



# Medicare Advantage Plans



- 2+ million members worldwide
- One of the largest carriers in the FEHB Program
- Nonprofit association
- Exclusively Federal / Postal / Annuitants
- Extensive nationwide network of doctors, dentists, hospitals and other providers

Presented by **GEHA** Government Employees  
Health Association

# GEHA was created by Postal employees like you.

- Founded by Railway Post Office employees in 1937
- Employees passed the hat to help co-workers in times of need
- Caring for one another has always been one of our core values

Learn more about GEHA at [geha.com/Postal](https://geha.com/Postal)



# Webinar tips

- Submit your questions in the Q&A box
- After the webinar, you will receive a recording along with a copy of the slides
- The webinar audio will be played through your computer. No need to mute your device.
- Technical issues:
  - Try refreshing your browser
  - Use Chrome browser for the best viewing experience
- Questions about GEHA benefits?  
Email [webinars@geha.com](mailto:webinars@geha.com) or call [800.821.6136](tel:800.821.6136)
- Postal Service Health Reform questions? Email [retirementbenefits@usps.gov](mailto:retirementbenefits@usps.gov)

# Agenda

## USPS PSHB RESOURCES

- For Active Employees and Annuitants

## MEDICARE BASICS

### MEDICARE PART C (MEDICARE ADVANTAGE)

- Individual vs. Group
- TRICARE® and Medicare

### GEHA MEDICARE ADVANTAGE PLANS

- GEHA's Medicare Advantage plans
- GEHA dental plans and FEDVIP in retirement

## Q & A

# USPS Resources




# Postal Service Health Benefits (PSHB) resources

- OPM Frequently Asked Questions (FAQs)  
[opm.gov/healthcare-insurance/pshb](https://www.opm.gov/healthcare-insurance/pshb)
- Active USPS employees  
[myhr.usps.gov/pay\\_benefits/benefits/federal\\_health\\_benefits/postal\\_service\\_health\\_benefits](https://myhr.usps.gov/pay_benefits/benefits/federal_health_benefits/postal_service_health_benefits)
- Postal annuitants  
[keepingposted.org/postal-service-health-benefits.htm](https://keepingposted.org/postal-service-health-benefits.htm)
- Postal Services Health Reform Act questions  
[retirementbenefits@usps.gov](mailto:retirementbenefits@usps.gov)
- Questions on PSHB Special Enrollment Period (SEP) for Part B  
PSHB Navigator Helpline: [833.712.PSHB \(7742\)](tel:833.712.PSHB)

# PSHB resource for annuitants

Visit [keepingposted.org/postal-service-health-benefits.htm](https://keepingposted.org/postal-service-health-benefits.htm) to view the USPS Annuitants Fact Sheet.

**KeepingPosted.org**  
FOR RETIRED USPS EMPLOYEES

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## Postal Service Health Benefits (PSHB) Program

USPS Annuitants Fact Sheet

The Postal Service Reform Act of 2022 (PSRA) was signed into law in April 2022. Since then, the Office of Personnel Management (OPM), in conjunction with the Postal Service, has been working to implement a new Postal Service Health Benefits (PSHB) Program, as required under the new law. PSHB is a new, separate program within the Federal Employees Health Benefits (FEHB) Program and will be administered by OPM. Coverage under the PSHB Program will be effective January 1, 2025. Below is a list of facts regarding the PSHB Program for current annuitants:

### Resources

- [PSHB Annuitant Fact Sheet](#)
- [PSHB FAQs](#)

1. You are required to select a health insurance plan in the PSHB Program during the 2024 open season period, from November 11, 2024 – December 9, 2024.
2. PSHB plan options and premium information will be available in October 2024.
3. OPM will launch a new enrollment platform for health insurance. Information on how to make elections using the new system will be available prior to the 2024 open season.
4. If you are an **annuitant as of January 1, 2025, and not currently participating in Medicare Part B**, you ARE NOT required to enroll in Medicare Part B to continue your health insurance coverage in the new PSHB Program. Participation in Medicare Part B is voluntary; however, enrollment in Medicare Part B may reduce your overall costs for health care-related expenses and may provide greater value.
  - a. Your covered spouse and eligible family members will also not be required to enroll in Medicare Part B even if they are age 65 or older; however, enrollment in Medicare Part B may reduce overall costs for health care-related expenses and may provide greater value.
  - b. **Note:** If you are an **annuitant as of January 1, 2025, and are already enrolled in Medicare Part B**, you ARE required to remain enrolled in Medicare Part B to continue coverage under PSHB.
5. If you are an **annuitant entitled to Medicare Part A (typically at age 65) prior to January 1, 2024, and have not enrolled in Medicare Part B**, you and your covered, eligible family members may be able to participate in the special enrollment period (SEP) for Medicare Part B that starts on April 1, 2024. Those who enroll during the SEP will not need to pay the late enrollment penalty. Eligibility letters will be sent to annuitants and eligible family members in early 2024.
6. If you **retire between October 31, 2024, and December 31, 2024, and are entitled to Medicare Part A (typically at age 65)**, you will have the option to enroll in Medicare Part B during a specific eight-month special enrollment period immediately following your retirement date. If you wish to enroll, you MUST contact the Social Security Administration (SSA) to initiate enrollment if you are over the age of 65.
7. As a general rule, spousal and family member PSHB coverage is based on the primary subscriber's eligibility. If the primary subscriber is not required to join Medicare Part B, neither will dependent family members. Likewise, if you qualify for the SEP, so will your covered family members.

