



2012 State of Oklahoma Benefit Plan

RATES*	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Standard	\$402.84	\$1,063.56	\$1,275.83	\$1,402.00	\$615.11	\$741.28
Alternative	\$366.24	\$966.92	\$1,159.92	\$1,274.62	\$559.24	\$673.94
** Wellness Alternative Plus	\$341.24	\$941.92	\$1,134.92	\$1,249.62	\$534.24	\$648.94

*Pending Oklahoma Insurance Department approval. **Wellness incentive available for employee only. Must comply with EBC's or OSEEGIB's requirements.

Benefits at a Glance

The following is intended to be only a summary of benefits offered by GlobalHealth, plan MSBST12A, for State, Education, and Local Government Employees. For a complete list, including any limitations, exclusions, and plan restrictions, please review the GlobalHealth State of Oklahoma Schedule of Benefits and Member Handbook available online at www.globalhealth.com.

BENEFIT	STANDARD	ALTERNATIVE AND WELLNESS ALTERNATIVE PLUS
Annual Out-of-Pocket Maximum	Subscriber only \$2,500 Family \$5,000	Subscriber only \$3,000 Family \$5,000
Primary Care Physician Visits	\$30 Copayment per visit	\$25 Copayment per visit
Specialist Physician Visits	\$40 Copayment per visit	\$50 Copayment per visit
Preventive Care <i>(Routine physicals, mammograms, screenings, immunizations)</i>	\$0 Copayment	\$0 Copayment
Well Child Visits	\$0 Copayment	\$0 Copayment
X-Rays & Labs	\$0 Copayment	\$0 Copayment
Specialty Scans	\$150 per scan	\$250 per scan
Inpatient Hospital Stay	\$350 per admission	\$250 per day <i>with \$750 Maximum per admission</i>
Outpatient Surgery	\$250 Copayment	\$250 Copayment
Emergency Room Service	\$150 Copayment <i>waived if admitted to hospital</i>	\$150 Copayment <i>waived if admitted to hospital</i>
Urgent Care	\$30 in PCP Office \$40 in Urgent Care Facility	\$25 in PCP Office \$50 in Urgent Care Facility
Prescriptions	***\$4/\$5/\$30/\$60	***\$4/\$10/\$50/\$75



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MSTBG12

***All medications included in the \$4 Copayment (low-cost generic) program are denoted with [LCG] in the Drug Formulary, also available on GlobalHealth's website.

BENEFIT	STANDARD	ALTERNATIVE AND WELLNESS ALTERNATIVE PLUS
Maternity care	\$30 initial visit only \$350 per admission	\$25 initial visit only \$250 per day/ \$750 maximum per admission
Family Planning	\$40 Copayment <i>for services performed in office setting</i>	\$50 Copayment <i>for services performed in office setting</i>
Allergy Care	\$30 Copayment per PCP \$40 Copayment per Specialist \$30/six weeks for injections	\$25 Copayment per PCP \$50 Copayment per Specialist \$30/six weeks for injections
Physical, Occupational, Speech Therapy <i>(limited to 60 consecutive days per injury or illness)</i>	No Copayment for inpatient \$40 per Outpatient visit	No Copayment for inpatient \$50 per Outpatient visit
Chiropractic Care (15 visits per calendar year)	\$40 Copayment per visit	\$50 Copayment per visit
Ambulance	\$0 Copayment	\$100 Copayment
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Orthotics and Prosthetics	20% Coinsurance	20% Coinsurance
Home Health Services	\$0 Copayment	\$25 Copayment per visit
Hospice	\$0 Copayment	\$0 Copayment
Diabetic Supplies	20% Coinsurance	20% Coinsurance
Mental Health Services	\$30 per outpatient office visit \$350 per inpatient admission	\$25 per outpatient office visit \$250 per day <i>\$750 Maximum per Inpatient Admission</i>
Chemical Dependency & Substance Abuse	\$30 per outpatient office visit \$350 per inpatient admission	\$25 per outpatient office visit \$250 per inpatient day <i>\$750 Maximum per admission</i>

Choosing a Primary Care Physician (PCP)

When you enroll, you choose a PCP from GlobalHealth Provider Network. Each member of the family may choose a different PCP, including a pediatrician for children. You can find a list of PCPs in the *Physician & Health Providers Directory*, or find a physician on the Provider Look Up by going online at www.globalhealth.com. You may change your PCP selection at any time throughout the year. Your PCP change will be effective the same day.

Specialty Care

Your PCP will coordinate and manage your medical care. When appropriate, your PCP will process a referral on your behalf for specialty care. A PCP referral and prior authorization from GlobalHealth are required.

You May Self-Refer for the Following Services:

In-Network Well Woman Exams

You may self-refer to a GlobalHealth contracting obstetrical and gynecological (OB/GYN) specialist within your Service Area for your routine well woman exam.

In-Network Routine Mammograms

You may self-refer to a GlobalHealth participating imaging center for your covered routine mammogram. Your *Schedule of Benefits* will tell you at what age and how often your mammogram is covered. Check with your physician or Customer Services for an in-network Facility.

Behavioral & Mental Health/Chemical Dependency Services

You may access mental health services directly by calling Mental Health Network (MHNet) at 1-866-904-5234 (toll free).

Prescription Drug Benefits

The GlobalHealth list of preferred drugs and pharmaceutical management procedures can be found in the Drug Formulary. The Standard and Alternative Plans offer a 3-tier system for generics, preferred brand-name drugs, and non-formulary medications.

Member Materials

- 2012 State Schedule of Benefits
Includes Notice of Privacy Practices
- 2012 Member Handbook
Includes Member Rights and Responsibilities
- 2012 Drug Formulary
- 2012 Physician & Health Providers Directory
*Visit www.globalhealth.com
Printed copies are available upon request.
Contact Customer Service*

For more information call 1-877-280-5600 or at your convenience visit:

www.globalhealth.com



Coverage Area by County

To receive services, you must live or work in one of the GlobalHealth coverage areas. Each of the following counties is covered in its entirety

Adair	Carter	Creek	Greer	Kingfisher	Mayes	Oklahoma	Pushmataha	Wagoner
Alfalfa	Cherokee	Custer	Harmon	Kiowa	McClain	Okmulgee	Roger Mills	Washington
Atoka	Choctaw	Delaware	Harper	Latimer	McCurtain	Osage	Rogers	Washita
Beaver	Cimarron	Dewey	Haskell	Le Flore	McIntosh	Ottawa	Seminole	Woods
Beckham	Cleveland	Ellis	Hughes	Lincoln	Murray	Pawnee	Sequoyah	Woodward
Blaine	Coal	Garfield	Jackson	Logan	Muskogee	Payne	Stephens	
Bryan	Comanche	Garvin	Jefferson	Love	Noble	Pittsburg	Texas	
Caddo	Cotton	Grady	Johnston	Major	Nowata	Pontotoc	Tillman	
Canadian	Craig	Grant	Kay	Marshall	Okfuskee	Pottawatomie	Tulsa	

Limitations & Exclusions

All benefits described below are excluded or limited under your basic medical Plan. There may be benefits listed in this section that are covered in a supplement purchased separately from this Plan.

