



Federal Employees

Benefits at a
Glance for 2019
Plans



Featuring:

- \$0 Primary Care Physician Visits
- \$0 Lab Tests & X-rays

MFEDBG19

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www.GlobalHealth.com/fehb

BENEFITS AT A GLANCE

This is a summary of the features of the GlobalHealth Plan. Before making a final decision, please read the Plan's Federal Brochure, RI 73-834. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal Brochure. To review the 2019 FEHB Brochure, go to www.GlobalHealth.com/fehb.

BENEFIT	YOU PAY - HIGH OPTION	YOU PAY - STANDARD OPTION
ANNUAL DEDUCTIBLE*	This plan doesn't have an annual deductible.	Self Only - \$300 Self Plus One - \$600 Self and Family - \$600
ANNUAL OUT-OF-POCKET MAXIMUM	Self Only - \$5,000 Self Plus One - \$7,000 Self and Family - \$7,000	Self Only - \$6,500 Self Plus One - \$7,500 Self and Family - \$7,500
PRIMARY CARE VISITS	\$0 copay per visit	\$0 copay per visit
SPECIALIST VISITS	\$35 copay per visit	\$45 copay per visit
PREVENTIVE CARE	\$0 copay	\$0 copay
X-RAYS & LABS	\$0 copay	\$0 copay
SPECIALIZED SCANS, IMAGING, & DIAGNOSTIC EXAMS	\$250 copay per scan in a preferred facility; \$500 copay per scan in a non-preferred facility	\$350 copay per scan in a preferred facility; \$700 copay per scan in a non-preferred facility
INPATIENT HOSPITAL STAY	\$250 copay per day with \$750 maximum per admission	\$500 copay per day with \$1,500 maximum per admission
OUTPATIENT SURGERY	\$250 copay in a preferred facility; \$750 copay in a non-preferred facility	\$500 copay in a preferred facility; \$1,000 copay in a non-preferred facility
EMERGENCY ROOM SERVICE	\$250 copay, waived if admitted to hospital inpatient	\$300 copay, waived if admitted to hospital inpatient
URGENT CARE	\$25 copay in urgent care facility	\$45 copay in urgent care facility
PRESCRIPTION DRUGS <i>(Chickasaw Nation Refill Center is a home delivery option for Native American members. Please visit our website for additional information.)</i>	Retail Pharmacy - 30 Day Supply \$4/\$12/\$50/\$80/10% up to \$150/10% up to \$250 Home Delivery or Extended Supply Retail - 90 Day Supply \$8/\$24/\$125/\$240	Retail Pharmacy - 30 Day Supply \$6/\$15/\$70/\$105/10% up to \$200/10% up to \$300 Home Delivery or Extended Supply Retail - 90 Day Supply \$12/\$30/\$150/\$270
MATERNITY CARE	\$0 copay for prenatal care; \$25 one-time copay for delivery and all post-natal care; \$250 copay per admission for delivery	\$0 copay for prenatal care; \$45 one-time copay for delivery and all post-natal care; \$300 copay per day with \$900 maximum per admission for delivery
FAMILY PLANNING <i>(A range of voluntary family planning services limited to: Annual contraceptive counseling, Voluntary sterilization (e.g., tubal ligation, vasectomy), Surgically implanted contraceptives, Injectable contraceptive drugs (such as Depo provera), Intrauterine devices (IUDs), Diaphragms and contraceptive rings)</i>	\$0 copay	\$0 copay
ALLERGY CARE	\$0 copay per PCP visit; \$35 copay per specialist visit; \$0 copay for antigen and administration	\$0 copay per PCP visit; \$45 copay per specialist visit; \$0 copay for antigen and administration
PHYSICAL, OCCUPATIONAL, SPEECH THERAPY <i>(limited to 60** combined visits per calendar year)</i>	Inpatient: \$0 copay Outpatient: \$20 copay per visit	Inpatient: \$0 copay Outpatient: \$25 copay per visit
CHIROPRACTIC CARE (20 visits per year)	\$20 copay per visit	\$25 copay per visit
MENTAL HEALTH SERVICES CHEMICAL DEPENDENCY & SUBSTANCE ABUSE	\$0 copay per outpatient office visit \$250 copay/day with \$750/admission maximum	\$0 copay per outpatient office visit \$500 copay/day with \$1,500/admission maximum

*No deductible on high option plan. Standard option plan deductible does not apply to PCP, specialist and behavioral health office visits, lab/x-ray, urgent care, outpatient habilitation and rehabilitation visits, preventive care and prescription drugs.

**60 visits for rehabilitation and 60 visits for habilitation.

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. If you need to see a PCP before you receive your new member ID cards, contact Customer Care.



Find a PCP fast.

Check your Physician & Health Providers Directory or visit www.GlobalHealth.com/fehb and click "FIND A PROVIDER"



Always start with your PCP.

Always unlimited \$0 copay.

Your PCP will coordinate and manage your medical care including preventive care & referral requests if specialty care is necessary. Do not make your appointment with the specialist until you receive the authorization letter. 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. After office hours, you have two options. You can call the number on your member ID card for your primary care physician. Your primary care physician's answering service will take your name and phone number. Your primary care physician will call you back. You will be given medical direction at that time, which may include directing you to an urgent care facility. You may also self-refer to an in-network urgent care facility. For a list of facilities, please refer to the GlobalHealth Physician & Health Providers Directory, also available online at www.GlobalHealth.com/fehb. 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. If you obtain other services without an authorized referral, you will be responsible for the costs.



