

# 2021 GEHA MEDICAL PLANS

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

[geha.com](https://geha.com) | 800.262.4342

GEHA<sup>®</sup>



# Choose from five unique medical plans for 2021.

GEHA offers you five unique medical plans that empower you to achieve the health you need to live the life you want.

Whether you're focused on wellness, saving for future health care needs or needing a lot of (or a little) health care, GEHA has an option that is right for you. All GEHA plans offer worldwide coverage and a mix of benefits.

## Choose possible.

### **Elevate**

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[geha.com/Elevate](https://geha.com/Elevate)

- ▶ GEHA's lowest premium plan.
- ▶ Earn up to **\$500** for Self Only or **\$1,000** for Self Plus One and Self and Family through Wellness Pays rewards.
- ▶ Low **\$10** copays for unlimited primary care visits and **\$25** copays for unlimited specialist visits.

### **HDHP**

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[geha.com/HDHP](https://geha.com/HDHP)

- ▶ An HSA-compatible plan with a low premium.
- ▶ 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<sup>1</sup> to **\$600** or **\$1,200**, respectively.
- ▶ You pay only **5%** of medical services after your low deductible is met.
- ▶ Includes a complete vision benefit along with **\$0** in-network preventive dental benefits, all with no deductible.

<sup>1</sup> 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.

## Standard Option

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[geha.com/Standard](https://geha.com/Standard)

- ▶ **\$15** copay for in-network primary care visits, **\$30** copay for in-network specialist visits.
- ▶ Pay **\$0** for routine, in-network maternity care.
- ▶ Pay **\$0** for unlimited telehealth visits, including pediatricians, licensed behavioral health therapists and dermatologists, through MDLIVE.

## Elevate Plus

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[geha.com/ElevatePlus](https://geha.com/ElevatePlus)

- ▶ Fixed costs, no in-network deductible, copays for common medical expenses and out-of-network medical coverage.
- ▶ Earn up to **\$500** for Self Only or **\$1,000** for Self Plus One and Self and Family through Wellness Pays rewards.
- ▶ **\$0** out-of-pocket costs for common surgeries through BridgeHealth.

## High Option

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[geha.com/High](https://geha.com/High)

- ▶ Comprehensive brand-name and specialty prescription coverage.
- ▶ Low copays for doctor visits (**\$20** primary and specialist).
- ▶ **\$600** Medicare Part B premium reimbursement.
- ▶ **\$2,500** hearing aid benefit.
- ▶ Low cost-share for a variety of inpatient and outpatient services (**10%** coinsurance).

## Self Only premiums.

Enroll code <b>254. <a href="https://geha.com/Enroll">geha.com/Enroll</a></b>	
Non-Postal worker biweekly	<b>\$47.32</b>
Postal worker biweekly - Category 1	<b>\$45.43</b>
Postal worker biweekly - Category 2	<b>\$39.28</b>
Retirees monthly	<b>\$102.53</b>

## Self Plus One premiums.

Enroll code <b>256. <a href="https://geha.com/Enroll">geha.com/Enroll</a></b>	
Non-Postal worker biweekly	<b>\$108.84</b>
Postal worker biweekly - Category 1	<b>\$104.49</b>
Postal worker biweekly - Category 2	<b>\$90.34</b>
Retirees monthly	<b>\$235.83</b>

## Self and Family premiums.

Enroll code <b>255. <a href="https://geha.com/Enroll">geha.com/Enroll</a></b>	
Non-Postal worker biweekly	<b>\$132.51</b>
Postal worker biweekly - Category 1	<b>\$127.21</b>
Postal worker biweekly - Category 2	<b>\$109.98</b>
Retirees monthly	<b>\$287.10</b>

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.

# Elevate



## Get rewarded for healthy living and enjoy GEHA's lowest premium plan.

- ▶ Earn up to **\$500** for Self Only or **\$1,000** for Self Plus One and Self and Family through Wellness Pays rewards.
- ▶ Low **\$10** copays for unlimited primary care visits and **\$25** copays for unlimited specialist visits.
- ▶ Low copays for chiropractic and acupuncture visits.
- ▶ Digital tools to navigate your health care experience. Learn more at [geha.com/ElevateLearn](https://geha.com/ElevateLearn)

## Benefits included with your Elevate plan.

Unlimited telehealth visits with MDLIVE	<a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>
Vision discount <sup>6</sup>	<a href="https://geha.com/Vision">geha.com/Vision</a>
Gym membership <sup>6</sup>	<a href="https://geha.com/Fitness">geha.com/Fitness</a>
Electric toothbrush <sup>6</sup>	<a href="https://geha.com/Toothbrush">geha.com/Toothbrush</a>
Teeth whitening <sup>6</sup>	<a href="https://geha.com/Whitening">geha.com/Whitening</a>
<b>\$0</b> out-of-pocket surgery costs and concierge care coordinator through BridgeHealth <sup>7</sup>	<a href="https://geha.com/BridgeHealth">geha.com/BridgeHealth</a>

## Yearly deductible & out-of-pocket max<sup>2</sup> for Elevate. What you pay in-network.<sup>3</sup>

Self Only	Yearly deductible	<b>\$500</b>
	Out-of-pocket max	<b>\$7,000</b>
Self Plus One	Yearly deductible	<b>\$1,000</b>
Self and Family	Out-of-pocket max	<b>\$14,000</b>

## Medical benefits for Elevate. What you pay in-network.<sup>3</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

<ul style="list-style-type: none"> <li>- Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a></li> <li>- Preventive care; adult routine screenings</li> <li>- Well-child visit; up to age 22</li> <li>- Maternity; routine preventive care</li> <li>- Chiropractic X-rays</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>- Primary physician office visit</li> <li>- MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a></li> <li>- Chiropractic care; up to 12 visits per year (spinal manipulation therapy)</li> <li>- Acupuncture; up to 20 treatments per year</li> </ul>	<b>\$10</b>
<ul style="list-style-type: none"> <li>- Specialist care; office visit</li> </ul>	<b>\$25</b>
<ul style="list-style-type: none"> <li>- Urgent care</li> </ul>	<b>\$50</b>
<ul style="list-style-type: none"> <li>- Emergency care</li> <li>- Hospital care; inpatient including maternity</li> <li>- Hospital care; outpatient</li> <li>- Lab services</li> <li>- Other diagnostic services</li> <li>- Outpatient professional surgical services</li> </ul>	<b>25%<sup>1</sup></b>
<ul style="list-style-type: none"> <li>- Inpatient professional surgical services</li> </ul>	<b>\$250</b>

## Prescription benefits for Elevate. What you pay in-network.<sup>3,4</sup>

[geha.com/Prescriptions](https://geha.com/Prescriptions)

30-day retail	Generic	<b>\$4</b>
	Preferred brand-name	<b>50%</b> (\$500 max)
	Non-preferred brand-name	<b>100%</b>
30-day <sup>5</sup> specialty CVS exclusive	Generic and preferred brand-name	<b>50%</b> (\$500 max)
	Non-preferred brand-name	<b>100%</b>

To provide a low premium, this plan does not include mail order prescriptions or out-of-network pharmacy coverage, and it has a limited pharmacy network. Find a pharmacy at [geha.com/Find-Care](https://geha.com/Find-Care)

- 1 Calendar year deductible applies.
- 2 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 covered services. This is a combined maximum for both medical care and prescriptions.
- 3 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.
- 4 Refer to [geha.com/Prescriptions](https://geha.com/Prescriptions) for formulary and specialty coverage for specific medications.
- 5 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 the copay for drugs that provide 90 days' worth of therapy.
- 6 These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees who become members of a GEHA medical plan and their eligible family members.
- 7 Subject to any eligibility limitations. See [info.bridgehealth.com/GEHA](https://info.bridgehealth.com/GEHA) for more information.

[geha.com/Elevate](https://geha.com/Elevate)  
**800.262.4342**

## Self Only premiums.

Enroll code <b>341</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$61.37</b>
Postal worker biweekly - Category 1	<b>\$58.91</b>
Postal worker biweekly - Category 2	<b>\$50.94</b>
Retirees monthly	<b>\$132.96</b>

## Self Plus One premiums.

Enroll code <b>343</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$131.94</b>
Postal worker biweekly - Category 1	<b>\$126.66</b>
Postal worker biweekly - Category 2	<b>\$109.51</b>
Retirees monthly	<b>\$285.87</b>

## Self and Family premiums.

Enroll code <b>342</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$159.04</b>
Postal worker biweekly - Category 1	<b>\$152.68</b>
Postal worker biweekly - Category 2	<b>\$132.01</b>
Retirees monthly	<b>\$344.60</b>

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.

# HDHP



## A lower-than-expected deductible. Low premiums. GEHA contributes to an HSA.

- ▶ 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<sup>8</sup> to **\$600** or **\$1,200**, respectively.
- ▶ Reduce your out-of-pocket expenses with a health savings account (HSA). [geha.com/HSA](https://geha.com/HSA)

## Benefits included with your HDHP plan.

Unlimited telehealth visits with MDLIVE <sup>6</sup>	<a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>
Vision benefit and discount <sup>8</sup>	<a href="https://geha.com/Vision">geha.com/Vision</a>
Hearing aid discount <sup>7</sup>	<a href="https://geha.com/Hearing">geha.com/Hearing</a>
Gym membership <sup>7</sup>	<a href="https://geha.com/Fitness">geha.com/Fitness</a>
Electric toothbrush <sup>7</sup>	<a href="https://geha.com/Toothbrush">geha.com/Toothbrush</a>
Teeth whitening <sup>7</sup>	<a href="https://geha.com/Whitening">geha.com/Whitening</a>
Health Advice Line	<a href="https://geha.com/Healthline">geha.com/Healthline</a>
Medical alert system <sup>7</sup>	<a href="https://geha.com/LifeAlert">geha.com/LifeAlert</a>
Biometric screening	<a href="https://geha.com/Screenings">geha.com/Screenings</a>

## Yearly net deductible<sup>8</sup> for HDHP. What you pay in-network.<sup>3</sup>

	Yearly deductible	Yearly net deductible after GEHA contribution
Self Only	<b>\$1,500</b>	<b>\$600</b>
Self Plus One, Self and Family	<b>\$3,000</b>	<b>\$1,200</b>

## Out-of-pocket max<sup>2</sup> for HDHP. What you pay in-network.<sup>3</sup>

Self Only	Out-of-pocket max	<b>\$5,000</b>
Self Plus One, Self and Family	Out-of-pocket max	<b>\$10,000</b>

## Medical benefits for HDHP. What you pay in-network.<sup>3</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

<ul style="list-style-type: none"> <li>- Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a></li> <li>- Hospital care; inpatient maternity</li> <li>- Maternity; routine care</li> </ul>	<b>\$0</b> <sup>1,6</sup>
<ul style="list-style-type: none"> <li>- Preventive care; adult routine screenings</li> <li>- Well-child visit; up to age 22</li> <li>- Preventive dental care, twice yearly</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>- Primary physician office visit</li> <li>- Specialist care; office visit</li> <li>- Urgent care</li> <li>- Emergency care</li> <li>- Hospital care; inpatient and outpatient</li> <li>- MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a></li> <li>- Lab services</li> <li>- Other diagnostic services</li> <li>- Professional surgical services</li> <li>- Acupuncture; up to 20 treatments per year</li> </ul>	<b>5%</b> <sup>1</sup>
<ul style="list-style-type: none"> <li>- Chiropractic care; up to 20 visits per year (spinal manipulation therapy)</li> </ul>	<b>Balance</b> after GEHA pays <b>\$20</b> per visit <sup>1</sup>
<ul style="list-style-type: none"> <li>- Chiropractic X-rays</li> </ul>	<b>Balance</b> after GEHA pays <b>\$25</b> per year <sup>1</sup>

## Prescription benefits for HDHP.

What you pay in-network.<sup>1,3,4,5</sup> [geha.com/Prescriptions](https://geha.com/Prescriptions)

30-day retail	Generic and preferred brand-name	<b>25%</b>
	Non-preferred brand-name	<b>40%</b>
90-day mail service	Generic and preferred brand-name	<b>25%</b>
	Non-preferred brand-name	<b>40%</b>
30-day specialty CVS exclusive	Generic and preferred brand-name	<b>25%</b>
	Non-preferred brand-name	<b>40%</b>

- 1 Calendar year deductible applies.
- 2 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 covered services. This is a combined maximum for both medical care and prescriptions.
- 3 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, refer to GEHA's 2021 plan brochure RI 71-014 (HDHP) at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)
- 4 Refer to [geha.com/Prescriptions](https://geha.com/Prescriptions) for formulary and specialty coverage for specific medications.
- 5 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.
- 6 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.
- 7 These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees who become members of a GEHA medical plan and their eligible family members.
- 8 Net deductible: This 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.

[geha.com/HDHP](https://geha.com/HDHP)  
**800.262.4342**

## Self Only premiums.

Enroll code <b>314</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$62.66</b>
Postal worker biweekly - Category 1	<b>\$60.16</b>
Postal worker biweekly - Category 2	<b>\$52.01</b>
Retirees monthly	<b>\$135.77</b>

## Self Plus One premiums.

Enroll code <b>316</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$134.73</b>
Postal worker biweekly - Category 1	<b>\$129.35</b>
Postal worker biweekly - Category 2	<b>\$111.83</b>
Retirees monthly	<b>\$291.92</b>

## Self and Family premiums.

Enroll code <b>315</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$164.85</b>
Postal worker biweekly - Category 1	<b>\$158.26</b>
Postal worker biweekly - Category 2	<b>\$136.83</b>
Retirees monthly	<b>\$357.17</b>

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



## Traditional coverage. Affordable premiums.

- ▶ **\$15** copay for in-network primary care visits, **\$30** copay for in-network specialist visits.
- ▶ Pay **\$0** for routine, in-network maternity care.
- ▶ Pay **\$0** for unlimited telehealth visits, including behavioral health therapists and dermatologists, through MDLIVE.
- ▶ Plan works well with Medicare. [geha.com/Medicare](https://geha.com/Medicare)

## Benefits included with your Standard plan.

Unlimited telehealth visits with MDLIVE	<a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>
Vision discount <sup>7</sup>	<a href="https://geha.com/Vision">geha.com/Vision</a>
Hearing aid discount <sup>7</sup>	<a href="https://geha.com/Hearing">geha.com/Hearing</a>
Gym membership <sup>7</sup>	<a href="https://geha.com/Fitness">geha.com/Fitness</a>
Electric toothbrush <sup>7</sup>	<a href="https://geha.com/Toothbrush">geha.com/Toothbrush</a>
Teeth whitening <sup>7</sup>	<a href="https://geha.com/Whitening">geha.com/Whitening</a>
Health Advice Line	<a href="https://geha.com/Healthline">geha.com/Healthline</a>
Medical alert system <sup>7</sup>	<a href="https://geha.com/LifeAlert">geha.com/LifeAlert</a>
Biometric screening	<a href="https://geha.com/Screenings">geha.com/Screenings</a>
Lab Card services	<a href="https://geha.com/LabCard">geha.com/LabCard</a>

## Yearly deductible & out-of-pocket max<sup>2</sup> for Standard. What you pay in-network.<sup>3</sup>

Self Only	Yearly deductible	<b>\$350</b>
	Out-of-pocket max	<b>\$6,500</b>
Self Plus One	Yearly deductible	<b>\$700</b>
Self and Family	Out-of-pocket max	<b>\$13,000</b>



## Medical benefits for Standard. What you pay in-network.<sup>3</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

- Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>	<b>\$0</b>
- Preventive care; adult routine screenings	
- Well-child visit; up to age 22	
- Maternity; routine preventive care	
- Hospital care; inpatient maternity	
- Lab Card services <a href="https://geha.com/LabCard">geha.com/LabCard</a>	
- MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a>	<b>\$10</b>
- Primary physician office visit	<b>\$15</b>
- Specialist care; office visit	<b>\$30</b>
- Urgent care	<b>\$35</b>
- Lab services (non-Lab Card)	<b>15%</b>
- Emergency care	<b>15%</b> <sup>1</sup>
- Hospital care; inpatient and outpatient	
- Professional surgical services	
- X-ray services	
- Other diagnostic services	
- Acupuncture; up to 20 treatments per year	
- Preventive dental care; twice yearly	<b>50%</b>
- Chiropractic care; up to 20 visits per year (spinal manipulation therapy)	<b>Balance</b> after GEHA pays <b>\$20</b> per visit
- Chiropractic X-rays	<b>Balance</b> after GEHA pays <b>\$25</b> per year

## Prescription benefits for Standard. What you pay in-network.<sup>3,4</sup>

[geha.com/Prescriptions](https://geha.com/Prescriptions)

30-day retail	Generic	<b>\$10</b>
	Preferred brand-name	<b>50%</b> (\$200 max <sup>5</sup> )
	Non-preferred brand-name	<b>50%</b> (\$300 max <sup>5</sup> )
90-day mail service	Generic	<b>\$20</b>
	Preferred brand-name	<b>50%</b> (\$500 max <sup>5</sup> )
	Non-preferred brand-name	<b>50%</b> (\$600 max <sup>5</sup> )
30-day <sup>6</sup> specialty CVS exclusive	Generic and preferred brand-name	<b>50%</b> (\$250 max <sup>5</sup> )
	Non-preferred brand-name	<b>50%</b> (\$400 max <sup>5</sup> )

- 1 Calendar year deductible applies.
- 2 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 covered services. This is a combined maximum for both medical care and prescriptions.
- 3 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, refer to GEHA's 2021 plan brochure RI 71-006 (High and Standard) at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)
- 4 Refer to [geha.com/Prescriptions](https://geha.com/Prescriptions) for formulary and specialty coverage for specific medications.
- 5 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.
- 6 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 the copay for drugs that provide 90 days' worth of therapy.
- 7 These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees who become members of a GEHA medical plan and their eligible family members.

[geha.com/Standard](https://geha.com/Standard)  
**800.262.4342**

## Self Only premiums.

Enroll code <b>251</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$75.36</b>
Postal worker biweekly - Category 1	<b>\$72.35</b>
Postal worker biweekly - Category 2	<b>\$62.55</b>
Retirees monthly	<b>\$163.28</b>

## Self Plus One premiums.

Enroll code <b>253</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$175.81</b>
Postal worker biweekly - Category 1	<b>\$168.62</b>
Postal worker biweekly - Category 2	<b>\$147.06</b>
Retirees monthly	<b>\$380.93</b>

## Self and Family premiums.

Enroll code <b>252</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$186.89</b>
Postal worker biweekly - Category 1	<b>\$179.42</b>
Postal worker biweekly - Category 2	<b>\$155.12</b>
Retirees monthly	<b>\$404.93</b>

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.

# Elevate Plus



**Predictable costs and no in-network deductible. Copays for common medical expenses and includes out-of-network medical coverage.**

- ▶ Earn up to **\$500** for Self Only or **\$1,000** for Self Plus One and Self and Family through Wellness Pays rewards.
- ▶ **\$0** out-of-pocket surgery costs and concierge care coordinator through BridgeHealth.<sup>7</sup>
- ▶ Low copays for chiropractic and acupuncture visits.
- ▶ Digital tools to navigate your health care experience. Learn more at [geha.com/ElevateLearn](https://geha.com/ElevateLearn)

## Benefits included with your Elevate Plus plan.

Unlimited telehealth visits with MDLIVE	<a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>
Vision discount <sup>6</sup>	<a href="https://geha.com/Vision">geha.com/Vision</a>
Hearing aid discount <sup>6</sup>	<a href="https://geha.com/Hearing">geha.com/Hearing</a>
Gym membership <sup>6</sup>	<a href="https://geha.com/Fitness">geha.com/Fitness</a>
Electric toothbrush <sup>6</sup>	<a href="https://geha.com/Toothbrush">geha.com/Toothbrush</a>
Teeth whitening <sup>6</sup>	<a href="https://geha.com/Whitening">geha.com/Whitening</a>
<b>\$0</b> out-of-pocket surgery costs and concierge care coordinator through BridgeHealth <sup>7</sup>	<a href="https://geha.com/BridgeHealth">geha.com/BridgeHealth</a>

## Yearly deductibles & out-of-pocket max<sup>1</sup> for Elevate Plus. What you pay in-network.<sup>2</sup>

Self Only	Yearly deductible	<b>\$0</b>
	Out-of-pocket max	<b>\$6,000</b>
Self Plus One	Yearly deductible	<b>\$0</b>
Self and Family	Out-of-pocket max	<b>\$12,000</b>

## Medical benefits for Elevate Plus. What you pay in-network.<sup>2</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

<ul style="list-style-type: none"> <li>- Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a></li> <li>- Preventive care; adult routine screenings</li> <li>- Well-child visit; up to age 22</li> <li>- Lab services</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>- MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a></li> </ul>	<b>\$10</b>
<ul style="list-style-type: none"> <li>- Primary physician office visit</li> <li>- Chiropractic care; up to 15 visits per year (spinal manipulation therapy)</li> <li>- Acupuncture; up to 20 treatments per year</li> </ul>	<b>\$20</b>
<ul style="list-style-type: none"> <li>- Specialist care; office visit</li> </ul>	<b>\$35</b>
<ul style="list-style-type: none"> <li>- Urgent care</li> </ul>	<b>\$50</b>
<ul style="list-style-type: none"> <li>- Other diagnostic services</li> </ul>	<b>\$50<sup>8</sup></b>
<ul style="list-style-type: none"> <li>- Emergency care</li> <li>- Outpatient and in-office professional surgical services</li> </ul>	<b>\$150</b>
<ul style="list-style-type: none"> <li>- Inpatient professional surgical services</li> </ul>	<b>\$200</b>
<ul style="list-style-type: none"> <li>- Hospital care; inpatient including maternity</li> </ul>	<b>\$200</b> per day up to <b>\$1,000</b> per admission
<ul style="list-style-type: none"> <li>- Hospital care; outpatient</li> </ul>	<b>\$200</b> per day per facility

## Prescription benefits for Elevate Plus. What you pay in-network.<sup>2,3</sup>

[geha.com/Prescriptions](https://geha.com/Prescriptions)

30-day retail	Generic	<b>\$5</b>
	Preferred brand-name	<b>\$80<sup>4</sup></b>
	Non-preferred brand-name	<b>40%<sup>4</sup></b>
90-day mail service	Generic	<b>\$12</b>
	Preferred brand-name	<b>\$200<sup>4</sup></b>
	Non-preferred brand-name	<b>40%<sup>4</sup></b>
30-day <sup>5</sup> specialty CVS exclusive	Generic and preferred brand-name	<b>40%</b> (\$500 max <sup>4</sup> )
	Non-preferred brand-name	<b>40%<sup>4</sup></b>

This plan has no out-of-network pharmacy coverage and a limited pharmacy network. Find a pharmacy at [geha.com/Find-Care](https://geha.com/Find-Care)

- 1 The in-network out-of-pocket maximum is the maximum amount of coinsurance and copays you pay for all family members before GEHA begins paying for **100%** of covered services. This is a combined maximum for both medical care and prescriptions.
- 2 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.
- 3 Refer to [geha.com/Prescriptions](https://geha.com/Prescriptions) for formulary and specialty coverage for specific medications.
- 4 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.
- 5 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 the copay for drugs that provide 90 days' worth of therapy.
- 6 These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees who become members of a GEHA medical plan and their eligible family members.
- 7 Subject to any eligibility limitations. For more information, see [info.bridgehealth.com/GEHA](https://info.bridgehealth.com/GEHA)
- 8 You pay **25%** for advanced outpatient diagnostic tests such as, CT scans and MRIs. Refer to GEHA's 2021 plan brochure RI 71-018 (Elevate and Elevate Plus) for a complete list at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)

[geha.com/ElevatePlus](https://geha.com/ElevatePlus)  
**800.262.4342**

## Self Only premiums.

Enroll code <b>311</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$108.14</b>
Postal worker biweekly - Category 1	<b>\$104.78</b>
Postal worker biweekly - Category 2	<b>\$94.72</b>
Retirees monthly	<b>\$234.31</b>

## Self Plus One premiums.

Enroll code <b>313</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$251.93</b>
Postal worker biweekly - Category 1	<b>\$244.74</b>
Postal worker biweekly - Category 2	<b>\$223.18</b>
Retirees monthly	<b>\$545.85</b>

## Self and Family premiums.

Enroll code <b>312</b> . <a href="https://geha.com/Enroll">geha.com/Enroll</a>	
Non-Postal worker biweekly	<b>\$314.13</b>
Postal worker biweekly - Category 1	<b>\$306.32</b>
Postal worker biweekly - Category 2	<b>\$282.90</b>
Retirees monthly	<b>\$680.61</b>

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 Option



**Comprehensive brand-name and specialty prescription coverage. Works best with Medicare and includes a \$600 Medicare Part B premium reimbursement. [geha.com/MRA](https://geha.com/MRA)**

- ▶ Low copays for doctor visits (**\$20** primary and specialist).
- ▶ **\$600** Medicare Part B premium reimbursement. [geha.com/Medicare](https://geha.com/Medicare)
- ▶ **\$2,500** hearing aid benefit.
- ▶ Low cost-share for a variety of inpatient and outpatient services (**10%** coinsurance).

## Benefits included with your High plan.

Unlimited telehealth visits with MDLIVE	<a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>
Vision discount <sup>8</sup>	<a href="https://geha.com/Vision">geha.com/Vision</a>
Hearing aid discount <sup>8</sup>	<a href="https://geha.com/Hearing">geha.com/Hearing</a>
Gym membership <sup>8</sup>	<a href="https://geha.com/Fitness">geha.com/Fitness</a>
Electric toothbrush <sup>8</sup>	<a href="https://geha.com/Toothbrush">geha.com/Toothbrush</a>
Teeth whitening <sup>8</sup>	<a href="https://geha.com/Whitening">geha.com/Whitening</a>
Health Advice Line	<a href="https://geha.com/Healthline">geha.com/Healthline</a>
Medical alert system <sup>8</sup>	<a href="https://geha.com/LifeAlert">geha.com/LifeAlert</a>
Biometric screening	<a href="https://geha.com/Screenings">geha.com/Screenings</a>
Lab Card services	<a href="https://geha.com/LabCard">geha.com/LabCard</a>

## Yearly deductible & out-of-pocket max<sup>2</sup> for High. What you pay in-network.<sup>3</sup>

Self Only	Yearly deductible	<b>\$350</b>
	Out-of-pocket max	<b>\$5,000</b>
Self Plus One	Yearly deductible	<b>\$700</b>
Self and Family	Out-of-pocket max	<b>\$10,000</b>

## Medical benefits for High. What you pay in-network.<sup>3</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

<ul style="list-style-type: none"> <li>- Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a></li> <li>- Preventive care; adult routine screenings</li> <li>- Well-child visit; up to age 22</li> <li>- Maternity; routine preventive care</li> <li>- Emergency care; accidental (must be within 72 hours)</li> <li>- Hospital care; inpatient maternity</li> <li>- Lab Card services <a href="https://geha.com/LabCard">geha.com/LabCard</a></li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>- MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a></li> </ul>	<b>\$10</b>
<ul style="list-style-type: none"> <li>- Primary physician office visit</li> <li>- Specialist care; office visit</li> </ul>	<b>\$20</b>
<ul style="list-style-type: none"> <li>- Urgent care</li> </ul>	<b>\$35</b>
<ul style="list-style-type: none"> <li>- Lab services (non-Lab Card)</li> </ul>	<b>10%</b>
<ul style="list-style-type: none"> <li>- Emergency care; medical</li> <li>- Hospital care; outpatient</li> <li>- Professional surgical services</li> <li>- X-ray services</li> <li>- Other diagnostic services</li> <li>- Acupuncture; up to 20 treatments per year</li> </ul>	<b>10%</b> <sup>1</sup>
<ul style="list-style-type: none"> <li>- Hospital care; inpatient</li> </ul>	<b>\$100</b> per admission plus <b>10%</b>
<ul style="list-style-type: none"> <li>- Chiropractic care; up to 20 visits per year (spinal manipulation therapy)</li> </ul>	<b>Balance</b> after GEHA pays <b>\$20</b> per visit
<ul style="list-style-type: none"> <li>- Chiropractic X-rays</li> </ul>	<b>Balance</b> after GEHA pays <b>\$25</b> per year
<ul style="list-style-type: none"> <li>- Preventive dental care, twice yearly</li> </ul>	<b>Balance</b> after GEHA pays <b>\$22</b> per visit

## Prescription benefits for High. What you pay in-network.<sup>3,4</sup>

[geha.com/Prescriptions](https://geha.com/Prescriptions)

30-day retail	Generic	<b>\$10</b> <sup>6</sup>
	Preferred brand-name	<b>25%</b> (\$150 max <sup>5,6</sup> )
	Non-preferred brand-name	<b>40%</b> (\$200 max <sup>5,6</sup> )
90-day mail service	Generic	<b>\$20</b>
	Preferred brand-name	<b>25%</b> (\$350 max <sup>5</sup> )
	Non-preferred brand-name	<b>40%</b> (\$500 max <sup>5</sup> )
30-day <sup>7</sup> specialty CVS exclusive	Generic and preferred brand-name	<b>25%</b> (\$150 max <sup>5</sup> )
	Non-preferred brand-name	<b>40%</b> (\$200 max <sup>5</sup> )

- 1 Calendar year deductible applies.
- 2 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 covered services. This is a combined maximum for both medical care and prescriptions.
- 3 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, refer to GEHA's 2021 plan brochure RI 71-006 (High and Standard) at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)
- 4 Refer to [geha.com/Prescriptions](https://geha.com/Prescriptions) for formulary and specialty coverage for specific medications.
- 5 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.
- 6 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.
- 7 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 the copay for drugs that provide 90 days' worth of therapy.
- 8 These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees who become members of a GEHA medical plan and their eligible family members.

[geha.com/High](https://geha.com/High)  
**800.262.4342**

## Included benefits & discounts.

### Unlimited MDLIVE<sup>4</sup> telehealth visits

Access certified doctors, including pediatricians, licensed behavioral health therapists and dermatologists, through MDLIVE.

[geha.com/MDLIVE](https://geha.com/MDLIVE)

### Gym membership<sup>3</sup>

10,000+ Active&Fit™ fitness centers nationwide.

[geha.com/Fitness](https://geha.com/Fitness)

### Electric toothbrush<sup>2,3</sup>

70% off a cariPRO™ premium electric toothbrush.

[geha.com/Toothbrush](https://geha.com/Toothbrush)

### Health Advice Line

Talk with a nurse 24/7.

[geha.com/Healthline](https://geha.com/Healthline)

### Biometric screening

Free screenings at select nationwide locations for HDHP, Standard Option and High Option plan members.

[geha.com/Screenings](https://geha.com/Screenings)

### Medical alert system<sup>3</sup>

Get free activation, plus a 10% monthly discount.

[geha.com/LifeAlert](https://geha.com/LifeAlert)

### Teeth whitening<sup>3</sup>

Discounts for Smile Brilliant home teeth whitening products such as trays, whitening and desensitizing gel.

[geha.com/Whitening](https://geha.com/Whitening)

# Vision benefits & discounts for GEHA plans.



With all GEHA medical plans, you get discounts on eye exams, frames and lenses through EyeMed.™ The EyeMed network includes LensCrafters, Target Optical, independent eye doctors and top optical retailers. Members also save on LASIK at participating locations.

To learn more, visit [geha.com/Vision](https://geha.com/Vision)

The HDHP plan also includes additional vision benefits. Learn more at [geha.com/HDHPVision](https://geha.com/HDHPVision)

## Examples of what you pay for common in-network<sup>1</sup> vision services for all plans.<sup>3</sup>

What you pay	Elevate	HDHP	Standard	Elevate Plus	High
<b>Eye exams</b> retail price	\$0	\$5	\$5	\$0	\$5
<b>Frames</b> retail price	60% of price	\$0 under \$100 plus 80% over \$100	60% of price	60% of price	60% of price
<b>Eyeglass lenses, standard plastic single vision</b> retail price	Up to \$50	\$10	Up to \$50	Up to \$50	Up to \$50
<b>Contact lens, conventional</b> retail price	85% of price	\$10 under \$110 plus 85% over \$110	85% of price	85% of price	85% of price

# Hearing aid benefits & discounts for GEHA plans.



Three GEHA plans - Standard Option, Elevate Plus and High Option - offer a hearing aid benefit, with no deductible. When you combine with TruHearing discount pricing<sup>3</sup>, you can save thousands of dollars off the retail price for new hearing aids.

Although GEHA's Elevate and HDHP plans don't include hearing aid benefits, members of those plans can use the TruHearing hearing aid discount program. For more information, visit [geha.com/Hearing](https://geha.com/Hearing)

## Standard Option and High Option plan benefit.

GEHA's Standard and High hearing aid benefit is **\$2,500** per person every 36 months for adults. Subtract the GEHA benefit from the TruHearing discounted price to determine what you pay.

## Elevate Plus plan benefit.

GEHA's Elevate Plus hearing aid benefit is **\$1,500** per person every 36 months for adults. Subtract the GEHA benefit from the TruHearing discounted price to determine what you pay.

Example: Starkey® Livio™ 1000	Standard	Elevate Plus	High
Average retail price	\$3,590	\$3,590	\$3,590
TruHearing discounted price	<b>\$1,950</b>	<b>\$1,950</b>	<b>\$1,950</b>
GEHA benefit pays	<b>-\$2,500</b>	<b>-\$1,500</b>	<b>-\$2,500</b>
You pay	<b>\$0</b>	<b>\$450</b>	<b>\$0</b>

- 1 Elevate, Standard, Elevate Plus and High only when you visit an EyeMed provider.
- 2 The cariPRO™ premium toothbrush removes seven times more plaque than a regular brush, is completely waterproof and comes with a two-year manufacturer's warranty. Replacement brush heads with high-quality DuPont™ bristles are also available at this exclusive, member-only price.
- 3 These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees who become members of a GEHA medical plan and their eligible family members.
- 4 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.



It's easy to earn rewards with Wellness Pays.

**GEHA's digital platform hosted by Rally**

A fun, interactive health and wellness portal that keeps you motivated to live healthier.

