benefits. Call MHNet for details of coverage.

Skilled Nursing Care

- Limited to 100 days per Plan year.

Vision

- Limited to one (1) routine check-up, including eye refraction, per Plan year.

EXCLUSIONS

Ancillary Services and Supplies

- Routine foot care, shoes, and shoe inserts, except for Medically Necessary foot care for those persons diagnosed with diabetes or peripheral vascular disease.
- Orthopedic shoes unless permanently attached to a Denis Browne splint for children.
- Corrective shoes, arch supports, and supportive devices for the feet.
- Mattresses and other bedding or bed-wetting alarms.
- Equipment or devices not medical in nature such as braces worn for athletic or recreational use, ear plugs, elastic supports, corsets, or garter belts.
- Jacuzzi/whirlpools.
- Power-operated vehicles that may be used as wheelchairs.
- Purchase or rental of equipment or supplies for common household use including, but not limited to: Physical fitness equipment, traction tables, air conditioners, water purifiers, air-cleaning machines or filtration devices, cervical or lumbar pillows, grab bars, raised toilet seats, shower benches, beds, or chairs.
- Bandages, pads, or diapers.

Dental Services – Medical Coverage

- General dental services.
- Procedures that involve the teeth or their supporting structures (such as the periodontal membrane, gingiva, and the alveolar bones).
- Correction of occlusive jaw defects, dental implants, or grafting of alveolar ridges.
- Treatment of soft tissue for the purpose of facilitating dental procedures or dentures.

Experimental or Investigational Therapies

- Medications, items, devices, and procedures that are Experimental or Investigational, except:
 - Off-label uses of certain medications used in the treatment of cancer or the study of oncology.
 - Certain investigational uses of drugs, including chemotherapy for cancer treatment, if administered as part of an Approved Clinical Trial.
- Medications prescribed for a non-FDA approved indication, dosage, or length of therapy.
- Medications, therapies, and technologies whose long-term efficacy or effect is undetermined or unproven or whose efficacy is no greater than that of traditionally accepted standard treatment.
- New procedures, services, supplies, and medications until they are reviewed for safety, efficacy, and cost-effectiveness and approved by GlobalHealth.

Medical Care or Hospital Services

- Services that are provided without an authorization and complications arising from those services.
- Services or medications received before your start date of coverage or after the time coverage ends, even if authorized.
- Care or services provided outside the GlobalHealth Service Area if the need for such care or services could have been foreseen before leaving the Service Area.
- Services for which you do not allow the release of information to GlobalHealth.

- Services for travel, insurance, licensing, employment, school, camp, sports, premarital, or pre-adoption purposes.
- Private rooms and personal or comfort items.
- Services received while outside of the United States.
- Charges for injuries resulting from war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
- Treatment of injuries or illnesses resulting from an attempt or commission of a felony, or as a result of being engaged in an illegal occupation.
- Alopecia.
- Treatment for orthotics or visual training for any diagnosis other than mild strabismus.
- Separate charges for missed or canceled appointments, penalty or finance charges, maintenance and/or record-keeping, record copying, or Case Management services.
- Medical care, supplies, medications, and devices for which no charge was made. Medical care, medication, and supplies for which no payment would be requested if you did not have this coverage.
- Custodial care, respite care, homemaker services, domiciliary, or convalescent care.
- Treatment of injuries or illnesses sustained or contracted as the result of being under the influence of any narcotic, unless prescribed by a physician.
- Treatment for injury resulting from extreme activities including, but not limited to:
 - Base jumping
 - Bungee jumping
 - Bull riding
 - Car racing
 - Skydiving
 - Motorcycle stunts
- Services that are not Medically Necessary.
- Medical and/or mental health treatment of any kind which is excessive or where medical necessity has not been proven.
- Alternative Medicines and/or treatments used in the place of standard therapy, to treat any condition or illness.
- Screening services requested solely by the Member, such as commercially advertised heart scans.

Obstetrical and Infertility Services

- Elective abortions.
- Home uterine monitoring.
- Expenses related to surrogate parenthood.
- Alternative programs for delivery such as home delivery and use of midwives and birthing centers.
- Costs resulting from a normal, full-term delivery (vaginal or caesarean section) of a baby outside of the GlobalHealth Provider Network. Full-term delivery is defined as a delivery within thirty (30) days of your due date, as specified by your GlobalHealth In-Network Provider.
- In vitro fertilization, artificial insemination, embryo transfers, reversal of voluntary sterilization, ovum transplant, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate parenting, and donor semen expenses.

