



Federal Employees

Health Benefits
2017 Plans



Featuring:

- NEW! Plan Options
- LOWERED! Premiums
- \$0 Primary Care Physician Visits
- \$0 Lab & X-Ray
- ZERO Deductible For High Option Only

MFEDBG17

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BENEFITS AT A GLANCE

This is a summary of the features of the GlobalHealth Plan. Before making a final decision, please read the Plan's Federal Brochure, RI 73-834. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal Brochure. To review the 2017 FEHB Brochure, go to www.globalhealth.com/fehb.

BENEFIT	YOU PAY - HIGH OPTION	YOU PAY - STANDARD OPTION
ANNUAL DEDUCTIBLE*	This plan doesn't have an annual deductible.	Self Only - \$300 Self Plus One - \$600 Self and Family - \$600
ANNUAL OUT-OF-POCKET MAXIMUM	Self Only - \$5,000 Self Plus One - \$7,000 Self and Family - \$7,000	Self Only - \$6,500 Self Plus One - \$7,500 Self and Family - \$7,500
PRIMARY CARE VISITS	\$0 copay per visit	\$0 copay per visit
SPECIALIST VISITS	\$35 copay per visit	\$45 copay per visit
PREVENTIVE CARE Well Child Visits	\$0 copay	\$0 copay
X-RAYS & LABS	\$0 copay	\$0 copay
SPECIALIZED SCANS, IMAGING, & DIAGNOSTIC EXAMS	\$250 copay per scan in a preferred facility; \$500 copay per scan in a non-preferred facility	\$350 copay per scan in a preferred facility; \$700 copay per scan in a non-preferred facility
INPATIENT HOSPITAL STAY	\$250 copay per day with \$750 maximum per admission	\$500 copay per day with \$1,500 maximum per admission
OUTPATIENT SURGERY	\$250 copay in a preferred facility; \$750 copay in a non-preferred facility	\$500 copay in a preferred facility; \$1,000 copay in a non-preferred facility
EMERGENCY ROOM SERVICE	\$250 copay, waived if admitted to hospital inpatient	\$300 copay, waived if admitted to hospital inpatient
URGENT CARE	\$25 copay in urgent care facility	\$45 copay in urgent care facility
PRESCRIPTION DRUGS <i>(Chickasaw Nation Refill Center is a home delivery option for Native American members. Please visit our website for additional information.)</i>	Preferred Network Retail Pharmacy \$4/\$12/\$50/\$80/10% up to \$150/10% up to \$250	Preferred Network Retail Pharmacy \$6/\$15/\$70/\$105/10% up to \$200/10% up to \$300
	Non-Preferred Network Retail Pharmacy \$9/\$17/\$55/\$85/10% up to \$150/10% up to \$250	Non-Preferred Network Retail Pharmacy \$11/\$20/\$75/\$110/10% up to \$200/10% up to \$300
	Preferred Home Delivery or Extended Supply Retail \$8/\$24/\$125/\$240	Preferred Home Delivery or Extended Supply Retail \$12/\$30/\$150/\$270
	Non-Preferred Home Delivery or Extended Supply Retail \$13/\$29/\$130/\$245	Non-Preferred Home Delivery or Extended Supply Retail \$17/\$35/\$155/\$275
MATERNITY CARE	\$0 copay for prenatal care; \$25 one-time copay for delivery and all post-natal care; \$250 copay per admission for delivery	\$0 copay for prenatal care; \$45 one-time copay for delivery and all post-natal care; \$300 copay per day with \$900 maximum per admission for delivery
FAMILY PLANNING	No copay on FDA-approved services;	No copay on FDA-approved services;
ALLERGY CARE	\$0 copay per PCP visit; \$35 copay per specialist visit; \$0 copay for antigen and administration	\$0 copay per PCP visit; \$45 copay per specialist visit; \$0 copay for antigen and administration
PHYSICAL, OCCUPATIONAL, SPEECH THERAPY <i>(limited to 60 combined visits per calendar year)</i>	Inpatient: \$0 copay Outpatient: \$30 copay per visit	Inpatient: \$0 copay Outpatient: \$45 copay per visit
CHIROPRACTIC CARE <i>(20 visits per year)</i>	\$20 copay per visit	\$25 copay per visit
MENTAL HEALTH SERVICES CHEMICAL DEPENDENCY & SUBSTANCE ABUSE	\$0 copay per outpatient office visit \$250 copay/day with \$750/admission maximum	\$0 copay per outpatient office visit \$500 copay/day with \$1,500/admission maximum

*No deductible on high option plan. Standard option plan deductible does not apply to PCP, specialist and behavioral health office visits, lab/x-ray, urgent care, preventive care and prescription drugs.

