



Medicare + FEHB



- 2+ million members worldwide
- One of the largest carriers in the FEHB Program
- Nonprofit association
- Exclusively Federal / Postal / Annuitants
- Extensive nationwide network of doctors, dentists, hospitals and other providers

Presented by **GEHA** Government Employees
Health Association

GEHA was created by Postal employees like you.

- Founded by Railway Post Office employees in 1937
- Employees passed the hat to help co-workers in times of need
- Caring for one another is still one of our core values

Learn more about GEHA at geha.com/Postal



Today's presenters



Brian Sperling

Senior Account Manager | GEHA



Mickey Basi

Senior Account Manager | GEHA

Agenda

THE BASICS

- PSHB resources
- FEDVIP in retirement
- FEHB Program rules about retirement

MEDICARE ENROLLMENT

- Medicare Parts A & B
- How and when should I enroll in Medicare
- Special Enrollment Period



Agenda continued

SUPPLEMENTAL PLANS

- Medigap or Medicare supplement plans
- Medicare Part C Medicare Advantage
- Medicare Part D Prescription coverage
- TRICARE® and Medicare

GEHA PLANS

- How GEHA plans work with Medicare
- GEHA's Medicare Advantage plans
- GEHA dental plans
- Q & A



The basics

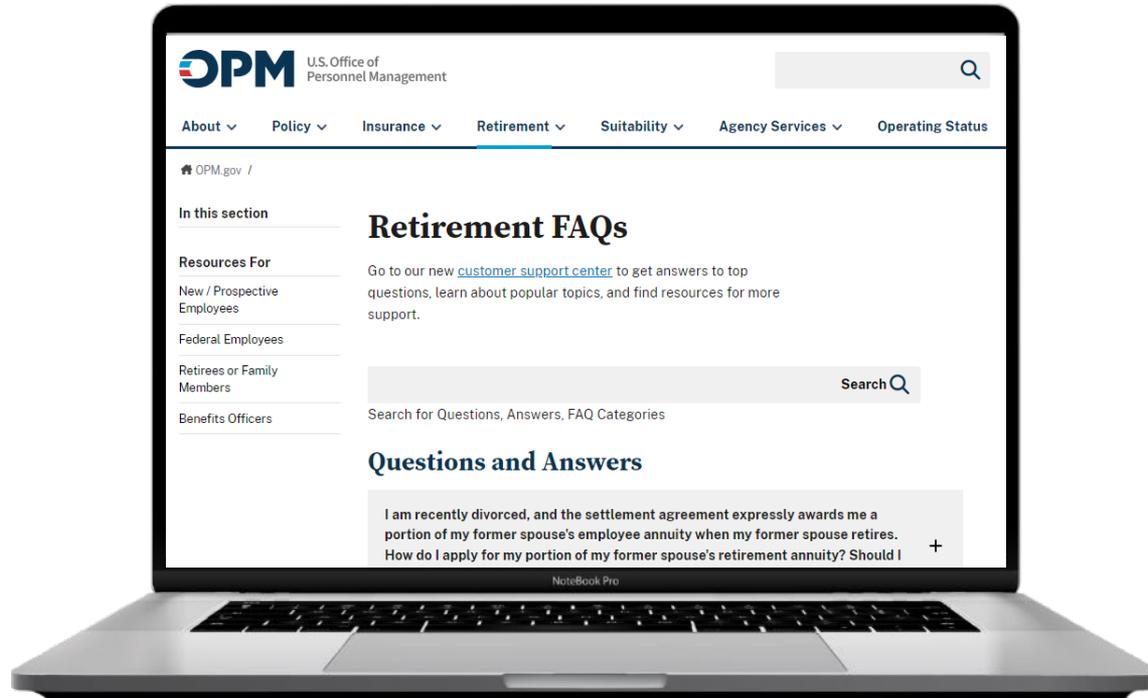


Postal Service Health Benefits (PSHB) resources

- OPM Frequently Asked Questions (FAQs)
opm.gov/healthcare-insurance/pshb
- Active USPS employees
liteblue.usps.gov/humanresources/benefits/insurance/pshb.htm
- Postal annuitants
keepingposted.org/postal-service-health-benefits.htm
- Postal Services Health Reform Act questions
retirementbenefits@usps.gov

OPM frequently asked questions

opm.gov/Retirement-Services/Retirement-FAQs



PSHB resource for annuitants

Visit keepingposted.org/postal-service-health-benefits.htm to view the USPS Annuitants Fact Sheet.

The screenshot shows the 'Keeping Posted.org' website for retired USPS employees. The page title is 'Postal Service Health Benefits (PSHB) Program' with a subtitle 'USPS Annuitants Fact Sheet'. The main content area contains an introductory paragraph about the Postal Service Reform Act of 2022 (PSRA) and the implementation of the PSHB Program. A 'Resources' section lists 'PSHB Annuitant Fact Sheet' and 'PSHB FAQs'. A numbered list of seven points provides detailed information about enrollment, plan options, and special enrollment periods. A 'Looking Ahead' section notes that benefits can change and encourages annual reviews. The footer of the page states that additional information will be communicated in the coming months.

