Medicare + GEHA

Protect yourself from unexpected health care expenses
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You’ve reached retirement age: the dawn of the golden years. And you expect Medicare to cover many of your health care costs. But Medicare has limitations. You may still be responsible for sometimes large amounts that Medicare doesn’t cover, such as:

- deductibles and coinsurance
- extended hospital stays
- fees higher than the Medicare-approved amount
- routine dental work
- health care while you travel outside the United States

These costs can add up quickly. Having a GEHA plan can help absorb some of the costs. Combine your Medicare coverage with GEHA’s Standard Option or High Option plan … and your GEHA coverage picks up where Medicare stops. GEHA can help pay for many of your health care expenses that are not covered by Medicare.

For 80 years, GEHA has been working for federal employees and retirees. And, we’re dedicated to providing the health plan you need to help you enjoy a happy, healthy retirement. With GEHA as your secondary coverage, you can be assured that your health coverage is a complete plan.

This brochure offers an overview of the Medicare program and of how you can enhance your Medicare health insurance coverage with a GEHA health plan.
Facts about Medicare

- Medicare is a health insurance program provided by the federal government.

- If you are age 65 or older and entitled to monthly Social Security benefits, you are probably eligible for Medicare. You also may be eligible for Medicare if you are under age 65 but have certain disabilities, or if you have end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

- Medicare has multiple parts:
  Part A is hospital insurance.
  Part B is medical insurance. Medicare Part A or Part B is also called “Original Medicare.”
  Part C is the “Medicare Advantage Plan.” Medicare Advantage offers private health care choices from some HMOs and regional PPOs.
  Part D is a Medicare prescription drug program.

The most current information about Medicare can be found at medicare.gov.
Medicare Part A

Most people receive Medicare Part A without paying monthly premiums because they or their spouses paid Medicare taxes during their working years. However, Medicare Part A members will pay deductibles and coinsurance amounts.

Medicare Part A helps pay for:

- inpatient hospital care
- inpatient care in a skilled nursing facility
- some home health care
- some hospice care

If you are still working when you turn 65, you should still apply for Medicare Part A because you do not have to pay a premium. Should you be hospitalized, Medicare would be your secondary payer and your FEHBP carrier would be your primary payer. This can significantly reduce your out-of-pocket costs.

Medicare Part B

You will pay a monthly premium for Medicare Part B coverage. You do not have to take Part B; it is a voluntary program. However, if you do not take Part B when you are first eligible, you will pay higher monthly premiums when you do sign up for it. If you are still employed when eligible or plan to work past 65, there is no penalty to sign up when you decide to retire.

Medicare Part B pays only a portion of the cost of your medical care. You still must pay premiums, deductibles and coinsurance amounts. However, Medicare Part B really is
a good buy. The monthly premium amount that you pay is only about one-fourth the actual cost of the program; the federal government covers the remaining cost.

Part B premiums are based on your adjusted gross income. Higher-income beneficiaries pay higher premiums for Part B coverage. Currently, this affects less than 10 percent of people with Medicare. The other 90 percent of Part B beneficiaries pay the standard premium.

**Medicare Part B helps pay for medically necessary:**
- doctors’ services
- outpatient hospital care
- laboratory services
- diagnostic tests
- durable medical equipment
- physical and occupational therapists’ services
- many other services not covered by Part A

**Medicare Part C**
(Medicare Advantage Plan)

Medicare Advantage refers to the various private health plan choices, including HMOs and regional PPOs, which are available to Medicare beneficiaries. These Medicare Advantage Plans are available in some areas of the country and have varying benefit coverage, depending on the plan chosen.

The option to buy Part C from private insurance companies, is also available. Also, known as Medicare Advantage, these benefits vary in cost and location. Many federal retirees find more competitive benefits, at a lower cost under FEHB.
Medicare Part D
(Medicare Prescription Drug Program)

Medicare Part D helps you pay for prescription drugs. Most plans include both generic and brand-name drugs. However, not all drugs are covered by all plans. If you choose to buy a Medicare prescription drug plan, make sure that the prescription drugs you use are included in that plan’s list of covered drugs.