[geha.com/ElevateLearn](https://geha.com/ElevateLearn)

**Health survey**

Get rewarded for healthy habits and get personalized recommendations for activities and programs that you can work into your daily routine.

**Online health coaching**

This coaching program creates a personalized program for your preferred learning style and commitment level.

**Hit your Stride, online**

Use the app to monitor your daily Stride goal. Get rewarded monthly when you hit your goals.

# Elevate & Elevate Plus plans earn Wellness Pays rewards.



Achieve your health & wellness goals on your terms and earn rewards for healthy living. Two adult members per household (18+) can earn dollars on a Wellness Pays rewards card as you complete activities. Earn up to **\$500** each (maximum **\$1,000** per household) per year.

Learn more at [geha.com/WellnessPays](https://geha.com/WellnessPays)

Rewardable activities	Elevate	Elevate Plus
- Achieve Stride step goal	<b>\$10</b> per month	<b>\$10</b> per month
- Flu shot - One MDLIVE telehealth visit - Complete three Rally missions - Complete wellness quizzes - Biometric screening	<b>\$50</b>	<b>\$50</b>
- Health survey	<b>\$75</b>	<b>\$75</b>
- Annual physical - Cervical cancer screening (Pap)* - Colorectal cancer screening (colonoscopy)* - Breast cancer screening (mammogram)* - First trimester prenatal appointment - Complete online Rally coaching	<b>\$100</b>	<b>\$100</b>
- Complete Real Appeal - Quit for Life	<b>\$200</b>	<b>\$200</b>



# HDHP, Standard Option and High Option plans earn Health Rewards.



Earn Health Rewards for completing healthy activities like a health risk assessment, a biometric screening, and online wellness workshops such as weight management, stress management or smoking cessation.

Two adult members per household (18+) can earn dollars on a Health Rewards card as you complete activities. Earn up to **\$250** each (maximum **\$500** per household) per year. The money you earn can be used for qualified medical expenses with your Health Rewards card. Learn more about Health Rewards available for HDHP, Standard Option and High Option plans at [geha.com/HealthRewards](https://geha.com/HealthRewards)

Rewardable activities	HDHP	Standard	High
- Online wellness workshops	<b>\$10</b> per workshop	<b>\$10</b> per workshop	<b>\$10</b> per workshop
- Flu shot	<b>\$25</b>	<b>\$25</b>	<b>\$25</b>
- Cervical cancer screening (Pap)* - Colorectal cancer screening (colonoscopy or in-home kit)* - Breast cancer screening (mammogram)* - First trimester prenatal appointment - One MDLIVE telehealth visit per year	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
- Health risk assessment - Biometric screening	<b>\$75</b>	<b>\$75</b>	<b>\$75</b>
- Wellness portal activities and preventive services	<b>\$10 - \$175</b>	<b>\$10 - \$175</b>	<b>\$10 - \$175</b>

\* Restrictions may apply.

# Compare medical benefits for all plans.

## Medical benefits. What you pay in-network.<sup>2</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

	Elevate	HDHP	Standard
Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>	\$0	\$0 <sup>1,3</sup>	\$0
- Preventive care; adult routine screenings - Well-child visit; up to age 22 - Maternity; routine preventive care	\$0	\$0	\$0
MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a>	\$10	5% <sup>1</sup>	\$10
Primary physician office visit <a href="https://geha.com/Find-Care">geha.com/Find-Care</a>	\$10	5% <sup>1</sup>	\$15
Specialist care; office visit	\$25	5% <sup>1</sup>	\$30
Urgent care	\$50	5% <sup>1</sup>	\$35
Emergency care; accidental	25% <sup>1</sup>	5% <sup>1</sup>	15% <sup>1</sup>
Emergency care; medical	25% <sup>1</sup>	5% <sup>1</sup>	15% <sup>1</sup>
Hospital care; inpatient	25% <sup>1</sup>	5% <sup>1</sup>	15% <sup>1</sup>
Hospital care; inpatient maternity	25% <sup>1</sup>	\$0 <sup>1</sup>	\$0
Hospital care; outpatient	25% <sup>1</sup>	5% <sup>1</sup>	15% <sup>1</sup>
Inpatient professional surgical services	\$250	5% <sup>1</sup>	15% <sup>1</sup>
Outpatient professional surgical services	25% <sup>1</sup>	5% <sup>1</sup>	15% <sup>1</sup>
Lab Card services <a href="https://geha.com/LabCard">geha.com/LabCard</a>	No benefit	No benefit	\$0
Lab services (non-Lab Card)	25% <sup>1</sup>	5% <sup>1</sup>	15%
Other diagnostic services	25% <sup>1</sup>	5% <sup>1</sup>	15% <sup>1</sup>
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 <sup>1</sup>	Balance after GEHA pays \$20 per visit, up to 20 visits per year
Chiropractic X-rays	\$0	Balance after GEHA pays \$25 per year <sup>1</sup>	Balance after GEHA pays \$25 per year
Preventive dental care	No benefit	\$0 twice yearly, no deductible	50% twice yearly
Acupuncture; up to 20 treatments per year	\$10	5% <sup>1</sup>	15% <sup>1</sup>

<sup>1</sup> Calendar year deductible applies.

<sup>2</sup> 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, refer to one of GEHA's 2021 plan brochures: RI 71-006 (High and Standard), RI 71-014 (HDHP) or RI 71-018 (Elevate and Elevate Plus) at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)

## Medical benefits. What you pay in-network.<sup>2</sup>

[geha.com/Find-Care](https://geha.com/Find-Care)

	Elevate Plus	High
Unlimited telehealth visits with MDLIVE <a href="https://geha.com/MDLIVE">geha.com/MDLIVE</a>	\$0	\$0
- Preventive care; adult routine screenings - Well-child visit; up to age 22 - Maternity; routine preventive care	\$0	\$0
MinuteClinic® (where available) <a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a>	\$10	\$10
Primary physician office visit <a href="https://geha.com/Find-Care">geha.com/Find-Care</a>	\$20	\$20
Specialist care; office visit	\$35	\$20
Urgent care	\$50	\$35
Emergency care; accidental	\$150	\$0 (must be within 72 hours)
Emergency care; medical	\$150	10% <sup>1</sup>
Hospital care; inpatient	\$200 per day up to \$1,000 per admission	\$100 per admission plus 10%
Hospital care; inpatient maternity	\$200 per day up to \$1,000 per admission	\$0
Hospital care; outpatient	\$200 per day per facility	10% <sup>1</sup>
Inpatient professional surgical services	\$200	10% <sup>1</sup>
Outpatient professional surgical services	\$150	10% <sup>1</sup>
Lab Card services <a href="https://geha.com/LabCard">geha.com/LabCard</a>	No benefit	\$0
Lab services (non-Lab Card)	\$0	10%
Other diagnostic services	\$50 <sup>4</sup>	10% <sup>1</sup>
Chiropractic (spinal manipulation therapy)	\$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
Preventive dental care	No benefit	Balance after GEHA pays \$22 per visit, twice yearly
Acupuncture; up to 20 treatments per year	\$20	10% <sup>1</sup>

<sup>3</sup> 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.

<sup>4</sup> 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 at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)

# Compare out-of-pocket max for all plans.

Out-of-pocket maximum.<sup>1</sup> What you pay in-network.<sup>2</sup>

	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

# Compare deductibles for all plans.

Yearly deductible. What you pay in-network.<sup>2</sup>

	Elevate	HDHP	Standard	Elevate Plus	High
Self Only	\$500	<b>\$1,500</b> Yearly deductible -\$900 GEHA contribution <b>\$600</b> Your net deductible <sup>3</sup>	\$350	\$0	\$350
Self Plus One Self and Family	\$1,000	<b>\$3,000</b> Yearly deductible -\$1,800 GEHA contribution <b>\$1,200</b> Your net deductible <sup>3</sup>	\$700	\$0	\$700

1 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 covered services. This is a combined maximum for both medical care and prescriptions.

2 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, refer to one of GEHA's 2021 plan brochures: RI 71-006 (High and Standard), RI 71-014 (HDHP) or RI 71-018 (Elevate and Elevate Plus) at [geha.com/PlanBrochure](http://geha.com/PlanBrochure)

3 Net deductible: This 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.

# Example: It pays to stay in-network.

Whether it's a fixed dollar amount, or a percentage, we want you to understand what you pay for in- or out-of-network services. We've included an example below for a plan with a **10% coinsurance<sup>1</sup> for services in-network** and **25% coinsurance for services out-of-network**.

Example	In-network	Out-of-network
Provider's billed rate	<b>\$150</b>	<b>\$150</b>
<ul style="list-style-type: none"> <li>- In-network provider's contracted rate with GEHA</li> <li>- GEHA's plan allowance<sup>1</sup> for out-of-network providers</li> </ul>	<b>\$100</b>	<b>\$100</b>
What GEHA pays	<b>90% of \$100: \$90</b>	<b>75% of \$100: \$75</b>
What you pay (coinsurance)	<b>10% of \$100: \$10</b>	<b>25% of \$100: \$25</b>
You also pay the difference between the provider's billed rate and GEHA's plan allowance	No	Yes: <b>\$50</b>
<b>What you pay total for this service</b>	<b>\$10</b>	<b>\$75</b>

<sup>1</sup> See page 26 for definition.

Resources for all plans	
<b>800.262.4342</b>	Talk to a Benefits Adviser who can help me choose a GEHA plan
<b>800.821.6136</b>	Talk to GEHA Customer Care
<b>geha.com/Find-Care</b>	Find an in-network provider near me
<b>geha.com/Select-A-Plan</b>	Help me select a plan
<b>info.caremark.com/GEHA</b>	Check my 2021 drug costs

# Compare premiums for all plans.

## Self Only. What you pay.

Learn how to enroll at [geha.com/Enroll](https://geha.com/Enroll)

	Elevate	HDHP	Standard
Enrollment codes	254	341	314
Non-Postal worker biweekly	<b>\$47.32</b>	<b>\$61.37</b>	<b>\$62.66</b>
Postal worker biweekly - Category 1	<b>\$45.43</b>	<b>\$58.91</b>	<b>\$60.16</b>
Postal worker biweekly - Category 2	<b>\$39.28</b>	<b>\$50.94</b>	<b>\$52.01</b>
Retirees monthly	<b>\$102.53</b>	<b>\$132.96</b>	<b>\$135.77</b>

## Self Plus One. What you pay.

	Elevate	HDHP	Standard
Enrollment codes	256	343	316
Non-Postal worker biweekly	<b>\$108.84</b>	<b>\$131.94</b>	<b>\$134.73</b>
Postal worker biweekly - Category 1	<b>\$104.49</b>	<b>\$126.66</b>	<b>\$129.35</b>
Postal worker biweekly - Category 2	<b>\$90.34</b>	<b>\$109.51</b>	<b>\$111.83</b>
Retirees monthly	<b>\$235.83</b>	<b>\$285.87</b>	<b>\$291.92</b>

## Self and Family. What you pay.

	Elevate	HDHP	Standard
Enrollment codes	255	342	315
Non-Postal worker biweekly	<b>\$132.51</b>	<b>\$159.04</b>	<b>\$164.85</b>
Postal worker biweekly - Category 1	<b>\$127.21</b>	<b>\$152.68</b>	<b>\$158.26</b>
Postal worker biweekly - Category 2	<b>\$109.98</b>	<b>\$132.01</b>	<b>\$136.83</b>
Retirees monthly	<b>\$287.10</b>	<b>\$344.60</b>	<b>\$357.17</b>

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.

Learn how to enroll at [geha.com/Enroll](https://geha.com/Enroll)

	<b>Elevate Plus</b>	<b>High</b>
Enrollment codes	251	311
Non-Postal worker biweekly	<b>\$75.36</b>	<b>\$108.14</b>
Postal worker biweekly - Category 1	<b>\$72.35</b>	<b>\$104.78</b>
Postal worker biweekly - Category 2	<b>\$62.55</b>	<b>\$94.72</b>
Retirees monthly	<b>\$163.28</b>	<b>\$234.31</b>

## Self Plus One. What you pay.

	<b>Elevate Plus</b>	<b>High</b>
Enrollment codes	253	313
Non-Postal worker biweekly	<b>\$175.81</b>	<b>\$251.93</b>
Postal worker biweekly - Category 1	<b>\$168.62</b>	<b>\$244.74</b>
Postal worker biweekly - Category 2	<b>\$147.06</b>	<b>\$223.18</b>
Retirees monthly	<b>\$380.93</b>	<b>\$545.85</b>

## Self and Family. What you pay.

	<b>Elevate Plus</b>	<b>High</b>
Enrollment codes	252	312
Non-Postal worker biweekly	<b>\$186.89</b>	<b>\$314.13</b>
Postal worker biweekly - Category 1	<b>\$179.42</b>	<b>\$306.32</b>
Postal worker biweekly - Category 2	<b>\$155.12</b>	<b>\$282.90</b>
Retirees monthly	<b>\$404.93</b>	<b>\$680.61</b>

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.

# Compare prescription coverage for all plans.

What you pay in-network.<sup>2,3</sup>

[geha.com/Prescriptions](https://geha.com/Prescriptions)

		Elevate	HDHP	Standard
30-day retail	Generic	\$4	25% <sup>1</sup>	\$10
	Preferred brand-name	50% (\$500 max)	25% <sup>1,4</sup>	50% (\$200 max <sup>4</sup> )
	Non-preferred brand-name	100%	40% <sup>1,4</sup>	50% (\$300 max <sup>4</sup> )
90-day mail service	Generic	No benefit	25% <sup>1</sup>	\$20
	Preferred brand-name	No benefit	25% <sup>1,4</sup>	50% (\$500 max <sup>4</sup> )
	Non-preferred brand-name	No benefit	40% <sup>1,4</sup>	50% (\$600 max <sup>4</sup> )
30-day <sup>6</sup> specialty CVS exclusive	Generic and preferred brand-name	50% (\$500 max)	25% <sup>1,4</sup>	50% (\$250 max <sup>4</sup> )
	Non-preferred brand-name	100%	40% <sup>1,4</sup>	50% (\$400 max <sup>4</sup> )

Elevate and Elevate Plus do not have out-of-network pharmacy coverage and have a limited pharmacy network. Learn more about prescription coverage at [geha.com/Prescriptions](https://geha.com/Prescriptions)



## You've got options with retail prescriptions.

Pay less for prescriptions that are filled at an in-network pharmacy location. Locations include any CVS Pharmacy location, but you don't have to go to a CVS to pay in-network prices.

Find an in-network pharmacy location at [geha.com/Find-Care](https://geha.com/Find-Care)



## Save more with mail order prescriptions.

With CVS Caremark's Mail Service Pharmacy, you can save money and have your routine prescriptions delivered to your home, postage-paid, within about 14 days from the time you submit your prescription. **Mail order is not available for the Elevate plan option.**



## What you pay in-network.<sup>2,3</sup>

[geha.com/Prescriptions](https://geha.com/Prescriptions)

		Elevate Plus	High
30-day retail	Generic	<b>\$5</b>	<b>\$10<sup>5</sup></b>
	Preferred brand-name	<b>\$80<sup>4</sup></b>	<b>25%</b> (\$150 max <sup>4,5</sup> )
	Non-preferred brand-name	<b>40%<sup>4</sup></b>	<b>40%</b> (\$200 max <sup>4,5</sup> )
90-day mail service	Generic	<b>\$12</b>	<b>\$20</b>
	Preferred brand-name	<b>\$200<sup>4</sup></b>	<b>25%</b> (\$350 max <sup>4</sup> )
	Non-preferred brand-name	<b>40%<sup>4</sup></b>	<b>40%</b> (\$500 max <sup>4</sup> )
30-day <sup>6</sup> specialty CVS exclusive	Generic and preferred brand-name	<b>40%</b> (\$500 max <sup>4</sup> )	<b>25%</b> (\$150 max <sup>4</sup> )
	Non-preferred brand-name	<b>40%<sup>4</sup></b>	<b>40%</b> (\$200 max <sup>4</sup> )

**Elevate and Elevate Plus do not have out-of-network pharmacy coverage and have a limited pharmacy network. Learn more about prescription coverage at [geha.com/Prescriptions](https://geha.com/Prescriptions)**

1 Calendar year deductible applies.

2 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 covered services. This is a combined maximum for both medical care and prescriptions.

3 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 one of GEHA's 2021 plan brochures: RI 71-006 (High and Standard), RI 71-014 (HDHP) or RI 71-018 (Elevate and Elevate Plus) at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)

4 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.

5 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.

6 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 the copay for drugs that provide 90 days' worth of therapy.

# Definitions.

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<b>Calendar year deductible</b>	What you pay each year before the plan begins to pay out benefits.
<b>Coinsurance</b>	The percentage you pay for a covered health care service, after you've met your deductible.
<b>Copay</b>	A fixed amount you pay for a service or prescription.
<b>GEHA contribution</b>	Portion of monthly HDHP premium that GEHA contributes to a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA).
<b>In-network provider</b>	A health care provider who is a part of GEHA's provider network. These providers agree to limit what they will charge you.
<b>Net deductible (HDHP)</b>	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.
<b>Out-of-pocket max</b>	The maximum amount you pay each year for coverage. Includes copays, deductibles and coinsurance, but not premiums. Once the limit is met, the plan pays the remainder of your covered health care expenses for the rest of the year.
<b>Plan allowance</b>	Cost of health care goods and services after subtracting the insurance company's negotiated discount. For complete details see the definition of "Plan allowance" in Section 10 of any GEHA plan brochure. <a href="https://www.geha.com/PlanBrochure">geha.com/PlanBrochure</a>
<b>PPO</b>	A preferred provider organization.
<b>Premium</b>	What you pay monthly or biweekly for coverage.
<b>Prescription benefits</b>	What you pay as a copay or percentage of coinsurance for medication.

# Helpful resources.

If you have questions about the information contained in this benefits guide please call one of our helpful Benefits Advisers.

<a href="tel:800.262.4342">800.262.4342</a>	Talk to a Benefits Adviser who can help you choose from GEHA's portfolio of plans.
<a href="https://geha.com/Select-A-Plan">geha.com/Select-A-Plan</a>	Answer a few questions to see which plan may be your best fit.
<a href="https://geha.com/Find-Care">geha.com/Find-Care</a>	Search our extensive nationwide network for a provider or a medical facility (including urgent care clinics) near you.
<a href="https://geha.com/Prescriptions">geha.com/Prescriptions</a>	Verify drug costs based on your medical plan and prescription dosage.
<a href="https://geha.com/Rates">geha.com/Rates</a>	Get details on medical plans and supplemental benefits for each.
<a href="https://geha.com/Medicare">geha.com/Medicare</a>	Explore how GEHA medical plans work with Medicare.
<a href="https://geha.com/MinuteClinic">geha.com/MinuteClinic</a>	Find a MinuteClinic® near you, where available.
<a href="https://geha.com/OutsideUSA">geha.com/OutsideUSA</a>	Learn about your coverage when you're outside of the United States.
<a href="https://opm.gov/Healthcare-Insurance">opm.gov/Healthcare-Insurance</a>	U.S. Office of Personnel Management. The official source of information for federal employees eligible for FEHB plans.
<a href="https://geha.com/Enroll">geha.com/Enroll</a>	Tips for new enrollees or for those who are changing plans.

# Helpful resources.

<b>800.262.4342</b>	Talk to a Benefits Adviser who can help you choose from GEHA's portfolio of plans.
<b>geha.com/Select-A-Plan</b>	Answer a few questions to see which plan may be your best fit.
<b>geha.com/Find-Care</b>	Search our extensive nationwide network for a provider or a medical facility (including urgent care clinics) near you.
<b>geha.com/Prescriptions</b>	Verify drug costs based on your medical plan and prescription dosage.
<b>geha.com/Medicare</b>	Explore how GEHA medical plans work with Medicare.
<b>geha.com/Enroll</b>	Learn how you can enroll in a 2021 GEHA medical plan.

## 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 at [geha.com/Find-Care](https://geha.com/Find-Care)



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

**800.262.4342**

     /gehahealth

 /company/gehahealth

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 which are available at [geha.com/PlanBrochure](https://geha.com/PlanBrochure). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

### Download the plan brochure

For information and changes to GEHA's medical plans, see our three plan brochures - RI 71-006 (High and Standard Options), RI 71-014 (HDHP) and RI 71-018 (Elevate and Elevate Plus) - which are available at [geha.com/PlanBrochure](https://geha.com/PlanBrochure)

Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information: The Federal Employees Health Benefit (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.

GEHA's SBCs are available on the internet at [geha.com/SBC](https://geha.com/SBC). Paper copies are 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 [opm.gov/Insure](https://opm.gov/Insure)

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OS-BKT-0920-001