

2025 G.E.H.A. HEALTH PLANS

FEDERAL EMPLOYEES HEALTH
BENEFITS (FEHB)



The largest federal employee
benefits association in the
country. With you since 1937.

GEHA.COM | 1-888-681-5763



G.E.H.A.

Government
Employees Health
Association

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GET HELP FROM A FEDERAL HEALTH BENEFITS EXPERT

FedVisers can review plan options with you to ensure you:

- + Find the plan that best fits your health and lifestyle
- + Have access to your preferred in-network providers
- + Understand the costs for your prescription drugs
- + Understand the wellness and extra benefits

Our FedVisers are available year-round to answer questions and help you choose the right plan to meet your unique needs.

CONTACT US

Reach a FedViser Monday – Friday
from 7 a.m. – 7 p.m. Central time
in three easy ways:

Chat live by visiting geha.com



Call 1-888-681-5763

Meet one-on-one with a
FedViser at geha.com/TalkFEHB



JOIN THE LARGEST BENEFITS ASSOCIATION FOR FEDERAL EMPLOYEES



Trusted by 2+ million federal employees,
retirees and their families.

Why G.E.H.A?

We're member founded, member dedicated

- + Every dollar is reinvested in additional benefits
and services exclusively for our members

**Dedicated solely to federal workers since
our founding in 1937**

- + Founded by Postal workers 87 years ago to protect
the health and well-being of federal employees and
retirees, as well as their families

Benefits that go beyond

- + Our plans include the extra benefits most demanded
by federal employees to fit every lifestyle



**Open Season
for 2025 benefits**

November 11 – December 9, 2024

**Coverage
effective date**

January 2025

**Last day to enroll
DECEMBER 9, 2024**

PUTTING OUR DOLLARS TO WORK FOR YOU

As a nonprofit health benefits association, we answer to Main Street, not Wall Street.

We reinvest every dollar to ensure our plans and member experience are second to none.

A look at some of the improvements we've made for 2025:

Improved member portal with simple access to all your plan information

New mobile app and digital experience that puts your plan at your fingertips 24/7

Enhanced provider network with over 1.7 million doctors

Faster claims processing and delivery of Explanation of Benefits

Dedicated plan advisers with answers to your health care and benefits questions to help you maximize your benefits

BENEFITS THAT GO BEYOND

Every G.E.H.A plan is packed with extra benefits to help you get the most from your coverage. Check out these benefits that are included in all G.E.H.A plans.

Our members also benefit from our comprehensive discount program for popular health and wellness offerings, including:



Gym memberships¹

Access 12,200 Active&Fit Direct™ locations nationwide at reduced rates



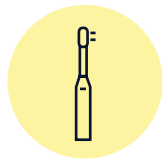
Teeth whitening¹

Get 20% off the lowest published price on all Smile Brilliant® home whitening and oral care products



Hearing aid discounts¹

Get 30%–60% off TruHearing® hearing aids (savings of up to \$2,600 per pair)



Electric toothbrushes¹

Enjoy up to 70% off a cariPRO premium electric toothbrush



Medical alert system¹

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

Benefits included in all G.E.H.A plans, for all G.E.H.A members:

Vision benefits¹ on eye exams, frames, lenses through EyeMed.

LASIK¹: Members also save on LASIK at participating U.S. Laser Network locations.

To learn more visit:
geha.com/Vision

Unlimited \$0 telehealth² visits, including mental health with MDLIVE.

No cost, 24/7 nurse advice line for your after hours questions and concerns.

Worldwide coverage that gives you access to health care when traveling abroad.

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 G.E.H.A medical plan and their eligible family members.

² HDHP Members who have met their deductible will be charged by MDLIVE, but G.E.H.A will reimburse the member 100% of the plan allowance.

ELEVATE

The affordable plan focused on **essential coverage** and **extra wellness rewards**.