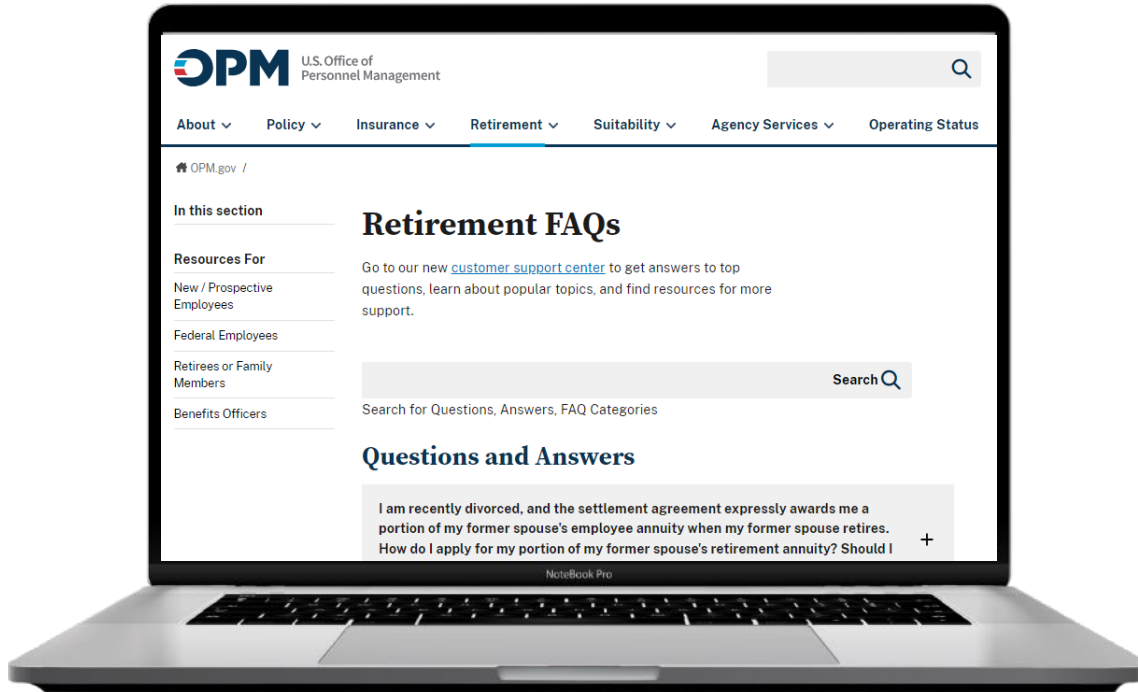
### Looking Ahead

Benefits can change over time. Annuitants are encouraged to review available plans each year and stay abreast of health insurance options.

Additional information will be communicated in the coming months. You can also visit or contact us via any of the following methods:

# OPM frequently asked questions

[opm.gov/Retirement-Services/Retirement-FAQs](https://opm.gov/Retirement-Services/Retirement-FAQs)





