



GlobalHealth
2021



Affordable premiums. *Extraordinary* benefits. *Less* worry.

CALL NOW! 844-268-4235 (TTY: 711)

Or visit www.GlobalHealth.com/MyFedPlan





Are you an Oklahoma Federal Employee looking for options to save on your 2021 medical expenses?

GlobalHealth's 2021 Health Plan Highlights

| | HIGH OPTION | STANDARD OPTION |
|--|--|---|
| Unlimited Primary Care Physician Visits | \$0 | \$0 |
| Annual Deductible | No Deductible | \$500 Self Only \$1,000 Self Plus One \$1,000 Self and Family |
| Preventive Care | \$0 | \$0 |
| Lab Test | \$0 | \$0 |
| X-rays | \$0 | \$0 |
| Urgent Care (50 States and US Territories) | \$25 | \$45 |
| Specialist Visits | \$35 | \$50 |
| Maternity Delivery | \$250 per admission | *\$500 per admission |
| Childbirth Classes | \$0 | \$0 |
| Prenatal and Postnatal Care | \$0 | \$0 |
| Chiropractic Care | \$20 | \$15 |
| Allergy Treatment | PCP - \$0 Specialist - \$35 | PCP - \$0 Specialist - \$25 |
| Diagnostic X-rays - MRI's, CT Scan, Etc. | \$250 per scan - Preferred \$500 per scan - Non Preferred | *\$350 per scan - Preferred *\$700 per scan - Non Preferred |
| Emergency Room | \$250 | *\$300 |
| Hospital Outpatient | \$250 Preferred \$750 Non Preferred | *\$500 Preferred *\$1,000 Non Preferred |
| Hospital Inpatient | \$250 per day up to maximum \$750 | *\$750 per day up to maximum \$1,500 |

*Subject to Deductible.

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2021 Prescription Drugs

| | HIGH OPTION | STANDARD OPTION |
|--|---|---|
| Preventive Care Drugs | \$0 | \$0 |
| Tier 1 - Low Cost Drugs | 30 day - \$4 90 day - \$8 | 30 day - \$6 90 day - \$12 |
| Tier 1 - Preferred Generic Drugs | 30 day - \$12 90 day - \$24 | 30 day - \$15 90 day - \$30 |
| Tier 2 - Preferred Brand Drugs | 30 day - \$50 90 day - \$125 | 30 day - \$85 90 day - \$170 |
| Tier 3 - Non Preferred Drugs (Brand and Generic) | 30 day - \$80 90 day - \$240 | 30 day - \$120** 90 day - \$240 |
| Tier 4 - Preferred Drugs | 30 day - 10% up to \$150** | 30 day - 10% up to \$400** |
| Tier 5 - Non Preferred Specialty Drugs | 30 day - 10% up to \$250** | 30 day - 10% up to \$600** |
| Out of Pocket Maximum | \$5,000 Self Only \$7,000 Self Plus One \$7,000 Self and Family | \$6,500 Self Only \$7,500 Self Plus One \$7,500 Self and Family |

Please note prescription drugs are not subject to deductible.
**Oral Chemotherapy Drugs are capped at \$100.

ENROLLMENT DETAILS: GlobalHealth plan codes and enrollment instructions are available online at www.GlobalHealth.com/MyFedPlan

Choose a plan built for Oklahoma Federal Employees

| | HIGH OPTION | | | STANDARD OPTION | | |
|---|--|---|---|--|---|---|
| | NON-POSTAL Your share of biweekly premium | POSTAL CATEGORY 1 Your share of biweekly premium | POSTAL CATEGORY 2 Your share of biweekly premium | NON-POSTAL Your share of biweekly premium | POSTAL CATEGORY 1 Your share of biweekly premium | POSTAL CATEGORY 2 Your share of biweekly premium |
|  SELF ONLY | \$80.70 PLAN CODE: IM1 | \$77.35 PLAN CODE: IM1 | \$67.28 PLAN CODE: IM1 | \$76.14 PLAN CODE: IM4 | \$73.10 PLAN CODE: IM4 | \$63.20 PLAN CODE: IM4 |
|  SELF PLUS ONE | \$161.14 PLAN CODE: IM3 | \$154.69 PLAN CODE: IM3 | \$133.75 PLAN CODE: IM3 | \$152.29 PLAN CODE: IM6 | \$146.20 PLAN CODE: IM6 | \$126.40 PLAN CODE: IM6 |
|  SELF AND FAMILY | \$243.44 PLAN CODE: IM2 | \$235.63 PLAN CODE: IM2 | \$212.21 PLAN CODE: IM2 | \$199.22 PLAN CODE: IM5 | \$191.41 PLAN CODE: IM5 | \$167.99 PLAN CODE: IM5 |

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.



Experience a plan Oklahoma Federal employees choose!

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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 this 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 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.
- Wilderness therapy.

This is a brief description of the features of the GlobalHealth Federal 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.