GEHA.COM/ELEVATEFEHB

Plan features:

- + **Our lowest premium plan** to keep more dollars in your pocket each month
- + **Low copays** on the services you use most — primary care and specialist visit and generic prescription drugs
- + **Earn up to \$500 per year** per subscriber and covered spouse (up to \$1,000 total) by staying engaged in your health with Wellness Pays rewards (see page 17)
- + **\$10 copays** for in-office mental health visits
- + **Unlimited access** to care when you need it with \$0 copay telehealth from MDLIVE
- + Low copays on **chiropractic and acupuncture services**



Scan for more
2025 plan details

Question about Elevate?
Call our FedVisers today
at 1-888-681-5763 for a
personalized benefits
assessment

Plan type and enrollment code

Federal employees biweekly

Retired monthly

Self Only CODE 254 Elevate

\$57.83

\$125.29

Self Plus One CODE 256 Elevate

\$139.51

\$302.27

Self and Family CODE 255 Elevate

\$169.84

\$367.98

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.

Network benefits ¹	You pay
Calendar year deductible (in-network)	\$500 for Self Only \$1,000 for Self Plus One or Self and Family
Out-of-pocket maximum ² (in-network)	\$8,500 for Self Only \$17,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, well-child care, maternity care, immunizations and more	\$0
Primary care office visits	\$10
Mental health office visits	\$10
Specialist office visit	\$30
MinuteClinic / Urgent care facility visit	\$10 / \$50
Unlimited telehealth visits with MDLIVE	\$0
Emergency room visit	25% ³
Hospital care; inpatient and outpatient (including maternity)	25% ³ / 25% ³
Lab services	25% ³
X-Rays and other diagnostic services	25% ³
Chiropractic care (up to 12 visits per year)	\$10
Acupuncture (up to 20 visits per year)	\$10

Prescription drug benefits ^{1,4,5}	Retail (30-day)	CVS Specialty exclusive (30-day)
Generic	\$4	50% (\$500 max)
Preferred brand	50% (\$500 max)	50% (\$500 max)
Non-preferred brand	100%	100%

1 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or 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 G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.

3 Calendar year deductible applies.

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

5 This plan does not include mail-order prescriptions or out-of-network pharmacy coverage, it has a limited pharmacy network. Find a pharmacy at geha.com/Find-Care.

HDHP

The plan for smart savers who **need coverage for today while planning for tomorrow.**

[GEHA.COM/HDHPFEHB](https://geha.com/hdhpfehb)

Plan features:

- + **Get up to \$2,000** from G.E.H.A into a health savings account¹ (HSA) to use for health care expenses now or in the future
- + Contribute your own dollars to the account tax-free and **lower your yearly taxable income**
- + Choose to invest your HSA savings and **watch it grow tax-free** as your money carries over year-to-year¹
- + New HDHP members **earn \$80** when they open an HSA account with the G.E.H.A HDHP plan¹
- + **Pay no more than 5%** out-of-pocket on all medical services after deductible



Scan for more
2025 plan details

Question about HDHP?
Call our FedVisers today
at 1-888-681-5763 for a
personalized benefits
assessment

Plan type and enrollment code

Federal employees biweekly

Retired monthly

Self Only CODE 341 HDHP

\$76.27

\$165.26

Self Plus One CODE 343 HDHP

\$163.99

\$355.31

Self and Family CODE 342 HDHP

\$201.52

\$436.63

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.

- 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.
- 2 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or percentage of the provider's negotiated amount.
- 3 The net deductible is the remaining amount after you subtract the annual G.E.H.A contribution from the annual deductible. This is your out-of-pocket cost before plan benefits begin.
- 4 The out-of-pocket maximum is the maximum amount of coinsurance, copays and deductibles you pay for all family members before G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
- 5 Calendar year deductible applies.
- 6 HDHP members who have met their deductible will be charged by MDLIVE, but G.E.H.A will reimburse the member 100% of the plan allowance.
- 7 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- 8 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.

