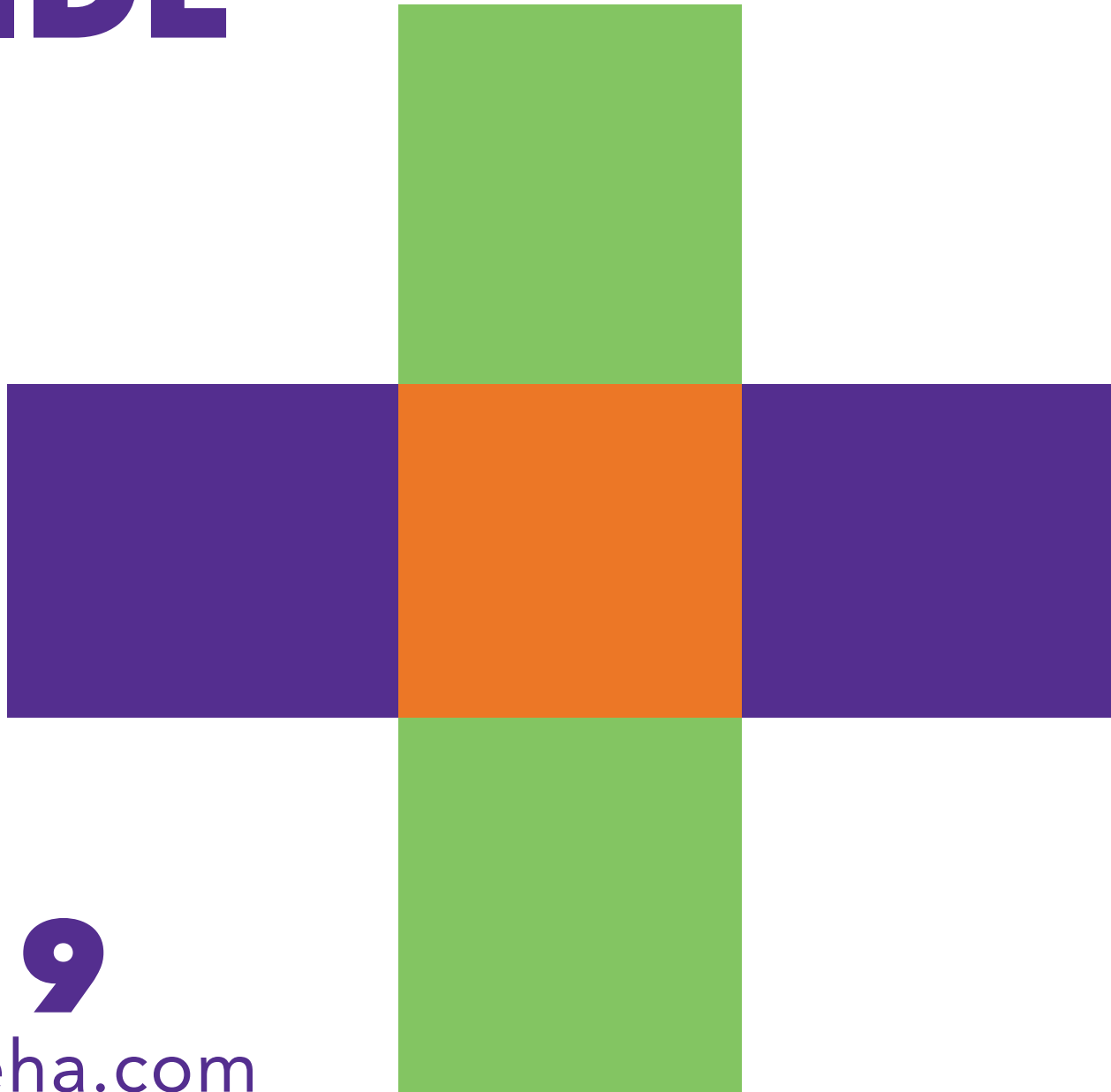




MEDICAL BENEFITS GUIDE



2019

thinkgeha.com

2019 GEHA medical plan rates

All GEHA plans provide:

- Comprehensive coverage.
- In-network preventive care at no cost to you.
- A provider network of over 2.7 million provider locations and 9,300 hospitals.

