

Compare plan benefits

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

What you pay: Medical benefits in-network ^{3,10}	Elevate	HDHP	Standard Option	Elevate Plus	High Option
Preventive care; adult routine screenings	Nothing	Nothing	Nothing	Nothing	Nothing
Well-child care; up to age 22	Nothing	Nothing	Nothing	Nothing	Nothing
Primary care physician; office visit	\$10	5% of allowance ¹	\$15	\$20	\$20
Specialist care; office visit	\$25	5% of allowance ¹	\$30	\$35	\$20
Online doctor visits with MDLIVE	Nothing	Nothing ^{1,6}	Nothing	Nothing	Nothing
Maternity; routine preventive care	Nothing	Nothing	Nothing	Nothing	Nothing
Urgent care	\$50	5% of allowance ¹	\$35	\$50	\$35
MinuteClinic® (where available)	\$10	5% of allowance ¹	\$10	\$10	\$10
Emergency care; accidental	25% of allowance ¹	5% of allowance ¹	Nothing, if services within 72 hours	\$150	Nothing, if services within 72 hours
Emergency care; medical	25% of allowance ¹	5% of allowance ¹	15% of allowance ¹	\$150	10% of allowance ¹
Hospital care; inpatient	25% of allowance ¹	5% of allowance ¹	15% of allowance ¹	\$200 copay / day	\$100 per admission copay plus 10% of allowance
Hospital care; inpatient maternity	25% of allowance ¹	Nothing ¹	Nothing	\$200 copay / day	Nothing
Hospital care; outpatient	25% of allowance ¹	5% of allowance ¹	15% of allowance ¹	\$200 copay / day	10% of allowance ¹
Chiropractic (spinal manipulation therapy)	\$10 copay Up to 12 visits per year	Balance after GEHA payment. GEHA pays \$20 per visit, 20 times / year. ¹	Balance after GEHA payment. GEHA pays \$20 per visit, 20 times / year.	\$20 copay Up to 15 visits per year	Balance after GEHA payment. GEHA pays \$20 per visit, 20 times / year.
Chiropractic X-rays	25% of allowance ¹	Balance after GEHA payment. GEHA pays \$25 for X-rays. ¹	Balance after GEHA payment. GEHA pays \$25 for X-rays.	\$50	Balance after GEHA payment. GEHA pays \$25 for X-rays.
Preventive dental care	N/A	Nothing, twice yearly	50% of allowance, twice yearly	N/A	Balance after GEHA pays \$22 / visit, twice yearly
Acupuncture; up to 15-20 medically necessary treatments per year	\$10	5% of allowance ¹	15% of allowance ¹	\$20	10% of allowance ¹

Compare prescription benefits (Refills allowed when 80% of the drug has been used.)

Retail pharmacy; in-network ^{3,4,10}	Elevate	HDHP	Standard Option	Elevate Plus	High Option
What you pay: 30-day supply					
Generic	\$4	25% of allowance ¹	\$10	\$5	\$10 copay ⁷
Preferred brand-name medication	50% (\$500 max)	25% of allowance ^{1,5}	50% (\$200 max ⁵)	\$80 copay ⁵	25% (\$150 max ^{5,7})
Non-preferred brand-name medication	100%	40% of allowance ^{1,5}	50% (\$300 max ⁵)	40% of allowance ⁵	40% (\$200 max ^{5,7})
Mail service pharmacy; in-network^{3,4,10}					
What you pay: 90-day supply					
Generic	N/A	25% of allowance ¹	\$20	\$12	\$20
Preferred brand-name medication	N/A	25% of allowance ^{1,5}	50% (\$500 max ⁵)	\$200 copay ⁵	25% (\$350 max ⁵)
Non-preferred brand-name medication	N/A	40% of allowance ^{1,5}	50% (\$600 max ⁵)	40% of allowance ⁵	40% (\$500 max ⁵)

Specialty prescription; in-network ^{3,4,10}	Elevate	HDHP	Standard Option	Elevate Plus	High Option
What you pay: 30-day supply; CVS exclusive⁸					
Generic and preferred brand-name medication	50% (\$500 max)	25% of allowance ¹	50% (\$250 max ⁵)	40% (\$500 max ⁵)	25% (\$150 max ⁵)
Non-preferred brand-name medication	100%	40% of allowance ^{1,5}	50% (\$400 max ⁵)	40% of allowance ⁵	40% (\$200 max ⁵)

Verify your out-of-pocket prescription costs based on your benefit plan at info.caremark.com/GEHA

- Calendar year deductible applies.
- The out-of-pocket maximum is the maximum amount of coinsurance and deductibles you pay for all family members before GEHA begins paying for 100% of your care. This is a combined maximum for both medical care and prescriptions.
- For out-of-network benefits, see the 2020 GEHA plan brochures: RI 71-006 (High and Standard Option), RI 71-014 (HDHP) or RI 71-018 (Elevate and Elevate Plus).
- Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- If you choose a brand-name medication when a generic is available, you will be charged the generic copay plus the difference in cost between the brand-name and the generic.
- If deductible is met, HDHP member will be charged by MDLIVE but GEHA will then reimburse the member 100% of the billed charge.
- Costs for initial prescription and first refill. You pay 50% for third and additional refills at retail for 30-day supply. For long-term prescriptions, use mail order or your local retail CVS Pharmacy store (90-day supply) for greater cost savings.
- Over 30-day specialty copay based on days of therapy. The drug cost share is two times for drugs that provide 60 days' worth of therapy and three times for drugs that provide 90 days' worth of therapy.
- These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer that maintains your health benefits enrollment.
- This is a brief description of the features of the Government Employees Health Association, Inc.'s medical plans. Before making a final decision, please read the plan's federal brochure at geha.com/PlanBrochure. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochures.