

GEHA 2021 MEDICAL PLANS

Quick plan comparison.

Choose from five unique medical plans designed
to meet you where you are in life.

geha.com | 800.262.4342

GEHA[®]

Compare medical benefits.

Medical benefits. What you pay in-network.³

geha.com/Find-Care

	Elevate	HDHP	Standard	Elevate Plus	High
Unlimited 24/7 telehealth visits with MDLIVE geha.com/MDLIVE	\$0	\$0 ^{2,6}	\$0	\$0	\$0
<ul style="list-style-type: none"> Preventive care; adult routine screenings Well-child visit; up to age 22 Maternity; routine preventive care 	\$0	\$0	\$0	\$0	\$0
MinuteClinic® (where available) geha.com/MinuteClinic	\$10	5% ²	\$10	\$10	\$10
Primary physician office visit geha.com/Find-Care	\$10	5% ²	\$15	\$20	\$20
Specialist care; office visit	\$25	5% ²	\$30	\$35	\$20
Urgent care	\$50	5% ²	\$35	\$50	\$35
Emergency care; accidental	25% ²	5% ²	15% ²	\$150	\$0 (must be within 72 hours)
Emergency care; medical	25% ²	5% ²	15% ²	\$150	10% ²
Hospital care; inpatient	25% ²	5% ²	15% ²	\$200 per day up to \$1,000 per admission	\$100 per admission plus 10%
Hospital care; inpatient maternity	25% ²	\$0 ²	\$0	\$200 per day up to \$1,000 per admission	\$0
Hospital care; outpatient	25% ²	5% ²	15% ²	\$200 per day per facility	10% ²
Inpatient professional surgical services	\$250	5% ²	15% ²	\$200	10% ²
Outpatient professional surgical services	25% ²	5% ²	15% ²	\$150	10% ²
Lab Card services geha.com/LabCard	No benefit	No benefit	\$0	No benefit	\$0
Lab services (non-Lab Card)	25% ²	5% ²	15%	\$0	10%
X-ray services	25% ²	5% ²	15% ²	\$50 ¹⁰	10% ²
Chiropractic (spinal manipulation therapy)	\$10 per visit, up to 12 visits per year	Balance after GEHA pays \$20 per visit, up to 20 visits per year ²	Balance after GEHA pays \$20 per visit, up to 20 visits per year	\$20 per visit, up to 15 visits per year	Balance after GEHA pays \$20 per visit, up to 20 visits per year
Chiropractic X-rays	\$0	Balance after GEHA pays \$25 per year ²	Balance after GEHA pays \$25 per year	\$0	Balance after GEHA pays \$25 per year
Preventive dental care	No benefit	\$0 twice yearly, no deductible	50% twice yearly	No benefit	Balance after GEHA pays \$22 per visit, twice yearly
Acupuncture; up to 20 treatments per year	\$10	5% ²	15% ²	\$20	10% ²

Compare premiums.

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.

Self Only. What you pay.

geha.com/Enroll

	Elevate	HDHP	Standard	Elevate Plus	High
Enrollment codes	254	341	314	251	311
Non-Postal worker biweekly	\$47.32	\$61.37	\$62.66	\$75.36	\$108.14
Postal worker biweekly - Category 1	\$45.43	\$58.91	\$60.16	\$72.35	\$104.78
Postal worker biweekly - Category 2	\$39.28	\$50.94	\$52.01	\$62.55	\$94.72
Retirees monthly	\$102.53	\$132.96	\$135.77	\$163.28	\$234.31

Self Plus One. What you pay.

	Elevate	HDHP	Standard	Elevate Plus	High
Enrollment codes	256	343	316	253	313
Non-Postal worker biweekly	\$108.84	\$131.94	\$134.73	\$175.81	\$251.93
Postal worker biweekly - Category 1	\$104.49	\$126.66	\$129.35	\$168.62	\$244.74
Postal worker biweekly - Category 2	\$90.34	\$109.51	\$111.83	\$147.06	\$223.18
Retirees monthly	\$235.83	\$285.87	\$291.92	\$380.93	\$545.85

Self and Family. What you pay.

