



## Oklahoma Federal Employees

Are you an Oklahoma Federal Employee tired of paying to see your Primary Care Physician?

# DECLARE INDEPENDENCE.

Discover the way health insurance should be.

**Call now! 844-268-4235 (TTY: 711)**

**GlobalHealth.com/zerofed**

### 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.

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 (R1 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).



**UNLIMITED \$0 PRIMARY CARE PHYSICIAN VISITS**

**\$0 LAB TESTS**

**\$0 X-RAYS**



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# STRETCH YOUR DOLLAR FURTHER AND JOIN THE ZERO REVOLUTION.

Select GlobalHealth when enrolling.

## Unlimited \$0 Primary Care Physician Visits

### 2018 Health Plan Highlights

	HIGH OPTION	STANDARD OPTION
Primary Care Physician Visits	\$0	\$0
Lab Tests	\$0	\$0
X-rays	\$0	\$0
Urgent Care	\$25	\$45
Specialist Visits	\$35	\$45
Maternity Delivery	\$250 per admission	\$300 per day up to a maximum of \$900 per admission
GlobalFit® Gym Membership Discounts	INCLUDED	INCLUDED
Outpatient Surgery	\$250 each in a preferred facility \$750 each in a non-preferred facility	\$500 each in a preferred facility \$1,000 each in a non-preferred facility
Inpatient Hospital	\$250 per day with \$750 maximum per admission	\$500 per day with \$1,500 maximum per admission



## ENROLLMENT DETAILS:

GlobalHealth plan codes and enrollment instructions are available online at [GlobalHealth.com/zerofed](http://GlobalHealth.com/zerofed)

### Customized enrollment options for 2018.

	HIGH OPTION			STANDARD OPTION		
	NON-POSTAL Your share of biweekly premium	POSTAL CATEGORY 1 Your share of biweekly premium	POSTAL CATEGORY 2 Your share of biweekly premium	NON-POSTAL Your share of biweekly premium	POSTAL CATEGORY 1 Your share of biweekly premium	POSTAL CATEGORY 2 Your share of biweekly premium
SELF ONLY	\$65.53 PLAN CODE: IM1	\$59.63 PLAN CODE: IM1	\$54.39 PLAN CODE: IM1	\$60.61 PLAN CODE: IM4	\$55.16 PLAN CODE: IM4	\$50.31 PLAN CODE: IM4
SELF PLUS ONE	\$131.05 PLAN CODE: IM3	\$119.26 PLAN CODE: IM3	\$108.77 PLAN CODE: IM3	\$121.22 PLAN CODE: IM6	\$110.31 PLAN CODE: IM6	\$100.61 PLAN CODE: IM6
SELF AND FAMILY	\$163.81 PLAN CODE: IM2	\$149.07 PLAN CODE: IM2	\$135.97 PLAN CODE: IM2	\$151.52 PLAN CODE: IM5	\$137.89 PLAN CODE: IM5	\$125.77 PLAN CODE: IM5

## Top Reasons to Enroll in GlobalHealth

- ✓ Oklahoma-Based
- ✓ Unlimited \$0 Primary Care Physician Visits
- ✓ \$0 Lab Tests
- ✓ \$0 X-rays
- ✓ GlobalFit® Gym Membership Discounts
- ✓ Expanded & More Robust Pharmacy Network