EXCLUSIONS AND LIMITATIONS
All benefits described below are excluded or limited under this Plan for all types of services.

GENERAL LIMITATIONS
We reserve the right to deny any claim.

Anesthesia
• Table 1 anesthesia (surgical or diagnostic) services.

Appointments
• Missed or canceled

Artificial limbs
• Extremity prosthesis

Artificial organs
• Transplants (except as noted).

Audiological testing
• Hearing aids

Auxiliary services and supplies
• Limited to individually appropriate Preventive Care services.

Behavioral health services
• Transaction fees.

Biological sera, medication prescribed for parenteral use or administration, allergy sera, immunizing agents, and
• Non-prescription contraceptive jellies, ointments, foams, or devices limited to those that are FDA-approved and

Chloroform
• As a solvent.

Clinical care
• Limited to a covered service.

Complications of labor and delivery
• Complications of labor and delivery.

Compulsive disorders treatment
• Compulsive disorders treatment is limited to programs for feeding and eating disorders.

Contraception
• Prescriptions for contraceptive devices and drugs.

Counseling services
• Limited to fifteen (15) visits per Plan Year.

Cosmetic services
• Limited to fifteen (15) visits per Plan Year.

Cosmetic surgery
• Limited to fifteen (15) visits per Plan Year.

Covered services
• Covered services are services that.

Covered services
• Covered services are services that.

Craft materials
• Limited to six (6) visits per Plan Year.

Data encryption
• Data encryption.

Dental services
• Limited to sixty (60) visits per Plan Year for you, your spouse, and your dependent child for services.

Dentures
• Full or partial dentures.

Diagnostic laboratory tests
• Limited to three (3) visits per Plan Year.

Dental services
• Dental services.

Deviations from medical necessity
• Deviations from medical necessity.

Developmental delays
• Developmental delays.

Drug intolerance
• Drug intolerance.

Dry mouth
• Dry mouth.

Ear, nose, and throat services
• Limited to sixty (60) combined visits per Plan Year for you, your spouse, and your dependent children.

Emergency services
• Emergency services.

Electronic records
• Electronic records.

Electroconvulsive therapy
• Electroconvulsive therapy.

Experimental or Investigational therapies
• Experimental or Investigational therapies.

Exclusionary conditions
• Exclusionary conditions.

Eye examination
• Eye examination.

Eyewear
• Eyewear.

Fasting
• Fasting.

Facial implants
• Facial implants.

Facial skin peels
• Facial skin peels.

Facial toners
• Facial toners.

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A great health plan gives you far more than outpatient zeros.

At GlobalHealth, we believe your health plan should provide more than discounts on certain procedures. Our plan gives you the freedom to see your Primary Care Physician as much as you want for care you’re more likely to need. Feel confident knowing your health plan is protecting your family and your wallet with real savings, quality coverage and fast, friendly service.

2017 Health Plan Highlights

- Unlimited $0 Primary Care Physician Visits
- $0 Lab Tests
- $0 X-rays
- Zero Deductibles
- Zero Coinsurance
- Specialty scans and outpatient surgery:
  - $250 each in a preferred facility
  - $750 each in a non-preferred facility
- Inpatient hospital:
  - $250 per day with $750 maximum per admission

DISCOVER THE ZEROS YOU CAN USE EVERY DAY.

Unlimited $0 Primary Care Physician Visits

Save even when you need care for common problems such as:

- Allergies
- Sinus infections
- Ear infections
- Hypertension

REVOLUTIONARY SAVINGS

$1,500,000

That’s how much our members will save in 2016 just by using our Unlimited $0 Primary Care Physician Visits benefit. That’s the annualized savings based on the first 8 months of 2016.

GlobalHealth members would:
+ Re-enroll with GlobalHealth
+ Recommend GlobalHealth to a family member or friend

GlobalFit® Gym Membership Discounts

9 out of 10

Text ZEROREV to 77453 for timely plan updates!

* Excluding Durable Medical Equipment, Orthotics and Prosthetics, Diabetic Supplies and Infertility Services.
† Message and data rates may apply. Text STOP to opt out or HELP for help.
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SOURCE: INDEPENDENT SURVEY.