Keeping Posted.org
FOR RETIRED USPS EMPLOYEES

UNITED STATES POSTAL SERVICE®

Home News & reports Health benefits Tools Stay connected Resources Contact us

Postal Service Health Benefits (PSHB) Program

USPS Annuitants Fact Sheet

The Postal Service Reform Act of 2022 (PSRA) was signed into law in April 2022. Since then, the Office of Personnel Management (OPM), in conjunction with the Postal Service, has been working to implement a new Postal Service Health Benefits (PSHB) Program, as required under the new law. PSHB is a new, separate program within the Federal Employees Health Benefits (FEHB) Program and will be administered by OPM. Coverage under the PSHB Program will be effective January 1, 2025. Below is a list of facts regarding the PSHB Program for current annuitants:

Resources

- PSHB Annuitant Fact Sheet
- PSHB FAQs

1. You are required to select a health insurance plan in the PSHB Program during the 2024 open season period, from November 11, 2024 – December 9, 2024.
2. PSHB plan options and premium information will be available in October 2024.
3. OPM will launch a new enrollment platform for health insurance. Information on how to make elections using the new system will be available prior to the 2024 open season.
4. If you are an **annuitant as of January 1, 2025, and not currently participating in Medicare Part B**, you ARE NOT required to enroll in Medicare Part B to continue your health insurance coverage in the new PSHB Program. Participation in Medicare Part B is voluntary; however, enrollment in Medicare Part B may reduce your overall costs for health care-related expenses and may provide greater value.
 - a. Your covered spouse and eligible family members will also not be required to enroll in Medicare Part B even if they are age 65 or older; however, enrollment in Medicare Part B may reduce overall costs for health care-related expenses and may provide greater value.
 - b. **Note:** If you are an **annuitant as of January 1, 2025, and are already enrolled in Medicare Part B**, you ARE required to remain enrolled in Medicare Part B to continue coverage under PSHB.
5. If you are an **annuitant entitled to Medicare Part A (typically at age 65) prior to January 1, 2024, and have not enrolled in Medicare Part B**, you and your covered, eligible family members may be able to participate in the special enrollment period (SEP) for Medicare Part B that starts on April 1, 2024. Those who enroll during the SEP will not need to pay the late enrollment penalty. Eligibility letters will be sent to annuitants and eligible family members in early 2024.
6. If you **retire between October 31, 2024, and December 31, 2024, and are entitled to Medicare Part A (typically at age 65)**, you will have the option to enroll in Medicare Part B during a specific eight-month special enrollment period immediately following your retirement date. If you wish to enroll, you MUST contact the Social Security Administration (SSA) to initiate enrollment if you are over the age of 65.
7. As a general rule, spousal and family member PSHB coverage is based on the primary subscriber's eligibility. If the primary subscriber is not required to join Medicare Part B, neither will dependent family members. Likewise, if you qualify for the SEP, so will your covered family members.

Looking Ahead

Benefits can change over time. Annuitants are encouraged to review available plans each year and stay abreast of health insurance options.

Additional information will be communicated in the coming months. You can also visit or contact us via any of the following methods:

Questions on PSHB
Special Enrollment Period
(SEP) for Part B PSHB
Navigator Helpline:
[833.712.7742](tel:833.712.7742)

FEDVIP

Federal Employees Dental and Vision Insurance Program



**No five-year
requirement**



**Enrollment allowed
in retirement**



**Immediate
annuity required**

FEHB Program regulations – the 5-year rule

- 5 years continuous coverage
- Enrolled in any FEHB Program plan within those 5 years
- Includes coverage on spouse's FEHB Program plan
- Time covered under TRICARE or CHAMPUS included
- Must be covered by an FEHB Program plan at time of retirement

FEHB Program regulations continued

Know the ground rules prior to retirement



Cancel

Cannot re-enroll if canceled after retirement



Suspend

Can only suspend when enrolling in a Medicare Advantage Plan outside of the FEHB Program or TRICARE



Re-enrollment

Allowed during Open Season, involuntary termination by plan, move out of plan's service area

Post-retirement enrollment changes

- Premiums deducted post-tax
- Can reduce enrollment to Self Plus One or Self Only
- Can cancel FEHB Program at any time
- Know rules to re-enroll, very limited circumstances
- Changes allowed for a qualifying life event (QLE)
- Retirement is not a QLE
- Becoming eligible for Medicare is a QLE
- Family coverage not required at retirement

Survivorship benefits

Lifetime coverage for survivor annuitants

Requirements:

- Enrolled in Self Plus One or Self and Family plan upon death
- Family member must be entitled to annuity as survivor
- Monthly benefit after your death required



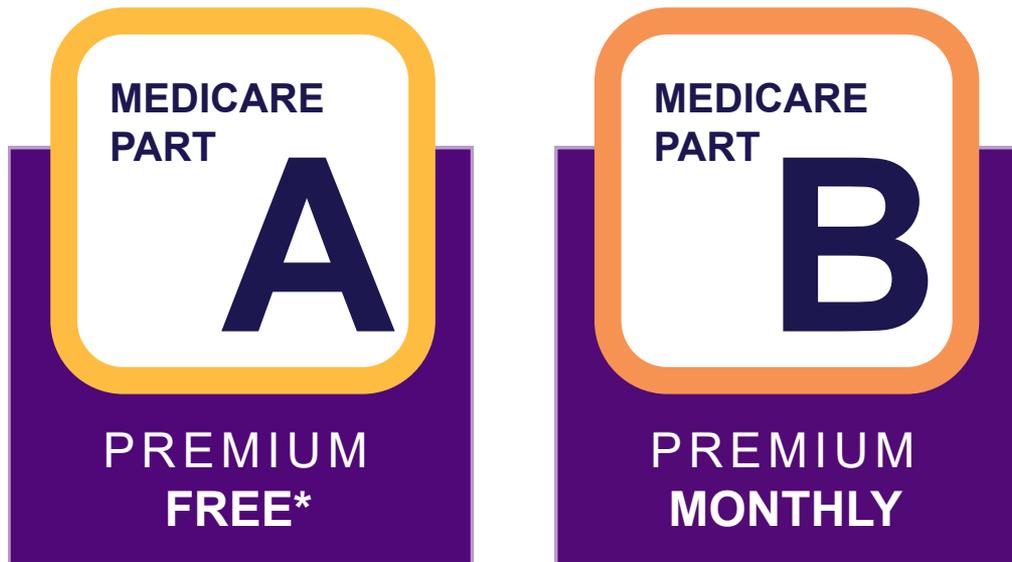
Medicare and FEHB Program



How Medicare and FEHB Program work together



The Original Medicare



Medicare Part A



Inpatient hospital



Skilled nursing facility



Home health care



Hospice care

2024 inpatient hospital out-of-pocket costs*

Deductible

\$1,632 first 60 days

Daily copay

\$408 per day from 61–90 days
\$816 per day from 91–150 days

*Most FEHB Program plans waive these costs when Medicare is primary.