Medicare Part D, the prescription drug program, is also a voluntary program. Most people will pay a monthly premium for Part D. To get Medicare prescription drug coverage, you must choose a prescription drug plan from those available in your area. Costs of those plans vary according to plan and location. For help in choosing a prescription drug plan, go to the Medicare website at medicare.gov or call 1.800.MEDICARE.

If you do not join a Medicare prescription drug plan when you are first eligible, you will have to pay a penalty unless you maintain creditable coverage that is at least as good as Medicare prescription drug coverage. GEHA’s prescription drug coverage is, on average, better than the standard Medicare prescription drug coverage. So, as long as you keep your GEHA health plan, you do not have to join a Medicare drug plan now or when you are first eligible, and will not have to pay a penalty for Medicare prescription drug coverage if you decide to join a plan later.

Most GEHA members in the High Option plan find that the plan’s prescription coverage is enough and that they do not need the added expense or coverage of the Medicare Part D drug plan. On the other hand, some GEHA members in the Standard Option plan choose to add Medicare Part D
because they find the combination of both plans still saves them money out-of-pocket. Each individual situation is unique, and it’s not possible for us to provide specific advice.

If you are a GEHA member and are enrolled in Medicare Part D, use an in-network pharmacy and show both your GEHA ID card and your Medicare ID card so the pharmacy can coordinate benefits on your behalf.
GEHA + Medicare
Combine Medicare coverage and GEHA coverage for even better protection.

Even in a world where we expect the unexpected ... the unexpected can prove financially devastating. A sudden hospital stay, a prolonged illness or a major surgical procedure can overwhelm even a carefully balanced budget. But GEHA coverage can help pay for many expenses not covered by Medicare.

GEHA coordinates with Medicare for its High Option plan, Standard Option plan and Health Savings Advantage™ high-deductible plan. GEHA waives deductibles and coinsurance for High Option and Standard Option plans, but not for the Health Savings Advantage high-deductible plan. By law, if you have Medicare, you are not eligible for a health savings account, or HSA. If you choose the Health Savings Advantage plan, however, you will be eligible for an HRA, or health reimbursement arrangement. Review the GEHA plan brochure for more information.
Network or not?

When you have GEHA and Medicare, in most instances, you receive the same benefits whether you use providers in the GEHA network or out of the network. You’re free to use any provider you choose, anywhere you go.

However, using the GEHA network helps control overall plan costs. The GEHA nationwide network includes more than a million health care providers – yours is probably one of them! You’ll find the most current listing on our website: go to Provider Search on geha.com.

GEHA works with Original Medicare (Part A & Part B)

When original Medicare is the primary payer, Medicare processes your claim first. Usually, your claim will be coordinated automatically and GEHA will then provide secondary benefits for covered charges.

When you are enrolled in GEHA’s High Option or Standard Option plan, GEHA will waive or reduce some out-of-pocket costs if Medicare Part A & B is your primary payer:

- **Inpatient hospital benefits** – We waive the deductible and coinsurance if you are enrolled in Medicare Part A.
- **Medical and surgery benefits and mental health/substance abuse care** – We waive the deductible and coinsurance if you are enrolled in Medicare Part B.
- **Office visits with in-network providers** – We waive the copayments for in-network office visits if you are enrolled in Medicare Part B.

- **Prescription drugs** – For covered prescriptions from participating retail pharmacies or through the CVS Caremark Mail Order Pharmacy, you pay a reduced copayment and coinsurance if you are enrolled in GEHA’s High Option plan.

When you are enrolled in GEHA’s High Option or Standard Option plan and Medicare Part A & B is your primary payer, GEHA will pay, up to plan limits, for:

- routine physicals and checkups
- routine dental exams
- immunizations and covered self-administered drugs *(see plan brochure for pharmacy guidelines)*
- medical and hospital services provided outside the United States

**GEHA works with Medicare Part C (Medicare Advantage plans)**

You may enroll in another plan’s Medicare Advantage plan and also enroll in GEHA’s High Option or Standard Option plan. If your Medicare Advantage plan is your primary insurance and GEHA High Option or Standard Option pays secondary:
- GEHA will provide benefits, even out of your Medicare Advantage plan’s network and service area, but will not waive deductibles and coinsurance for services provided through the Medicare Advantage plan.

