



GlobalHealth

Federal Employees

Member
Orientation 2017



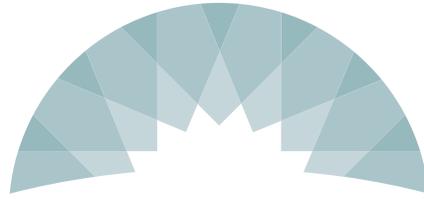
Welcome to GlobalHealth



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

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WELCOME TO THE GLOBALHEALTH FAMILY!



GlobalHealth



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

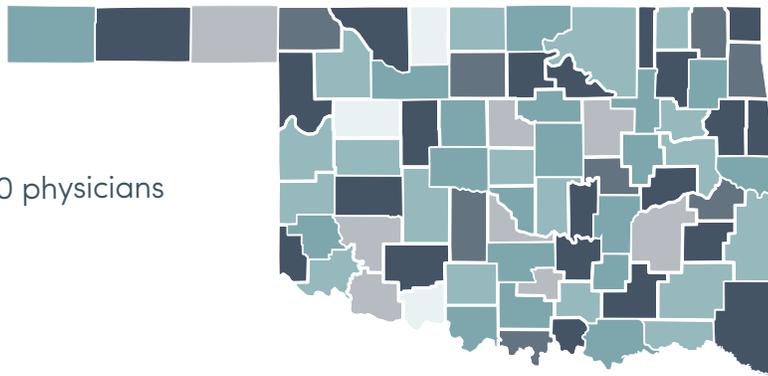
Printed copies are available upon request by calling Customer Care.

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.

- + All 77 counties
- + More than 2,800 physicians
- + 85 hospitals



Visit www.globalhealth.com/search to find out which physicians and facilities are in our network.

When using our online provider search, select the options you are searching for, and click “FIND PROVIDERS”. Your search results will appear and look similar to the below result.

If there is a green ‘check’, the provider is In-network* and accepting new patients. Contact provider to confirm.

If there is a yellow caution sign, the provider is in-network but not accepting new patients.

If there is a red ‘x’ the provider does not accept your plan and would be considered out-of-network.

LAST NAME, FIRST NAME TITLE

Specialty/Type:

Address

City, STATE ZIP

COUNTY

PHONE NUMBER

Hours of Operation:

Provider accepts Medicaid

✔ GlobalHealth Commercial Network

✔ GlobalHealth Federal Employee Network

⚠ GlobalHealth Medicare Advantage Network

✘ Generations Healthcare Network

[Get map and directions](#)

Click the name for more information about the provider.

This section indicates if the provider accepts Medicaid. If this section is not visible, call the provider to confirm.

*Your network is the GlobalHealth Federal Employee Network.



Download Our Mobile App

Visit www.globalhealth.com/mobileapp 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 and referral requests if specialty care is necessary.



Specialist visits require referrals.

When appropriate, your PCP will submit a referral on your behalf for specialty care. A preauthorization from GlobalHealth is required. Do not make an appointment until you receive the authorization letter. The specialist may submit referrals for procedures and follow-up care after the initial visit.



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.



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 ER.

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 approved 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.

Special Situations

We maintain a comprehensive network of providers. As a general rule, you must receive care from providers within our network. However, there are some limited situations in which you may see an out-of-network provider. We pay usual and customary reimbursement. You could be balance billed:

- If you must seek urgent care when out of our service area.
- If you are treated for emergency services while out-of-network.
- If we do not have a provider in our network to take care of your condition and we authorized a referral to an out-of-network provider.
- If we have authorized services or treatment at an in-network facility and you receive ancillary services or treatment from an out-of-network provider.
- If we have approved you to see a provider through the continuity of care or transition of care process.

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

**Please Note: Generally, inpatient and certain outpatient services must be preauthorized. You do not have to obtain preauthorization for emergency services or stays in connections with childbirth. If you obtain other services without an authorized referral, you will be responsible for the costs. You must go to a network facility for non-emergency services including childbirth. 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.



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.

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

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. Preauthorization by GlobalHealth may also be needed.
- Be aware, an out-of-network provider may balance bill you. An in-network provider may not balance bill you.

*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 2017 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
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	No copay on FDA-approved services;	No copay on FDA-approved services;
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: \$30 copay per visit	Inpatient: \$0 copay Outpatient: \$45 copay per visit
CHIROPRACTIC CARE <i>(20 visits per year)</i>	\$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, preventive care and prescription drugs.

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.



Visit www.globalhealth.com/search to find out which pharmacies are in our network.