Network benefits ²	You pay
Calendar year deductible (in-network)	Self Only \$1,650 ; G.E.H.A HSA contribution of \$1,000 ; You pay \$650³ Self Plus One/Self Plus Family \$3,300 ; G.E.H.A HSA contribution of \$2,000 ; You pay \$1,300³
Out-of-pocket maximum ⁴ (in-network)	\$6,000 for Self Only \$12,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, immunizations and more	\$0
Primary care office visits	5% ⁵
Mental health office visits	5% ⁵
Specialist office visit	5% ⁵
MinuteClinic / Urgent care facility visit	5% ⁵ / 5% ⁵
Unlimited telehealth visits with MDLIVE	\$0 ^{5,6}
Emergency room visit	5% ⁵
Hospital care; inpatient and outpatient	5% ⁵ / 5% ⁵
Lab services	5% ⁵
X-Rays and other diagnostic services	5% ⁵
Maternity; preventive & childbirth / delivery professional and facility services	\$0 ⁵
Chiropractic care (up to 20 visits per year)	5% ⁵
Acupuncture (up to 20 visits per year)	5% ⁵
Preventive dental care, twice yearly	\$0

Prescription drug benefits ^{2,5,7}	Retail (30-day)	Mail order (90-day)	CVS Specialty exclusive (30-day)
Generic	25%	25%	25%
Preferred brand	25% ⁸	25% ⁸	25% ⁸
Non-preferred brand	40% ⁸	40% ⁸	40% ⁸

*Refer to left page for disclaimers

STANDARD

The **family-friendly plan** for those who want **traditional coverage** and **affordable premiums**.

[GEHA.COM/STANDARDFEHB](https://geha.com/STANDARDFEHB)

Plan features:

- + **Low deductible and predictable copays** for the services families use most
- + **Earn up to \$250 per year** per subscriber and covered spouse (up to \$500 total) for healthy behaviors with our Health Rewards program (see page 17)
- + **Comprehensive, 100% maternity coverage**, including five mental health visits per pregnancy, per year, and infertility coverage for artificial insemination
- + **\$0 for one non-preventive PCP and two urgent care visits** for children under 18
- + For retirees, the plan that **pairs with Medicare to give you more**, with waived coinsurance and copays, excluding prescription benefits. Learn more at: geha.com/Medicare



Scan for more
2025 plan details

Question about Standard?
Call our FedVisers today
at 1-888-681-5763 for a
personalized benefits
assessment

Plan type and enrollment code

Federal employees biweekly

Retired monthly

Self Only CODE 314 Standard

\$80.32

\$174.03

Self Plus One CODE 316 Standard

\$172.70

\$374.18

Self and Family CODE 315 Standard

\$214.30

\$464.32

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.

1 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or 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 G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
3 Calendar year deductible applies.
4 Refer to 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 Standard, you pay \$250 (\$100 professional fee, \$150 facility fee) for advanced outpatient high tech imaging such as MRI, CT, PET, etc.

Network benefits ¹	You pay
Calendar year deductible (in-network)	\$350 for Self Only \$700 for Self Plus One or Self and Family
Out-of-pocket maximum ² (in-network)	\$6,500 for Self Only \$13,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, immunizations and more	\$0
Primary care office visits	\$20
Mental health office visits	\$20
Specialist office visit	\$35
MinuteClinic / Urgent care facility visit	\$10 / \$30
Unlimited telehealth visits with MDLIVE	\$0
Emergency room visit	20% ³
Hospital care (outpatient / inpatient)	15% ³ / 15% ³
Lab services (QuestSelect benefit)	\$0
Lab services (other than QuestSelect)	15%
X-Rays and other diagnostic services	15% ^{3,6}
Maternity; preventive & childbirth / delivery professional and facility services	\$0
Chiropractic care (up to 20 visits per year)	\$35
Acupuncture (up to 20 visits per year)	15% ³
Preventive dental care, twice yearly	50%

Prescription drug benefits ^{1,4}	Retail (30-day)	Mail order (90-day)	CVS Specialty exclusive (30-day)
Generic	\$10	\$20	50% (\$250 max)
Preferred brand	40% (\$250 max ⁵)	40% (\$550 max ⁵)	50% (\$250 max ⁵)
Non-preferred brand	60% (\$350 max ⁵)	60% (\$650 max ⁵)	50% (\$400 max ⁵)

