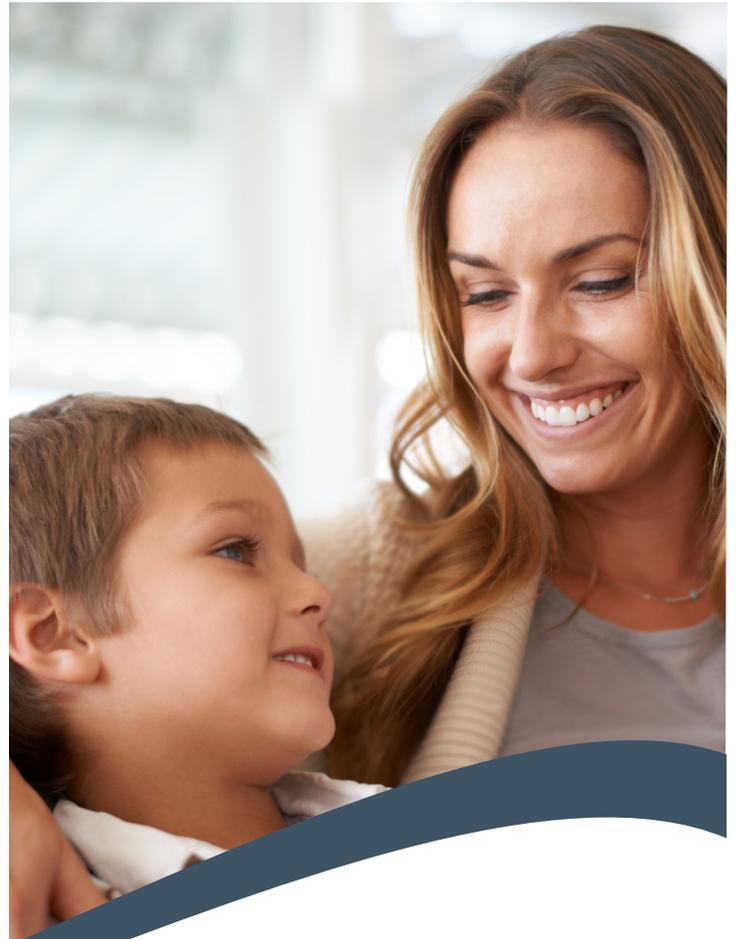




GlobalHealth

State of Oklahoma

Member
Orientation 2017



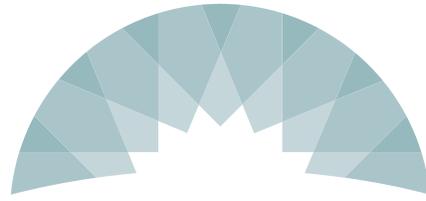
Welcome to GlobalHealth



GlobalHealth, Inc.
701 NE 10th Street, Suite 300
Oklahoma City, OK 73104-5403
www.globalhealth.com/state

MSTMO17

WELCOME TO THE GLOBALHEALTH FAMILY!



GlobalHealth



MEMBER MATERIALS

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

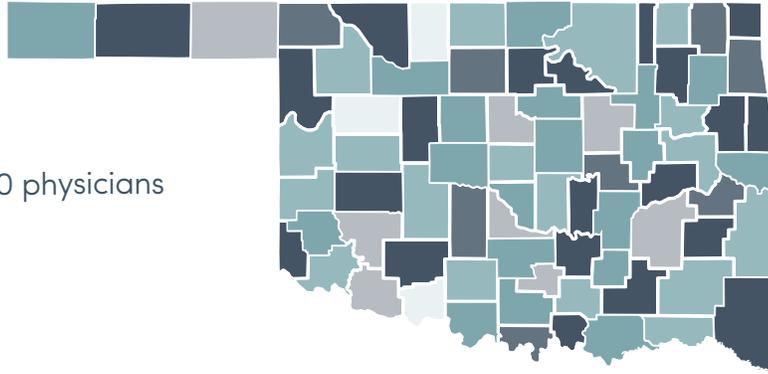
- ▶ State Schedule of Benefits
- ▶ Member Handbook
(includes Member Rights and Responsibilities & Notice of Privacy Practices)
- ▶ Drug Formulary
- ▶ Physician and Health Providers Directory
- ▶ Summary of Benefits and Coverage

Printed copies are available upon request by calling Customer Care.

NETWORK PROVIDERS

Our provider network includes top-quality providers, hospitals, and pharmacies throughout Oklahoma. It is important to stay in network in order to keep out-of-pocket costs low and avoid being balance billed.

- + All 77 counties
- + More than 2,800 physicians
- + 85 hospitals



Visit www.globalhealth.com/search to find out which physicians and facilities are in our network.

When using our online provider search, select the options you are searching for, and click “FIND PROVIDERS”. Your search results will appear and look similar to the below result.

If there is a green ‘check’, the provider is In-network* and accepting new patients. Contact provider to confirm.

If there is a yellow caution sign, the provider is in-network but not accepting new patients.

If there is a red ‘x’ the provider does not accept your plan and would be considered out-of-network.

LAST NAME, FIRST NAME TITLE

Specialty/Type:

Address

City, STATE ZIP

COUNTY

PHONE NUMBER

Hours of Operation:

Provider accepts Medicaid

✔ GlobalHealth Commercial Network

✔ GlobalHealth Federal Employee Network

⚠ GlobalHealth Medicare Advantage Network

✘ Generations Healthcare Network

[Get map and directions](#)

Click the name for more information about the provider.

This section indicates if the provider accepts Medicaid. If this section is not visible, call the provider to confirm.

*Your network is the GlobalHealth Commercial Network.



Download Our Mobile App

Visit www.globalhealth.com/mobileapp to easily access our provider search and to access benefits, wellness topics and GlobalHealth contact information.

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.



Always start with your PCP. \$0 copay.

Your PCP will coordinate and manage your medical care including preventive care and referral requests if specialty care is necessary.



Specialist visits require referrals.

When appropriate, your PCP will submit a referral on your behalf for specialty care. A preauthorization from GlobalHealth is required. Do not make an appointment until you receive the authorization letter. The specialist may submit referrals for procedures and follow-up care after the initial visit.



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.

BALANCE BILLING BY AN OUT-OF-NETWORK PROVIDER

Balance billing occurs when a provider bills you the difference between its billed charge and the total amount the provider received from your cost-share and our usual and customary reimbursement for approved covered services. In-network providers may not balance bill you. Out-of-network providers may balance bill you and you will be responsible for the difference between our payment and the provider's billed amount.

Special Situations

We maintain a comprehensive network of providers. As a general rule, you must receive care from providers within our network. However, there are some limited situations in which you may see an out-of-network provider. We pay usual and customary reimbursement. You could be balance billed:

- If you must seek urgent care when out of our service area.
- If you are treated for emergency services while out-of-network.
- If we do not have a provider in our network to take care of your condition and we authorized a referral to an out-of-network provider.
- If we have authorized services or treatment at an in-network facility and you receive ancillary services or treatment from an out-of-network provider.
- If we have approved you to see a provider through the continuity of care or transition of care process.

If you believe a provider has balance billed you in error, call Customer Care.

**Please Note: Generally, inpatient and certain outpatient services must be preauthorized. You do not have to obtain preauthorization for emergency services or stays in connections with childbirth. 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.*

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 & 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.

URGENT CARE VS. EMERGENCY ROOM

It is important to choose the appropriate place of care when it comes to injuries and illnesses. More than 50% of ER visits could be handled more efficiently in an urgent care*. Urgent care does not take the place of your Primary Care Physician (PCP). If possible, always visit your PCP first for non-life threatening injuries or illnesses.

URGENT CARE \$25 copay		EMERGENCY ROOM \$300 copay	
Minor Injuries	Minor Illnesses	Life-Threatening Injuries	Life-Threatening Illnesses
<ul style="list-style-type: none"> • Stitches • X-rays • Sprains • Fractures • Minor cuts and burns 	<ul style="list-style-type: none"> • Cold • Flu • Sore throat • Low-grade fever 	<ul style="list-style-type: none"> • Severe cuts • Severe burns • Broken bones • Head trauma 	<ul style="list-style-type: none"> • Chest pain • Stroke • Trouble breathing • Severe abdominal pain • High-grade fever

OR

Still unsure? Call your in-network urgent care center and ask if they treat your symptoms. The above scenarios do not outweigh your personal judgment.

When it's an emergency, go to the nearest hospital emergency room and follow these steps:

- Show your member ID card.
- Call GlobalHealth's Customer Care within 48 hours, ask for Case Management and inform them you were treated in the ER.
- Call your PCP's office within 48 hours. Tell them you were treated in the ER.
- If you are admitted to an out-of-network hospital, GlobalHealth may arrange to transfer you to a hospital in the network.
- All follow-up care must be provided or arranged by your PCP. Preauthorization by GlobalHealth may also be needed.
- Be aware, an out-of-network provider may balance bill you. An in-network provider may not balance bill you.

*Source: Tulsa People Magazine, December 2015 Edition

BENEFITS AT A GLANCE

The following is intended to be only a summary of benefits offered by GlobalHealth, plan MSTSB17, for State, Education and Local Government Employees. For more information, go to www.globalhealth.com/state.

BENEFIT	YOU PAY
ANNUAL DEDUCTIBLE	This plan doesn't have an annual deductible.
ANNUAL OUT-OF-POCKET MAXIMUM	Member – \$3,500 Family – \$10,500
PRIMARY CARE VISITS	\$0 copay per visit
SPECIALIST VISITS	\$50 copay per visit
PREVENTIVE CARE	\$0 copay
X-RAYS & LABS	\$0 copay
SPECIALIZED SCANS, IMAGING, & DIAGNOSTIC EXAMS	\$250 copay per scan in preferred facility; \$750 copay per scan in non-preferred facility
INPATIENT HOSPITAL STAY	\$250 copay per day with \$750 maximum per admission
OUTPATIENT SURGERY	\$250 copay in preferred facility; \$750 copay in non-preferred facility
EMERGENCY ROOM SERVICE	\$300 copay, waived if admitted to hospital inpatient
URGENT CARE	\$25 copay in urgent care facility
MATERNITY CARE	\$0 copay for prenatal care; \$25 one-time copay for delivery and all post-natal care; \$500 copay per admission for delivery
FAMILY PLANNING	No copay for women on FDA-approved services \$50 copay for men if services performed in an office setting
ALLERGY CARE	\$0 copay per PCP visit; \$50 copay per specialist visit \$30 copay/6-week supply of antigen and administration
PHYSICAL, OCCUPATIONAL, SPEECH THERAPY (limited to 60 combined visits per course of therapy)	No copay for inpatient Outpatient: \$50 copay per visit Rehabilitation Facility: \$250 copay per day with \$750 copay per admission
CHIROPRACTIC CARE (15 visits per year)	\$25 copay per visit
MENTAL HEALTH SERVICES CHEMICAL DEPENDENCY & SUBSTANCE ABUSE	\$0 copay per outpatient office visit \$250 copay per day with \$750 per admission

PRESCRIPTION DRUG BENEFITS

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



Visit www.globalhealth.com/search to find out which pharmacies are in our network.

PHARMACY TYPE	DESCRIPTION
RETAIL NETWORK PHARMACIES	Up to a 30-day supply that you pick up at your local network pharmacy.
HOME DELIVERY PHARMACY SERVICE	Maintenance medications are mailed to your home in a 90-day supply when prescribed as a 90-day supply by a network Provider.
EXTENDED SUPPLY RETAIL PHARMACY NETWORK	You may receive up to a 90-day supply of a maintenance drug at an extended supply retail pharmacy for the applicable home delivery copay. Medication must be prescribed as 90-day.
CHICKASAW NATION REFILL CENTER MEDICATIONS BY MAIL	Native American-owned retail pharmacy that provides prescription medications to Native Americans. Proof of Native American status in one of the federally recognized tribes is required to receive discounts. Medications are mailed directly to your home or designated location.
SPECIALTY PHARMACIES	Contracted specialty pharmacies fill your specialty medications and mail them to your home. You pay the prescription drug copay when specialty medications are sent to and administered by you.

GlobalHealth's Preferred Formulary Drug List

Preferred drugs are listed in the Drug Formulary. It includes generic and brand name medications that are approved by the FDA.

The list of drugs is subject to change.

- New medications may be introduced or a generic may become available.
- Coverage will not be discontinued or reduced for a drug except:
 - when a new or lower cost therapeutic equivalent medication becomes available; or
 - when new adverse information about the safety or effectiveness of a drug is released.
- If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher tier, we will notify affected members of the change at least 60 days before the change becomes effective.

If the FDA deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, the drug will be removed immediately from our formulary and you will be notified.

PRESCRIPTION DRUG BENEFITS

See the Drug Formulary to see what tier your medications are in and what, if any, utilization management restrictions they have.

TIER LEVEL	YOU PAY	BENEFIT DESCRIPTION
ACA	You pay no Cost-share	Preventive Care Prescription Drugs and over-the-counter drugs with a prescription. You pay no Cost-share. The list is subject to change as ACA guidelines are updated or modified
TIER ONE	Network Retail Pharmacy Low-Cost Generic: \$5 copay Preferred Generic: \$10 copay Home Delivery or Extended Supply Retail Low-Cost Generic: \$10 copay Preferred Generic: \$20 copay	You will pay the lowest cost-share for select, low-cost generics. All other generics in this tier have the higher cost-share.
TIER TWO	Network Retail Pharmacy \$50 copay Home Delivery or Extended Supply Retail \$100 copay	Preferred brand name medications on the formulary
TIER THREE	Network Retail Pharmacy \$75 copay Home Delivery or Extended Supply Retail \$150 copay	Non-preferred name brand and specified high-cost generic drugs
TIER FOUR	Network Specialty Pharmacy Preferred Specialty: \$100 copay Non-preferred Specialty: \$200 copay Home Delivery or Extended Supply Retail Not covered	Preferred and non-preferred specialty medications are filled through a specialty pharmacy. Specialty drugs are limited to no more than a one-month supply per fill.

Use our Prescription Drug Cost Calculator at www.globalhealth.com/prescription_pricing

Formulary Terms and Definitions

TERM	DEFINITIONS
PRIOR AUTHORIZATION (PA)	On certain medications physicians are required to get approval from GlobalHealth before you fill your prescriptions. If you do not get approval, GlobalHealth may not cover the drug.
STEP THERAPY (ST)	In some cases, GlobalHealth requires you to try one or more prerequisite, clinically equivalent drugs to treat your medical condition before we will cover another drug for that condition.
QUANTITY LIMITS (QL)	There are limits to the amount of certain medications that you may receive. These drugs, if taken inappropriately for too long a period of time, could be unsafe and cause adverse effects.

Prescription Drug Resources and Links



Prior Authorization form for physicians: www.globalhealth.com/pharm_priorauth

Sign up for mail order: www.express-scripts.com/index.html

Sign up for Chickasaw Nation Refill Center: www.globalhealth.com/pharm_sov

Other forms and resources: www.globalhealth.com/prescriptions

EXCLUSIONS AND LIMITATIONS

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

GENERAL LIMITATIONS

WE COVER CERTAIN BENEFITS ONLY AS FOLLOWS:

Ancillary Services and Supplies

- Hearing aids are limited to coverage for:
 - Children through the month in which he or she turns eighteen (18) years of age, one (1) aid per ear every forty-eight (48) months unless Medically Necessary to replace more often.
 - Children less than two (2) years of age, four (4) additional ear molds per year.
- Corrective lenses and fittings limited to first set of basic frames and lenses following cataract surgery.
- Routine foot care, shoes, shoe inserts, arch supports, and supportive devices limited to foot care for Members diagnosed with diabetes or peripheral vascular disease.
- Orthopedic or corrective shoes limited to those permanently attached to a Denis Browne splint for children.
- Wigs and scalp prostheses limited to one (1) synthetic wig per Plan Year when required due to loss of hair resulting from chemotherapy or radiation therapy.
- Breast pumps limited to one (1) per Plan Year for women who are pregnant or nursing.
- Orthotic devices limited to:
 - Members with diagnoses pertaining to peripheral vascular disease or diabetes.

Behavioral Health Services

- Autism Screening is limited to children at ages eighteen (18) months and twenty-four (24) months.
- Developmental Screening is limited to children up to the age of three (3) years.
- Compulsive disorders treatment is limited to programs for feeding and eating disorders.
- Residential treatment center care limited to 100 days per Plan Year.
- Medical detoxification limited to 100 days per Plan Year.
- Behavioral health case management limited to eight (8) hours per month and twenty-four (24) hours per Plan Year.
- Psychosocial rehabilitation limited to eight (8) hours per month and twenty-four (24) hours per Plan Year.
- Psychological testing limited to eight (8) hours per Plan Year.
- Applied behavioral analysis limited to twenty-five (25) hours per week and to the following diagnoses:
 - Autistic disorder - childhood autism, infantile psychosis, and Kanner's syndrome;
 - Childhood disintegrative disorder - Heller's syndrome;
 - Rett's syndrome; and
 - Specified pervasive developmental disorders - Asperger's disorder, atypical childhood psychosis, and borderline psychosis of childhood.

Chiropractic Care

- Limited to fifteen (15) visits per Plan Year.

Cosmetic Services

- Treatment, item, supply, drug, procedure, or any portion of a procedure performed primarily to improve physical appearance limited to:
 - Repairing conditions resulting from an accidental injury;
 - Improvement of the physiological functioning of a malformed body member not related to dentistry or dental processes to the teeth and surrounding tissue; and
 - Breast reconstruction following a mastectomy.

