



GEHA[®]

Government Employees
Health Association

2024 GEHA Medical Plans

Plans customized for
the needs of federal
employees, retirees
and their families



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

833.356.GEHA (4342)

Get help choosing the right plan

Contact a FedViser benefits expert today. Your benefits. Your adviser. Your advocate.



Meet one-on-one with a FedViser benefits expert to help answer your questions.

geha.com/TalkWithUs



Chat online

Chat or text with a FedViser benefits expert in real time Monday–Friday, 7 a.m.–7 p.m. Central time.

geha.com



Call us

Talk to a FedViser benefits expert Monday–Friday, 7 a.m.–7 p.m. Central time.

[833.356.GEHA \(4342\)](tel:833.356.GEHA)

Tools to help you find the right plan for your needs



Plan recommender tool

Answer a few questions to see a plan that matches your individual or family needs.

geha.com/Select-A-Plan



Compare plans

Easily compare GEHA's medical plans.

geha.com/CompareMedical



Watch on-demand webinars

Learn how to find a plan that's right for you with an on-demand webinar.

geha.com/BenefitsWebinars

For more information about FEHB plans, visit the U.S. Office of Personnel Management at opm.gov/Healthcare-Insurance

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86 years. 2 million members.

- We serve 2 million federal employees, retirees and their families
- We believe health care should be affordable
- We believe you can achieve better health
- We make it easy for you to work with us
- We care for the communities where our members live and work

For more than 86 years, GEHA (Government Employees Health Association) has provided medical plans designed exclusively for federal employees. Founded by Railway Postal employees in 1937, we have a legacy of service to federal workers. We seek to be the first choice for federal workers and retirees of both.

GEHA makes it easy to explore plan options best for you:

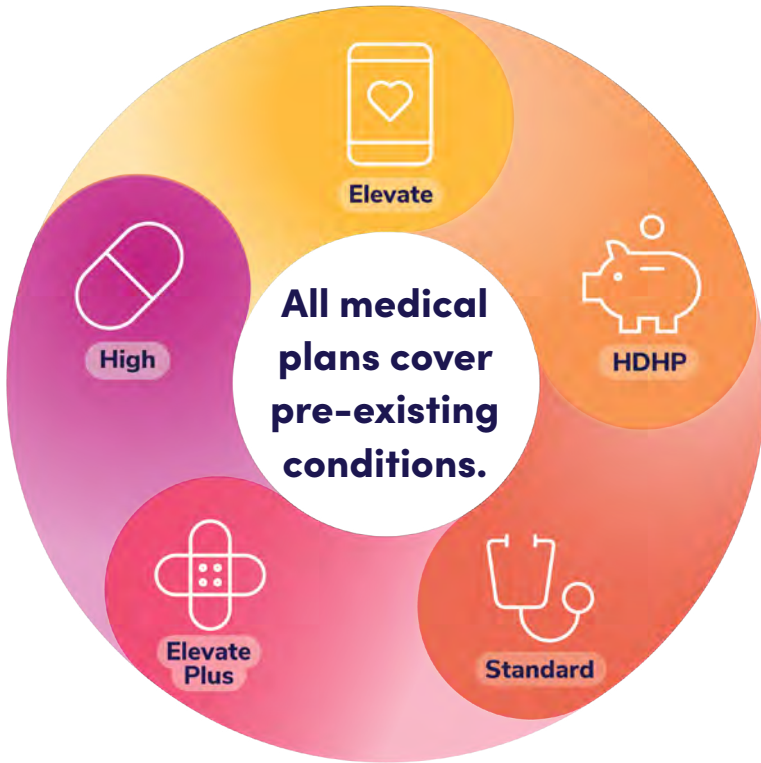
- View the full plan brochure for specific plan details at geha.com/PlanBrochure
- Visit geha.com to walk through our plans online
- Make the switch to GEHA by talking with your employer or see opm.gov for info on enrollment



Live life on your terms

We have a medical plan that fits your life

We have a family of plans to choose from as your seasons of life change. GEHA has the right care at the right time. Customized plans for federal workers. All the benefits you need, without paying for the extras you don't. We know federal, because we only provide benefits for federal.



Enrollment types:

Self Only

Covers the enrollee and no one else



Self Plus One

Covers the enrollee and one eligible family member



Self and Family

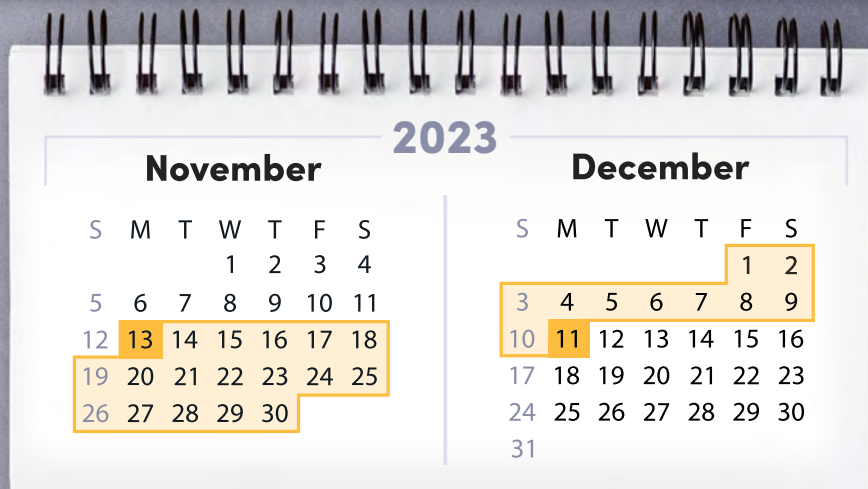
Covers the enrollee and eligible family including eligible dependents up to age 26



When is Open Season for 2024 benefits?