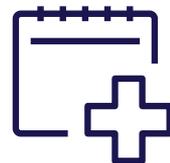
Medicare Part B – monthly premium



Outpatient therapies



Ambulance



Office visits



Emergency room

Part B covers **80%** after annual deductible of **\$240**



Equipment and supplies



Outpatient radiology



Outpatient labs



Outpatient facilities

Part B premiums for 2024

If your income in 2022 was:

92% of
Beneficiaries²
in 2024

File individual tax return ¹	File joint tax return ¹	Part B monthly premium you pay in 2024
\$103,000 or less	\$206,000 or less	\$174.70
\$103,001–\$129,000	\$206,001–\$258,000	\$244.60
\$129,001–\$161,000	\$258,001–\$322,000	\$349.40
\$161,001–\$193,000	\$322,001–\$386,000	\$454.20
\$193,001–\$499,999	\$386,001–\$749,999	\$559.00
\$500,000 or above	\$750,000 or above	\$594.00

1. Amount based on modified adjusted gross income as reported on your IRS tax return from two years ago

Source: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

Income Related Monthly Adjustment Amount (IRMAA)

Potential additional costs, based on modified adjusted gross income

Example:

Income Related Monthly Adjustment Amount (IRMAA)

Medicare Part B

Medicare Part D

In addition to the standard monthly premium, you pay

\$69.90+ monthly for individuals earning more than **\$103,000** upon Medicare's 2-year lookback

\$12.90+ monthly for individuals earning more than **\$103,000** upon Medicare's 2-year lookback

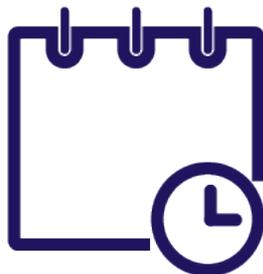
1. Amount based on modified adjusted gross income as reported on your IRS tax return **from 2 years ago**
2. CMS, <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

Medicare enrollment

- Social Security enrolls, sends card
- Centers for Medicare & Medicaid Services (CMS) administers Medicare



Automatic enrollment if
already receiving
benefits



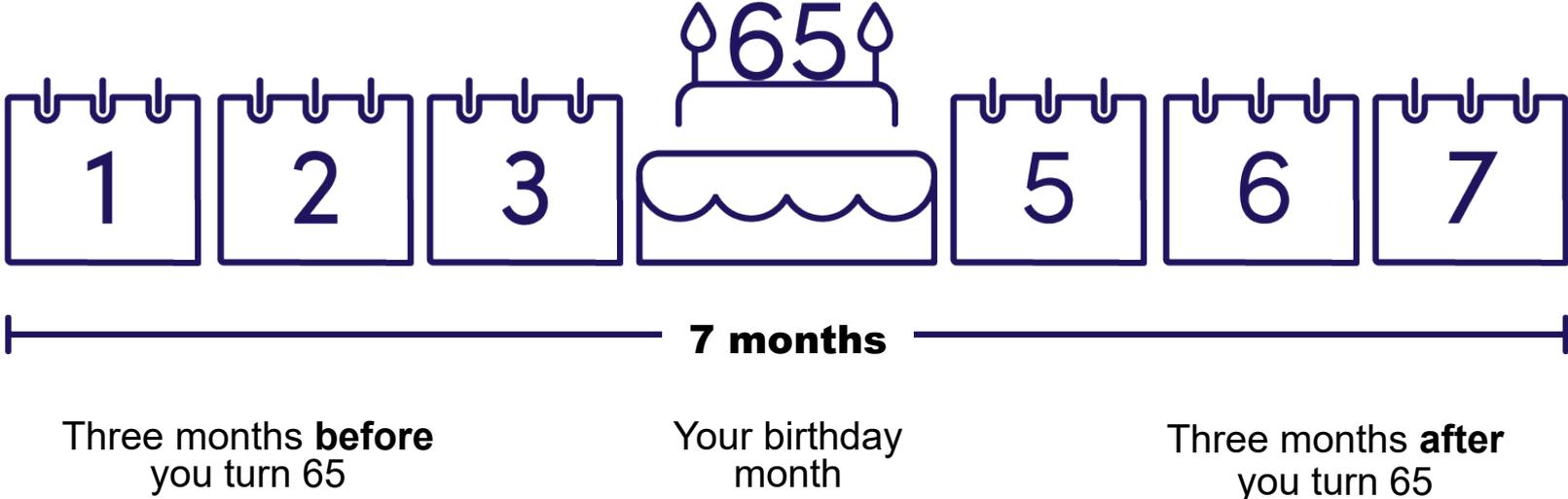
Three months before
you turn 65



Medicare card mailed

Medicare enrollment window

7-month window of eligibility for benefits
beginning three months before you turn 65



Apply for benefits during the General Enrollment Period



General Enrollment Period
January 1 – March 31

Coverage starts the month after you sign up.

Penalty may apply for late enrollment.

Late enrollment penalty

Penalty is applied to the premium in 10% increments yearly



Year 1

Premium x **.10** = premium penalty

Year 2

Premium x **.20** = premium penalty

Year 3

Premium x **.30** = premium penalty

Still actively employed?

You should consider delaying enrollment in Part B if you are still actively employed.

Usually, you will not be penalized for late enrollment.



Late enrollment exceptions



No penalty applies

1. You are covered by FEHB as an **active** employee
2. In most cases, when you are covered by your **spouse's** employer group plan and they are an **active** employee

Late enrollment exception window

Special Enrollment Period for those 65 and older



Special Enrollment Period begins the month **after** you retire.