Emergency Care.

Let your PCP & GlobalHealth know within 48 hours of being seen. We may arrange to transfer you to an in-network hospital if you are admitted to an out-of-network hospital from the ER.

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 services below. Please refer to the FEHB Brochure for coverage and limits.



Obstetrical/Gynecological Services and Well-Woman Exams

From a healthcare professional who specializes in obstetrics or gynecology.



Routine Mammogram

From an imaging center.



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 & Eyewear

From a network optometrist & eyewear providers.



Behavioral & Mental Health/Chemical Dependency Services

Medication management, therapy, and/or psychiatric testing from a healthcare professional who specializes in behavioral health.



After-Hours Urgent Care Visits

In-network.



Chiropractic Care Visits

In-network care of manipulation of the spine and extremities.

PRESCRIPTION DRUG BENEFITS

Get details on preferred drugs and pharmaceutical management procedures at www.GlobalHealth.com/fehb. We offer a five-tier system for low-cost and preferred generics, preferred brand-name medications, non-preferred generics and brand-name medications, preferred specialty medications, and non-preferred 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/fehb to download information including:

- ▶ FEHB Brochure
- ▶ Drug Formulary
- ▶ Physician and Health Providers Directory
- ▶ Summaries of Benefits and Coverage

Printed copies are available upon request by calling Customer Care at:
1-877-280-2989 (TTY: 711).

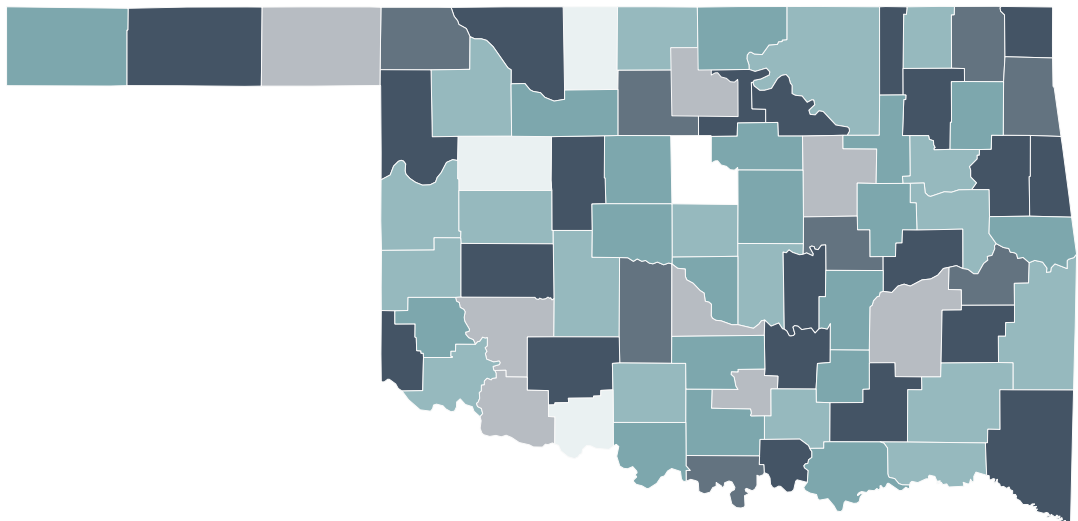


GlobalFit® Gym Membership Discounts

Through our partnership with GlobalFit®, you can register for our fitness 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.



GENERAL EXCLUSIONS—SERVICES, DRUGS, AND SUPPLIES WE DO NOT COVER.

The exclusions in this section apply to all benefits. There may be other exclusions and limitations listed in Section 5 of the FEHB brochure. **Although we may list a specific service as a benefit, we will not cover it unless it is medically necessary to prevent, diagnose, or treat your illness, disease, injury, or condition. For information on obtaining prior approval for specific services, such as transplants, see Section 3 of your FEHB Brochure When You Need Prior Plan Approval for Certain Services.**

We do not cover the following:

- Care by non-Plan providers except for authorized referrals or emergencies (see Emergency services/accidents).
- Services, drugs, or supplies you receive while you are not enrolled in this Plan.
- Services, drugs, or supplies not medically necessary.
- Services, drugs, or supplies not required according to accepted standards of medical, dental, or psychiatric practice.
- Experimental or investigational procedures, treatments, drugs, or devices (see specifics regarding transplants).
- Services, drugs, or supplies related to abortions, except when the life of the mother would be endangered if the fetus were carried to term, or when the pregnancy is the result of an act of rape or incest.
- Services, drugs, or supplies you receive from a provider or facility barred from the FEHB Program.
- Services, drugs, or supplies you receive without charge while in active military service.

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	IM1	\$214.27	\$71.42	\$464.25	\$154.75	\$68.57	\$59.28
High Option Self Plus One	IM3	\$428.54	\$142.85	\$928.51	\$309.50	\$137.13	\$118.56
High Option Self and Family	IM2	\$525.32	\$188.92	\$1,138.19	\$409.33	\$181.62	\$159.74
Standard Option Self Only	IM4	\$208.44	\$69.48	\$451.62	\$150.54	\$66.70	\$57.67
Standard Option Self Plus One	IM6	\$416.88	\$138.96	\$903.24	\$301.08	\$133.40	\$115.34
Standard Option Self and Family	IM5	\$521.10	\$173.70	\$1,129.05	\$376.35	\$166.75	\$144.17

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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 1-877-280-2989 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-280-2989 (TTY: 711).



PO Box 2393

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(405) 280-2989 (local) - 1-877-280-2989 (toll-free)

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