

2016 GEHA  
Health Plans

# health

let life happen

[geha.com](http://geha.com)



The Benefits of Better Health

# Live more. Worry less.

With *three* health plan options, one of the largest national provider networks and money-saving wellness programs, GEHA helps take the worry out of finding quality, affordable health care for you and your family.

## Start with this flyer.

It outlines the health plan, benefits and costs that fit you.

## Then, visit [geha.com/plans](http://geha.com/plans).

Get detailed information online about our plans, provider network, dental and vision coverage, and enrollment.

### Enrollment Codes:

Standard Option **314** – Self Only

Standard Option **316** – Self Plus One

Standard Option **315** – Self and Family

High Option **311** – Self Only

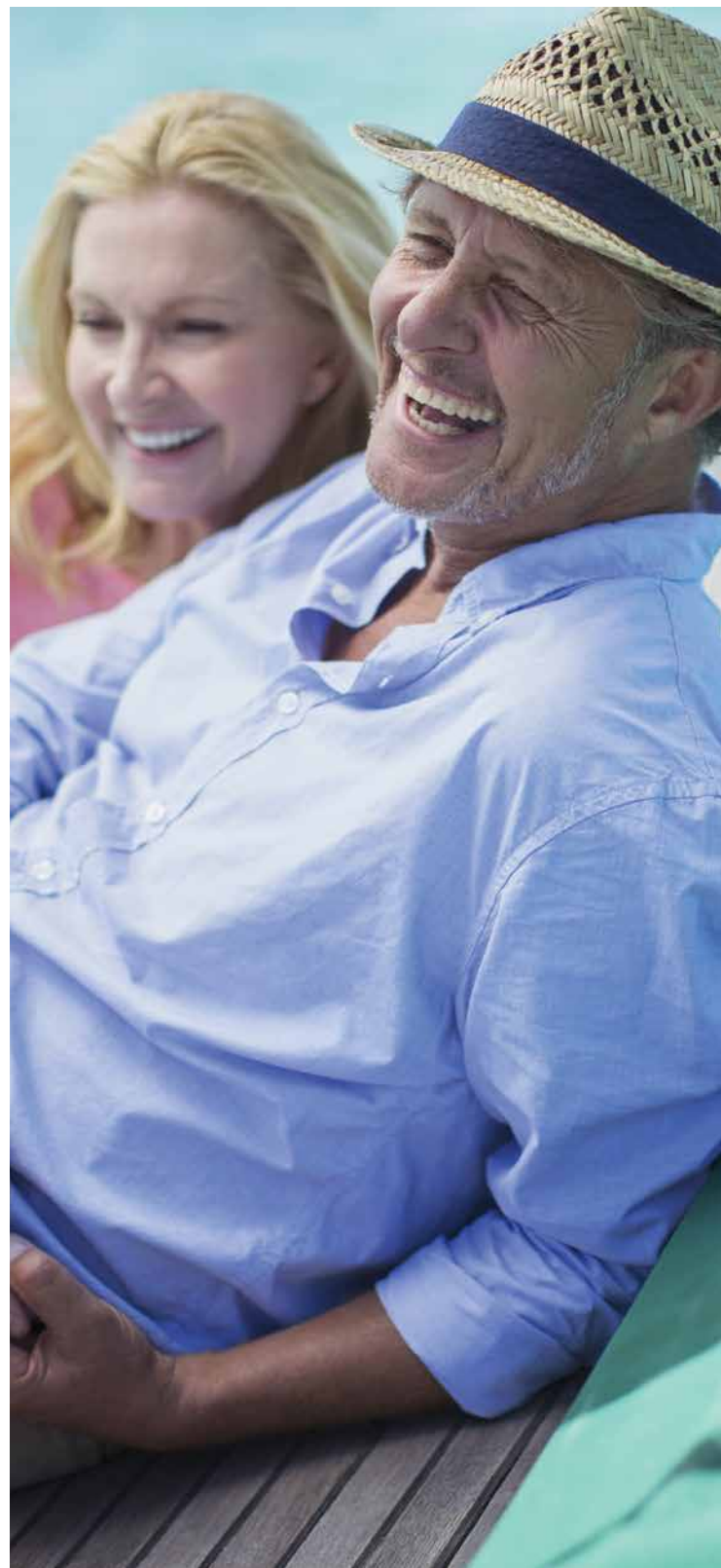
High Option **313** – Self Plus One

High Option **312** – Self and Family

Health Savings Advantage<sup>SM</sup> **341** – Self Only

Health Savings Advantage<sup>SM</sup> **343** – Self Plus One

Health Savings Advantage<sup>SM</sup> **342** – Self and Family



# Enjoy great benefits and more with GEHA.

**Better health.** GEHA's affordable premiums, low copays, free in-network preventive care and wellness programs help you enjoy the benefits of better health.

**Large national network.** With more than a million providers, nationwide and close to home, GEHA's network is one of the largest in the United States – your doctor is probably in it. And, you don't need a referral to see a specialist.

**Pharmacy partner.** CVS/caremark administers the pharmacy benefits for GEHA members. For most medications, you can use any of the 68,000 in-network pharmacies for your prescription needs with no claims to file and no waiting for reimbursement. Learn more at [geha.com/Rx2016](http://geha.com/Rx2016).

**Free biometric screenings.** Partnered with ExamOne, GEHA offers free biometric screenings such as blood pressure, cholesterol and blood sugar.

**Health Advice Line.** Discuss symptoms with a registered nurse and get expert advice, 24/7/365.\* New in 2016: Telemedicine – you may also opt to consult with a physician from wherever you are, by computer, tablet or smartphone (where allowed by state law).

**CVS MinuteClinic.** Convenient, high-quality health care is available at MinuteClinic®, the walk-in medical clinic inside select CVS/pharmacy® stores.\*\* GEHA health plan members pay a low \$10 copay for each visit. No appointment necessary.

**Urgent Care.** Using an in-network Urgent Care facility is simple with a \$35 copay, no deductible and no coinsurance.

**Connection Vision and Hearing.** Get \$5 annual eye exams and discounts on eyewear, for no additional premium at participating locations. Save 30 to 60 percent of the average retail price of hearing aids with TruHearing.

**GlobalFit gym discounts.** Get preferred pricing at more than 8,000 gyms and fitness centers across the country, plus discounts on home health and fitness products.

**Health Rewards.** Earn a \$75 gift card and merchandise valued up to \$175 by participating in GEHA Health Rewards. Get started at [geha.com/rewards](http://geha.com/rewards).

**Health e-Report.**® Subscribe to our free e-newsletter for monthly wellness tips and resources.

**Medicare and GEHA.** If you have Medicare A & B as your primary insurance, GEHA pays 100 percent of covered doctor and hospital expenses after Medicare. You pay no deductibles or copays for surgical and medical benefits with GEHA Standard Option or High Option.

**Life Alert.**® This leading medical alert system provides emergency assistance and peace-of-mind, 24/7/365. Exclusive GEHA discounts include free activation plus a 10 percent discount on your monthly billing. Best of all, you can share this offer with your extended family to keep them safe as well.

*Learn more about these and other programs online at [geha.com](http://geha.com).*

\* For non-emergency symptoms only.

\*\* Available in 29 states and the District of Columbia. To locate a MinuteClinic, visit [minuteclinic.com](http://minuteclinic.com).

# Which plan is right for you?

## Standard Option

*Low premiums, low copays – the best value for healthy people.*

Affordable premiums and low copays make this plan the top choice of new GEHA members. You pay a \$15 copay for a primary care visit, and a \$10 copay for up to a 30-day supply of generic drugs.

## High Option

*Higher premiums and copays (than Standard Option), but more comprehensive coverage, especially if you need brand-name prescriptions.*

Compared to Standard Option, High Option has a higher premium, a \$20 copay for all doctors and a \$10 copay for the same 30-day supply of generic drugs. However, once your deductible is met, GEHA pays a greater percentage of the cost for hospital stays and outpatient care.

## Health Savings Advantage<sup>SM</sup>

*Low premiums, a higher deductible, and a savings account that helps you manage health care costs today, and in retirement.*

This plan combines a high-deductible health plan (HDHP) with a health savings account (HSA) to help you build tax-advantaged savings for future medical expenses.

The HDHP pays 100% for preventive care with in-network providers. You pay for your other health care needs until you reach your deductible. After that, GEHA pays 95% of most in-network care.

The HSA is *your* savings account, funded monthly by GEHA. Use it to pay for doctor visits, prescriptions and other medical expenses, including your deductible. Savings you don't use earn tax-free interest.

## Vision benefits—no additional premium

*Members in all GEHA plans\* get great vision benefits through Connection Vision Powered by EyeMed.*

\* GEHA Health Savings Advantage HDHP members get additional vision benefits. See the HDHP brochure.

This is a brief description of the features of GEHA. For complete information on benefits, see GEHA's Plan Brochures, RI 71-006 and RI 71-014. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure. These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees and family members who become members of GEHA.