Late enrollment exception (continued)



Most people delay Part B enrollment when:

- Health plan is the primary payer
- Medicare is the secondary payer

Medicare enrollment – Part A

Apply for benefits



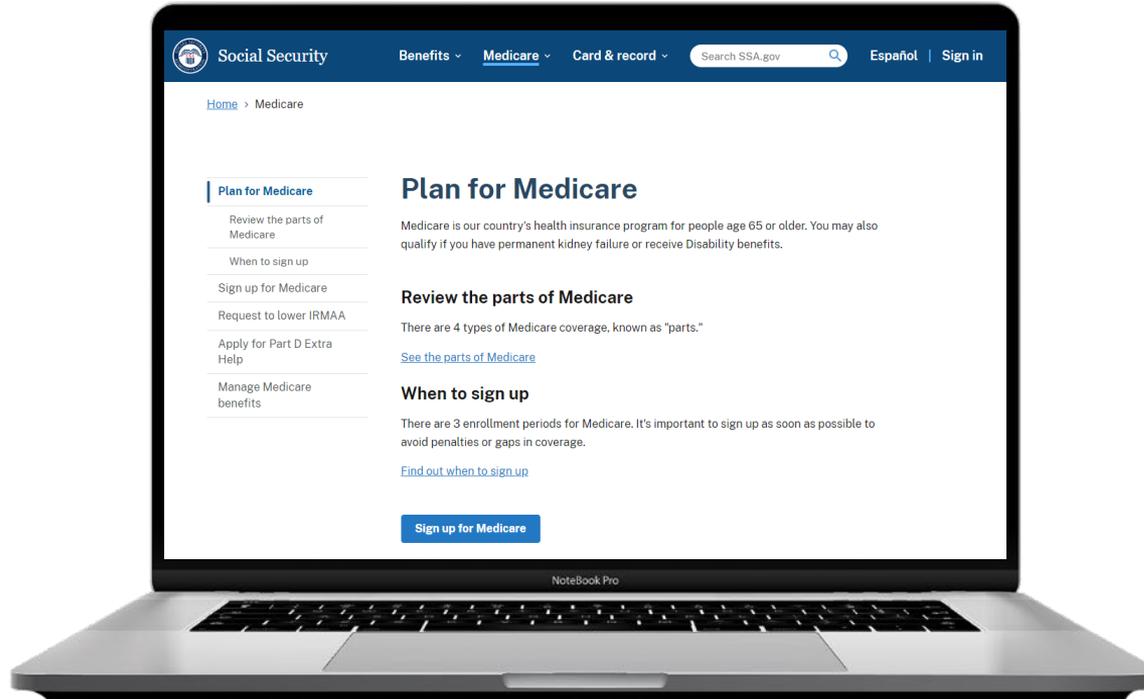
Still working? Apply for **Medicare Part A***

- Premium free
- You've earned it
- Reduce your out-of-pocket costs

*If you are enrolled in an HDHP and want to continue contributing to your HSA, you may want to delay Part A enrollment. Consult your health plan on how your HDHP will coordinate with Medicare when you become eligible.

Applying online is easy

Visit ssa.gov/Medicare to apply online.



PSHB – Medicare Part B Special Enrollment Period (SEP)

You may be eligible to participate in a Medicare Part B Special Enrollment Period (SEP). The SEP applies to certain Postal Service annuitants and family members who are entitled to Medicare Part A but are not enrolled in Medicare Part B as of January 1, 2024.

- During the SEP, you may be eligible to enroll in Medicare Part B **without** paying a late enrollment penalty.
- The SEP begins April 1, 2024, and runs through September 30, 2024.
- In March 2024, individuals eligible for the SEP will receive notification and instructions on how to sign up for Part B.
- For annuitants enrolling in Medicare Part B during the PSHB SEP, the coverage effective date will be January 1, 2025.

FEHB coverage without Part B



Deductibles,
copays and
coinsurance apply



Higher
out-of-pocket
expenses



Consider health
status preceding
age 65



Compare your
plan's catastrophic
limit to Part B
premiums

If you do not enroll in Part B, you will not have the future option to enroll in a Medicare Advantage plan.

Review your plan options

1

Review FEHB plans before Medicare becomes primary

2

Lower premium plans may be adequate in the early stages of retirement

3

Plan changes allowed every year during Open Season

Remember, retirement is not a Qualifying Life Event (QLE), but becoming eligible for Medicare is:

- Change allowed to any option or any available plan
- Begins the 30th day before you become eligible for Medicare
- Only allowed once

Supplemental plans: Part C



Medicare supplement or Medigap plan



Pays Medicare deductibles and coinsurance



Additional monthly premium



Does not cover prescription drugs

The FEHB Program and Medicare will coordinate benefits to provide comprehensive coverage for federal employees. Federal employees should not enroll in a Medicare supplement or Medigap plan.

Medicare Part C – Medicare Advantage



Must be enrolled in
Part A & B as primary



Part C substitutes for
Part A & B

Part A deductible: \$1,632

Part B coinsurance: \$240 deductible + 20%

Individual Medicare Advantage – private insurance companies (non-FEHB) offering regional HMOs and PPOs



Premiums and costs vary



May require preauthorization or referrals to see a specialist



Limited network possible



May only cover emergency care outside your service area

If you enroll in a non-FEHB Program individual Medicare Advantage plan, you may want to consider suspending your FEHB Program coverage.

Group Medicare Advantage plans offered within FEHB Program are approved by OPM and premium-free*

- Provides a monthly Part B premium subsidy, varies by plan
- **\$0** medical copays in most plans, all include Part D drug coverage (more info on Part D coming up)
- Many include enhanced benefits like expanded dental and vision coverage, a gym membership and more
- You must continue to pay Part B premium and FEHB Program premium
- GEHA offers two Medicare Advantage plans

*If your modified adjusted gross income from two years ago is above the current IRS threshold for the standard premium you will be subject to an additional monthly premium, known as an Income Related Monthly Adjustment Amount (IRMAA).

Source: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

Medicare Part D – private companies (non-FEHB Program plans) offering prescription drug coverage for an additional premium

FEHB Program Prescription Drug Coverage and Medicare

OPM has determined that prescription drug coverage for FEHB Program plans, including GEHA, is on average expected to pay out as much as the standard Medicare prescription drug coverage will pay for all plan participants and is considered Creditable Coverage. This means you do not need to enroll in Medicare Part D and pay extra for prescription drug coverage. If you decide to enroll in Medicare Part D later, you will not have to pay a penalty for late enrollment as long as you keep your FEHB Program coverage.



Some FEHB Program carriers offer premium-free* Part D coverage

(When Medicare Part A and/or Part B primary)

- You may pay less for higher cost drugs and have a lower cap on what you pay annually out-of-pocket for drugs
- Part D coverage varies by FEHB Program plan
- You cannot use prescription drug copay assist programs like you can in your regular FEHB Program prescription benefit



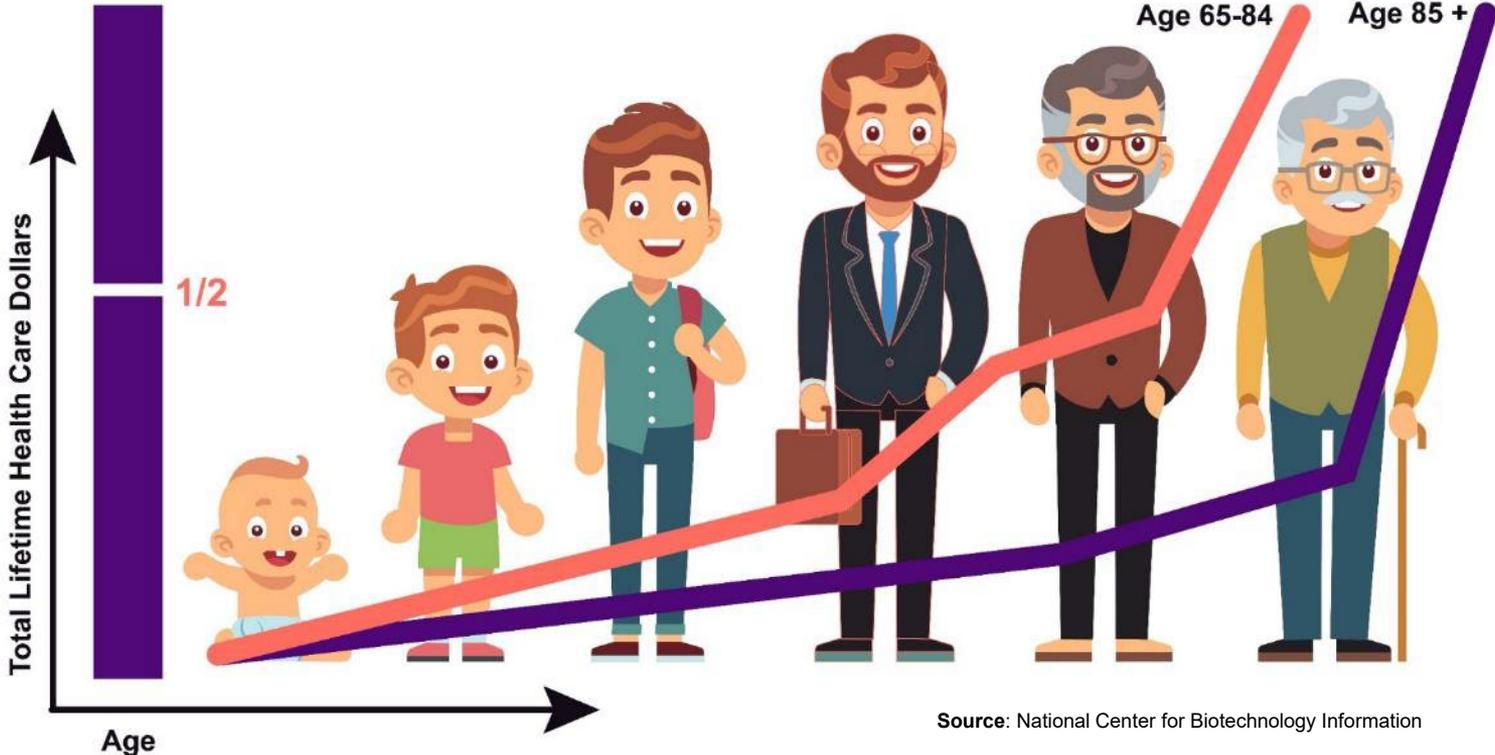
*If your modified adjusted gross income from two years ago is above the current IRS threshold for the standard premium, you will pay a monthly premium base on your income level, known as an Income Related Monthly Adjustment Amount (IRMAA).

Source: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

TRICARE and Medicare (TRICARE for Life)

- Pays **100%** of most medical expenses when combined with A & B
- Enrollment in Part B at 65 is required to stay in TRICARE for Life
- TRICARE is secondary to Medicare regardless if you are working or retired
- There are no enrollment fees or premiums for TRICARE for Life. However, you will have to pay for Part B premiums.
- Overseas coverage generally **75%**
- You can suspend FEHB after federal civilian retirement if you are using TRICARE and Medicare. However, you must have an FEHB plan in place at the time of federal civilian retirement.

Lifetime health care costs



Source: National Center for Biotechnology Information

Summary of Medicare and plan options

Medicare and plan options	Premiums you pay
A + B + FEHB Program plan	Part B + FEHB Program plan premium (Some FEHB Program plans offer Part B reimbursement)
C – Group Medicare Advantage <u>within</u> FEHB Program plan	Part B + FEHB Program plan premium
C – Individual Medicare Advantage <u>outside</u> FEHB Program (suspend FEHB Program Plan)	Part B + private insurance
A + B + D (premium-free Part D <u>within</u> FEHB Program)	Part B + FEHB Program plan premium
A + FEHB Program (no Part B)	FEHB Program plan premium only
A + B + TRICARE (Military retirees)	Part B only
A + B + Medigap/Supplement + D (not for Federal employees)	Part B + private insurance + Part D premium

Medicare and GEHA



GEHA works with Medicare Parts A & B primary

geha.com/Medicare

Plan service	 Elevate + Medicare	 HDHP + Medicare	 Standard + Medicare	 Elevate Plus + Medicare	 High + Medicare
\$1,000 Medicare Part B reimbursement	NO	NO	NO	NO	YES
New in 2024: Medicare Advantage Plan offered, visit geha.com/MedicareAdvantage	NO	NO	YES	NO	YES
100% medical coverage (copays, coinsurance & deductibles waived) with Medicare A & B primary	NO	NO	YES	YES	YES
Hearing aid benefit	NO	NO	YES	YES	YES
Non-preferred drug coverage ¹	NO	YES	YES	YES	YES
Mail service pharmacy	NO	YES	YES	YES	YES
Coverage in-network and out-of-network ²	YES	YES	YES	YES	YES
Coverage outside of the United States	YES	YES	YES	YES	YES

1 With High plan, when Medicare A & B is primary, you pay a lower coinsurance for preferred and non-preferred brand medications.

2 Though the Elevate Plus plan on its own does not provide out-of-network medical coverage, when it is combined with Medicare and the provider accepts Medicare, out-of-network cost shares are waived. There are no out-of-network pharmacy benefits for Elevate and Elevate Plus.

This is a brief description of the features of Government Employees Health Association, Inc.'s medical plans. Before making a final decision, please read the federal brochures. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

Standard and Medicare

Affordable premium and is a good choice for members who take generic prescriptions

What you pay with Medicare Parts A & B primary:

- **\$0** for deductibles, copays and coinsurance
- **\$0** for inpatient and outpatient hospital services, surgeries and office visits
- **\$0** MDLIVE telehealth visits, including dermatologists and mental health services
- **\$0** for deductibles and copays outside the U.S.
- **\$10** / 30-day supply generic medication at retail and **40%** (max **\$250**) / 30-day preferred brand-name at retail
- **\$20** / 90-day supply generic medication mail service and **40%** (max **\$550**) / 90-day preferred brand-name mail service

You'll also get:

- **\$2,500** hearing aid benefit

High and Medicare

\$1,000 Medicare Part B premium reimbursement,

\$0 out-of-pocket medical

What you pay with Medicare Parts A & B primary:

- **\$0** for deductibles, copays and coinsurance
- **\$1,000** in Medicare Part B premium reimbursements geha.com/MRA
- **\$0** for inpatient and outpatient hospital services, surgeries and office visits
- **\$0** MDLIVE telehealth visits, including dermatologists and mental health services
- **\$0** for deductibles and copays outside the U.S.
- **\$2,500** hearing aid benefit
- **20%** (**\$150** max) preferred brand-name 30-day supply at retail, **35%** (**\$200** max) non-preferred brand-name 30-day supply at retail

Save on 90-day mail order pharmacy benefit:

- **\$15** generic / **15%** (max **\$350**) preferred brand name / **30%** (max **\$500**) non-preferred brand name

2024 Standard and High premiums

Learn more at geha.com/Medicare

Standard plan Enrollment code	You pay monthly
314 Self Only	\$151.99
316 Self Plus One	\$326.79
315 Self and Family	\$403.76

High plan Enrollment code	You pay monthly
311 Self Only	\$235.41
313 Self Plus One	\$540.95
312 Self and Family	\$663.56

New in 2024

GEHA is offering Medicare Advantage Plans through UnitedHealthcare[®], a UnitedHealthcare GEHA Group Medicare Advantage (PPO) Plan.

Learn more at:

geha.com/MedicareAdvantage

What does GEHA's Medicare Advantage include?

Enhanced coverage includes all benefits of Original Medicare (Parts A and B), prescription drug coverage (Part D), along with additional benefits and **no additional premium**. Learn more at geha.com/MedicareAdvantage

Offering two plans:

- GEHA High Medicare Advantage Plan
- GEHA Standard Medicare Advantage Plan

Important: Enrollment is voluntary; GEHA retirees may opt-in or opt-out of the enhanced level of benefits at any time during the year. Once you enroll, you will still need to pay your FEHB Program monthly premiums.

Disclaimer: You will remain a GEHA Medical Plan member in the FEHB program if you elect the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan. If you suspend your coverage with the Office of Personnel Management (OPM), you will also be terminated from the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan.

GEHA Medicare Advantage Plan highlights

Learn more at geha.com/MedicareAdvantage

No additional premium; benefits and features include:

- Part B monthly premium subsidy of **\$100** (High), **\$75** (Standard)
- Prescription drug coverage (Part D)
- **\$0** copay for covered medical services
- **\$1,000** annual max for dental services
- **\$40** quarterly over-the-counter items allowance
- Hearing and vision benefits
- In-network and out-of-network medical benefits
- Free gym membership and more

Disclaimer: You will remain a GEHA Medical Plan member in the FEHB program if you elect the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan. If you suspend your coverage with the Office of Personnel Management (OPM), you will also be terminated from the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan.

Federal Contracting Statement: Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Members still need to pay their Part B premium.

You can see any doctor who accepts Medicare and your plan [but costs may be lower with a network doctor]. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, [including the cost-sharing that applies to out-of-network services]. Provider network size varies by local market.

OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information. Renew Active® includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market.

How to enroll in GEHA Medicare Advantage

1

Once enrolled in GEHA Standard or High plan with Medicare Parts A and B primary, you qualify for GEHA's Medicare Advantage Plans.

2

Call the dedicated GEHA UnitedHealthcare Customer Service line at [1.844.491.9898](tel:18444919898) TTY 711, 8 a.m.–8 p.m. local time, Monday–Friday to enroll.

Already a GEHA Standard or High retiree? You can enroll in the GEHA Medicare Advantage Plan at any time during the year. Call [1.844.491.9898](tel:18444919898), TTY 711, 8 a.m.–8 p.m. local time, Monday–Friday to enroll.

Disclaimer: You will remain a GEHA Medical Plan member in the FEHB program if you elect the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan. If you suspend your coverage with the Office of Personnel Management (OPM), you will also be terminated from the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan.

Questions about GEHA plans? Talk to a FedViser benefits expert Monday–Friday, 7 a.m.–7 p.m. Central time



Call us at
[800.262.4342](tel:800.262.4342)



Schedule a 1-on-1 meeting



Chat online

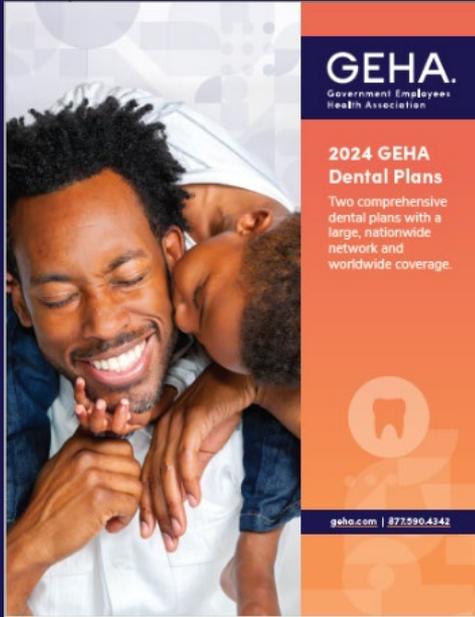


Text from your phone



Get in touch.
Visit [geha.com](https://www.geha.com)

GEHA Government Employees
Health Association



GEHA Standard or High dental

geha.com/Dental

- Comprehensive dental from diagnostic and preventive care to crowns/bridges/dentures
- No in-network deductibles
- Nearly **425,000** provider locations nationwide geha.com/Find-Care
- Child and adult orthodontia with no waiting periods to begin services
- **New in 2024:** Nitrous oxide will be covered for all ages when medically and dentally necessary

This is a brief description of services covered under the GEHA Connection Dental Federal plan. For a complete list of plan limitations and exclusions, please refer to the GEHA Connection Dental Federal Plan Brochure available online at geha.com/PlanBrochureDental

Compare GEHA 2024 dental plans geha.com/CompareDental

\$0 deductible for High. Standard out-of-network deductible for Class B and C services is \$25 Self Only, \$50 Standard Self Plus One and \$75 Standard Self and Family.

Benefit description	High In-network or out-of-network ¹ you pay 	Standard In-network you pay 	Standard Out-of-network ¹ you pay 
Basic - Class A. Two exams, two cleanings and two ² sets of bitewing X-rays per calendar year	\$0 Third cleaning included	\$0	25%
Basic - Class A. Only available through Teledentistry.com . One oral evaluation per patient per 12-consecutive-month period	\$0	\$0	Not applicable
Intermediate - Class B. Fillings/restorations, extractions and periodontal maintenance	20%	45%	50%
Major - Class C. Root canals, crowns, bridges, dentures and periodontal surgery ³	50%	65%	70%
Orthodontics - Class D. Children and adults No waiting period	30% \$3,500 lifetime max	50% \$2,500 lifetime max	50% \$1,500 lifetime max
Calendar year maximum Class A, B and C services only	Unlimited per person	\$2,500 per person	\$2,000 per person

1 Out-of-network: You pay any difference between the allowance and the billed amount.

2 Two sets of bitewing X-rays covered per year for members 22 and under. One set of bitewing X-rays covered per year for members ages 23+.

3 Implants limited to **\$2,500/person/yr.** in- or out-of-network on High. Standard, implants limited to **\$2,500/person/yr.** in-network or **\$2,000/person/yr.** out-of-network.

This is a brief description of services covered under the GEHA Connection Dental Federal plans. For a complete list of plan limitations and exclusions, please refer to the GEHA Connection Dental Federal Plan Brochure available online at geha.com/PlanBrochureDental

Q&A



Brian Sperling

Senior Account Manager | GEHA

USPS retirement questions:
retirementbenefits@usps.gov

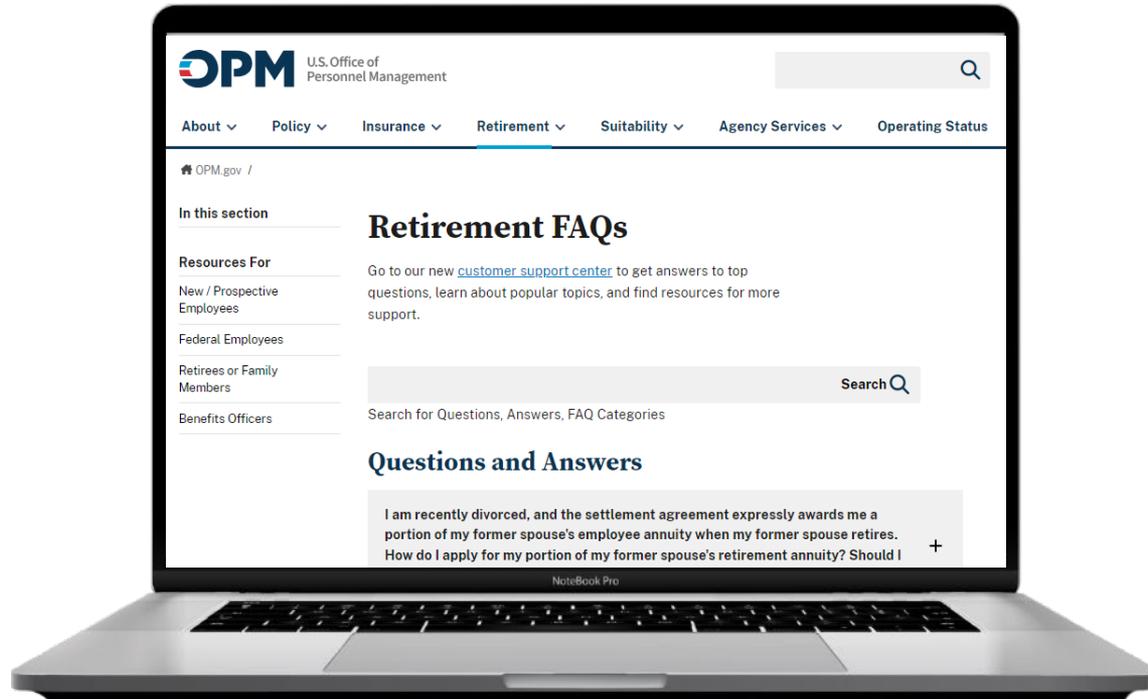
Postal Services Health Reform Act questions:
retirementbenefits@usps.gov

