
- Unlimited $0 Primary Care Physician Visits
- Zero Deductibles
- $25 Urgent Care Copay
- $500 Maternity Delivery Copay
- $10 Tier 1 Generics for a 30 day supply
- Three-month prescription for 2 copays for most prescriptions.
- GlobalFit® Gym Membership Discounts

We offer a Medicare Advantage plan for State of Oklahoma retirees. If you are a state of Oklahoma Retiree, call us today or visit www.GlobalHealth.com/osr to learn more about this plan.

We're happy to help you! Give us a ring.

844-299-6999 (TTY: 711)
www.GlobalHealth.com/MyStatePlan
### BENEFITS AT A GLANCE

The following is intended to be only a summary of benefits offered by GlobalHealth, plan MLGMH20-ST for State, Education and Local Government Employees. For more information, go to [www.GlobalHealth.com/state](http://www.GlobalHealth.com/state).

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANNUAL DEDUCTIBLE</strong></td>
<td>This plan doesn’t have an annual deductible.</td>
</tr>
<tr>
<td><strong>ANNUAL OUT-OF-POCKET MAXIMUM</strong></td>
<td>Member: $4,000</td>
</tr>
<tr>
<td></td>
<td>Family: $12,000</td>
</tr>
<tr>
<td><strong>PRIMARY CARE VISITS</strong></td>
<td>$0 copay per visit</td>
</tr>
<tr>
<td><strong>SPECIALIST VISITS</strong></td>
<td>$50 copay per visit</td>
</tr>
<tr>
<td><strong>PREVENTIVE CARE</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Well Child Visits</td>
<td></td>
</tr>
<tr>
<td><strong>X-RAYS &amp; LABS</strong></td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>SPECIALIZED SCANS, IMAGING, &amp; DIAGNOSTIC EXAMS</strong></td>
<td>$250 copay per scan in a preferred facility; $750 copay per scan in a non-preferred facility</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITAL STAY</strong></td>
<td>$300 copay per day; $900 copay maximum per admission</td>
</tr>
<tr>
<td><strong>OUTPATIENT SURGERY</strong></td>
<td>$300 copay in a preferred facility; $800 copay in a non-preferred facility</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM SERVICE</strong></td>
<td>$400 copay, waived if admitted to hospital inpatient</td>
</tr>
<tr>
<td><strong>URGENT CARE</strong></td>
<td>$25 copay in urgent care facility</td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS</strong> (Chickasaw Nation Refill Center is a home delivery option for Native American members. Please visit our website for additional information.)</td>
<td>Retail Pharmacy $10/$65/$90/$200/$400</td>
</tr>
<tr>
<td></td>
<td>Home Delivery or Extended Supply Retail $20/$130/$180</td>
</tr>
<tr>
<td><strong>MATERNITY CARE</strong></td>
<td>$0 copay for prenatal care; $500 copay per admission for delivery</td>
</tr>
<tr>
<td><strong>FAMILY PLANNING</strong></td>
<td>No copay</td>
</tr>
<tr>
<td><strong>ALLERGY CARE</strong></td>
<td>$0 copay per PCP visit; $50 copay per specialist visit; $30 copay/6-week supply of antigen and administration</td>
</tr>
<tr>
<td><strong>PHYSICAL, OCCUPATIONAL, SPEECH THERAPY</strong> (limited to 60 combined visits per course of therapy)</td>
<td>Outpatient: $35 copay per visit</td>
</tr>
<tr>
<td><strong>CHIROPRACTIC CARE</strong> (15 visits per year)</td>
<td>$25 copay per visit</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH SERVICES, CHEMICAL DEPENDENCY &amp; SUBSTANCE ABUSE</strong></td>
<td>$0 copay per outpatient office visit $300 copay/day up to $900 copay/admission</td>
</tr>
</tbody>
</table>

GENERAL LIMITATIONS

Behavioral health services
- Applied behavioral analysis limited to the following diagnoses:
  - Autistic disorder—childhood autism, infantile psychosis, and Kanner's syndrome;
  - Childhood disintegrative disorder—Hallier's syndrome;
  - Rett's syndrome; and
  - Specified pervasive developmental disorders—Asperger's disorder; atypical childhood psychosis, and borderline psychosis of childhood.
- Autism Screening and Developmental Screening limited to well-child visits.
- Psychological education limited to daily living and social skills education.

Carotid and pulmonary rehabilitation services
- Limited to 36 visits per event.

Craniofacial care
- Limited to 15 visits per year.

Cosmetic services
- Treatment, item, supply, drug, procedure, or any portion of a procedure performed primarily to improve physical appearance limited to:
  - Breast reconstruction after mastectomy.
  - Improve function of a malformed part of the body; and
  - Repair due to an accidental injury.

Dental services
- Dental treatment for the teeth and surrounding tissue limited to:
  - EHF services to treat accidental injury to the jaw, sound natural teeth, mouth, or face.
  - Surgery to improve function of the jaw, mouth, or face resulting from a birth defect. Does not include dental work.
  - General anesthesia/sedation for dental services limited to a Member who:
    - Has a medical or emotional condition that requires hospitalization or general anesthesia for dental care;
    - Is severely disabled;
    - In the judgment of the treating Practitioner, is not of sufficient emotional development to undergo a medically necessary dental procedure without the use of anesthesia; and
    - Requires Inpatient or Outpatient services because of an underlying medical condition and clinical status that effects the safety of local sedation.
- DME, orthotic devices, and prosthetic appliances
  - Breast pumps limited to one per year for women who are pregnant or nursing.
  - Limited to purchase or rental of breast pump and related supplies.
  - Corrective lenses and fittings limited to a pair of basic non-designer frames for single vision lenses or contact lenses following cataract surgery.
  - Footwear limited to:
    - Shoes, shoe inserts, arch supports, and supportive devices for Members diagnosed with diabetes or a blood circulation disease.
    - Orthopedic or corrective shoes permanently attached to a Denis Browne splint for children.
  - DME rentals:
    - Knee or ankle or knee-ankle crutch rentals limited to 4 months.
    - Oxygen and oxygen equipment rentals limited to 36 months and limited to Medical Necessity.
    - Other DME rentals limited to 13 months.
  - Hearing aids limited to:
    - One basic hearing aid per ear every 48 months unless medically necessary to replace more often.
    - Four additional ear molds per year (two molds for each ear) for children less than 10 years of age.
  - Orthotic devices limited to:
    - Braces for the leg, arm, neck, back, or shoulder;
    - Braces and special surgical casts;
    - Splints for the extremities; and
    - Gaiters for the foot.
  - Replacements, repairs, and adjustments for orthotics and prosthetics limited to:
    - Normal wear and tear;
    - Due to a significant change in your physical condition.
  - Wigs and scalp prostheses limited to one synthetic wig or scalp prosthesis per year when required due to loss of hair resulting from chemotherapy, radiation, or other medical care.

Foot care
- Routine care limited to Members with diabetes or a blood circulation disease.

General care of Hospitalized Services
- Hospital private room limited to isolation to prevent contagion per the Hospital's infection control policy.

General limitations
- Sexual dysfunction services limited to drugs and supplies for sexual dysfunction.

Genetic analysis, services, or testing
- Genetic counseling and testing for women whose family history is associated with a higher risk for deleterious mutations in BRCA 1 and BRCA 2 genes.
- Limited to testing for Members with a cancer diagnosis for treatment plan purposes.

Heart services
- Cochlear-surgery and devices limited to Members at least 18 years of age or under 18 years of age with a potential candidacy.

Home care
- Limited to 100 visits per year.

Obstetrical care
- Costs resulting from normal, full-term delivery out of Network permitted.

Physical, occupational, and speech therapy
- Rehabilitation Services limited to 60 Outpatient visits, combination of therapies. Outpatient visits to include office visits and physical therapy, speech therapy, and rehabilitation
- Habitat Services limited to:
  - ABD treatment—Physical, cochlear, vocal, and speech therapy services for the following diagnoses:
    - Autistic disorder—childhood autism, infantile psychosis, and Kanner's syndrome;
    - Childhood disintegrative disorder—Hallier's syndrome;
    - Rett's syndrome; and
    - Specified pervasive developmental disorders—Asperger's disorder; atypical childhood psychosis, and borderline psychosis of childhood.
  - CT film and dicta palate treatment—Otolaryngologic, and speech therapy.
- Prescription Drugs
  - Drugs prescribed or given to you by Out-of-network doctors in non-emergencies limited to those prescribed by dentists.
  - Ephedrine/phytoestrogens limited to four per year.
  - Glucosimeters limited to two per year.
  - Inhaler extenders and peak flow meters limited to three per year.
  - Medication prescribed for parental use or administration, allergy sera, immunizing agents, and immunizing injectable drugs limited to medications prescribed under Careview Direct and given to you at a Network pharmacy.
  - Non-prescribed drugs that meet these criteria and ointments, lotions, or creams, limited to those that are FDA-approved and prescribed by a Network doctor for a woman.
  - Prescription Drugs for the treatment of sexual dysfunction, including erectile dysfunction, impotence, and anorgasmia, hypospadias, or delayed or absent ejaculation limited to post-prostate surgery indications.
  - Prescription diaphragms limited to two per year.
  - The Pharmacists and Therapists Committee's standard quantity limits, prior authorization criteria, and step therapies apply.
  - Smoker's products limited to:
    - Two full 90-day courses of FDA-approved tobacco cessation products per year. If prescribed by your PCP.
    - Members who are 6 years or younger.
  - Specialty Drugs limited to a one-month supply.

Inpatient care
- Limited to USPSF, HRSA, and CDC guidelines.
- Routine exam by adults limited to one per year.
- Routine exam for children and well-child care limited to the American Academy of Pediatrics (AAP) schedule.
- Tobacco cessation limited to two attempts per year.

Skilled Nursing Facility care
- Limited to 100 days per year.

Temporomandibular joint dysfunction
- Limited to a maximum of 1,500 lifetime.

Vision
- Diabetic eye exam limited to one per year.
- Glaucoma test limited to one per year.
- Routine services limited to one check-up, including eye refraction, per year.
- Treatment for orthoptics or visual training limited to a diagnosis of mild strabismus.

EXCLUDED SERVICES

We do not cover the following benefits. We may pay for care while deciding whether to cover the service or after deciding that the service is excluded from our coverage. After you later determined that the care is excluded from our coverage, we will recover the amount we have allowed benefits for. You must give us all documents needed to enforce our rights.

Behavioral health services
- Education, tutoring, and services offered through a school/academic institution for the purpose of diagnosing or treating a learning disability, disruptive, impulse-control, or conduct disorder.

Dental services
- Correction of occlusal jaw defects, dental implants, or grafting of alveolar ridges.
- General or preventive dentistry.
- Non-emergency procedures that involve the teeth or their supporting structures.
- Replacement, reimplantation, and follow-up care of teeth, even if the teeth are not covered by your plan.
- Treatment of soft tissue to prepare for dental procedures or dentures.

DME, orthotic devices, and prosthetic appliances
- Accessories.
- Bandages, pads, or diapers.
- Bionic and myoelectric prosthetics.
- Changes to your home or vehicle.
- Clothing and devices available OTC.
- Continuous passive motion devices.
- Equipment that serves as a comfort or convenience for:
  - For example, portable oxygen concentrators.
  - Equipment or devices not medical in nature such as:
    - Bras and related products;
    - Eye pads;
    - Elastic bandages and supports;
    - Garter belts;
    - Jockstrap and corset type products.
- Mattresses and other bedding or bed-wetting alarms.
- Power-operated vehicles which may be used as wheelchairs.
- Purchase or rental of equipment or supplies for common household use.
- Air cleaning machines or filtration devices.
- Air conditioners.
- Beds and chairs.
- Cervical or lumbar pillows.
- Grab bars.
- General anesthesia/sedation.
- Raised toilet seats.
- Shower benches.
- Suits made to order.
- Trays.
- Water purifiers.
- Supplies for basic hearing aids.
- Upgrade features to enhance basic equipment.
- Warranties.

General Excluded Services
- Care or services provided outside the GlobalHealth Service Area if the need for such care or services could have been foreseen before leaving the Service Area.
- Charges for injuries resulting from war or act of war (whether declared or undeclared) while serving in the military an auxiliary unit attached to the military or working in an area of war whether voluntary or required by an employer.
- Custodial care, respite care, homemaker services, or domiciliary care.
- Drugs, therapies, and technologies.
- Drugs for which the intended use or effect is known or proven; or
- That are not more effective than standard treatment.
- Drugs, eyewear, devices, appliances, equipment, dental work, or other items that are lost, missing, sold, or stolen.
- Drugs or other items that have been damaged or rendered unusable due to improper handling or misuse.
- Elective enhancement procedures, services, supplies, or medications, including but not limited to:
  - Anti-aging
  - Athletic performance
  - Cosmetic purposes
  - Hair transplantation
  - Hair loss

Lodging and meals
- New procedures, services, supplies, and drugs, that have not been reviewed and approved by GlobalHealth.

Personal or comfort items
- Private duty nursing.

Screening services requested solely by you, such as commercially advertised heart or lung scans.
- Separate charges for cancelled appointments, penalty or fines charged, maintenance and/or record-keeping, record copying, or Case Management services.

Services for travel, insurance, licensing, employment, school, camp, sports, or similar purposes.
- Other DME rentals limited to 13 months.
- Services resulting in whole or in part from an excluded condition, item, or service.
- Services that are provided as a result of Workers' Compensation laws or other similar statute.
- Treatment of injuries or illnesses resulting from an attempt or commission of a felony, or as a result of being engaged in an illegal occupation.
- Treatment of any kind which is excessive or not Necessarily Medical.
- Treatment of injuries before your start date of coverage or after the time coverage ends, even if authorized.
- Treatments of supplies, drugs, and devices for which no charge was made. Treatment, supplies, drugs, and devices for which no payment was requested if you did not have this coverage.

Treatment for injury resulting from extreme activities including, but not limited to:
- Bungee jumping
- Ski jumping
- Car racing
- Non-surgical breast reconstruction
- Commercial or public transportation.

Weight loss
- Commercial weight loss programs or OTC weight loss products.
- Balancing surgery when related to weight loss alone.

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- Lodging and meals
Fewer **expenses. Greater** care. **Less** worry.

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