- Let GEHA know if you are enrolled in a Medicare Advantage plan so that we may correctly coordinate benefits with Medicare.

**GEHA works with Medicare Prescription Drug Plans (Part D)**

If you choose to enroll in Medicare Part D, you must choose a Medicare Prescription Drug Plan from a list of plans available in your area. You may want to use the Drug Plan Finder and drug plan comparison tool on the Medicare website at [medicare.gov](https://medicare.gov).

- If you are a GEHA member and are enrolled in Medicare Part D, use an in-network pharmacy and show both your GEHA ID card and your Medicare ID card.

- If you enroll in Medicare Part D and GEHA is the primary payer, GEHA will process the prescription drug claim first. Be sure to present your GEHA ID card to the pharmacy.

- If you enroll in Medicare Part D and GEHA is the secondary payer, GEHA will review claims for your prescription drug costs not covered by your Medicare drug plan and consider them for payment under your GEHA plan. Be sure to present your Medicare Part D and GEHA cards to the pharmacy.
Filing claims with Medicare and GEHA

When you have Medicare and a GEHA plan, most of your claims can be filed electronically by “GEHA Express” (excluding Medicare Part D). You usually won’t have to do a thing! We’ll send you copies of Explanation of Benefits forms showing:

- what services were approved
- what amount was applied to your deductible (if applicable)
- how the insurance carriers made the payment
- what amount, if any, remains your responsibility

For more information about the electronic claims filing process, contact “GEHA Express” at 800.282.4342.
Filing paper claims

If you choose not to use the electronic claims filing option, here’s the most convenient way to file paper claims:

- **If Medicare is your primary health coverage**, submit your claim to Medicare first. After paying benefits on the claim, Medicare will send you a Medicare Summary Notice (MSN). Send the MSN plus copies of all related bills to GEHA for processing. GEHA cannot process your claim without the Medicare Summary Notice.

- **If GEHA is your primary health coverage**, submit the bills to GEHA first. After processing your claim, GEHA will send you an Explanation of Benefits (EOB). Send the EOB plus copies of all related bills to Medicare for processing.

- **If you are unsure** which is your primary health insurance, please refer to your plan brochure or call GEHA at 800.821.6136.

**IMPORTANT:** If you go back to work and have health care coverage through your new employer, GEHA is required to coordinate coverage with your other health plan. It is your responsibility to notify GEHA of your other health care coverage. Call GEHA at 800.821.6136 with any changes to your enrollment information.
Helpful tips for quick and accurate claims processing

1. Read all forms carefully before completing them.

2. Provide all information requested on the claim form. Forms from the provider’s office should show:
   - name, address and telephone number of the provider
     (if multiple providers are listed as part of a group practice, circle your doctor’s name)
   - place and date of service
   - your name, your Medicare identification number and other health insurance identification numbers
   - itemized and total charges for services performed
   - specific diagnoses or descriptions of all services performed

3. Submit copies of your bills unless originals are required.

4. Submit your bills separately from your spouse’s bills. A claim may include more than one service performed on the same day, but a separate claim form must be submitted for each covered person.

5. Be sure to sign in each place that your signature is required.

6. Keep written records of all problems for five years.

7. Make and keep copies of all claim forms and bills submitted.
For more information

**GEHA health insurance:**
Call GEHA Customer Service at 800.821.6136, or visit geha.com.

**Medicare enrollment:**
Contact your local Social Security office or the Social Security Administration at 800.772.1213, or visit ssa.gov.

**Medicare benefits:**
Contact Medicare at 800.MEDICARE, or visit medicare.gov.

**Medicare under the Railroad Retirement System:**
Call 877.772.5772 for your nearest Railroad Retirement Board district office or visit rrb.gov.

**Other group plan coverage:**
Consult the plan sponsor.

**Retirement and FEHB, The Video Series:**
These videos explain how the FEHB program works in retirement. They explore the Medicare program, the enrollment process, and how Medicare coordinates with FEHB.
geha.com/medicare
This is a brief description of the features of Government Employees Health Association, Inc. Some services covered by Medicare are excluded from GEHA plan coverage. Before making a final decision, please read the GEHA federal brochure, RI 71-006 or RI 71-014. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure.