

## FAQs

These FAQs are subject to “Coverage Requirements” in your Member Handbook.

Topic	Q&A
Chiropractic	<p>Q. Does the plan cover chiropractor visits? A. Yes.</p>
Diabetic Supplies	<p>Q. Are my diabetic supplies covered? A. Yes.</p>
Dependent Coverage	<p>Q. If I enroll in GlobalHealth, is my child who lives in another state covered? A. Yes, dependents must establish a relationship with a PCP in our network. We cover out-of-network emergencies and urgent care. We do not cover out-of-network routine care. Any out-of-network services, other than emergency services or urgent care must be preauthorized by GlobalHealth.</p> <p>Q. What about dependents over eighteen (18) years of age? A. We cover eligible children through the end of the month in which they turn twenty-six (26) years of age.</p>
Emergencies and Urgent Care	<p>Q. When I go to the emergency room, is my copay waived if I am then admitted to the hospital? A. Yes.</p> <p>Q. What if I get sick when I am out of the service area? Am I still covered? A. Emergency and urgent care is covered. In a true emergency, go immediately to the nearest medical facility for care. Call the PCP and GlobalHealth within forty-eight (48) hours of receiving the care. When same-day urgent care is needed, self-refer to an urgent care center. An out-of-network provider may balance bill you. An in-network provider may not balance bill you.</p> <p>Q. What if I need to see a doctor on the weekend? Or I become sick after hours? A. Call your PCP for direction. Or self-refer to a network urgent care center if you cannot wait for your PCP’s office hours.</p>
Hearing	<p>Q. Does the plan cover hearing aids? A. Yes. See “Hearing Services” in your Member Handbook.</p>
Hospital Admission	<p>Q. Does my hospital copay cover doctor visits to the hospital? A. Yes.</p> <p>Q. Does the plan cover private rooms in the hospital? A. When medically necessary.</p> <p>Q. What hospitals are in your network? A. They are listed in the <i>Provider Directory</i> and on our website.</p>

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Mental Health	<p>Q. Does the plan cover mental health services?  A. Yes. You do not have to go through your PCP. See “Behavioral Health Benefits” in your Member Handbook.</p> <p>Q. How can I find out who the mental health providers are?  A. There is a listing in the <i>Provider Directory</i>.</p>
Network	<p>Q. How can I find out if my specialist is in the network?  A. Refer to the <i>Provider Directory</i> or visit our website.</p>
PCP	<p>Q. Do I have to choose one of the network doctors?  A. Yes. You choose a PCP at enrollment. Each family member may choose a different PCP, including a pediatrician for children. <i>Provider Directories</i> are available and you may also go to our website.</p> <p>Q. Can I change my PCP or am I stuck with them all year?  A. Yes, you may change PCPs at any time during the year, and the change is effective right away. You can make changes on our website. If you need to see a PCP before you receive your new member ID card, contact Customer Care at 1-877-280-2964.</p>
Pre-existing	<p>Q. Does the plan accept pre-existing conditions?  A. Yes.</p>
Prescriptions	<p>Q. Are dental prescriptions covered?  A. Yes.</p> <p>Q. What is a <i>Drug Formulary</i>?  A. The <i>Drug Formulary</i> is a list of drugs most commonly prescribed and approved by us. It is a preferred list. Because the development of the <i>Drug Formulary</i> is an ongoing process, this list is subject to change.</p> <p>Q. Does the plan have mail order?  A. Yes, through ESI. Home delivery prescriptions are filled with a 90-day supply. A discount may be available.</p> <p>Q. Where can I get my prescriptions filled?  A. We have over 800 participating pharmacies across the state of Oklahoma. ESI, our pharmacy benefit manager, has a nation-wide network that you can access.</p>
Preventive Care	<p>Q. Is preventive care covered?  A. We cover all preventive services covered under the Affordable Care Act for no cost-share to you when delivered by a network provider. See “Preventive Care Benefits” in your Member Handbook for a current list of services.</p> <p>Q. How do I get preventive services?  A. Start with your PCP. He/she will provide most services or submit a</p>

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	referral on your behalf to a network provider if needed. However, you have direct access to your OB/GYN for services he/she handles and to a network imaging center for your mammogram.
Referrals	<p>Q. Do I need a referral to see a specialist?</p> <p>A. Yes. Except for services you receive from your OB/GYN, your PCP is responsible to manage all of your care. He or she submits a Referral on your behalf to a specialist within our network when needed. Procedures must also receive preauthorization.</p>
Weight Loss and Cosmetic Surgery	<p>Q. Does the plan cover gastric bypass or surgery for obesity?</p> <p>A. Yes, when related to a medical condition. Subject to prerequisites. See your Member Handbook.</p> <p>Q. Does the plan cover cosmetic surgery?</p> <p>A. Only in specific limited circumstances. See your Member Handbook.</p>
Worldwide Coverage	<p>Q. Am I covered worldwide?</p> <p>A. No.</p>