Dental Services – Medical Coverage

- Dentistry or dental processes to the teeth and surrounding tissue limited to:
 - Emergency room services to treat accidental injury to the jaw, sound natural teeth, mouth, or face.
 - Improvement of the physiological functioning of a malformed part of the body resulting from a congenital defect.
- General anesthesia/IV 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 or because of the severity of the dental procedure.

Experimental or Investigational Therapies

- Drugs, items, devices, and procedures limited to:
 - Off-label uses of certain drugs used in the treatment of cancer or the study of oncology; and
 - Certain investigational uses of drugs, including chemotherapy for cancer treatment, if administered as part of an Approved Clinical Trial.

General Care or Hospital Services

- Hospital private room limited to when the Member is required under the infection control policy of the Hospital to be in isolation to prevent contagion.
- Treatment of injuries or illnesses sustained or contracted as the result of being under the influence of any narcotic, unless prescribed by a physician, limited to injury as a result of a medical condition (including both physical and mental health conditions).

Genetic Analysis, Services, or Testing

- Genetic counseling and testing is limited to women whose family history is associated with an increased risk for deleterious mutations in BRCA 1 and BRCA 2 genes.

Home Healthcare

- Limited to 100 visits per Plan year.

Physical, Occupational, and Speech Therapy

- Physical, occupational, and/or speech therapy services limited to sixty (60) combined visits per Plan Year for you to regain, maintain, or prevent deterioration of a skill or function that has been acquired, but then lost or impaired due to illness, injury, or disabling condition.

Prescription Drugs

- Inhaler extender devices, peak flow meters, Ana-Kits, and EpiPens are limited to three (3) per Plan Year.
- Prescription diaphragms are limited to two (2) per Plan Year.
- The Pharmacy and Therapeutics Committee's standard quantity limits, prior authorization criteria, and step therapies apply.
- Specialty Drugs are limited to a one-month supply.
- Smoking cessation products are limited to two (2) full 90-day courses of any FDA-approved tobacco cessation product per Plan Year, if prescribed by your PCP. Limited to Members who are at least eighteen (18) years old.
- Drugs prescribed or administered by Out-of-network physicians in non-emergencies is limited to those prescribed by dentists.
- Non-prescription contraceptive jellies, ointments, foams, or devices limited to those that are FDA-approved and prescribed by a Network physician for a woman.
- Biological sera, medication prescribed for parenteral use or administration, allergy sera, immunizing agents, and immunizing injectable drugs limited to immunizations covered under Preventive Care guidelines and administered at a Network pharmacy.
- Prescription drugs for the treatment of sexual dysfunction, including erectile dysfunction, impotence, and anorgasm, hypogasm, or decreased libido limited to post-prostate surgery indications.

Sexual Dysfunction

- Services related to sexual dysfunction limited to drugs and supplies for post-prostate surgery indications.

Skilled Nursing Facility Care

- Limited to 100 days per Plan year.

Transgender Services

- Limited to individually appropriate Preventive Care services.

Vision

- Routine services limited to one (1) check-up, including eye refraction, per Plan Year.
- Treatment for orthoptics or visual training limited to a diagnosis of mild strabismus.

GENERAL EXCLUDED SERVICES

THE FOLLOWING BENEFITS ARE NOT COVERED:

Ancillary Services and Supplies

- Mattresses and other bedding or bed-wetting alarms.
- Equipment or devices not medical in nature such as braces worn for athletic or recreational use, ear plugs, elastic stockings or supports, or garter belts.
- Jacuzzi/whirlpools.
- Power-operated vehicles that may be used as wheelchairs.
- Purchase or rental of equipment or supplies for common household use including, but not limited to: Physical fitness equipment, traction tables, air conditioners, water purifiers, air-cleaning machines or filtration devices, cervical or lumbar pillows, grab bars, raised toilet seats, shower benches, beds, or chairs.
- Bandages, pads, or diapers.

Behavioral Health Services

- Education, tutoring, and services for the purpose of diagnosing or treating a learning disability, disruptive, impulse-control, or conduct disorder.
- Marital counseling.

Dental Services – Medical Coverage

- General dental services.
- Procedures that involve the teeth or their supporting structures (such as the periodontal membrane, gingiva, and the alveolar bones).
- Correction of occlusive jaw defects, dental implants, or grafting of alveolar ridges.
- Treatment of soft tissue for the purpose of facilitating dental procedures or dentures.