Monday, November 13–Monday, December 11

COVERAGE IS EFFECTIVE IN JANUARY 2024



Included benefits and discounts



Unlimited \$0 MDLIVE¹ telehealth visits

Get access to certified doctors, including pediatricians, mental health therapists and dermatologists.

geha.com/MDLIVE



Vision discounts²

Get discounts on eye exams, frames and lenses through EyeMed.[®] Members also save on LASIK at participating U.S. Laser Network locations.

geha.com/Vision



24/7 Nurse Advice Line

Talk to a nurse 24/7.

888.257.4342



Gym membership discount²

Access 12,200+ Active&Fit Direct[™] locations nationwide with GEHA's Connection Fitness[®] program.

geha.com/Fitness



Teeth whitening discounts²

Get a **20%** discount on the lowest published price on all Smile Brilliant[®] home teeth whitening and oral care products.

geha.com/Whitening



Hearing aid discounts²

Get discounts through TruHearing[®] on hearing aids. Save up to **30% to 60%** off hearing aids. Some average more than **\$2,600** in savings per pair.

geha.com/Hearing



Medical alert system discount²

Get **free** activation on Life Alert[®] services, plus a **10%** monthly discount, for you and your extended family.

geha.com/LifeAlert



Electric toothbrush discount^{2,3}

Enjoy up to **70%** off a cariPRO[®] premium electric toothbrush.

geha.com/Toothbrush

¹ HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will reimburse the member 100% of the Plan Allowance.

² 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.

³ 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.

Elevate

geha.com/Elevate



The budget plan for people focused on basic coverage and the perks of wellness



Lowest premium plan and low copays



Earn wellness rewards up to **\$500** a year per person



Extra exclusives that support a healthy lifestyle



Chiropractic, acupuncture and mental health coverage

Premium and enrollment code	Employed – biweekly	Retired – monthly
254 Self Only	\$52.21	\$113.13
256 Self Plus One	\$125.97	\$272.93
255 Self and Family	\$153.35	\$332.26

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 which maintains your health benefits enrollment.

Focus on wellness activities

- Choose one exclusive annual Plan Perk¹ to support a healthy lifestyle. Choose from a Fitbit device including a 12-month Fitbit Premium Membership, a 12-month Daily Burn virtual fitness subscription or a **\$125** gift card for DICK'S Sporting Goods or REI. geha.com/PlanPerk
- Wellness Pays Rewards and the Rally[®] digital health platform helps you stay engaged with your health goals – and earn rewards up to **\$500** a year per subscriber² geha.com/WellnessPays
- Access care when you need it with telehealth from MDLIVE
- Broad spectrum of mental health options, in addition to traditional medical plan coverage
- Coverage for non-traditional care like chiropractic and acupuncture, with both in-network and out-of-network options
- Vision discounts and **\$0** annual eye exam included with EyeMed³

¹ These products and services are neither offered nor guaranteed under contract with the FEHB Program but are made available to eligible Subscribers who become members of the GEHA Elevate medical plan. Only Subscribers in the 50 United States and the District of Columbia are eligible at this time.

² The two eligible family members are the subscriber and a dependent, and the order for determining which dependent is eligible is as follows: 1) spouse of subscriber, 2) oldest child of subscriber between ages 18–25, 3) dependent whose first name appears first in alphabetical order.

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 the GEHA Elevate plan and their eligible family members.

Yearly deductible in-network ¹	You pay
Self	\$500
Self Plus One or Self and Family	\$1,000

¹ 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.

Out-of-pocket maximum in-network ^{1,2}	You pay
Self Only	\$8,500
Self Plus One or Self and Family	\$17,000

¹ 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.

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.

Medical benefits in-network ¹	You pay
Unlimited telehealth visits, including mental health, with MDLIVE Preventive care; adult routine screenings Well-child visit; up to age 22 Maternity; preventive prenatal and postnatal office visits Maternity; childbirth/delivery professional services Vision coverage; eye exam ²	\$0
Primary care physician office visit Mental health office visit MinuteClinic® visit where available Chiropractic care (manipulative therapy), including X-rays; up to 12 visits per year Acupuncture; up to 20 visits per year	\$10
Specialist care office visit	\$30
Urgent care facility visit	\$50
ER visit Maternity; childbirth/delivery facility services Hospital care; inpatient and outpatient Labs, X-rays and other diagnostic services Outpatient professional surgical services	25%³
Inpatient professional surgical services	\$250

1 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.

2 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.

3 Calendar year deductible applies.

Prescription benefits in-network ^{1,2,3}	You pay
30-day retail generic	\$4
30-day retail preferred brand-name	50% (\$500 max)
30-day retail non-preferred brand-name	100%
30-day specialty CVS exclusive generic and preferred brand-name	50% (\$500 max)
30-day specialty CVS exclusive non-preferred brand-name	100%

1 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.

2 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.

3 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

HDHP+HSA to help you save

geha.com/HDHP



The economical plan
for savvy savers
whose focus is on
future medical needs



Low premium with lower-than-expected deductible



New for 2024:

\$1,000/\$2,000 GEHA contribution makes your costs even lower



Triple tax advantaged health savings account (HSA)



Unlimited telehealth visits, including mental health, with MDLIVE^{1,2}

1 Calendar year deductible applies.

2 HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will reimburse the member 100% of the plan allowance.

Premium and enrollment code	Employed – biweekly	Retired – monthly
341 Self Only	\$71.45	\$154.81
343 Self Plus One	\$153.62	\$332.84
342 Self and Family	\$188.78	\$409.02

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 which maintains your health benefits enrollment.

The first choice HDHP (high deductible health plan) for federal employees

- Triple tax advantaged health savings account¹ (HSA). Save money on qualified expenses. Learn more on [pages 10-11](#)
- **New for 2024:** GEHA contributes **\$1,000** (Self Only) or **\$2,000** (Self Plus One or Self and Family) to your HSA
- Pay no taxes on the money you put in your HSA to lower your yearly taxable income
- Choose to invest your HSA savings and watch it grow as your money carries over year-to-year¹
- **5%** out-of-pocket after deductible
- Routine vision and preventive dental benefits included
- Our fastest growing FEHB plan! Popular plan for healthy individuals who don't frequent the doctor but have coverage when they need it.

1 Investment products are not FDIC insured, are not a deposit or other obligation of or guaranteed by HSA Bank and are subject to investment risks. The information provided is for informational purposes only. It should not be considered legal or financial advice. You should consult with a professional to determine what may be best for your individual needs.

Yearly deductible in-network ¹	Annual deductible	GEHA HSA contribution	You pay ²
Self Only	\$1,600	\$1,000	\$600
Self Plus One or Self and Family	\$3,200	\$2,000	\$1,200

Out-of-pocket maximum in-network ^{1,2}	You pay
Self Only	\$6,000
Self Plus One or Self and Family	\$12,000

1 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.

2 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.

1 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.

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.

Medical benefits in-network ¹	You pay
Unlimited telehealth visits, including mental health, with MDLIVE	\$0 ^{2,3}
Maternity; preventive prenatal and postnatal office visits Maternity; childbirth/delivery professional services	\$0 ²
Preventive care; adult routine screenings Well-child visit; up to age 22 Preventive dental care, twice yearly	\$0
Vision coverage; eye exam	\$5
Primary care physician office visit Mental health office visit Specialist care office visit Urgent care facility visit ER visit Hospital care; inpatient and outpatient MinuteClinic® visit where available Labs, X-rays and other diagnostic services Professional surgical services Chiropractic care (manipulative therapy), including X-rays; up to 20 visits per year Acupuncture; up to 20 visits per year	5% ²

1 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.

2 Calendar year deductible applies.

3 HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will reimburse the member 100% of the plan allowance.

Prescription benefits in-network ^{1,2,3}	You pay
30-day retail generic	25%
30-day retail preferred brand-name	25% ⁴
30-day retail non-preferred brand-name	40% ⁴
90-day mail service generic	25%
90-day mail service preferred brand-name	25% ⁴
90-day mail service non-preferred brand-name	40% ⁴
30-day specialty CVS exclusive generic and preferred brand-name	25% ⁴
30-day specialty CVS exclusive non-preferred brand-name	40% ⁴

1 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.

2 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.

3 Calendar year deductible applies.

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.

Supercharge your savings

with an HDHP and an HSA



Invest in the security of a healthy future with health savings account (HSA) saved funds.

Fast facts about HSA:

- Your HSA is a tax-free savings account you can use to help pay for medical expenses
- Interest gained on your account is **100%** tax free
- GEHA contributes money to your HSA
- Add your own money to your HSA (like you do for a 401k) and watch your savings grow over time
- Your balance rolls over year after year. You never lose it!

In 2022, GEHA contributed nearly \$48 million to member HSA accounts managed by HSA Bank.

Yearly deductible in-network ¹	Annual deductible	GEHA HSA contribution	You pay ²
Self Only	\$1,600	\$1,000	\$600
Self Plus One or Self and Family	\$3,200	\$2,000	\$1,200

¹ 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.

² 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.

Understand the triple tax benefit of an HSA



Pay no taxes on the money you put in your HSA and lower your yearly taxable income



GEHA adds money to your HSA tax-free to help lower your net deductible



Choose to invest your HSA money and watch it grow year over year. Any interest gained in your account is tax-free and withdrawals for qualified medical expenses aren't taxed either.

Investment products are not FDIC insured, are not a deposit or other obligation of or guaranteed by HSA Bank and are subject to investment risks. The information provided is for informational purposes only. It should not be considered legal or financial advice. You should consult with a professional to determine what may be best for your individual needs.

Use your HSA now, or later, to pay for eligible medical expenses

You've got options with HSA Bank on how you can grow and use the money you save in your HSA.

Money saved in your HSA can help you pay for:



Yearly deductibles



Out of pocket medical expenses



Qualified medical expenses

You decide when to spend and when to save:

Spend now

Use the money you save at any time for qualified medical expenses and to lower your yearly deductible.¹



Spend later

Any unused money rolls over. Choose to invest it and use it tax-free for future health care expenses or grow the money as a nest egg for retirement.²



Learn more with resources from HSA Bank

All GEHA HSAs are managed by HSA Bank

hsabank.com/GEHA

hsabank[®]
A Division of Webster Bank, N.A., Member FDIC

¹ See IRS Publications 502 and 969 for more information regarding qualified medical expenses, health savings accounts, and health reimbursement arrangements.
² Investment products are not FDIC insured, are not a deposit or other obligation of or guaranteed by HSA Bank and are subject to investment risks. The information provided is for informational purposes only. It should not be considered legal or financial advice. You should consult with a professional to determine what may be best for your individual needs.

Standard

geha.com/Standard



A fundamental plan for families who want a low deductible and predictable coverage for routine visits



New for 2024:

Infertility coverage



New for 2024:

\$0 one PCP & two urgent care visits, under age 18



Traditional coverage with affordable premiums



100% maternity coverage

Premium and enrollment code	Employed – biweekly	Retired – monthly
314 Self Only	\$70.15	\$151.99
316 Self Plus One	\$150.83	\$326.79
315 Self and Family	\$186.35	\$403.76

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 which maintains your health benefits enrollment.