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer that maintains your health benefits enrollment.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	341	\$58.70	\$127.19	\$56.36	\$48.73
Self Plus One	343	\$126.21	\$273.46	\$121.17	\$104.76
Self and Family	342	\$145.67	\$315.62	\$139.85	\$120.91

STANDARD OPTION					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	314	\$58.78	\$127.36	\$56.43	\$48.79
Self Plus One	316	\$126.38	\$273.83	\$121.33	\$104.90
Self and Family	315	\$148.11	\$320.91	\$142.19	\$122.94

HIGH OPTION					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	311	\$105.97	\$229.61	\$102.77	\$93.18
Self Plus One	313	\$247.26	\$535.73	\$240.42	\$219.91
Self and Family	312	\$312.95	\$678.06	\$305.65	\$283.77

Deductibles and out-of-pocket

MEDICAL BENEFITS IN-NETWORK	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WHAT YOU PAY	STANDARD OPTION WHAT YOU PAY	HIGH OPTION WHAT YOU PAY
<input checked="" type="checkbox"/> CALENDAR-YEAR DEDUCTIBLE APPLIES	\$1,500 Self Only \$900 pass-through* \$3,000 Self Plus One \$1,800 pass-through* \$3,000 Self and Family \$1,800 pass-through*	\$350 Self Only \$700 Self Plus One \$700 Self and Family	\$350 Self Only \$700 Self Plus One \$700 Self and Family
OUT-OF-POCKET-MAXIMUM**	\$5,000 Self Only \$10,000 Self Plus One \$10,000 Self and Family	\$6,500 Self Only \$13,000 Self Plus One \$13,000 Self and Family	\$5,000 Self Only \$10,000 Self Plus One \$10,000 Self and Family

* See page 6 for more information on GEHA HDHP premium pass-through contributions.

** The out-of-pocket-maximum is the maximum amount of coinsurance and deductibles you pay for all family members before GEHA begins paying for 100% of your care. This is a combined maximum for both medical care and prescriptions.

For benefit definition descriptions, see page 15.

Eligible for Medicare?

Visit geha.com/medicare to see how GEHA's medical plans work with your coverage.

2019 GEHA medical plan benefits

MEDICAL BENEFITS IN-NETWORK	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WHAT YOU PAY	STANDARD OPTION WHAT YOU PAY	HIGH OPTION WHAT YOU PAY
PREVENTIVE CARE Adult routine screenings Well-child care	Nothing Nothing , up to age 22	Nothing Nothing , up to age 22	Nothing Nothing , up to age 22
PREVENTIVE LAB SERVICES	Nothing	Nothing , through Lab Card®	Nothing , through Lab Card®
PHYSICIAN CARE OFFICE VISIT Primary Specialist	5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>	\$15 copay \$30 copay	\$20 copay \$20 copay
TELEMEDICINE / TELEBEHAVIOR	Nothing <input checked="" type="checkbox"/> [†]	Nothing	Nothing
MATERNITY (routine care)	Nothing <input checked="" type="checkbox"/>	Nothing	Nothing
URGENT CARE MinuteClinic® (where available)	5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>	\$35 copay \$10 copay	\$35 single copay \$10 copay
EMERGENCY CARE Accidental Medical	5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>	\$0 , if services within 72 hours 15% of allowance <input checked="" type="checkbox"/>	\$0 , if services within 72 hours 10% of allowance <input checked="" type="checkbox"/>
HOSPITAL CARE Inpatient (must be pre-certified) Outpatient	5% of allowance <input checked="" type="checkbox"/> 5% of allowance <input checked="" type="checkbox"/>	15% of allowance <input checked="" type="checkbox"/> 15% of allowance <input checked="" type="checkbox"/>	\$100 per admission copay plus 10% of allowance 10% of allowance <input checked="" type="checkbox"/>
CHIROPRACTIC (Spinal Manipulation Therapy)	Balance after GEHA payment. GEHA pays \$20 per visit, 20 times/year and \$25 for X-rays. <input checked="" type="checkbox"/>	Balance after GEHA payment. GEHA pays \$20 per visit, 20 times/year and \$25 for X-rays.	Balance after GEHA payment. GEHA pays \$20 per visit, 20 times/year and \$25 for X-rays.
PREVENTIVE DENTAL CARE	Nothing , 2 times/year	50% of allowance, 2 times/year	Balance after GEHA pays \$22/visit, 2 times/year

