



How to Get the Most Out of Your GlobalHealth Plan

1. Choose a PCP from our network.
 - Each family member may choose a different PCP.
 - You may choose a pediatrician for your child.
 - You may change your PCP at any time during the year. Your PCP change will be effective the same day. If you need to see a PCP before you receive your new member ID card, contact Customer Care at 1-877-280-5600.

2. See your PCP first for all of your medical care.
 - Your PCP will coordinate and manage your medical care.
 - Ask which preventive services are right for you.
 - For same-day urgent care, call your PCP's office for medical direction.
 - After-hours, you may self-refer to a network urgent care center.
 - When it's an emergency, go to the nearest hospital emergency room. Follow these steps:
 - Show your member ID card.
 - Call your PCP's office and us within forty-eight (48) hours. Tell us you received treatment in the ER.
 - We may arrange to transfer you to a hospital in the network if you are admitted to an out-of-network hospital.
 - Your PCP must provide or arrange for all follow-up care. You may also need preauthorization from us.
 - Be aware, an out-of-network provider may balance bill you. An In-network provider may not balance bill you.

3. To see a SPECIALIST, you need a referral*
 - When appropriate, your PCP will submit a referral on your behalf for specialty care.
 - Preauthorization from us is required.
 - When approved, we will send you a letter in the mail.
 - Make your appointment with the specialist as directed in the letter.
 - The specialist may submit referrals for procedures and follow-up care after the initial visit.

4. To go to the HOSPITAL, you need a referral*
 - A referral and preauthorization from us are required for scheduled stays.
 - You may only go to a hospital in the network. Follow these steps:
 - When approved, we will send you a letter of authorization.
 - Go only to the hospital listed in the letter.
 - You do not need preauthorization for stays in connection with childbirth.

However, you must go to an in-network hospital.

5. You may SELF-REFER to an in-network provider for the following services:
 - Services within an obstetrician/gynecologist's scope of practice
 - Routine mammograms
 - Behavioral health services
 - Routine eye exams
 - Eyeglasses or contacts
 - Physical therapy evaluations

*Generally, inpatient and certain outpatient services must be prior authorized. You do not have to obtain preauthorization for emergency services, stays in connection with childbirth, after hours urgent care, or self-referral services. 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.