Postal Service Health Benefits (PSHB) resources

- OPM Frequently Asked Questions (FAQs)
[opm.gov/healthcare-insurance/pshb](https://www.opm.gov/healthcare-insurance/pshb)
- Active USPS employees
liteblue.usps.gov/humanresources/benefits/insurance/pshb.htm
- Postal annuitants
keepingposted.org/postal-service-health-benefits.htm
- Postal Services Health Reform Act questions
retirementbenefits@usps.gov

OPM frequently asked questions

opm.gov/Retirement-Services/Retirement-FAQs



PSHB resource for annuitants

Visit keepingposted.org/postal-service-health-benefits.htm to view the USPS Annuitants Fact Sheet.

The screenshot shows the 'Keeping Posted' website for retired USPS employees. The page title is 'Postal Service Health Benefits (PSHB) Program' with a subtitle 'USPS Annuitants Fact Sheet'. The main content area contains an introductory paragraph about the Postal Service Reform Act of 2022 (PSRA) and a list of seven key facts for annuitants. A 'Resources' sidebar lists 'PSHB Annuitant Fact Sheet' and 'PSHB FAQs'. A 'Looking Ahead' section notes that benefits can change and provides contact information for more details.

Keeping Posted
FOR RETIRED USPS EMPLOYEES

UNITED STATES
POSTAL SERVICE

Home News & reports Health benefits Tools Stay connected Resources Contact us

Postal Service Health Benefits (PSHB) Program

USPS Annuitants Fact Sheet

The Postal Service Reform Act of 2022 (PSRA) was signed into law in April 2022. Since then, the Office of Personnel Management (OPM), in conjunction with the Postal Service, has been working to implement a new Postal Service Health Benefits (PSHB) Program, as required under the new law. PSHB is a new, separate program within the Federal Employees Health Benefits (FEHB) Program and will be administered by OPM. Coverage under the PSHB Program will be effective January 1, 2025. Below is a list of facts regarding the PSHB Program for current annuitants:

Resources

- PSHB Annuitant Fact Sheet
- PSHB FAQs

1. You are required to select a health insurance plan in the PSHB Program during the 2024 open season period, from November 11, 2024 – December 9, 2024.
2. PSHB plan options and premium information will be available in October 2024.
3. OPM will launch a new enrollment platform for health insurance. Information on how to make elections using the new system will be available prior to the 2024 open season.
4. If you are an **annuitant as of January 1, 2025, and not currently participating in Medicare Part B**, you ARE NOT required to enroll in Medicare Part B to continue your health insurance coverage in the new PSHB Program. Participation in Medicare Part B is voluntary; however, enrollment in Medicare Part B may reduce your overall costs for health care-related expenses and may provide greater value.
 - a. Your covered spouse and eligible family members will also not be required to enroll in Medicare Part B even if they are age 65 or older; however, enrollment in Medicare Part B may reduce overall costs for health care-related expenses and may provide greater value.
 - b. **Note:** if you are an **annuitant as of January 1, 2025, and are already enrolled in Medicare Part B**, you ARE required to remain enrolled in Medicare Part B to continue coverage under PSHB.
5. If you are an **annuitant entitled to Medicare Part A (typically at age 65) prior to January 1, 2024, and have not enrolled in Medicare Part B**, you and your covered, eligible family members may be able to participate in the special enrollment period (SEP) for Medicare Part B that starts on April 1, 2024. Those who enroll during the SEP will not need to pay the late enrollment penalty. Eligibility letters will be sent to annuitants and eligible family members in early 2024.
6. If you **retire between October 31, 2024, and December 31, 2024, and are entitled to Medicare Part A (typically at age 65)**, you will have the option to enroll in Medicare Part B during a specific eight-month special enrollment period immediately following your retirement date. If you wish to enroll, you MUST contact the Social Security Administration (SSA) to initiate enrollment if you are over the age of 65.
7. As a general rule, spousal and family member PSHB coverage is based on the primary subscriber's eligibility. If the primary subscriber is not required to join Medicare Part B, neither will dependent family members. Likewise, if you qualify for the SEP, so will your covered family members.

Looking Ahead

Benefits can change over time. Annuitants are encouraged to review available plans each year and stay abreast of health insurance options.

Additional information will be communicated in the coming months. You can also visit or contact us via any of the following methods:

Questions on PSHB
Special Enrollment
Period (SEP) for Part B
PSHB Navigator
Helpline: [833.712.7742](tel:833.712.7742)

Thank you

Q&A chat will end at 3 p.m. Eastern time

For more information

geha.com | geha.com/Blog

This is a brief description of the features of Government Employees Health Association, Inc.'s medical plans. Before making a final decision, please read the GEHA Federal brochures which are available at geha.com/PlanBrochure. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.