PHARMACY TYPE	DESCRIPTION
RETAIL NETWORK PHARMACIES	Up to a 30-day supply that you pick up at your local preferred network pharmacy. You may go to a non-preferred network pharmacy for an additional \$5 per 30-day fill on Tiers 1-3.
HOME DELIVERY 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.
EXTENDED SUPPLY RETAIL PHARMACY NETWORK	You may receive up to a 90-day supply of a maintenance drug at an extended supply retail pharmacy for the applicable home delivery copay. Medication must be prescribed as 90-day.
CHICKASAW NATION REFILL CENTER MEDICATIONS BY MAIL	Native American-owned retail pharmacy that provides prescription medications to Native Americans. Proof of Native American status in one of the federally recognized tribes is required to receive discounts. Medications are mailed directly to your home or designated location.
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. The below cost-shares assume preferred pharmacy. Add \$5 per prescription if filled at a non-preferred pharmacy.

TIER LEVEL	YOU PAY HIGH OPTION	YOU PAY STANDARD OPTION	BENEFIT DESCRIPTION
TIER ONE	Network Retail Pharmacy Low-Cost Generic: \$4 copay Preferred Generic: \$12 copay	Network Retail Pharmacy 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.
	Home Delivery or Extended Supply Retail Low-Cost Generic: \$8 copay Preferred Generic: \$24 copay	Home Delivery or Extended Supply Retail Low-Cost Generic: \$12 copay Preferred Generic: \$30 copay	
TIER TWO	Network Retail Pharmacy \$50 copay	Network Retail Pharmacy \$70 copay	Preferred brand name medications on the formulary.
	Home Delivery or Extended Supply Retail \$125 copay	Home Delivery or Extended Supply Retail \$150 copay	
TIER THREE	Network Retail Pharmacy \$80 copay	Network Retail Pharmacy \$105 copay	Non-preferred name brand and specified high-cost generic drugs.
	Home Delivery or Extended Supply Retail \$240 copay	Home Delivery or Extended Supply Retail \$270 copay	
TIER FOUR	Network Specialty Pharmacy 10% coinsurance with a maximum of \$150	Network Specialty Pharmacy 10% coinsurance with a maximum of \$200	Preferred specialty medications are filled through a specialty pharmacy. Specialty drugs are limited to no more than a one-month supply per fill.
	Home Delivery or Extended Supply Retail Not Covered	Home Delivery or Extended Supply Retail Not Covered	
TIER FIVE	Network Specialty Pharmacy 10% coinsurance with a maximum of \$250	Network Specialty Pharmacy 10% coinsurance with a maximum of \$300	Non-preferred specialty medications are filled through a specialty pharmacy. Specialty drugs are limited to no more than a one-month supply per fill.
	Home Delivery or Extended Supply Retail Not Covered	Home Delivery or Extended Supply Retail Not Covered	

Use our Prescription Drug Cost Calculator at www.globalhealth.com/prescription_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

Prior Authorization form for physicians: www.globalhealth.com/pharm_priorauth



Sign up for mail order: www.express-scripts.com/index.html

Sign up for Chickasaw Nation Refill Center: www.globalhealth.com/pharm_sov

Other forms and resources: www.globalhealth.com/prescriptions

General exclusions—services, drugs, and supplies we do not cover.

The exclusions apply to all benefits. Although we may list a specific service as benefit, we will not cover it unless it is medically necessary to prevent, diagnose, or treat your illness, disease, injury, or condition.

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.
- Services, drugs, or supplies you would not be charged for if you had no health insurance.
- Services that you get without a referral from your primary care physician, when a referral from your primary care physician is required for getting that service.
- Services that you get without prior authorization, when prior authorization is required for getting that service.
- Emergency facility services for non-authorized, routine conditions that do not appear to a reasonable person to be based on a medical emergency.
- Personal convenience items, such as a telephone or television in your room at a hospital or skilled nursing facility.
- Nursing care on a full-time basis in your home.
- Custodial care is not covered by GlobalHealth unless it is provided in conjunction with skilled nursing care and/or skilled rehabilitation services. “Custodial care” includes care that helps people with activities of daily living, like walking, getting in and out of bed, bathing, dressing, eating, and using the bathroom, preparation of special diets, and supervision of medication that is usually self-administered.
- Homemaker services.
- Meals delivered to your home.
- Charges imposed by immediate relatives or members of your household.
- Elective or voluntary enhancement procedures, services, supplies, and medications including but not limited to: Hair growth, athletic performance, cosmetic purposes, anti-aging, and mental performance.
- Cosmetic surgery or procedures, unless it is needed because of accidental injury or to improve the function of a malformed part of the body. Breast surgery and all stages of reconstruction for the breast on which a mastectomy was performed and, to produce a symmetrical appearance, surgery and reconstruction of the unaffected breast, is covered.



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

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.

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).