

## 2019 GEHA Medical Plan Benefits

Medical Benefits	Medicare A & B with Standard Option WHAT YOU PAY	Medicare A & B with High Option WHAT YOU PAY
<b>Physician care</b>		
MinuteClinic (where available)	\$0, 100% coverage	\$0, 100% coverage
Primary care physician	\$0, 100% coverage	\$0, 100% coverage
Specialist	\$0, 100% coverage	\$0, 100% coverage
Surgical care	\$0, 100% coverage	\$0, 100% coverage
<b>Preventive care</b>		
Covered lab services	\$0, 100% coverage	\$0, 100% coverage
Adult routine screenings	\$0, 100% coverage	\$0, 100% coverage
Vision – annual eye exam	\$5 copay through EyeMed	\$5 copay through EyeMed
Dental – diagnostic/preventive	50% of allowance, 2 times/year	Balance, after GEHA pays \$22 per visit, 2 times/year
<b>Accidental injury/Outpatient care</b>		
Ambulance, physician, emergency room	\$0, 100% coverage	\$0, 100% coverage
<b>Hospital/Facility care</b>		
Inpatient (you must precertify)	\$0, 100% coverage	\$0, 100% coverage
Outpatient	\$0, 100% coverage	\$0, 100% coverage
Emergency room	\$0, 100% coverage	\$0, 100% coverage
Other charges	\$0, 100% coverage	\$0, 100% coverage
<b>Retail Pharmacy<sup>^^</sup> – 30-day supply</b>		
Generic	\$10 copay	\$10 copay <sup>‡</sup>
Preferred brand-name medication	50%, up to \$200 max <sup>°</sup>	20%, up to \$150 max <sup>°</sup>
Non-preferred brand-name medication	50%, up to \$300 max <sup>°</sup>	35%, up to \$200 max <sup>°</sup>
<b>Mail Service Pharmacy<sup>^^</sup> – 90-day supply</b>		
Generic	\$20	\$15
Preferred brand-name medication	50%, up to \$500 max <sup>°</sup>	15%, up to \$350 max <sup>°</sup>
Non-preferred brand-name medication	50%, up to \$600 max <sup>°</sup>	30%, up to \$500 max <sup>°</sup>

<sup>^^</sup> Refer to [geha.com/prescriptions](http://geha.com/prescriptions) for formulary and specialty coverage, for specific medications.

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

<sup>°</sup> 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.

## 2019 GEHA Medical Plan Rates

Enrollment Type	Standard Option	High Option
<b>Self Only (monthly)</b>	\$127.36	\$225.40
<b>Self Plus One (monthly)</b>	\$273.85	\$525.18
<b>Self and Family (monthly)</b>	\$320.90	\$672.05

This is a brief description of the features of Government Employees Health Association, Inc. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure. For complete information, see GEHA Plan Brochures RI 71-006, RI 71-014 or go to [geha.com](http://geha.com). GEHA supplemental benefits are neither offered nor guaranteed under contract with the FEHB programs, but are made available to all enrollees and family members who become members of GEHA.