*Refer to left page for disclaimers

ELEVATE PLUS

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

[GEHA.COM/ELEVATEPLUSFEHB](https://geha.com/ELEVATEPLUSFEHB)

Plan features:

- + **Low deductible and predictable copays** for primary care, specialists and other frequently used services
- + **Earn up to \$500 per year** per subscriber and covered spouse (up to \$1,000 total) by staying engaged in your health with Wellness Pays rewards (see page 17)
- + Unlimited access to care when you need it with **\$0 copay telehealth** (including mental health) from MDLIVE
- + Comprehensive in-network access with **over 1.7 million doctors**



Scan for more
2025 plan details

Question about Elevate Plus? Call our FedVisers today at 1-888-681-5763 for a personalized benefits assessment

Plan type and enrollment code

Federal employees biweekly

Retired monthly

Self Only CODE 251 Elevate Plus

\$143.49

\$310.90

Self Plus One CODE 253 Elevate Plus

\$317.29

\$687.47

Self and Family CODE 252 Elevate Plus

\$347.56

\$753.05

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.

- 1 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or percentage of the provider's negotiated amount. This plan has no out-of-network coverage.
- 2 This plan does not include out-of-network pharmacy coverage, and it has a limited pharmacy network. Find a pharmacy at geha.com/Find-Care.
- 3 The out-of-pocket maximum is the maximum amount of coinsurance, copays and deductibles you pay for all family members before G.E.H.A. begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
- 4 Calendar year deductible applies.
- 5 You pay \$175 (\$100 professional fee, \$75 facility fee) for advanced outpatient high tech imaging such as MRI, CT, PET, etc. Refer to G.E.H.A.'s 2025 plan brochure RI 71-018 (Elevate and Elevate Plus) at geha.com/PlanBrochure
- 6 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- 7 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.

Network benefits ¹	You pay
Calendar year deductible (in-network)	\$200 for Self Only \$400 for Self Plus One or Self and Family
Out-of-pocket maximum ³ (in-network)	\$7,000 for Self Only \$14,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, well-child care, maternity care, immunizations and more	\$0
Primary care office visits	\$30
Mental health office visits	\$30
Specialist office visit	\$50
MinuteClinic / Urgent care facility visit	\$10 / \$50
Unlimited telehealth visits with MDLIVE	\$0
Emergency room visit	15% ⁴
Hospital care; outpatient and inpatient (including maternity)	15% ⁴ / 15% ⁴
Lab services	\$0
X-Rays and other diagnostic services	\$50 ⁵
Maternity; childbirth and facility services / Delivery professional services	15% ⁴ / \$0
Chiropractic care (up to 15 visits per year)	\$30
Acupuncture (up to 20 visits per year)	\$30

Prescription drug benefits ^{1,2,6}	Retail (30-day)	Mail order (90-day)	CVS Specialty exclusive (30-day)
Generic	\$10	\$20	40% (\$500 max)
Preferred brand	\$80 ⁷	\$200 ⁷	40% (\$500 max ⁷)
Non-preferred brand	50% ⁷	50% ⁷	50% ⁷

*Refer to left page for disclaimers

HIGH

The **dependable plan** for people who want peace of mind with **maximum coverage**.

[GEHA.COM/HIGHFEHB](https://geha.com/HIGHFEHB)

Plan features:

- + **Comprehensive brand-name and specialty** prescription drug coverage
- + **Low copays** for doctor visits, including primary care, mental health and specialists
- + **Earn up to \$250 per year** per subscriber and covered spouse (up to \$500 total) for healthy behaviors with our Health Rewards program (see page 17)
- + For retirees, **the plan that pairs with Medicare** to give you more, with waived coinsurance and copays, excluding prescription benefits
- + Medicare enrollees receive a **\$1,000 annual Medicare Part B premium reimbursement**. Learn more at: geha.com/Medicare



Scan for more
2025 plan details

Question about High?
Call our FedVisers today
at 1-888-681-5763 for a
personalized benefits
assessment

Plan type and enrollment code

Federal employees biweekly

Retired monthly

Self Only CODE 311 High

\$137.11

\$297.07

Self Plus One CODE 313 High

\$307.42

\$666.08

Self and Family CODE 312 High

\$376.32

\$815.36


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.