Experimental or Investigational Therapies

- Drugs, therapies, and technologies whose long-term efficacy or effect is undetermined or unproven or whose efficacy is no greater than that of traditionally accepted standard treatment.
- New procedures, services, supplies, and drugs until they are reviewed for safety, efficacy, and cost-effectiveness and approved by GlobalHealth.

General Care or Hospital Services

- Treatment of any kind which is excessive or not Medically Necessary.
- Services received without an authorization, when one is required, and complications arising from those services.
- Treatment of any kind received before your start date of coverage or after the time coverage ends, even if authorized.
- 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.
- Services, other than Hospital services for behavioral health, for which you do not allow the release of information to GlobalHealth.
- Services for travel, insurance, licensing, employment, school, camp, sports, premarital, or pre-adoption purposes.
- Personal or comfort items.
- Services received while outside of the United States (50 states and District of Columbia).
- Charges for injuries resulting from war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
- 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.
- Services as a result of recreational drug or alcohol use.
- Elective or voluntary enhancement procedures, services, supplies, or medications, including but not limited to:
 - Hair growth
 - Sexual performance
 - Athletic performance
 - Cosmetic purposes
 - Anti-aging
- Separate charges for missed or canceled appointments, penalty or finance charges, maintenance and/or record-keeping, record copying, or Case Management services.
- Treatment, supplies, drugs, and devices for which no charge was made. Treatment, supplies, drugs, and devices for which no payment would be requested if you did not have this coverage.
- Custodial care, respite care, homemaker services, or domiciliary care.
- Treatment for injury resulting from extreme activities including, but not limited to:
 - Base jumping
 - Bungee jumping
 - Bull riding
 - Car racing
 - Skydiving
 - Motorcycle stunts
- Alternative drugs and/or treatments used in the place of standard therapy, to treat any condition or illness.
- Screening services requested solely by you, such as commercially advertised heart scans.

Obstetrical and Infertility Services

- Elective abortions.
- Home uterine monitoring.
- Expenses related to surrogate parenthood.
- Alternative programs for delivery such as home delivery and use of midwives and birthing centers.
- In vitro fertilization, artificial insemination, embryo transfers, reversal of voluntary sterilization, ovum transplant, gamete intrafallopian transfer ("GIFT"), zygote intrafallopian transfer ("ZIFT"), surrogate parenting, and donor semen expenses.

Other Coverage

- Treatment for disabilities connected to military service for which you are legally entitled and to which you have reasonable accessibility (i.e., services through a federal governmental agency).
- Services that are provided as a result of Workers' Compensation laws or similar laws.
- Treatment for which the cost is recoverable under any other coverage, including Workers' Compensation, Occupational Disease law, or any state or government agency.

Other Excluded Services

- Services resulting in whole or in part from an excluded condition, item, or service.

Physical, Occupational, and Speech Therapy

- Kinesiology, movement therapy, or biofeedback.
- Rolf technique.
- Massage therapy.
- Acupuncture/acupressure.
- Recreational therapy including, but not limited to:
 - Animal-facilitated therapy
 - Music therapy

Prescription Drugs

- Drugs and dietary supplements available without a prescription (over-the-counter) or for which there is a non-prescription therapeutic equivalent available, even if ordered by a physician.
- Saline and medications for irrigation.
- Topical testosterone products (e.g., AndroGel®, Fortesta®, etc.).
- Drugs prescribed for a non-FDA approved indication, dosage, or length of therapy.

Repair and Replacement

- Drugs, eyewear, devices, appliances, equipment, dental work, or other items that are lost, missing, sold, or stolen.
- Items that have been damaged or destroyed due to improper use or abuse.

Transplants

- Artificial or non-human organ transplants or transplants considered experimental, investigative, or unproven.
- Donor Screening tests and donor search expenses.

Transportation/Lodging

- Routine, non-emergent ambulance transport unless preauthorized by GlobalHealth.
- Lodging, meals, and transportation costs.

Vision

- Non-prescription lenses.
- LASIK, INTACS, radial keratotomy, and other refractive surgery.
- Computer programs of any type, including, but not limited to, those to assist with vision therapy.
- Special multifocal ocular implant lenses.

Weight Reduction Programs

- Gastric stapling, gastric balloon services, or any surgical treatment for obesity or weight-loss purposes.





Have Questions? Contact Customer Care
(405) 280-5600 (local) 1-877-280-5600 (toll-free)
711 (TTY)
www.globalhealth.com/state

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