# 2016 GEHA Health Plan Benefits

<b>Medical Benefits</b> In-Network*	<b>Standard Option</b> What you pay	<b>High Option</b> What you pay
<b>Physician care</b> MinuteClinic (where available) Primary care physician  Specialist Surgical care	<b>\$10</b> copay <b>\$15</b> office visit copay (waived for adult preventive care exam) <b>\$30</b> office visit copay <b>15%</b> of allowance <input checked="" type="checkbox"/>	<b>\$10</b> copay <b>\$20</b> office visit copay (waived for adult preventive care exam) <b>\$20</b> office visit copay <b>10%</b> of allowance <input checked="" type="checkbox"/>
<b>Preventive care</b> Covered lab services Well-child care Adult routine screenings Vision – annual eye exam Dental – diagnostic/preventive	<b>\$0</b> , through LabCard® <b>\$0</b> , up to age 22 <b>\$0</b> , 100% coverage <b>\$5</b> copay through EyeMed <b>50%</b> of allowance, 2 times/year	<b>\$0</b> , through LabCard® <b>\$0</b> , up to age 22 <b>\$0</b> , 100% coverage <b>\$5</b> copay through EyeMed <b>Balance</b> , after GEHA pays \$22 per visit, 2 times/year
<b>Maternity</b> Physician care Hospital care	<b>\$0</b> , 100% coverage <b>\$0</b> , 100% coverage	<b>\$0</b> , 100% coverage <b>\$0</b> , 100% coverage
<b>Accidental injury/Outpatient care</b> Ambulance, physician, emergency room	<b>\$0</b> , if services within 72 hours	<b>\$0</b> , if services within 72 hours
<b>Hospital/Facility care</b> Inpatient ( <i>you must precertify</i> )  Outpatient Emergency room Other charges	<b>15%</b> of allowance <input checked="" type="checkbox"/>  <b>15%</b> of allowance <input checked="" type="checkbox"/> <b>15%</b> of allowance <input checked="" type="checkbox"/> <b>15%</b> of allowance <input checked="" type="checkbox"/>	<b>\$100</b> per admission copay Nothing for room and board <b>10%</b> of other charges  <b>10%</b> of allowance <input checked="" type="checkbox"/> <b>10%</b> of allowance <input checked="" type="checkbox"/> <b>10%</b> of allowance <input checked="" type="checkbox"/>
<b>Spinal Manipulative Therapy</b>	<b>Balance</b> after GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.	<b>Balance</b> after GEHA payment. GEHA pays \$20 per visit, 12 times/year and \$25 for X-rays.
<b>Catastrophic limit**</b>	<b>\$6,000</b> Self Only <b>\$7,500</b> Self Plus One <b>\$7,500</b> Self and Family	<b>\$5,500</b> Self Only <b>\$7,000</b> Self Plus One <b>\$7,000</b> Self and Family
<input checked="" type="checkbox"/> <b>Calendar-year deductible applies</b>	<b>\$350</b> Self Only <b>\$700</b> Self Plus One <b>\$700</b> Self and Family	<b>\$350</b> Self Only <b>\$700</b> Self Plus One <b>\$700</b> Self and Family
<b>Prescriptions<sup>^^</sup></b> In-Network*		
<b>Retail pharmacy – 30-day supply</b> Generic Preferred brand name medication Non-preferred brand name medication	<b>\$10</b> copay <b>50%</b> , up to \$200 max <sup>o</sup> <b>50%</b> , up to \$300 max <sup>o</sup>	<b>\$10</b> copay <sup>†</sup> <b>25%</b> , up to \$150 max <sup>to</sup> <b>40%</b> , up to \$200 max <sup>to</sup>
<b>Mail service pharmacy – 90-day supply</b> Generic Preferred brand name medication Non-preferred brand name medication	<b>\$20</b> <b>50%</b> , up to \$500 max <sup>o</sup> <b>50%</b> , up to \$600 max <sup>o</sup>	<b>\$20</b> <b>25%</b> , up to \$350 max <sup>o</sup> <b>40%</b> , up to \$500 max <sup>o</sup>