Prescription medications

PRESCRIPTIONS**IN-NETWORK* (Refills allowed when 80% of the drug has been used)			
RETAIL PHARMACY 30-DAY SUPPLY Generic Preferred brand-name medication Non preferred brand-name medication	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input type="checkbox"/> ^o 25% of allowance <input type="checkbox"/> ^o	\$10 copay 50% up to \$200 max ^o 50% up to \$300 max ^o	\$10 copay [†] 25% up to \$150 max ^{o†} 40% up to \$200 max ^{o†}
MAIL SERVICE PHARMACY 90-DAY SUPPLY Generic Preferred brand-name medication Non preferred brand-name medication	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input type="checkbox"/> ^o 25% of allowance <input type="checkbox"/> ^o	\$20 copay 50% up to \$500 max ^o 50% up to \$600 max ^o	\$20 copay 25% up to \$350 max ^o 40% up to \$500 max ^o
SPECIALTY PRESCRIPTIONS[§] CVS EXCLUSIVE (all plans) 30-DAY SUPPLY Generic and preferred brand-name medication Non preferred brand-name medication	25% of allowance <input type="checkbox"/> ^o 25% of allowance <input type="checkbox"/> ^o	50% up to \$200 max ^o 50% up to \$300 max ^o	25% up to \$150 max ^o 40% up to \$200 max ^o

Verify your out-of-pocket prescription costs based on your benefit plan at info.caremark.com/geha

Calendar-year deductible applies.

* For out-of-network benefits, see the 2019 GEHA plan brochure, RI 71-006 (High and Standard), or the 2019 HDHP plan brochure, RI 71-014.

^^ Refer to geha.com/prescriptions for formulary and specialty coverage for specific medications.

o If you choose a brand-name medication when a generic is available, you will be charged the generic copay plus the difference in cost between the brand-name and the generic.

† If deductible is met, HDHP member will be charged by MDLIVE but GEHA will then reimburse the member 100% of the billed charge.

‡ Costs for initial prescription and first refill. You pay 50% for third and additional refills at retail for 30-day supply. For long-term prescriptions, use mail order or your local retail CVS Pharmacy store (90-day supply) for greater cost savings.

§ Over 30-day specialty copay based on days of therapy. The drug cost share is two times for drugs that provide 60 days' worth of therapy and three times for drugs that provide 90 days' therapy.

What's new in 2019

- **GEHA contributes more:** Our annual contribution to High Deductible Health Plan (HDHP) accounts has increased to **\$900 for Self Only** and **\$1,800 for Self Plus One and for Self and Family**.
- **Added coverage:**
 - **3-D mammograms** and **FIT DNA colorectal cancer screenings** are now **\$0 in-network** under all GEHA medical plans.
 - **Skilled nursing care** is now covered for **21 days**.
 - **Diabetic counseling** is now covered for up to **10 visits per year**.
- **Waived copay:** The copay for a member's first **mental health-related office visit** is waived within 30 days of a related inpatient stay.
- **Improved access:** Members are eligible for **telehealth through MDLIVE virtual care**, providing access via phone or mobile app to doctors and therapists, with an average wait of less than 10 minutes.
- **Added discount:** GEHA members have an exclusive discount on dentist-quality electric toothbrushes by cariPRO™. Save **more than 70% off an premium electric toothbrush**.* For more information, go to geha.com/toothbrush

2.7M

in-network provider
locations nationwide.

This is not a full list of benefit changes. To see a complete list, download a copy of GEHA's 2019 Benefit Plan brochures at geha.com

How to enroll

Depending on where you work, you may be able to enroll online.

If not, you can sign up by completing the Standard Form (SF) 2809, available through the Office of Personnel Management or your agency.

