

# Better plans for better health: GEHA 2010 benefits

Medical Benefits In-Network*	Standard Option What you pay	High Option What you pay	Health Savings Advantage HDHP What you pay	Medicare A & B with Standard What you pay	Medicare A & B with High What you pay
<b>Physician care</b> Primary care physician Specialist Surgical care	\$10 office visit copay \$25 office visit copay 15% of allowance <input checked="" type="checkbox"/>	\$20 office visit copay \$20 office visit copay 10% of allowance <input checked="" type="checkbox"/>	Nothing for preventive care Other – 5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>	Nothing, 100% coverage Nothing, 100% coverage Nothing, 100% coverage	Nothing, 100% coverage Nothing, 100% coverage Nothing, 100% coverage
<b>Preventive care</b> Covered lab services Well-child care Adult routine screenings Vision – annual eye exam Dental – diagnostic/preventive	Nothing, through LabCard® Nothing, up to age 22 Nothing, 100% coverage \$5 copay through Avesis 50% of allowance, 2 times/year	Nothing, through LabCard® Nothing, up to age 22 Nothing, 100% coverage \$5 copay through Avesis Balance, after GEHA pays \$22 per visit, 2 times/year	Nothing, 100% coverage Nothing, up to age 22 Nothing, 100% coverage \$10 copay through Avesis 50% of allowance, 2 times/year	Nothing, 100% coverage Nothing, 100% coverage \$5 copay through Avesis 50% of allowance, 2 times/year	Nothing, 100% coverage Nothing, 100% coverage \$5 copay through Avesis Balance, after GEHA pays \$22 per visit, 2 times/year
<b>Chiropractic care</b>	Balance after deductible <input checked="" type="checkbox"/> and GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.	Balance after deductible <input checked="" type="checkbox"/> and GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.	Balance after deductible <input checked="" type="checkbox"/> and GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.	Balance after GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.	Balance after GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.
<b>Maternity</b> Physician care Hospital care	Nothing, 100% coverage Nothing, 100% coverage	Nothing, 100% coverage Nothing, 100% coverage	5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>		
<b>Hospital/Facility care</b> Inpatient (you must precertify) Outpatient Emergency room Other charges	15% of allowance <input checked="" type="checkbox"/> 15% of allowance <input checked="" type="checkbox"/> 15% of allowance <input checked="" type="checkbox"/> 15% of allowance <input checked="" type="checkbox"/>	\$100 per admission deductible Nothing for room and board 10% of other charges 10% of allowance <input checked="" type="checkbox"/> 10% of allowance <input checked="" type="checkbox"/> 10% of allowance <input checked="" type="checkbox"/>	5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>	Nothing, 100% coverage Nothing, 100% coverage Nothing, 100% coverage Nothing, 100% coverage	Nothing, 100% coverage Nothing, 100% coverage Nothing, 100% coverage Nothing, 100% coverage
<b>Accidental injury/Outpatient care</b> Ambulance, physician, emergency room	Nothing, if services within 72 hours	Nothing, if services within 72 hours	5% of allowance <input checked="" type="checkbox"/>	Nothing, 100% coverage	Nothing, 100% coverage
<b>Catastrophic limits</b>	\$5,000 in-network	\$4,000 in-network	\$5,000 single/\$10,000 family		
<input checked="" type="checkbox"/> <b>Calendar-year deductible applies</b>	\$350 Self Only \$700 Self + Family	\$350 Self Only \$700 Self + Family	\$1,500 Self Only \$3,000 Self + Family	No deductible	No deductible
* For out-of-network benefits, see the 2010 GEHA plan brochure, RI 71-006 (High and Standard), or the 2010 HDHP plan brochure, RI 71-014.					
Prescriptions In-Network*	Standard Option What you pay	High Option What you pay	Health Savings Advantage HDHP What you pay	Medicare A & B with Standard What you pay	Medicare A & B with High What you pay
<b>Retail pharmacy – 30-day supply</b> Generic Single-source brand (generic not available) Multi-source brand (generic is available)	\$5 copay 50%, up to \$200 max 50%, up to \$200 max	\$5 copay** 25%, up to \$150 max** \$5, plus difference in cost	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/>	\$5 copay 50%, up to \$200 max 50%, up to \$200 max	\$5 copay** 20%, up to \$150 max** \$5, plus difference in cost
<b>Mail order pharmacy – 90-day supply</b> Generic Single-source brand (generic not available) Multi-source brand (generic is available)	\$15 copay 50%, up to \$500 max 50%, up to \$500 max	\$15 copay 25%, up to \$350 max \$15, plus difference in cost	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/>	\$15 copay 50%, up to \$500 max 50%, up to \$500 max	\$10 copay 15%, up to \$350 max \$10 plus difference in cost
* For out-of-network benefits, see the 2010 GEHA plan brochure, RI 71-006 (High and Standard), or the 2010 HDHP plan brochure, RI 71-014. ** Costs for initial prescription and first refill. You pay 50% for additional refills at retail. For long-term prescriptions, use mail order for greater cost savings.					