<b>Health Savings Advantage HDHP</b> What you pay	<b>Medicare A &amp; B with Standard</b> What you pay	<b>Medicare A &amp; B with High</b> What you pay
5% of allowance <input checked="" type="checkbox"/> \$0 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"/>	\$0, 100% coverage \$0, 100% coverage \$0, 100% coverage \$0, 100% coverage	\$0, 100% coverage \$0, 100% coverage \$0, 100% coverage \$0, 100% coverage
\$0, 100% coverage \$0, up to age 22 \$0, 100% coverage \$5 copay through EyeMed \$0, 100% plan allowance, 2 times/year	\$0, 100% coverage \$0, 100% coverage \$5 copay through EyeMed 50% of allowance, 2 times/year	\$0, 100% coverage \$0, 100% coverage \$5 copay through EyeMed Balance, after GEHA pays \$22 per visit, 2 times/year
\$0, 100% coverage <input checked="" type="checkbox"/> \$0, 100% coverage <input checked="" type="checkbox"/>		
5% of allowance <input checked="" type="checkbox"/>	\$0, 100% coverage	\$0, 100% coverage
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"/>	\$0, 100% coverage  \$0, 100% coverage \$0, 100% coverage	\$0, 100% coverage  \$0, 100% coverage \$0, 100% coverage
Balance after GEHA payment. <input checked="" type="checkbox"/> 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.
\$6,000 Self Only \$12,000 Self Plus One \$12,000 Self and Family		
\$1,500 Self Only \$3,000 Self Plus One \$3,000 Self and Family	\$0 deductible	\$0 deductible
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 <sup>o</sup> 50%, up to \$300 max <sup>o</sup>	\$10 copay <sup>†</sup> 20%, up to \$150 max <sup>to</sup> 35%, up to \$200 max <sup>to</sup>
25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/> 25% of allowance <input checked="" type="checkbox"/>	\$20 50%, up to \$500 max <sup>o</sup> 50%, up to \$600 max <sup>o</sup>	\$15 15%, up to \$350 max <sup>o</sup> 30%, up to \$500 max <sup>o</sup>

# 2016 GEHA Health Plan Rates

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

Standard Option – AFFORDABLE PREMIUMS					
		Non-Postal Premium		Postal Premium Biweekly	
	Code	Biweekly	Monthly ( <i>Retirees</i> )	Category 1	Category 2
<b>Self Only</b>	314	<b>\$51.79</b>	<b>\$112.21</b>	<b>\$42.99</b>	<b>\$51.79</b>
<b>Self Plus One</b>	316	<b>\$111.35</b>	<b>\$241.25</b>	<b>\$92.42</b>	<b>\$111.35</b>
<b>Self and Family</b>	315	<b>\$122.48</b>	<b>\$265.37</b>	<b>\$101.66</b>	<b>\$122.48</b>

High Option – MORE COMPREHENSIVE BENEFITS					
		Non-Postal Premium		Postal Premium Biweekly	
	Code	Biweekly	Monthly ( <i>Retirees</i> )	Category 1	Category 2
<b>Self Only</b>	311	<b>\$100.35</b>	<b>\$217.43</b>	<b>\$88.49</b>	<b>\$100.35</b>
<b>Self Plus One</b>	313	<b>\$229.16</b>	<b>\$496.51</b>	<b>\$203.55</b>	<b>\$229.16</b>
<b>Self and Family</b>	312	<b>\$256.93</b>	<b>\$556.68</b>	<b>\$229.79</b>	<b>\$256.93</b>

Health Savings Advantage <sup>SM</sup> – HIGH-Deductible Health Plan					
		Non-Postal Premium		Postal Premium Biweekly	
	Code	Biweekly	Monthly ( <i>Retirees</i> )	Category 1	Category 2
<b>Self Only</b>	341	<b>\$54.00</b>	<b>\$117.00</b>	<b>\$44.82</b>	<b>\$54.00</b>
<b>Self Plus One</b>	343	<b>\$116.10</b>	<b>\$251.56</b>	<b>\$96.37</b>	<b>\$116.10</b>
<b>Self and Family</b>	342	<b>\$127.71</b>	<b>\$276.71</b>	<b>\$106.00</b>	<b>\$127.71</b>

For complete information, see GEHA Plan Brochures RI 71-006, RI 71-014 or go to [geha.com](http://geha.com).

\* For out-of-network benefits, see the 2016 GEHA plan brochure, RI 71-006 (High and Standard), or the 2016 HDHP plan brochure, RI 71-014.

\*\* The catastrophic limit 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.

† 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.

○ 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.

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



The Benefits of Better Health

P.O. Box 4665  
Independence, MO 64051-4665

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STANDARD  
U.S. POSTAGE  
**PAID**  
GEHA

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Health Savings Advantage™ – HIGH-DEDUCTIBLE HEALTH PLAN					
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For complete information, see GEHA Plan Brochures RI 71-006, RI 71-014 or go to [geha.com](http://geha.com).  
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