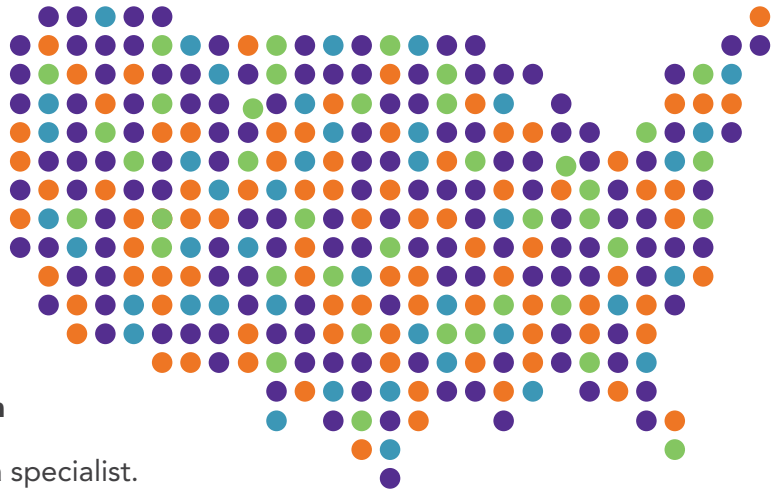
Learn more at geha.com/enroll

*The cariPRO™ premium electric toothbrush removes 7x more plaque than a regular brush, is completely waterproof, and comes with a 2-year manufacturer's warranty. Replacement brush heads with high-quality DuPont bristles are also available at this exclusive, members-only price.

Extensive nationwide network

Our PPO network covers you nationwide - and worldwide

- GEHA's provider network is one of the largest in the United States.
- GEHA's large network lets you access care at more than **2.7 million in-network provider locations** and more than **9,300 hospitals nationwide**.
- Your doctor is probably in our network. Want to double-check? Visit geha.com/search
- GEHA members never need a referral to see a specialist.
- If you need medical care outside the United States, GEHA covers that, too.



GEHA stands for you

Our name stands for **Government Employees Health Association** – and we stand for you. We're a nonprofit association focused on serving federal employees – and no one else. GEHA has been on the same mission since we were founded in 1937. We use that federally focused tradition to inspire us to provide solutions to the evolving needs of our members.



of GEHA members choose to stay with us every year.

When you choose a GEHA medical plan, you don't become a customer.

You become a GEHA member, with access to medical plans and benefits designed with federal employees in mind.

We encourage you to explore what GEHA's federally focused plans can offer you. Because the more you look, the better we look.

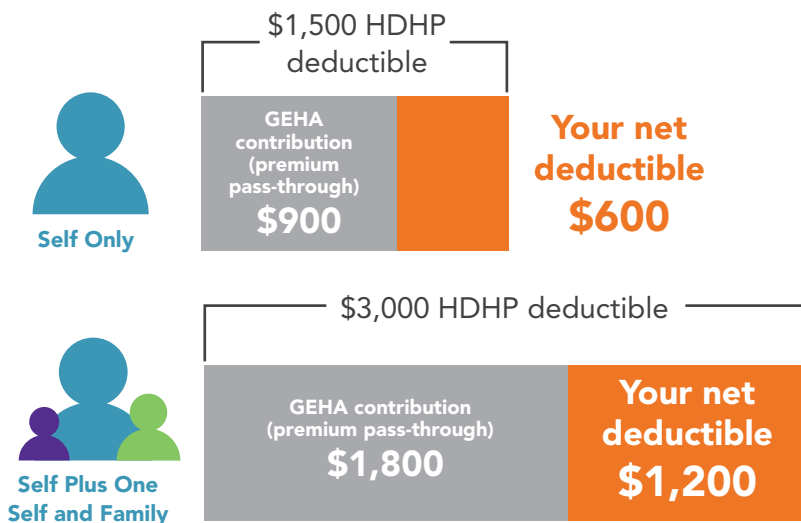
High Deductible Health Plan

GEHA's High Deductible Health Plan (HDHP) pairs our lowest premium with a health savings account (HSA) or a health reimbursement arrangement (HRA). Our GEHA HDHP is a good way to get low-cost medical coverage combined with funds you can use to pay for future qualified medical expenses.

- \$0 in-network preventive care and preventive dental treatment – both with no deductible.
- Plan pays 95% of nonpreventive medical services after your deductible is met.
- Full vision benefits are included, in addition to the discounts provided by all of our plans.

A high deductible health plan – with funds from GEHA to lower your net deductible

Even though we call it a High Deductible Health Plan, the deductible isn't as high as it seems, because GEHA contributes monthly to your account, an amount called a "premium pass-through."



HSA triple tax advantage

- 1** Tax-free contributions lower your federal taxable income.
- 2** Tax-free interest is earned in your account.
- 3** Tax-free withdrawals for qualified medical expenses.