General Exclusions

1. Services that are not Medically Necessary or provided without authorization.
2. Non-emergency ambulance transport.
3. Services provided before your start date of coverage or after the time coverage ends, even if authorized.
4. Services resulting in whole or in part by a non-covered condition or service.
5. Care provided outside the GlobalHealth Service Area if the need for care could have been foreseen before leaving the Service Area.
6. Services for which you do not allow the release of information to GlobalHealth.
7. 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); court ordered services; or treatment and/or supplies that are provided as a result of Workers' Compensation laws or similar laws.
8. Prescription drugs and non-prescription drugs for outpatient care. (Covered as a supplement purchased separately from this base medical Plan, including coverage for off-label uses of prescription drugs used in the treatment of cancer or the study of oncology.)
9. Durable Medical Equipment, unless covered as a supplement purchased separately from this Plan.
10. Elective abortions.
11. Hearing aids or speech aids. (Hearing aids are covered only for children less than eighteen (18) years of age.)
12. Sex transformation or sexual dysfunction of any nature, including services, drugs, or supplies. (Certain prescriptions may be covered under your Prescription Drug Supplement.)
13. Medications, surgeries, devices, medical treatment, or other health care procedures that are experimental or investigational. 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.
14. New procedures, services, supplies, and medications until reviewed for safety, efficacy, and cost effectiveness and approved by GlobalHealth.
15. Artificial or non-human organ transplants. Donor costs including transportation costs.
16. Services for travel, insurance, licensing, employment, school, camp, sports, premarital, or pre-adoption purposes.
17. Private duty nursing, custodial care, respite care, homemaker services, domiciliary, or convalescent care.
18. Private rooms and personal or comfort items.
19. Services received while outside of the United States.
20. 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.
21. Charges for intentionally self-inflicted or attempted suicide injuries or death.
22. Marital counseling.
23. Illness or injury as a result of committing or attempting to commit an assault or felony. This includes participation in a riot or insurrection as an aggressor.
24. Alopecia.
25. Home uterine monitoring.
26. Kinesiology, movement therapy, biofeedback, or any treatment, device, or medication that is an exclusion of the Plan, whether or not medical necessity is established.
27. Rolf technique.
28. Surrogate mother expenses.
29. Eye examinations for the fitting of corrective lenses or any charges related to such examination. Treatment for orthoptics or visual training for any diagnosis other than mild strabismus.
30. Routine corrective lenses and fittings. (The first pair used as a prosthetic replacement after the removal of the natural lens is covered.)
31. Genetic testing is not covered. Genetic counseling coverage is limited to women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 and BRCA 2 genes.
32. Separate charges for missed or canceled appointments, penalty or finance charges, maintenance and/or record keeping, or Case Management services.
33. Medical care and supplies for which no charge was made. Medical care and supplies for which no payment would be requested if you did not have this coverage.
34. Home sleep apnea studies unless determined to be Medically Necessary and approved by GlobalHealth.
35. Gastric stapling, gastric balloon services, or any surgical treatment for morbid obesity, and any resulting complications, with or without the diagnosis of obesity.
36. Physical, occupational, and speech rehabilitation services in excess of sixty (60) treatment days (including inpatient and outpatient) per acute disability or injury per calendar year and rehabilitation treatment that will not result in significant improvement.
37. Medical and/or mental health treatment of any kind which is excessive or where medical necessity has not been proven.
38. Education, therapy, and services for the purpose of diagnosing or treating learning disabilities, disruptive behavioral disorders, oppositional defiance disorder, and conduct disorders. This includes any materials, devices and equipment.
39. 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. Autism screening for children at age eighteen (18) months and twenty-four (24) months, and developmental screening for children less than three (3) years of age is covered.
40. Massage therapy.
41. Acupuncture/Acupressure.
42. Alternative medicines or treatments used in the place of chemotherapy, or any other approved therapy, to treat any condition or illness.
43. 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 are not covered. Full-term delivery is defined as a delivery within thirty (30) days of your due date, as specified by your GlobalHealth participating physician.
44. Compulsive disorders treatment is limited to programs for anorexia and bulimia when Medically Necessary.
45. Cosmetic Surgery.
46. General dental services are not covered. Refer to your Schedule of Benefits for coverage of services for the treatment of temporomandibular joint dysfunction.
47. In vitro fertilization, artificial insemination, embryo transports, reversal of voluntary sterilization, ovum transplant, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate parenting, and donor semen expenses.
48. Routine foot care and shoe inserts are excluded except for Medically Necessary foot care for those persons diagnosed with diabetes or peripheral vascular disease.
49. Artificial or non-human organ transplants or transplants considered experimental, investigation, or unproven are excluded. Donor costs including transportation, lodging, and meals are not covered. Transplant services rendered at a non-participating transplant Facility are not covered.



Health care doesn't have to be expensive to be **good.**

GlobalHealth is more than superb plans and affordable premiums. For State and Education Employees we offer:

- No deductibles, just simple copays
- Free Health Management Program and Education opportunities
- Quality, local customer service based in Oklahoma

This is GlobalHealth's eighth year to be offered, growing from a service area of 6 counties in 2005 to statewide coverage today. Thousands across the state have come to rely on GlobalHealth and to enjoy our two plan designs. The premiums are a great value and are the lowest of all the HMOs offered.

If you have any questions or concerns regarding the benefits outlined in the *Schedule of Benefits*, *DME and Prosthetic Device Supplement*, or *Prescription Drug Supplement*, please contact GlobalHealth's Customer Service Department at:

- askcustomerservice@globalhealth.com
- 1-877-280-5600 (toll free)
- (405) 280-5600 (local)
- 800-522-8506 (TTY/TDD/Voice)



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