



GlobalHealth

Federal
Employees

*Member Orientation
2021*



Welcome to
GlobalHealth



MFEDMO21

GlobalHealth, Inc.
P.O. Box 2393
Oklahoma City, OK 73101-2393
www.GlobalHealth.com/fehb

WELCOME TO THE GLOBALHEALTH FAMILY!



Member Materials

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

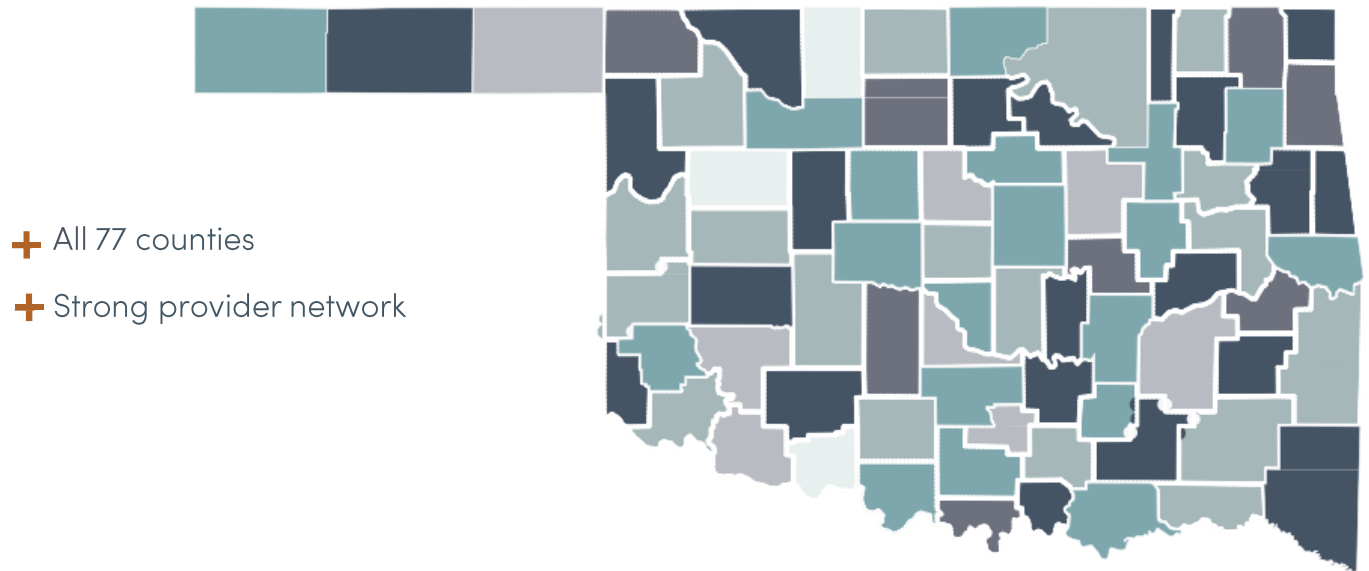
- ▶ FEHB Brochure
- ▶ Drug Formulary
- ▶ Physician and Health Providers Directory
- ▶ Pharmacy Directory
- ▶ Summaries of Benefits and Coverage

(Printed copies are available upon request by calling Customer Care)

It is important to know when you enroll in this Plan, services are provided through The Plan's delivery system, as described in the Plan's Federal brochure, but the continued participation of any one doctor, hospital or other provider cannot be guaranteed.

NETWORK PROVIDERS

Our provider network includes top-quality providers, hospitals, and pharmacies throughout Oklahoma. It is important to stay in network in order to keep out-of-pocket costs low and avoid being balance billed.



Search Our Provider Network



Visit www.GlobalHealth.com to find out which physicians and facilities are in our network. Your network plan is the GlobalHealth FEHB.



Download Our Mobile App

Visit www.GlobalHealth.com/mobile-app to easily access our provider search and to access benefits, wellness topics and GlobalHealth contact information.

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.



Always start with your PCP. \$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. A referral is not required for specific self-referral services.



Hospital visits require referrals.

A referral and prior authorization 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 go to any emergency room, but you may be balance billed if you choose an ER that is not in-network.

BALANCE BILLING BY AN OUT-OF-NETWORK PROVIDER

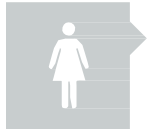
Balance billing occurs when a provider bills you the difference between its billed charge and the total amount the provider received from your cost-share and our usual and customary reimbursement for covered services.

In-network providers may not balance bill you. Out-of-network providers may balance bill you and you will be responsible for the difference between our payment and the provider's billed amount.

If you believe a provider has balance billed you in error, call Customer Care.

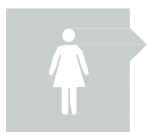
YOU MAY SELF REFER FOR THE FOLLOWING SERVICES

You do not need prior authorization from GlobalHealth or a referral 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.



Routine Mammogram

From an imaging center.



Physical Therapy

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



Routine Eye Exams & Eyewear

From a network optometrist & eyewear providers.



Behavioral & Mental Health/Substance Use Services

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



After-Hours Urgent Care Visits



Routine Chiropractic Care

From a network chiropractor.

URGENT CARE VS. EMERGENCY ROOM

It is important to choose the appropriate place of care when it comes to injuries and illnesses. More than 50% of ER visits could be handled more efficiently in an urgent care.* Urgent care does not take the place of your Primary Care Physician (PCP). If possible, always visit your PCP first for non-life-threatening injuries or illnesses.

URGENT CARE ^\$25 copay		EMERGENCY ROOM ^\$250 copay	
Minor Injuries	Minor Illnesses	Life-Threatening Injuries	Life-Threatening Illnesses
<ul style="list-style-type: none"> • Stitches • X-rays • Sprains • Fractures • Minor cuts and burns 	<ul style="list-style-type: none"> • Cold • Flu • Sore throat • Low-grade fever 	<ul style="list-style-type: none"> • Severe cuts • Severe burns • Broken bones • Head trauma 	<ul style="list-style-type: none"> • Chest pain • Stroke • Trouble breathing • Severe abdominal pain • High-grade fever

OR

^High Option

Still unsure? Call your in-network urgent care center and ask if they treat your symptoms.

The above scenarios do not outweigh your personal judgment.

When it's an emergency, go to the nearest hospital emergency room and follow these steps:

- Show your member ID card.
- Call GlobalHealth's Customer Care within 48 hours, ask for Case Management and inform them you were treated in the ER.
- Call your PCP's office within 48 hours. Tell them you were treated in the ER.
- If you are admitted to an out-of-network hospital, GlobalHealth may arrange to transfer you to a hospital in the network.
- All follow-up care must be provided or arranged by your PCP. Prior authorization by GlobalHealth may also be needed.

*Source: Tulsa People Magazine, December 2015 Edition

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 2021 FEHB Brochure, go to www.GlobalHealth.com/fehb.

BENEFIT	YOU PAY - HIGH OPTION	YOU PAY - STANDARD OPTION
<i>ANNUAL DEDUCTIBLE*</i>	This plan does not have an annual deductible.	Self Only - \$500 Self Plus One - \$1,000 Self and Family - \$1,000
<i>ANNUAL OUT-OF-POCKET MAXIMUM</i>	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
<i>PRIMARY CARE VISITS</i>	\$0 copay per visit	\$0 copay per visit
<i>SPECIALIST VISITS</i>	\$35 copay per visit	\$50 copay per visit
<i>PREVENTIVE CARE</i>	\$0 copay	\$0 copay
<i>X-RAYS & LABS</i>	\$0 copay	\$0 copay
<i>SPECIALIZED SCANS, IMAGING, & DIAGNOSTIC EXAMS</i>	\$250 copay per scan in a preferred facility; \$500 copay per scan in a non-preferred	\$350 copay per scan in a preferred facility; \$700 copay per scan in a non-preferred facility
<i>INPATIENT HOSPITAL STAY</i>	\$250 copay per day with \$750 maximum per admission	\$750 copay per day with \$1,500 maximum per admission
<i>OUTPATIENT SURGERY</i>	\$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
<i>EMERGENCY ROOM SERVICE</i>	\$250 copay, waived if admitted to hospital inpatient	\$300 copay, waived if admitted to hospital inpatient
<i>URGENT CARE</i>	\$25 copay in urgent care facility	\$45 copay in urgent care facility
<i>MATERNITY CARE</i>	\$0 copay for prenatal care; \$0 for delivery and all post-natal care; \$250 copay per admission for delivery	\$0 copay for prenatal care; \$0 for delivery and all post-natal care; \$500 copay per admission for delivery
<i>FAMILY PLANNING</i>	No copay on FDA-approved services;	No copay on FDA-approved services;
<i>ALLERGY CARE</i>	\$0 copay per PCP visit; \$35 copay per specialist visit; \$0 copay for antigen and administration	\$0 copay per PCP visit; \$25 copay per specialist visit; \$0 copay for antigen and administration
<i>PHYSICAL, OCCUPATIONAL, SPEECH THERAPY</i> (limited to 60** combined visits per calendar year)	Inpatient: \$0 copay Outpatient: \$20 copay per visit	Inpatient: \$0 copay Outpatient: \$25 copay per visit
<i>CHIROPRACTIC CARE (20 visits per year)</i>	\$20 copay per visit	\$15 copay per visit
<i>MENTAL HEALTH SERVICES CHEMICAL DEPENDENCY & SUBSTANCE ABUSE</i>	\$0 copay per outpatient office visit \$250 copay/day with \$750/admission maximum	\$0 copay per outpatient office visit \$750 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.