These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer that maintains your health benefits enrollment.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	341	\$58.70	\$127.19	\$56.36	\$48.73
Self Plus One	343	\$126.21	\$273.46	\$121.17	\$104.76
Self and Family	342	\$145.67	\$315.62	\$139.85	\$120.91

A closer look at HSAs and HRAs

ACCOUNT FEATURES	HSA	HRA
You own the account, and can take it with you if you retire or change jobs	✓	
You don't own the account*		✓
Unused money rolls over year to year	✓	✓
Money in your account can grow, tax-free, over time	✓	
Accounts are provided by HSA Bank, with access to investment services	✓	
You can make additional tax-deductible deposits	✓	
No additional personal contributions are allowed		✓
Tax-free withdrawals for qualified medical expenses	✓	✓
GEHA pays your account setup fee and monthly maintenance fee	✓	
No account fees		✓

* If you retire and remain in the HDHP, you may continue to use and accumulate funds in your HRA. If you terminate employment or change health plans, unused funds are forfeited.

 Learn more about HDHP HSAs and HRAs.
Watch videos at geha.com/hdhp

Which type of account do I qualify for?

Check your HSA and HRA eligibility at geha.com/irs969

How and when will my account be funded?

HSA: For most active federal employees who enroll during Open Season, the first monthly HSA deposit will be available as early as February 15, 2019. After that date, a portion of your plan premium will be deposited into your HSA each month.

HRA: For most active federal employees who enroll during Open Season, the full annual HRA deposit is available for qualified medical expenses incurred on or after your effective date in January.

Watch your HSA money grow

Unused HSA funds roll over from year to year, from job to job into retirement, so there's no need to "use them up."

Keep your HSA money in an interest-bearing savings account, or invest in stocks, bonds and mutual funds.



For benefit definition descriptions, see page 15.

Eligible for Medicare?

If you are on Medicare, this plan does not waive copays and deductibles. However, you may still qualify for an annual plan contribution of up to \$1,800. Find out more about how GEHA's HDHP plan works with an HRA and Medicare at geha.com/hdhp

Standard and High Option plans

A closer look at Standard and High Option benefits

MEDICAL BENEFITS IN-NETWORK	STANDARD OPTION	HIGH OPTION
Nationwide network – worldwide coverage	✓	✓
Preventive care covered – you pay nothing	✓	✓
Maternity care covered 100% – you pay nothing	✓	✓
Vision care discounts – including \$5 annual eye exam in-network	✓	✓
Hearing aid benefit and discounts available	✓	✓
Telemedicine and telebehavioral health – you pay nothing	✓	✓
Low annual deductible (\$350 Self Only, \$700 Self Plus One/Self and Family)	✓	✓
Plan coordinates with Medicare	✓	✓

What makes these plans different?

MEDICAL BENEFITS IN-NETWORK	STANDARD OPTION	HIGH OPTION
Out-of-pocket maximum in-network	\$6,500 Self Only \$13,000 Self Plus One/Self and Family	\$5,000 Self Only \$10,000 Self Plus One/Self and Family
Physician care Office visit Primary Specialist	\$15 copay \$30 copay	\$20 copay \$20 copay
Preferred brand-name medication (30-day supply retail) <i>See full prescription benefits on page 3</i>	You pay 50% up to \$200 max	You pay 25% up to \$150 max
Inpatient hospital, in-network care	You pay 15% of allowance Deductible applies.	You pay \$100 per admission copay, 10% of other charges Deductible does not apply.

2019 Standard and High Option plan rates

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer that maintains your health benefits enrollment.

STANDARD OPTION					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	314	\$58.78	\$127.36	\$56.43	\$48.79
Self Plus One	316	\$126.38	\$273.83	\$121.33	\$104.90
Self and Family	315	\$148.11	\$320.91	\$142.19	\$122.94

HIGH OPTION					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	311	\$105.97	\$229.61	\$102.77	\$93.18
Self Plus One	313	\$247.26	\$535.73	\$240.42	\$219.91
Self and Family	312	\$312.95	\$678.06	\$305.65	\$283.77

Prescription benefits

Check costs in advance

Don't be surprised at the pickup counter. Check drug costs at info.caremark.com/geha to estimate what you'll pay based on your GEHA medical plan and prescription dosage.

Retail: You've got options

To pay less, get your prescriptions filled in person at any in-network location. Your options include any CVS Pharmacy location (including those inside Target stores), but you don't have to go to a CVS to pay in-network prices.

Visit caremark.com and enter your ZIP code to find in-network locations including Rite Aid, Walmart, Walgreens, Costco, Kroger, Meijer, Safeway, Albertson's, Publix, Giant and many more.

Save more with mail order

If you're on maintenance medications, you'll save even more by having refills delivered with CVS Caremark's Mail Service. Many drugs qualify for 90-day supplies.

For benefit definition descriptions, see page 15.

Choose from
74,000
 pharmacies nationwide.

Prescription medications

PRESCRIPTIONS** IN-NETWORK* (Refills allowed when 80% of the drug has been used)	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WHAT YOU PAY	STANDARD OPTION WHAT YOU PAY	HIGH OPTION WHAT YOU PAY
RETAIL PHARMACY 30-DAY SUPPLY Generic Preferred brand-name medication Non preferred brand-name medication	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/>	\$10 copay 50% up to \$200 max ^o 50% up to \$300 max ^o	\$10 copay [†] 25% up to \$150 max ^{o†} 40% up to \$200 max ^{o†}
MAIL SERVICE PHARMACY 90-DAY SUPPLY Generic Preferred brand-name medication Non preferred brand-name medication	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/>	\$20 copay 50% up to \$500 max ^o 50% up to \$600 max ^o	\$20 copay 25% up to \$350 max ^o 40% up to \$500 max ^o
SPECIALTY PRESCRIPTION[§] CVS EXCLUSIVE (all plans) 30-DAY SUPPLY Generic and preferred brand-name medication Non preferred brand-name medication	25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/>	50% up to \$200 max ^o 50% up to \$300 max ^o	25% up to \$150 max ^o 40% up to \$200 max ^o

Eligible for Medicare? Visit geha.com/medicare to see how GEHA's medical plans work with your coverage.

Calendar-year deductible applies.
 * For out-of-network benefits, see the 2019 GEHA plan brochure, RI 71-006 (High and Standard), or the 2019 HDHP plan brochure, RI 71-014.
 ^^ Refer to geha.com/prescriptions for formulary and specialty coverage for specific medications.
 o If you choose a brand-name medication when a generic is available, you will be charged the generic copay plus the difference in cost between the brand-name and the generic.
 † If deductible is met, HDHP member will be charged by MDLIVE but GEHA will then reimburse the member 100% of the billed charge.
 ‡ Costs for initial prescription and first refill. You pay 50% for third and additional refills at retail for 30-day supply. For long-term prescriptions, use mail order or your local retail CVS Pharmacy store (90-day supply) for greater cost savings.
 § Over 30-day specialty copay based on days of therapy. The drug cost share is two times for drugs that provide 60 days' worth of therapy and three times for drugs that provide 90 days' therapy.

Included benefits

Vision coverage

- **Annual eye exams for only a \$5 copay** at qualified EyeMed providers. For out-of-network exams, EyeMed **reimburses you up to \$45 per covered member** per year.
- No limit on the number of discount glasses or contact lenses purchased each year for Standard Option and High Option members.
- Savings on LASIK and PRK.

geha.com/vision

* High Option and Standard Option only when you visit an EyeMed provider.

GEHA's High Deductible Health Plan also includes generous vision benefits for eye exams, frames and lenses, especially if you stay in-network. To learn more, download the plan brochure RI 71-014 at geha.com/planbrochure

These benefits are neither offered nor guaranteed under contract with the FEHB program, but are made available to all enrollees who become members of GEHA and their eligible family members.

DISCOUNTS INCLUDE	WHAT YOU PAY IN NETWORK*
EYE EXAM (with dilation as necessary)	\$5 copay
EYEGLOSS FRAMES	40% off the retail price
EYEGLOSS LENSES (PAIR):	
Standard plastic single vision	Up to \$50
Standard plastic bifocal	Up to \$70
Standard plastic trifocal	Up to \$105
Standard progressive lens	Up to \$135
Premium progressive lens	80% of the retail price
EYEGLOSS LENS OPTIONS:	
UV treatment	\$15
Tint (solid and gradient)	\$15
Standard plastic scratch coating	\$15
Standard polycarbonate	\$40
Standard anti-reflective coating	\$45
Photochromatic / transitions plastic	80% of the retail price
Premium anti-reflective	80% of the retail price
Other add-ons	80% of the retail price
CONTACT LENSES:	
Conventional	85% of the retail price
Disposable	100% of the retail price (no discount on disposable)
ADDITIONAL PAIRS:	
Eyeglasses (complete pair)	Up to 60% of the retail price
Contacts (conventional lenses)	85% of the retail price

Eligible for Medicare? Visit geha.com/medicare to see how GEHA's medical plans work with your coverage.