- 1 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or 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 G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
- 3 Calendar year deductible applies.
- 4 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- 5 Costs for initial prescription and first fill. You pay 50% for third and additional fills 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.

Network benefits ¹	You pay
Calendar year deductible (in-network)	\$350 for Self Only \$700 for Self Plus One or Self and Family
Out-of-pocket maximum ² (in-network)	\$6,000 for Self Only \$12,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, well-child care, maternity care, immunizations and more	\$0
Primary care office visits	\$20
Mental health office visits	\$20
Specialist office visit	\$30
MinuteClinic / Urgent care facility visit	\$10 / \$30
Unlimited telehealth visits with MDLIVE	\$0
Emergency room visit	15% ³
Hospital care (outpatient / inpatient)	10% ³ / \$100 per admission plus 10%
Lab services	\$0
X-Rays and other diagnostic services	10% ³
Maternity; childbirth / delivery professional and facility services	\$0
Chiropractic care (up to 20 visits per year)	\$20
Acupuncture (up to 20 visits per year)	10% ³
Preventive dental, twice yearly	Balance after G.E.H.A pays \$22 per visit

Prescription drug benefits ^{1,4}	Retail (30-day)	Mail order (90-day)	CVS Specialty exclusive (30-day)
Generic	\$10 ⁵	\$20	25% (\$150 max)
Preferred brand	25% (\$150 max ^{5,6})	25% (\$350 max ⁶)	25% (\$150 max ⁶)
Non-preferred brand	40% (\$200 max ^{5,6})	40% (\$500 max ⁶)	40% (\$200 max ⁶)

*Refer to left page for disclaimers



Get rewarded for
healthy activities.

G.E.H.A has two wellness programs
available to members based on the
plan they choose.

INVESTED IN OUR MEMBERS' HEALTH AND WELL-BEING

Health Rewards

- + Earn up to \$250 per year per subscriber and covered spouse (up to \$500 total) for healthy behaviors with our Health Rewards program
- + Complete your online health assessment and receive your reloadable debit card in the mail
- + Spend your reward dollars on qualified expenses, such as eyeglasses or contacts, orthodontics, doctor visits and dental care.²

HDHP

STANDARD

HIGH

Wellness Pays

- + Earn up to \$500 per year per subscriber and covered spouse (up to \$1,000 total) by staying engaged in your health with Wellness Pays rewards
- + Complete your online health assessment and receive your reloadable debit card in the mail
- + Spend your reward dollars on qualified expenses, such as eyeglasses or contacts, orthodontics, doctor visits and dental care.

ELEVATE

ELEVATE PLUS

Learn more about G.E.H.A's wellness programs at geha.com/Rewards

FOCUSED ON VISION

All G.E.H.A plans come with robust vision benefits at no additional cost. Learn more at geha.com/Vision

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
Lenses	Most from \$50-\$135 depending on chosen option	Most from \$10-\$120 depending on chosen option	Most from \$50-\$135 depending on chosen option	Most from \$50-\$135 depending on chosen option	Most from \$50-\$135 depending on chosen option
Contact lenses, 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 G.E.H.A medical plan and their eligible family members.

² 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.

COMPARE

Compare premiums



SELF ONLY

PREMIUM AND ENROLLMENT CODE

Employed – biweekly

Retired – monthly

254 Elevate

\$57.83

\$125.29

341 HDHP

\$76.27

\$165.26

314 Standard

\$80.32

\$174.03

251 Elevate Plus

\$143.49

\$310.90

311 High

\$137.11

\$297.07

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

\$139.51

\$302.27

343 HDHP

\$163.99

\$355.31

316 Standard

\$172.70

\$374.18

253 Elevate Plus

\$317.29

\$687.47

313 High

\$307.42

\$666.08

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

\$169.84

\$367.98

342 HDHP

\$201.52

\$436.63

315 Standard

\$214.30

\$464.32

252 Elevate Plus

\$347.56

\$753.05

312 High

\$376.32

\$815.36

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 in-network deductibles

What you pay each year before the plan begins to pay out benefits. Remember that preventive care is at no cost to you.