	Elevate	HDHP	Standard	Elevate Plus	High
Enrollment codes	255	342	315	252	312
Non-Postal worker biweekly	\$132.51	\$159.04	\$164.85	\$186.89	\$314.13
Postal worker biweekly - Category 1	\$127.21	\$152.68	\$158.26	\$179.42	\$306.32
Postal worker biweekly - Category 2	\$109.98	\$132.01	\$136.83	\$155.12	\$282.90
Retirees monthly	\$287.10	\$344.60	\$357.17	\$404.93	\$680.61

Compare deductibles & out-of-pocket max.

Yearly deductible. What you pay in-network.³

	Elevate	HDHP	Standard	Elevate Plus	High
Self Only	\$500	\$1,500¹¹	\$350	\$0	\$350
Self Plus One, Self and Family	\$1,000	\$3,000¹¹	\$700	\$0	\$700

Out-of-pocket maximum.¹ What you pay in-network.³

	Elevate	HDHP	Standard	Elevate Plus	High
Self Only	\$7,000	\$5,000	\$6,500	\$6,000	\$5,000
Self Plus One, Self and Family	\$14,000	\$10,000	\$13,000	\$12,000	\$10,000

Learn how to enroll at geha.com/Enroll | Questions? **800.262.4342**

Compare prescription coverage.

Refills allowed when **80%** of the drug has been used. Verify your out-of-pocket prescription costs based on your benefit plan at info.caremark.com/GEHA or learn more at geha.com/Prescriptions

What you pay in-network.^{3,4}

30-day retail	Elevate	HDHP	Standard	Elevate Plus	High
Generic	\$4	25% ²	\$10	\$5	\$10 ⁷
Preferred brand-name	50% (\$500 max)	25% ^{2,5}	50% (\$200 max ⁵)	\$80 ⁵	25% (\$150 max ^{5,7})
Non-preferred brand-name	100%	40% ^{2,5}	50% (\$300 max ⁵)	40% ⁵	40% (\$200 max ^{5,7})
90-day mail service	Elevate	HDHP	Standard	Elevate Plus	High
Generic	No benefit	25% ²	\$20	\$12	\$20
Preferred brand-name	No benefit	25% ^{2,5}	50% (\$500 max ⁵)	\$200 ⁵	25% (\$350 max ⁵)
Non-preferred brand-name	No benefit	40% ^{2,5}	50% (\$600 max ⁵)	40% ⁵	40% (\$500 max ⁵)
30-day ⁸ specialty CVS exclusive	Elevate	HDHP	Standard	Elevate Plus	High
Generic and preferred brand-name	50% (\$500 max)	25% ^{2,5}	50% (\$250 max ⁵)	40% (\$500 max ⁵)	25% (\$150 max ⁵)
Non-preferred brand-name	100%	40% ^{2,5}	50% (\$400 max ⁵)	40% ⁵	40% (\$200 max ⁵)

There is no out-of-network pharmacy coverage and a limited pharmacy network available for Elevate and Elevate Plus plans. Learn more about prescription coverage at geha.com/Prescriptions

- The out-of-pocket maximum is the maximum amount of coinsurance, copays 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.
- Calendar year deductible applies.
- In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or a percentage of the provider's negotiated amount. For out-of-network benefits, see the 2020 GEHA plan brochures: RI 71-006 (High and Standard Option), RI 71-014 (HDHP) or RI 71-018 (Elevate and Elevate Plus) at geha.com/PlanBrochure
- Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- If you choose a brand-name medication when a generic is available, you'll be charged the generic copay plus the difference in cost between the brand-name and the generic.
- If deductible is met, high deductible health plan (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' worth of therapy.
- 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.
- You pay **25%** for advanced outpatient diagnostic tests such as, CT Scans and MRI's. Refer to GEHA's 2021 plan brochure RI 71-018 (Elevate and Elevate Plus) for a complete list.
- GEHA contributes **\$900** (Self Only) or **\$1,800** (Self Plus One or Self and Family) to your HSA, which can reduce the yearly net deductible to **\$600** or **\$1,200**, respectively. The net deductible is the remaining amount after you subtract the annual GEHA contribution from the annual deductible. This is your out-of-pocket cost before plan benefits begin.

Your doctor is probably in-network.

All of GEHA's plans come with an extensive nationwide network of up to 4 million provider locations (depending on the plan you pick). Check to see if your doctor is in-network.

geha.com/Find-Care

Select-a-plan tool at geha.com/Select-A-Plan | Questions? **800.262.4342**