Our most family-friendly plan for growing families with 100% maternity coverage

- **New for 2024:** **\$0** copay for one primary care physician visit and two urgent care visits per year for children under 18
- **New for 2024:** Infertility coverage only for artificial insemination (AI). Drug coverage for AI and In vitro fertilization (IVF limited to 3 cycles annually).
- Dependable, traditional coverage with affordable premiums for average use
- Waived coinsurance and copays for Medicare enrollees, excluding prescription benefits
- Vision discounts and **\$5** annual eye exam included with EyeMed¹
- Twice yearly dental cleanings covered at **50%**

¹ These benefits are neither offered nor guaranteed under contract with the FEHB Program but are made available to all Enrollees who become members of the GEHA Standard plan and their eligible family members.

Yearly deductible in-network ¹	You pay
Self Only	\$350
Self Plus One or Self and Family	\$700

Out-of-pocket maximum in-network ^{1,2}	You pay
Self Only	\$6,500
Self Plus One or Self and Family	\$13,000

¹ 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.

¹ 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.

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.

Medical benefits in-network ¹	You pay
Unlimited telehealth visits, including mental health, with MDLIVE Preventive care; adult routine screenings Well-child visit; up to age 22 Maternity; preventive prenatal and postnatal office visits Maternity; childbirth/delivery professional services Maternity; childbirth/delivery facility services One primary care physician visit and two urgent care facility visits annually, under age 18 QuestSelect™ Lab Benefit	\$0
Vision coverage; eye exam ²	\$5
MinuteClinic® visit where available	\$10
Primary care physician office visit Mental health office visit	\$20
Specialist care office visit Urgent care facility visit Chiropractic care (manipulative therapy), including X-rays; up to 20 visits per year	\$35
Lab services (other than QuestSelect)	15%
ER visit Hospital care; inpatient and outpatient Professional surgical services X-rays and other diagnostic services Acupuncture; up to 20 visits per year	15%³
Preventive dental care, twice yearly	50%
Outpatient professional high tech imaging (MRI, CT, PET, etc.)	\$100
Outpatient facility high tech imaging (MRI, CT, PET, etc.)	\$150

1 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.

2 These benefits are neither offered nor guaranteed under contract with the FEHB Program but are made available to all Enrollees who become members of the GEHA Standard plan and their eligible family members.

3 Calendar year deductible applies.

Prescription benefits in-network ^{1,2}	You pay
30-day retail generic	\$10
30-day retail preferred brand-name	40% (\$250 max³)
30-day retail non-preferred brand-name	60% (\$350 max³)
90-day mail service generic	\$20
90-day mail service preferred brand-name	40% (\$550 max³)
90-day mail service non-preferred brand-name	60% (\$650 max³)
30-day specialty CVS exclusive generic and preferred brand-name	50% (\$250 max³)
30-day specialty CVS exclusive non-preferred brand-name	50% (\$400 max³)

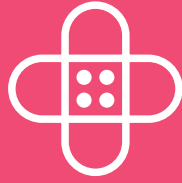
1 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or a percentage of the provider's negotiated amount.

2 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.

3 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.

Elevate Plus

geha.com/ElevatePlus



The conventional plan for proactive people who always stay in-network



Low copays for non-traditional care



Earn rewards with the Rally® digital health platform



Low deductible



Mental health benefit, including telehealth, from MDLIVE

Premium and enrollment code	Employed – biweekly	Retired – monthly
251 Self Only	\$102.55	\$222.19
253 Self Plus One	\$232.73	\$504.25
252 Self and Family	\$253.08	\$548.34

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 which maintains your health benefits enrollment.

Easy to determine costs

- **\$200** deductible for Self Only or **\$400** deductible for Self Plus One and Self and Family plus **15%** for in-network services. Copays for most common services.
- Specialist copay of **\$50** per visit
- Low copays for non-traditional care, like chiropractic and acupuncture
- The Rally digital health platform helps you stay engaged with your health goals – and earn rewards
- Vision discounts and **\$0** annual eye exam included with EyeMed¹
- Mental health benefit, including telehealth, from MDLIVE

¹ These benefits are neither offered nor guaranteed under contract with the FEHB Program but are made available to all Enrollees who become members of the GEHA Elevate Plus plan and their eligible family members.

Yearly deductible in-network ^{1,2}	You pay
Self Only	\$200
Self Plus One or Self and Family	\$400

Out-of-pocket maximum in-network ^{1,2}	You pay
Self Only	\$7,000
Self Plus One or Self and Family	\$14,000

¹ 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.
² This plan has no out-of-network coverage.

¹ 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.
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.

Medical benefits in-network ^{1,2}	You pay
Unlimited telehealth visits, including mental health, with MDLIVE Preventive care; adult routine screenings Well-child visit; up to age 22 Lab services Maternity; preventive prenatal and postnatal office visits Maternity; childbirth/delivery professional services Vision coverage; eye exam ³	\$0
MinuteClinic® visit where available	\$10
Primary care physician office visit Mental health office visit Chiropractic care (manipulative therapy), including X-rays; up to 15 visits per year Acupuncture; up to 20 visits per year	\$30
Specialist care office visit	\$50
Urgent care facility visit	\$50
X-rays and other diagnostic services	\$50 ⁴
ER visit Outpatient and inpatient professional surgery services Maternity; childbirth/delivery facility services Hospital care; inpatient and outpatient	15% ⁵

1 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.

2 This plan has no out-of-network coverage.

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 You pay \$175 (\$100 professional fee, \$75 facility fee) for advanced outpatient high tech imaging such as MRI, CT, PET, etc. Refer to GEHA's 2024 plan brochure RI 71-018 (Elevate and Elevate Plus) at geha.com/PlanBrochure

5 Calendar year deductible applies.

Prescription benefits in-network ^{1,2,3}	You pay
30-day retail generic	\$10
30-day retail preferred brand-name	\$80 ⁴
30-day retail non-preferred brand-name	50% ⁴
90-day mail service generic	\$20
90-day mail service preferred brand-name	\$200 ⁴
90-day mail service non-preferred brand-name	50% ⁴
30-day specialty CVS exclusive generic and preferred brand-name	40% (\$500 max ⁴)
30-day specialty CVS exclusive non-preferred brand-name	50% ⁴

1 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.

2 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.

3 This plan has no out-of-network pharmacy coverage.

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.

High

geha.com/High



The dependable plan for people who need maximum coverage



Low copays for doctor visits



Medicare Part B premium reimbursement of **\$1,000**



Comprehensive prescription coverage



Waived coinsurance and copays for Medicare enrollees

Premium and enrollment code	Employed – biweekly	Retired – monthly
311 Self Only	\$108.65	\$235.41
313 Self Plus One	\$249.67	\$540.95
312 Self and Family	\$306.26	\$663.56

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 which maintains your health benefits enrollment.

Low copay coverage that works well with Medicare

- Comprehensive brand-name and specialty prescription coverage
- Waived coinsurance and copays for Medicare enrollees, excluding prescription benefits
- **\$1,000** Medicare Part B premium reimbursement
- Low copays for doctor visits
- **\$2,500** hearing aid benefit and other additional discounts
- Vision discounts and **\$5** annual eye exam included with EyeMed¹
- Mental health benefit, including telehealth, from MDLIVE

¹ These benefits are neither offered nor guaranteed under contract with the FEHB Program but are made available to all Enrollees who become members of this GEHA High plan and their eligible family members.

Yearly deductible in-network ¹	You pay
Self Only	\$350
Self Plus One or Self and Family	\$700

Out-of-pocket maximum in-network ^{1,2}	You pay
Self Only	\$5,000
Self Plus One or Self and Family	\$10,000

¹ 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.

¹ 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.

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.

Medical benefits in-network ¹	You pay
Unlimited telehealth visits, including mental health, with MDLIVE Preventive care; adult routine screenings Well-child visit; up to age 22 Maternity; preventive prenatal and postnatal office visits Maternity; childbirth/delivery professional services Maternity; childbirth/delivery facility services Outpatient accidental injury, including ER (within 72 hours) Outpatient lab services	\$0
Vision coverage; eye exam ²	\$5
MinuteClinic® visit where available	\$10
Primary care physician office visit Mental health office visit Specialist care office visit Chiropractic care (manipulative therapy), including X-rays; up to 20 visits per year	\$20
Urgent care facility visit	\$35
ER visit; medical emergency Hospital care; outpatient Professional surgical services X-rays and other diagnostic services Acupuncture; up to 20 visits per year	10% ³
Hospital care; inpatient	\$100 per admission plus 10%
Preventive dental; twice yearly	Balance after GEHA pays \$22 per visit

1 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.

2 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.

3 Calendar year deductible applies.

Prescription benefits in-network ^{1,2}	You pay
30-day retail generic	\$10 ³
30-day retail preferred brand-name	25% (\$150 max ^{3,4})
30-day retail non-preferred brand-name	40% (\$200 max ^{3,4})
90-day mail service generic	\$20
90-day mail service preferred brand-name	25% (\$350 max ⁴)
90-day mail service non-preferred brand-name	40% (\$500 max ⁴)
30-day specialty CVS exclusive generic and preferred brand-name	25% (\$150 max ⁴)
30-day specialty CVS exclusive non-preferred brand-name	40% (\$200 max ⁴)

1 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.

2 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.

3 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.

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.



Earn Wellness Pays rewards



Elevate



Elevate Plus

Get rewarded for activities you're probably already doing.

HOW IT WORKS

- Register on the Rally platform to manage your health goals, enroll with a wellness coach and more
- Complete your first rewardable activity and receive your Wellness Pays reloadable debit card in the mail
- Redeem the rewards for qualified medical expenses such as copays

YOU MAY QUALIFY TO EARN UP TO

\$500 per individual, per year or
\$1,000 per family per year



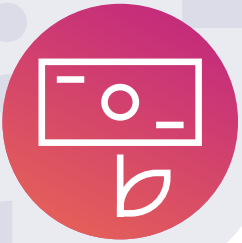
Activities that earn you Wellness Pays rewards	Reward
Rally Health survey	\$75
Rally Missions	\$50
Cervical cancer screening ^{1,2,3} (females 21-65 years old)	\$100
Colorectal cancer screening ^{1,2,3} (45-75 years old)	\$100
Breast cancer screening ^{1,2,3} (females 50-74 years old)	\$100
Annual physical ^{1,2}	\$100
MDLIVE telehealth or mental health visit ³	\$50
Flu shot ⁴	\$50
First trimester prenatal appointment ⁴	\$100
Digital wellness coaching	\$100
Real Appeal weight management	\$200
Quit for Life tobacco cessation	\$200
Stride step goal	\$10 per month
Wellness quizzes	\$50
Medical cost estimate tool	\$10 per month, \$30 max

1 Restrictions may apply.

2 \$0 out-of-pocket for care coded as preventive with in-network providers.

3 Rewards distributed approximately 3 weeks after claim is received from provider.

4 Activity must be self-reported in Rally before 12/31/24 to earn rewards.



Earn Health Rewards



HDHP



Standard



High

The tools and incentives you need to help you live healthier.



HOW IT WORKS

- Complete your first rewardable activity and receive your Health Rewards reloadable debit card in the mail automatically
- Redeem the rewards¹ for qualified medical expenses such as copays²
- Complete rewardable activities to add funds to your Health Rewards reloadable debit card

¹ For HDHP members, annual deductible must be met to use Health Rewards for medical expenses. Health Rewards may be used for dental and vision services prior to meeting the deductible.

² See IRS Publications 502 and 969 for more information regarding qualified medical expenses, health savings accounts, and health reimbursement arrangements.