Hearing-aid savings

For our High Option and Standard Option medical plans, GEHA offers a hearing aid **allowance of \$2,500 with no deductible**. This benefit is payable per person every three years for adults and annually for dependents up to age 22.

This benefit may also be coupled with our TruHearing discount, which applies to all GEHA plans including the High Deductible Health Plan. This gives members and **extended family access** to exclusive prices on TruHearing hearing aids. Most members see savings of 30% to 60%, averaging more than \$1,800 per pair.

geha.com/hearing

BENEFIT SAVINGS EXAMPLES (PER PAIR)				STANDARD OPTION AND HIGH OPTION
SAMPLE PRODUCT	AVERAGE RETAIL PRICE	TRUHEARING PRICE	BENEFIT	YOU PAY
Starkey Muse™ iQ i1000	\$3,410	\$1,950	\$2,500	\$0
TruHearing Advanced 19	\$4,890	\$2,500	\$2,500	\$0
Widex® Beyond® 220	\$4,260	\$2,500	\$2,500	\$0
Oticon Opn® 3	\$4,830	\$2,790	\$2,500	\$290
ReSound LiNX 3D™ 5	\$4,950	\$3,190	\$2,500	\$690
Signia® Nx 5nx	\$5,170	\$3,190	\$2,500	\$690
Phonak Virto® B50	\$5,380	\$3,350	\$2,500	\$850

Medical alert system

GEHA members and extended family are eligible for discounted services from Life Alert®, the industry leader in responsive emergency care.

GEHA members receive free activation, plus a 10% monthly discount.

geha.com/lifealert



Gym discount

With GEHA's Connection Fitness® program, all GEHA medical plan members can access more than 9,000 Active&Fit Direct participating fitness centers nationwide for just \$25 a month (plus a \$25 enrollment fee and applicable taxes).

You can also search for gyms and track your progress online.

geha.com/fitness



These benefits are neither offered nor guaranteed under contract with the FEHB program, but are made available to all enrollees who become members of GEHA and their eligible family members.

Included benefits

Teeth whitening

Receive a 20% discount on the lowest published price on all Smile Brilliant home teeth whitening products.

This includes custom-fitted trays, whitening gel and desensitizing gel.

smilebrilliant.com/geha



Free testing with Lab Card

If you do not have Medicare and you sign up for GEHA's Standard Option or High Option medical plan, you will receive a Quest Diagnostics Lab Card after enrolling.

When you use your Lab Card, GEHA pays outpatient laboratory testing at 100%. Lab Card coverage does not apply to in-hospital testing.

labcard.com



Electric toothbrush

As a member, you can also get an electric toothbrush at a discounted price.

GEHA members have an exclusive discount on dentist-quality electric toothbrushes by cariPRO™. Save more than 70% off an premium electric toothbrush.*

smilebrilliant.com/geha



*The cariPRO™ premium electric toothbrush removes 7x more plaque than a regular brush, is completely waterproof, and comes with a 2-year manufacturer's warranty. Replacement brush heads with high-quality DuPont bristles are also available at this exclusive, members-only price.

These benefits are neither offered nor guaranteed under contract with the FEHB program, but are made available to all enrollees who become members of GEHA and their eligible family members.

Health rewards

GEHA's Health Rewards program lets two eligible members per household earn up to \$250.

Both members can use the money to pay for qualified medical expenses and health-related items at the FSA store.

geha.com/rewards



Telemedicine with MDLIVE

It's easier than ever to access convenient health care options.

As a GEHA health plan member you can receive care via phone or video using our telemedicine and telebehavioral health service from MDLIVE.

geha.com/mdlive



Smoking cessation

To help you quit smoking.

GEHA provides up to four counseling sessions and approved prescriptions at no cost.

geha.com/quitsmoking



Biometric screening

This simple test is an easy way to help you spot early warning signs of serious conditions such as heart disease and diabetes.

You can have your free, confidential screening at home, at work or at one of 2,300 Quest Diagnostics locations nationwide.

geha.com/screenings



Helpful resources

	RESOURCES	DESCRIPTION	CONTACT INFORMATION
Helpful tools	Online Decision Tool	See which GEHA medical plan best fits your lifestyle.	thinkgeha.com
	Urgent Care	Get the care you need, anytime, at an in-network urgent care facility.	geha.com/search
	Pharmacy Program	Verify drug costs based on your benefit plan and prescription dosage.	info.caremark.com/geha
	MinuteClinic®*	Basic care in many CVS Pharmacies and Target store locations, no appointment needed.	cvs.com/minuteclinic/ clinic-locator

More about plans	Customer Service	Contact GEHA with questions about your plan benefits or coverage.	800.262.4342
	Medical Plans	Get details on GEHA's medical plans and supplemental benefits.	geha.com/rates
	Medicare Plans	Discover how GEHA plans offer extra coverage with Medicare.	geha.com/medicare
	Overseas Information	Get information about medical coverage outside the United States.	geha.com/outsideusa
	The National Active and Retired Federal Employees Association	Dedicated to helping federal employees and retirees manage their benefits.	narfe.org
	U.S. Office of Personnel Management	Official information for federal employees eligible for FEHB plans.	opm.gov/healthcare-insurance
	Enrollment Help	Tips for new enrollees or members changing plans.	geha.com/enroll

* For HDHP members, these benefits are subject to the deductible and applicable coinsurance.

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 available at geha.com. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochures.



Take a photo of our resource page, for easy quick reference when you need it.

Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information: The Federal Employees Health Benefits (FEHB) Program offers numerous health benefits plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and in paper. The SBC summarizes important information in a standard format to help you compare plans and options. This plan's SBC is available on the internet at www.geha.com/SBC. A paper copy is also available, free of charge, by calling (800) 821-6136. To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/insure

Definitions

Allowance (negotiated rate or allowed charge)

The cost of health care goods and services after applying the insurance company's negotiated discount. This amount is lower than providers' initial billed rates.

Calendar-year deductible

The amount you must pay out of pocket each year before the plan begins to pay benefits. Not all services are subject to the deductible.

Coinsurance

The percentage of costs you pay for a covered health care service, after you've met your deductible.

Copay

The amount you pay for a specific service or prescription. A fixed dollar amount.

Net deductible

This is the remaining amount after you subtract the annual premium pass-through from the annual deductible for a High Deductible Health Plan. This is your out-of-pocket cost before plan benefits begin.

Out-of-pocket maximum

The maximum amount you will pay each year for coverage. It includes copays, deductibles and coinsurance, but not premiums. Once you have reached this limit, the plan pays the remainder of your covered health care expenses for the rest of the year.

PPO

A preferred provider organization. PPOs offer members the freedom to choose the doctors, hospitals and other health services they use as long as they are within the organization's network of providers.

Premium

This is the total amount paid to an insurance company for coverage, typically paid monthly or twice monthly. For federal employees, the premium is paid in part by the government, with the remainder deducted from your paycheck.

Premium pass-through

A portion of your monthly High Deductible Health Plan premium that is used to fund your health savings account (HSA) or health reimbursement arrangement (HRA).

Prescription benefits

Depending on the medication, you will pay a set amount as a copay or a percentage of cost.



P.O. Box 6707
Lee's Summit, MO 64064-9703



2019 GEHA medical plan rates

All GEHA plans provide:

- Comprehensive coverage.
- In-network preventive care at no cost to you.
- A provider network of over 2.7 million provider locations and 9,300 hospitals.

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer that maintains your health benefits enrollment.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	341	\$58.70	\$127.19	\$56.36	\$48.73
Self Plus One	343	\$126.21	\$273.46	\$121.17	\$104.76
Self and Family	342	\$145.67	\$315.62	\$139.85	\$120.91

STANDARD OPTION					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	314	\$58.78	\$127.36	\$56.43	\$48.79
Self Plus One	316	\$126.38	\$273.83	\$121.33	\$104.90
Self and Family	315	\$148.11	\$320.91	\$142.19	\$122.94

HIGH OPTION					
		NON-POSTAL PREMIUM		POSTAL PREMIUM	
	Enrollment Code	Biweekly	Monthly (Retirees)	Category 1	Category 2
Self Only	311	\$105.97	\$229.61	\$102.77	\$93.18
Self Plus One	313	\$247.26	\$535.73	\$240.42	\$219.91
Self and Family	312	\$312.95	\$678.06	\$305.65	\$283.77

Eligible for Medicare? Visit geha.com/medicare to see how GEHA's medical plans work with your coverage.

800.262.4342 \ geha.com



For complete information, see GEHA Plan Brochures RI 71-006, RI 71-014 at geha.com/planbrochure.
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