CHOOSE A PRIMARY CARE PHYSICIAN (PCP).

When you enroll, you choose a PCP from the GlobalHealth provider network. Each member of the family may choose a different PCP, including a pediatrician for children. You may change your PCP selection at any time throughout 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 cards, contact Customer Care.



Find a PCP fast.

Check your Physician & Health Providers Directory or visit www.globalhealth.com/FEHB and click "FIND A DOCTOR OR HOSPITAL"



Always start with your PCP.

Always unlimited \$0 copay.

Your PCP will coordinate and manage your medical care including preventive care & referral requests if specialty care is necessary. Do not make your appointment with the specialist until you receive the authorization letter. The specialist may request referrals for procedures and follow up care after the initial visit. For same-day urgent care needs, call your PCP if during normal office hours. A referral is not required for specific self-referral services.



Hospital visits require referrals.

A referral and preauthorization from GlobalHealth are required for scheduled stays. You may only go to a hospital in the network except in an emergency. You do not have to obtain preauthorization for emergency services or stays in connection with childbirth. If you obtain other services without an authorized referral, you will be responsible for the costs. You may go to any emergency room, but you may be balance billed if you choose an ER that is not in-network.



Emergency Care.

Let your PCP & GlobalHealth know within 48 hours of being seen. We may arrange to transfer you to an in-network hospital if you are admitted to an out-of-network hospital from ER.

YOU MAY SELF REFER FOR THE FOLLOWING SERVICES.

You do not need preauthorization from GlobalHealth or from your PCP in order to obtain in-network care for the following services:



Obstetrical/Gynecological Services and Well-Woman Exams

From a healthcare professional who specializes in obstetrics or gynecology.



Routine Mammogram

From an imaging center.



Physical Therapy

For an evaluation only from a healthcare professional who specializes in physical therapy.
You will need preauthorization for any additional treatment.



Routine Eye Exams & Eyewear

From a network optometrist and eyewear providers.



Behavioral & Mental Health/Chemical Dependency Services

Medication management, therapy, and/or psychiatric testing from a healthcare professional who specializes in behavioral health.



After-Hours Urgent Care Visits

In-network.



PRESCRIPTION DRUG BENEFITS

Get details on preferred drugs and pharmaceutical management procedures at www.globalhealth.com/fehb. We offer a five-tier system for low-cost and preferred generics, preferred brand-name medications, non-preferred generics and brand-name medications, preferred specialty medications, and non-preferred specialty medications. You may choose to obtain your prescriptions through retail or home delivery.



MEMBER MATERIALS

Make the most of your benefits by going to www.globalhealth.com/fehb to download information including:

- ▶ FEHB Brochure
- ▶ Drug Formulary
- ▶ Physician and Health Providers Directory
- ▶ Summary of Benefits and Coverage

Printed copies are available upon request by calling Customer Care.

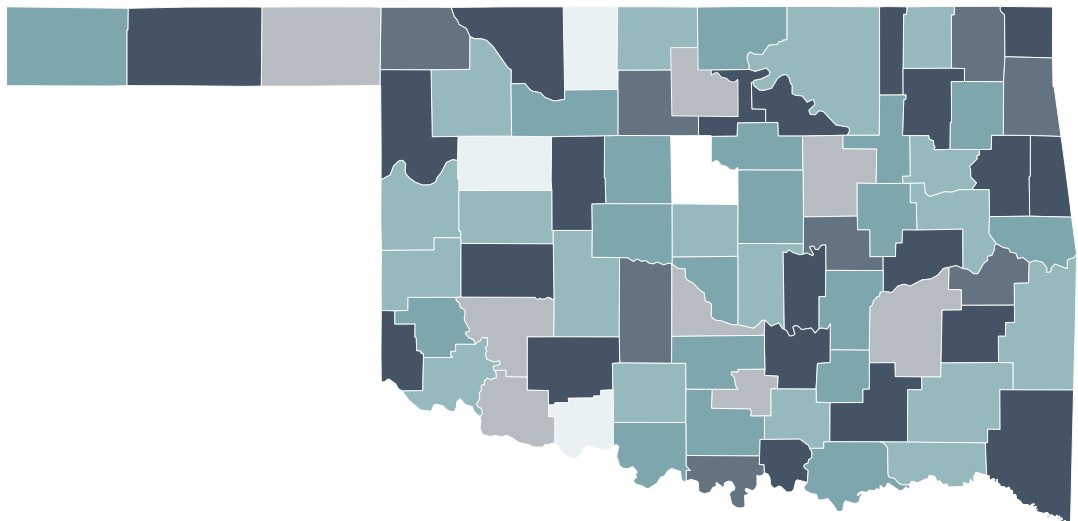


GlobalFit Gym Membership Discounts

Through our partnership with GlobalFit, you can register for our wellness benefit giving you access to discounts on gym memberships at thousands of fitness clubs nationwide.

We cover Oklahoma.

GlobalHealth is available statewide. You must live or work in Oklahoma to be eligible. Each of the 77 counties in Oklahoma and all of their zip codes are covered in their entirety.



GENERAL EXCLUSIONS—SERVICES, DRUGS, AND SUPPLIES WE DO NOT COVER.

The exclusions apply to all benefits. 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.

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.
- Services, drugs, or supplies you would not be charged for if you had no health insurance.
- Services that you get without a referral from your primary care physician, when a referral from your primary care physician is required for getting that service.
- Services that you get without prior authorization, when prior authorization is required for getting that service.
- Emergency facility services for non-authorized, routine conditions that do not appear to a reasonable person to be based on a medical emergency.
- Personal convenience items, such as a telephone or television in your room at a hospital or skilled nursing facility.
- Nursing care on a full-time basis in your home.
- Custodial care is not covered by GlobalHealth unless it is provided in conjunction with skilled nursing care and/or skilled rehabilitation services. "Custodial care" includes care that helps people with activities of daily living, like walking, getting in and out of bed, bathing, dressing, eating, and using the bathroom, preparation of special diets, and supervision of medication that is usually self-administered.
- Homemaker services.
- Meals delivered to your home.
- Charges imposed by immediate relatives or members of your household.
- Elective or voluntary enhancement procedures, services, supplies, and medications including but not limited to: Hair growth, athletic performance, cosmetic purposes, anti-aging, and mental performance.
- Cosmetic surgery or procedures, unless it is needed because of accidental injury or to improve the function of a malformed part of the body. Breast surgery and all stages of reconstruction for the breast on which a mastectomy was performed and, to produce a symmetrical appearance, surgery and reconstruction of the unaffected breast, is covered.

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program.

Type of Enrollment	Enrollment Code	Non-Postal Premium				Postal Premium	
		Biweekly		Monthly		Biweekly	
		Gov't Share	Your Share	Gov't Share	Your Share	Category 1 Your Share	Category 2 Your Share
High Option Self Only	IM1	\$196.39	\$65.46	\$425.51	\$141.83	\$56.95	\$54.33
High Option Self Plus One	IM3	\$392.78	\$130.93	\$851.03	\$283.68	\$113.91	\$108.67
High Option Self and Family	IM2	\$490.98	\$163.66	\$1,063.79	\$354.60	\$142.38	\$135.84
Standard Option Self Only	IM4	\$181.82	\$60.60	\$393.93	\$131.31	\$52.73	\$50.30
Standard Option Self Plus One	IM6	\$363.65	\$121.21	\$787.90	\$262.63	\$105.46	\$100.61
Standard Option Self and Family	IM5	\$454.55	\$151.52	\$984.86	\$328.29	\$131.82	\$125.76

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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).



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