YOU MAY QUALIFY TO EARN UP TO

\$250 per individual, per year or **\$500** per family per year

Activities that earn you Health Rewards	Reward
Health assessment	\$75
Cervical cancer screening ^{1,2,3} (females 21-65 years old)	\$50
Colorectal cancer screening ^{1,2,3} (45-75 years old)	\$50
Breast cancer screening ^{1,2,3} (females 50-74 years old)	\$50
MDLIVE telehealth visit ²	\$50

¹ Restrictions may apply.

² Rewards distributed approximately 3 weeks after claim is received from provider.

³ \$0 out-of-pocket for care coded as preventive with in-network providers.



Vision discounts for GEHA plans

Vision services in-network	 Elevate ¹ You pay	 HDHP You pay	 Standard ¹ You pay	 Elevate Plus ¹ You pay	 High ¹ You pay
Eye exam	\$0	\$5	\$5	\$0	\$5
Frames	60% of price	\$0 under \$100 plus 80% over \$100	60% of price	60% of price	60% of price
Eyeglass lenses, standard plastic single vision	Up to \$50	\$10	Up to \$50	Up to \$50	Up to \$50
Eyeglass lenses, standard plastic bifocal	Up to \$70	\$10	Up to \$70	Up to \$70	Up to \$70
Eyeglass lenses, standard plastic progressive lens	Up to \$135	No more than \$75	Up to \$135	Up to \$135	Up to \$135
Eyeglass lens options, UV treatment, tint (solid and gradient), standard plastic scratch coating	\$15	\$15	\$15	\$15	\$15
Eyeglass lens options, standard anti-reflective coating	\$45	\$45	\$45	\$45	\$45
Contact lens, conventional retail price	85% of price	\$10 under \$110 plus 85% over \$110	85% of price	85% of price	85% of price

¹ 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.

Announcing GEHA Medicare Advantage Plans¹



Starting in 2024, GEHA is offering Medicare Advantage Plans with United Healthcare to bring choice and value to our members through new plan options. Enjoy all the benefits of your original Medicare plan (Parts A and B), with prescription drug coverage (Part D) and additional benefits and features **for no additional premium**.

Plan highlights:



Premiums

GEHA Medicare Advantage Plans, a UnitedHealthcare® GEHA Group Medicare Advantage (PPO) plan, provide an enhanced level of benefits to the Standard and Medicare plan and High and Medicare plan for no additional premium. Members will continue to pay their GEHA medical plan and Medicare Part B premiums.



Part B premium subsidy

- You will receive a monthly Part B premium subsidy
- GEHA Standard Medicare Advantage members: **\$75**
- GEHA High Medicare Advantage members: **\$100**



National provider network²

See in-network and out-of-network doctors and health care providers for the same copay/coinsurance as long as they accept Medicare.



\$0 copays on covered medical services

All covered medical services have **\$0** copays, including preventive care, emergency room, durable medical equipment, routine podiatry, physical therapy and more.



Prescription drug coverage (Part D)

No need for a separate Part D plan. Get prescription drug coverage with full coverage in the gap and low copays.

Talk to a FedViser benefits expert

Monday–Friday, 7 a.m.–7 p.m. Central time at [833.357.GEHA \(4342\)](tel:833.357.GEHA) for more information on the GEHA Standard or High medical plan.

Once you are enrolled in a GEHA Standard or High medical plan with Medicare Parts A & B primary, you qualify for the GEHA Medicare Advantage Plans.

For additional information, visit geha.com/Advantage






¹ You must remain a GEHA High/Standard FEHB Health Plan member in the FEHB program if you elect to enroll in the GEHA Medicare Advantage Plan. Plans are offered by GEHA and insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

² You can see any doctor who accepts Medicare and your plan [but costs may be lower with a network provider]. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information including the cost-sharing that applies to out-of-network services.



GEHA works with Medicare Parts A and B

For more information, including benefits and rates, visit geha.com/Medicare

Plan service	 Elevate and Medicare	 HDHP and Medicare	 Standard and Medicare	 Elevate Plus and Medicare	 High and Medicare
\$1,000 Medicare Part B premium reimbursement					✓
100% medical coverage (copays and deductibles waived) with Medicare A & B primary			✓	✓	✓
Hearing aid benefit ¹			✓	✓	✓
Coverage for in-network and out-of-network care ²	✓	✓	✓	✓	✓
Coverage for care outside of the United States	✓	✓	✓	✓	✓
Non-preferred drug coverage ³		✓	✓	✓	✓
Mail service pharmacy		✓	✓	✓	✓
Choice of plan perk ⁴	✓				

1 Learn more about hearing aid benefits at geha.com/Hearing

2 Though the Elevate Plus plan on its own does not provide out-of-network medical coverage, when it's combined with Medicare and the provider accepts Medicare assignment, out-of-network cost shares are waived. There are no out-of-network pharmacy benefits for Elevate and Elevate Plus.

3 With High plan, when Medicare A & B is primary, you pay a lower coinsurance for preferred and non-preferred brand medications.

4 These products and services are neither offered nor guaranteed under contract with the FEHB Program but are made available to eligible Subscribers who become members of the GEHA Elevate medical plan. Only Subscribers in the 50 United States and the District of Columbia are eligible at this time.

GEHA Standard and High medical plans work best with Medicare Parts A and B. They can pair with a GEHA Medicare Advantage Plan for additional benefits for no additional premium.

GEHA and Medicare EyeMed vision coverage

Vision services in-network	  Elevate and Elevate Plus you pay	  Standard and High you pay	 HDHP you pay
Eye exam	\$0	\$5	\$5
Frames	60% of price	60% of price	\$0 under \$100 plus 80% over \$100
Eyeglass lenses, standard plastic, single vision	Up to \$50	Up to \$50	\$10
Contact lens, conventional	85% of price	85% of price	\$10 under \$110 plus 85% over \$100



GEHA's HDHP plan includes a complete vision benefit in addition to vision discounts through EyeMed. Learn more at geha.com/HDHPVision

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.