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 mail order.



Visit www.GlobalHealth.com and click on **Find a Pharmacy** to find out which pharmacies are in our network.

PHARMACY TYPE	DESCRIPTION
RETAIL NETWORK PHARMACIES	Up to a 30-day supply or up to a 90-day supply that you pick up at your local retail pharmacy.
MAIL ORDER PHARMACY SERVICE	Maintenance medications are mailed to your home in a 90-day supply when prescribed as a 90-day supply by a network provider.
SPECIALTY PHARMACIES	Contracted specialty pharmacies fill your specialty medications and mail them to your home. You pay the prescription drug copay when specialty medications are sent to and administered by you.

GlobalHealth's Preferred Formulary Drug List

Preferred drugs are listed in the Drug Formulary. It includes generic and brand name medications that are approved by the FDA.

The list of drugs is subject to change.

- New medications may be introduced, or a generic may become available.
- Coverage will not be discontinued or reduced for a drug except:
 - when a new or lower cost therapeutic equivalent medication becomes available; or
 - when new adverse information about the safety or effectiveness of a drug is released.
- If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher tier, we will notify affected members of the change at least 60 days before the change becomes effective.

If the FDA deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, the drug will be removed immediately from our formulary and you will be notified.

PRESCRIPTION DRUG BENEFITS

See the Drug Formulary to see what tier your medications are in and what, if any, utilization management restrictions they have.

TIER LEVEL	YOU PAY HIGH OPTION	YOU PAY STANDARD OPTION	BENEFIT DESCRIPTION
TIER ONE	30-day Supply Low-Cost Generic: \$4 copay Preferred Generic: \$12 copay	30-day Supply Low-Cost Generic: \$6 copay Preferred Generic: \$15 copay	You will pay the lowest cost-share for select low-cost generics. All other generics in this tier have the higher cost-share.
	90-day Supply Low-Cost Generic: \$8 copay Preferred Generic: \$24 copay	90-day Supply Low-Cost Generic: \$12 copay Preferred Generic: \$30 copay	
TIER TWO	30-day Supply \$50 copay	30-day Supply \$85 copay	Preferred brand name medications on the formulary.
	90-day Supply \$125 copay	90-day Supply \$170 copay	
TIER THREE	30-day Supply \$80 copay	30-day Supply *\$120 copay	Non-preferred name brand and specified high-cost generic drugs.
	90-day Supply \$240 copay	90-day Supply \$240 copay	
TIER FOUR	30-day Supply *10% coinsurance with a maximum of \$150	30-day Supply *10% coinsurance with a maximum of \$400	Preferred specialty medications are filled through a specialty pharmacy. Specialty drugs are limited to no more than a one-month supply per fill.
	90-day Supply Not Covered	90-day Supply Not Covered	
TIER FIVE	30-day Supply *10% coinsurance with a maximum of \$250	30-day Supply *10% coinsurance with a maximum of \$600	Non-preferred specialty medications are filled through a specialty pharmacy. Specialty drugs are limited to no more than a one-month supply per fill.
	90-day Supply Not Covered	90-day Supply Not Covered	

*Oral cancer medications have a maximum copay of \$100 per 30-day fill.

Use our Prescription Drug Cost Calculator at www.GlobalHealth.com/pharmacy/drug-pricing

PRESCRIPTION DRUG BENEFITS

Formulary Terms and Definitions

TERM	DEFINITIONS
PRIOR AUTHORIZATION (PA)	On certain medications physicians are required to get approval from GlobalHealth before you fill your prescriptions. If you do not get approval, GlobalHealth may not cover the drug.
STEP THERAPY (ST)	In some cases, GlobalHealth requires you to try one or more prerequisite, clinically equivalent drugs to treat your medical condition before we will cover another drug for that condition.
QUANTITY LIMITS (QL)	There are limits to the amount of certain medications that you may receive. These drugs, if taken inappropriately for too long a period of time, could be unsafe and cause adverse effects.



Prescription Drug Resources and Links

Visit www.GlobalHealth.com for any of the following –

- Prior Authorization form for physicians
- Sign up for mail order
- Other forms and resources

GLOBALFIT® GYM MEMBERSHIP DISCOUNTS*

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

*These Benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all Enrollees and family members who become Members of GlobalHealth.



Members can register at: www.globalfit.com/globalhealth

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.
- Wilderness therapy.



Have Questions? Contact Customer Care
(405) 280-2989 (local) 1-877-280-2989 (toll-free)
(TTY: 711)
www.GlobalHealth.com/fehb

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All Benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure. 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).