Enrollment type	Elevate	HDHP	Standard	Elevate Plus ¹	High
Self	\$500	\$650 ²	\$350	\$200	\$350
Self Plus One	\$1,000	\$1,300 ²	\$700	\$400	\$700
Self and Family					

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

² The net deductibles is the remaining amount after you subtract the G.E.H.A contribution from the annual deductible. This is your out-of-pocket cost before plan benefits begin.

Compare in-network out-of-pocket maximums

The maximum amount you'll pay in copays, deductibles and coinsurance for all family members before G.E.H.A begins to pay 100% of all covered services. This is combined maximum of medical care and prescription costs.

Enrollment type	Elevate	HDHP	Standard	Elevate Plus ¹	High
Self	\$8,500	\$6,000	\$6,500	\$7,000	\$6,000
Self Plus One	\$17,000	\$12,000	\$13,000	\$14,000	\$12,000
Self and Family					

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

COMPARE

Compare medical benefits and pharmacy benefits

Medical benefits in-network	Elevate	HDHP	Standard
Preventive care; annual physical exam, routine screenings, well-child care, maternity care, immunizations and more	\$0	\$0	\$0
Primary care office visits	\$10	5% ²	\$20
Specialist office visits	\$30	5% ²	\$35
Mental health office visits	\$10	5% ²	\$20
MinuteClinic / Urgent care facility visit	\$10/\$50	5% ² /5% ²	\$10/\$30
Unlimited telehealth visits with MDLIVE	\$0	\$0 ^{2,3}	\$0
ER visit	25% ²	5% ²	20% ²
Hospital care; inpatient / outpatient	25% ² /25% ²	5% ² /5% ²	15% ² /15% ²
Lab services	25% ²	5% ²	15% (QuestSelect \$0)
X-rays and other diagnostic services	25% ²	5% ²	15% ^{2,4}
Maternity; childbirth/delivery professional services	\$0	\$0 ²	\$0
Maternity; childbirth/delivery facility services	25% ²	\$0 ²	\$0
Chiropractic care	\$10	5% ²	\$35
Acupuncture (up to 20 visits per year)	\$10	5% ²	15% ²
Preventive dental; twice yearly	Not included	\$0	50%
Prescription drug coverage ^{1,5}			
30-day retail generic	\$4 ⁶	25% ²	\$10
30-day retail preferred brand-name	50% (\$500 max ⁶)	25% ^{2,7}	40% (\$250 max ⁷)
30-day retail non-preferred brand-name	100%	40% ^{2,7}	60% (\$350 max ⁷)
90-day mail service generic	No benefit ⁶	25% ²	\$20
90-day mail service preferred brand-name	No benefit ⁶	25% ^{2,7}	40% (\$550 max ⁷)
90-day mail service non-preferred brand-name	No benefit ⁶	40% ^{2,7}	60% (\$650 max ⁷)

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 G.E.H.A will reimburse the member 100% of the plan allowance.

4 Standard you pay \$250 (\$100 professional fee, \$150 facility fee) for advanced outpatient high tech imaging such as MRI, CT, PET, etc. Refer to G.E.H.A's 2025 plan brochure RI 71-006 (High and Standard) at geha.com/PlanBrochure.

5 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medication.

6 This plan does not include mail-order prescriptions or out-of-network pharmacy coverage, it has a limited pharmacy network. Find a pharmacy at geha.com/Find-Care.

7 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.

Medical benefits in-network	Elevate Plus	High
Preventive care; annual physical exam, routine screenings, well-child care, maternity care, immunizations and more	\$0	\$0
Primary care office visits	\$30	\$20
Specialist office visits	\$50	\$30
Mental health office visits	\$30	\$20
MinuteClinic / Urgent care facility visit	\$10/\$50	\$10/\$30
Unlimited telehealth visits with MDLIVE	\$0	\$0
ER visit	15% ³	15% ³
Hospital care; outpatient/inpatient	15% ³ /15% ³	10%/\$100 per admission plus 10%
Lab services	\$0	\$0
X-rays and other diagnostic services	\$50 ⁴	10% ³
Maternity; childbirth/delivery professional services	\$0	\$0
Maternity; childbirth/delivery facility services	15% ³	\$0
Chiropractic care	\$30	\$20
Acupuncture (up to 20 visits per year)	\$30	10% ³
Preventive dental; twice yearly	Not included	Balance after G.E.H.A pays \$22

Prescription drug coverage^{1,5}

30-day retail generic	\$10 ²	\$10 ⁶
30-day retail preferred brand-name	\$80 ^{2,7}	25% (\$150 max ^{6,7})
30-day retail non-preferred brand-name	50% ^{2,7}	40% (\$200 max ^{6,7})
90-day mail service generic	\$20 ²	\$20
90-day mail service preferred brand-name	\$200 ^{2,7}	25% (\$350 max ⁷)
90-day mail service non-preferred brand-name	50% ^{2,7}	40% (\$500 max ⁷)

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

² This plan does not include out-of-network pharmacy coverage, it has a limited pharmacy network. Find a pharmacy at geha.com/Find-Care.

³ Calendar year deductible applies.

⁴ Elevate Plus, you pay \$100 copay for advanced outpatient diagnostic tests such as MRI, CT, PET, etc. Refer to G.E.H.A's 2025 plan brochure RI 71-018 (Elevate and Elevate Plus) at geha.com/PlanBrochure

⁵ Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.

⁶ Costs for initial prescription and first fill. You pay 50% for third and additional fills 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 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.

OPEN SEASON CHECKLIST

How to make the best decision for your health benefits coverage this year.

1. ☐ **Compare G.E.H.A plan options.** Use this guide and our online plan compare tool at geha.com/CompareMedical to find your best-fit plan.
2. ☐ **Check to ensure your providers are covered.** Find our full provider directory at geha.com/FindCare to ensure your doctors are among the 1.7 million in our national network.
3. ☐ **Check to ensure your prescriptions are covered.** Visit the G.E.H.A formulary at geha.com/Prescriptions to learn about the coverage and costs for your prescriptions, find in-network pharmacies near you, and more.
4. ☐ **Enroll in your G.E.H.A plan of choice.** Visit G.E.H.A at geha.com/Enroll for all the information you need for enrollment and to connect with the appropriate enrollment platform for your agency.



G.E.H.A IS HERE TO HELP

Get expert support in choosing
the perfect plan for you.

Our FedViser benefits experts are available to help
you find your best-fit plan, provide additional plan
details and answer any questions you may have.

CONTACT US

Reach a FedViser Monday – Friday
from 7 a.m. – 7 p.m. Central time
in three easy ways:

Chat live by visiting geha.com



Call 1-888-681-5763

Meet one-on-one with a
FedViser at geha.com/TalkFEHB



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 G.E.H.A 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.

For information and changes to G.E.H.A'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.

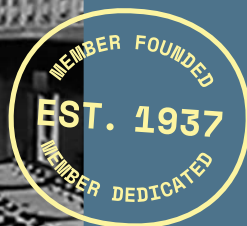
Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information: The Federal Employees Health Benefit (FEHB) program offers numerous health benefits plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed 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. G.E.H.A's SBCs are available on the internet at geha.com/SBC. Paper copies are also available, free of charge, by calling 1-800-821-6136.

To find out more information about plans available under the FEHB program, including SBCs for other FEHB plans, please visit opm.gov/insure.

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FOUNDED BY FEDERAL EMPLOYEES IN 1937



Our spirit of service dates back nine decades to our founding by railway postal clerks who “passed the hat” to cover each other in times of need. We’ve built upon that legacy as the largest nonprofit, government employees health benefits association in the country.

**Get the coverage that
millions of federal
employees have
counted on through
the years**

87 years later, we honor our origin by delivering comprehensive coverage and benefits that go beyond for federal employees, retirees and their families. As a member-built organization, every dollar is put back into expanding the coverage that supports and protects those who support and protect our country.



G.E.H.A

Government
Employees Health
Association