Compare premiums

Self Only premium and enrollment code	Employed – biweekly	Retired – monthly
254 Elevate	\$52.21	\$113.13
341 HDHP	\$71.45	\$154.81
314 Standard	\$70.15	\$151.99
251 Elevate Plus	\$102.55	\$222.19
311 High	\$108.65	\$235.41

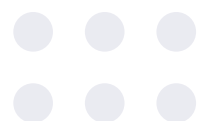
These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Self Plus One premium and enrollment code	Employed – biweekly	Retired – monthly
256 Elevate	\$125.97	\$272.93
343 HDHP	\$153.62	\$332.84
316 Standard	\$150.83	\$326.79
253 Elevate Plus	\$232.73	\$504.25
313 High	\$249.67	\$540.95

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 which maintains your health benefits enrollment.

Self and Family premium and enrollment code	Employed – biweekly	Retired – monthly
255 Elevate	\$153.35	\$332.26
342 HDHP	\$188.78	\$409.02
315 Standard	\$186.35	\$403.76
252 Elevate Plus	\$253.08	\$548.34
312 High	\$306.26	\$663.56






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 which maintains your health benefits enrollment.



Compare deductibles and out-of-pocket maximum

Compare deductibles

What you pay each year before the plan begins to pay out benefits.

Yearly deductible in-network ¹	 Elevate You pay	 HDHP You pay	 Standard You pay	 Elevate Plus ² You pay	 High You pay
Self Only	\$500	\$600³	\$350	\$200	\$350
Self Plus One or Self and Family	\$1,000	\$1,200³	\$700	\$400	\$700






1 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.

2 This plan has no out-of-network coverage.

3 The net deductible is the remaining amount after you subtract the GEHA contribution from the annual deductible. This is your out-of-pocket cost before plan benefits begin.

Compare out-of-pocket maximum




The maximum amount of coinsurance, copays and deductibles you pay for all family members before GEHA begins to pay **100%** of covered services. This is a combined maximum of medical care and prescriptions.

Out-of-pocket maximum in-network ¹	 Elevate You pay	 HDHP You pay	 Standard You pay	 Elevate Plus ² You pay	 High You pay
Self Only	\$8,500	\$6,000	\$6,500	\$7,000	\$5,000
Self Plus One or Self and Family	\$17,000	\$12,000	\$13,000	\$14,000	\$10,000

1 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.

2 This plan has no out-of-network coverage.

Compare prescription benefits

Prescription benefits in-network ^{1,2,3}	 Elevate ⁴ You pay	 HDHP ⁵ You pay	 Standard You pay
30-day retail generic	\$4	25%	\$10
30-day retail preferred brand-name	50% (\$500 max)	25% ⁶	40% (\$250 max ⁶)
30-day retail non-preferred brand-name	100%	40% ⁶	60% (\$350 max ⁶)
90-day mail service generic	No benefit	25%	\$20
90-day mail service preferred brand-name	No benefit	25% ⁶	40% (\$550 max ⁶)
90-day mail service non-preferred brand-name	No benefit	40% ⁶	60% (\$650 max ⁶)
30-day specialty CVS exclusive generic and preferred brand-name	50% (\$500 max)	25% ⁶	50% (\$250 max ⁶)
30-day specialty CVS exclusive non-preferred brand-name	100%	40% ⁶	50% (\$400 max ⁶)

- 1 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.
- 2 The 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.
- 3 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- 4 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
- 5 Calendar year deductible applies.
- 6 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.





You've got options with retail prescriptions

Pay less for prescriptions 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

Check drug costs at info.caremark.com/GEHA

Prescription benefits in-network ^{1,2,3}	 Elevate Plus ⁴ You pay	 High You pay
30-day retail generic	\$10	\$10⁵
30-day retail preferred brand-name	\$80⁶	25% (\$150 max ^{5,6})
30-day retail non-preferred brand-name	50%⁶	40% (\$200 max ^{5,6})
90-day mail service generic	\$20	\$20
90-day mail service preferred brand-name	\$200⁶	25% (\$350 max ⁶)
90-day mail service non-preferred brand-name	50%⁶	40% (\$500 max ⁶)
30-day specialty CVS exclusive generic and preferred brand-name	40% (\$500 max ⁶)	25% (\$150 max ⁶)
30-day specialty CVS exclusive non-preferred brand-name	50%⁶	40% (\$200 max ⁶)

- 1 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.
- 2 The 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.
- 3 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- 4 This plan has no out-of-network coverage
- 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 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.






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.

Compare medical benefits

	 Elevate You pay	 HDHP You pay	 Standard You pay
Medical benefits in-network ¹			
Unlimited telehealth visits, including mental health, with MDLIVE	\$0	\$0 ^{2,3}	\$0
Preventive care; adult routine screenings Well-child visit; up to age 22	\$0	\$0	\$0
Vision coverage; eye exam	\$0 ⁴	\$5	\$5 ⁴
Maternity; preventive prenatal and postnatal office visits	\$0	\$0 ³	\$0
Maternity; childbirth/delivery professional services	\$0	\$0 ³	\$0
MinuteClinic® visit where available	\$10	5% ³	\$10
Primary care physician office visit	\$10	5% ³	\$20
Mental health office visit	\$10	5% ³	\$20
Specialist care office visit	\$30	5% ³	\$35
Urgent care facility visit	\$50	5% ³	\$35
ER visit; accidental	25% ³	5% ³	15% ³
ER visit; medical emergency	25% ³	5% ³	15% ³
Hospital care; inpatient	25% ³	5% ³	15% ³
Hospital care; outpatient	25% ³	5% ³	15% ³
Maternity; childbirth/delivery facility services	25% ³	\$0 ³	\$0
Inpatient professional surgical services	\$250	5% ³	15% ³
Outpatient professional surgical services	25% ³	5% ³	15% ³
Lab services	25% ³	5% ³	15% (QuestSelect \$0)
X-rays and other diagnostic services	25% ³	5% ³	15% ^{3,5}
Chiropractic care visit (manipulative therapy), including X-rays. Limited per year.	\$10	5% ³	\$35
Acupuncture; up to 20 visits per year	\$10	5% ³	15% ³
Preventive dental care	Not included	\$0	50%



¹ 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.

² HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will reimburse the member 100% of the plan allowance.

³ Calendar year deductible applies.

⁴ 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.

⁵ Standard, you pay \$250 (\$100 professional fee, \$150 facility fee) for advanced outpatient high tech imaging such as MRI, CT, PET, etc. Refer to GEHA's 2024 plan brochure RI 71-006 (High and Standard) at geha.com/PlanBrochure

Medical benefits in-network ¹	 Elevate Plus ² You pay	 High You pay
Unlimited telehealth visits, including mental health, with MDLIVE	\$0	\$0
Preventive care; adult routine screenings Well-child visit; up to age 22	\$0	\$0
Vision coverage; eye exam	\$0 ³	\$5 ³
Maternity; preventive prenatal and postnatal office visits	\$0	\$0
Maternity; childbirth/delivery professional services	\$0	\$0
MinuteClinic® visit where available	\$10	\$10
Primary care physician office visit	\$30	\$20
Mental health office visit	\$30	\$20
Specialist care office visit	\$50	\$20
Urgent care facility visit	\$50	\$35
ER visit; accidental	15% ⁴	\$0
ER visit; medical emergency	15% ⁴	10% ⁴
Hospital care; inpatient	15% ⁴	\$100 per admission plus 10%
Hospital care; outpatient	15% ⁴	10% ⁴
Maternity; childbirth/delivery facility services	15% ⁴	\$0
Inpatient professional surgical services	15% ⁴	10% ⁴
Outpatient professional surgical services	15% ⁴	10% ⁴
Lab services	\$0	\$0
X-rays and other diagnostic services	\$50 ⁵	10% ⁴
Chiropractic care visit (manipulative therapy), including X-rays. Limited per year.	\$30	\$20
Acupuncture; up to 20 visits per year	\$30	10% ⁴
Preventive dental care	Not included	Balance after GEHA pays \$22 per visit

1 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.

2 This plan has no out-of-network coverage.

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 Calendar year deductible applies.

5 Elevate Plus, you pay \$100 copay for advanced outpatient diagnostic tests such as high tech imaging, MRI, CT, PET, etc. Refer to GEHA's 2024 plan brochure RI 71-018 (Elevate and Elevate Plus) for a complete list at geha.com/PlanBrochure

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-network or out-of-network services.

This example is for a plan with a **10% coinsurance** for services in-network and **25% coinsurance** for services out-of-network.

Service	Out-of-network	In-network
Provider's billed rate	\$150	\$150
In-network provider's contracted rate with GEHA	Not applicable	\$100
GEHA's plan allowance for out-of-network providers	\$100	Not applicable
What GEHA pays	\$75 (75% of \$100)	\$90 (90% of \$100)
What you pay (coinsurance)	\$25 (25% of \$100)	\$10 (10% of \$100)
You also pay the difference between the out-of-network provider's billed rate and GEHA's plan allowance	\$50	\$0
What you pay total for this service	\$75	\$10



The Elevate Plus medical plan does not offer out-of-network coverage, but members with Medicare plans can choose to go in-network or out-of-network if the provider accepts Medicare.

Definitions and terms

We know some terms can be confusing. As you work your way through this guide, these definitions may help.

Term	Definition
Calendar year deductible	What you pay each year before the plan begins to pay out benefits.
Coinsurance	The percentage you pay for a covered health care service, after you've met your deductible.
Copay	A fixed amount you pay for a service or prescription.
GEHA contribution	Portion of monthly HDHP premium that GEHA contributes to a health savings account (HSA) or health reimbursement arrangement (HRA).
In-network provider	A health care provider who is a part of GEHA's provider network. These providers agree to limit what they will charge you.
Net deductible (HDHP)	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.
Out-of-pocket max	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.
Plan allowance	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. geha.com/PlanBrochure
PPO	A preferred provider organization.
Premium	What you pay monthly or biweekly for coverage.
Prescription benefits	What you pay as a copay or percentage of coinsurance for medication.

GEHA. Your friend in federal.

Experience the difference of GEHA

Only available to eligible federal employees, retirees and their families.

Get help choosing the right plan for your needs

Happy with your current GEHA medical plan? You don't need to do anything during Open Season — your GEHA medical plan will automatically renew for 2024 with your current plan.

Meet with a FedViser benefits expert to explore your choices.
Schedule today at geha.com/TalkWithUs



Live chat at geha.com



Call [833.356.GEHA \(4342\)](tel:833.356.GEHA)



Visit geha.com/Select-A-Plan

SCAN ME



Ready to enroll?

If you've found a plan that aligns with your needs, learn how to enroll in a plan today.

geha.com/Enroll

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. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

Download the plan brochure

For information and changes to GEHA's medical plans, see our three plan brochures – RI 71-006 (High and Standard), RI 71-014 (HDHP) and RI 71-018 (Elevate and Elevate Plus) – which are available at 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. Paper copies are also available, free of charge, by calling [800.821.6136](tel: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

geha.com | [833.356.GEHA \(4342\)](tel:833.356.GEHA)



GEHA[®]
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