Other Coverage

- Treatment for disabilities connected to military service for which you are legally entitled and to which you have reasonable accessibility (i.e., services through a federal governmental agency).
- Services that are provided as a result of Workers' Compensation laws or similar laws.
- Medications for which the cost is recoverable under any other coverage, including Workers' Compensation, Occupational Disease law, or any state or government agency.

Other Exclusions

- Services resulting in whole or in part from an excluded condition, item, or service.

Physical Therapy and Rehabilitation Services

- Kinesiology, movement therapy, or biofeedback.
- Rolf technique.
- Rehabilitation treatment that will not result in measurable improvement.
- Massage therapy.
- Acupuncture/acupressure.
- Recreational therapy including, but not limited to:
 - Animal-facilitated therapy
 - Music therapy

Prescription Drugs

- Medications and dietary supplements available without a prescription (over-the-counter) or for which there is a non-prescription therapeutic equivalent available, even if ordered by a physician, unless an exception applies.
- Saline and medications for irrigation.
- Elective or voluntary enhancement procedures, services, supplies, or medications, including but not limited to: Hair growth, sexual performance, athletic performance, cosmetic purposes, and anti-aging.
- All non-prescription contraceptive jellies, ointments, foams, or devices unless they are FDA-approved and prescribed by a Network physician for a woman.
- Biological sera, medication prescribed for parenteral use or administration, allergy sera, immunizing agents, and immunizing injectable drugs with the exception of immunizations that are covered in Limitations above.
- Dietary formulas, including but not limited to total parenteral nutrition and other enteral formulas. Exception: FDA-approved low-protein formulas are covered if medically necessary for the treatment of PKU.
- Lost or stolen prescriptions.
- Prescription medication for the treatment of sexual dysfunction, including erectile dysfunction, impotence, and anorgasm, hypogasm, or decreased libido. (Sexual dysfunction drugs are covered only for post-prostate surgery indications and must be preauthorized by GlobalHealth.)
- Topical testosterone products (e.g., AndroGel®, Fortesta®, etc.)

Psychiatric and Behavioral Health Services – Medical Coverage

- Education, therapy, and services for the purpose of diagnosing or treating a learning disability, disruptive behavioral disorder, oppositional defiance disorder, or conduct disorder.
- Psychiatric or psychological treatment for developmental disorders, including mental retardation, pervasive developmental disorder and other specific developmental disorders, such as autism, Rett's, or Asperger's.
- Marital counseling.
- Residential treatment programs.
- Applied behavioral analysis.
- Services may be covered by behavioral benefits. Call MHNet for details of coverage.

Sex Transformation/Sexual Dysfunction

- Services related to sex transformation or sexual dysfunction of any nature, including drugs and supplies.

Transplants

- Artificial or non-human organ transplants or transplants considered experimental, investigative, or unproven.
- Transplant services rendered at a non-participating or Out-of-Network transplant Facility.
- Donor screening tests and donor search expenses.
- Lodging, meals, and transportation costs associated with organ transplantation (donor or recipient).

Transportation/Lodging

- Routine, non-emergent ambulance transport unless preauthorized by GlobalHealth.
- Lodging, meals, and transportation costs.

Vision

- Eye exercises and orthotics.
- LASIK, INTACS, radial keratotomy, and other refractive surgery.
- Computer programs of any type, including, but not limited to, those to assist with vision therapy.
- Special multifocal ocular implant lenses.

Weight Reduction Programs

- Gastric stapling, gastric balloon services, or any surgical treatment for obesity or weight-loss purposes

Featuring:

NEW! \$0 PCP copay, NEW! GlobalFit Gym Discounts, NO deductible or *coinsurance, FREE preventive care services, \$500 maternity delivery.

*Excluding Durable Medical Equipment, Orthotics and Prosthetics, Diabetic Supplies and Infertility Services.

GlobalHealth, Inc. does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sexual orientation, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence), source of payment, or geographic location within the service area.

2016	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Monthly Rate	\$499.76	\$1,237.44	\$1,507.42	\$1,678.30	\$769.74	\$940.62
Bi-Weekly Rate	\$249.88	\$618.72	\$753.71	\$839.15	\$384.87	\$470.31



PO Box 2393

Oklahoma City, OK 73101-2393

(405) 280-5600 (local) - 1-877-280-5600 (toll-free)

1-800-722-0353 or 711 (TTY/TDD/Voice)

www.globalhealth.com/state

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