# Medicare basics



# When are you eligible for Medicare?

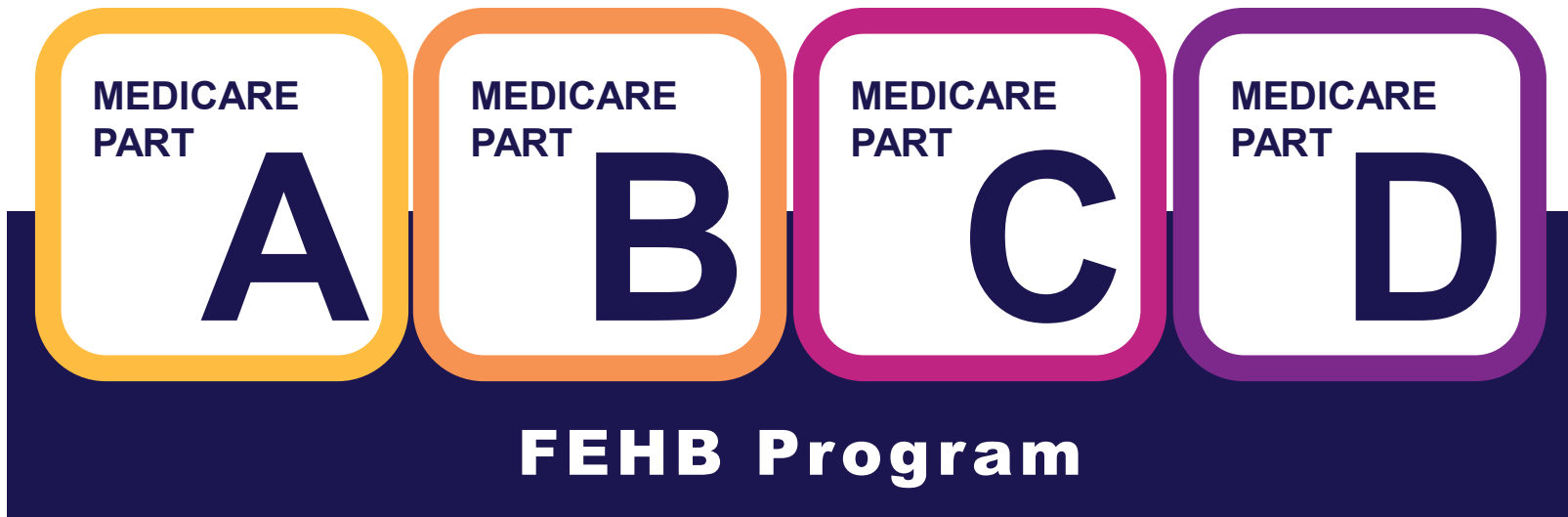
You are 65 years old OR under 65 and qualify based on disability or another special situation

**AND**

You're a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you or your spouse have contributed payroll taxes to Medicare for at least 10 years throughout your working life, you are eligible for Medicare when you reach age 65 — regardless of your income or health status

# The parts of Medicare



This presentation will focus on Medicare PART C

# Prescription Drug Coverage – Part D

Not needed for federal employees and retirees



- Many commercial plans available
- **Not needed for FEHB Program members**

# New in 2025: PSHB Program & Part D

Medicare Part D will be required for Postal Employee Health Benefit Program members enrolled in Medicare A or B



- Medicare Advantage Prescription Drug Plan (MAPD)  
or
- Part D Prescription Drug Plans (PDP)

# More about EGWP Part D plans also known as Group Medicare Prescription Drug Plans (PDP)?



Medicare A and/or B members are auto enrolled into carrier's EGWP PDP



No additional monthly premium but may be subject to Part D IRMAA



Drug coverage as good or better than FEHBP coverage

**In 2024, the FEHB Program introduced EGWP Part D Plans (PDP) for FEHB Program members with Medicare A and/or B. The EGWP PDP plan replaces your drug coverage on the FEHB Program.**

# PSHB – Medicare Part B Special Enrollment Period (SEP)

You may be eligible to participate in a Medicare Part B Special Enrollment Period (SEP). The SEP applies to certain Postal Service annuitants and family members who are entitled to Medicare Part A but are not enrolled in Medicare Part B as of January 1, 2024.

- During the SEP, you may be eligible to enroll in Medicare Part B **without** paying a late enrollment penalty.
- The SEP runs from April 1, 2024, through September 30, 2024.
- In March 2024, individuals eligible for the SEP were sent notification and instructions on how to sign up for Part B.
- For annuitants enrolling in Medicare Part B during the PSHB SEP, the coverage effective date will be January 1, 2025.

**Medicare Part C**

**=**

**Medicare  
Advantage**

**They are the same thing**





# Medicare Part C – Medicare Advantage



-Must be enrolled in  
Part A & B as primary  
-Government-run

-Part C substitutes  
for Part A & B  
-Private-run

**Part A – Inpatient Hospital, Skilled nursing, Home health, Hospice**  
**Part B – Outpatient care, Physician services**

# Consumer Checkbook says:

- “Federal retirees have Medicare Advantage (MA) plans to consider joining. Our analysis shows that some of these offerings are an outstanding value.”

# Different categories of Medicare Advantage Plans














- **Individual** Medicare Advantage plans
- **Group** OPM-approved Medicare Advantage plans under the FEHB Program

# Carriers in FEHB Program with Medicare Advantage Plans

- Aetna
- APWU
- Humana
- Kaiser
- GEHA
- MHBP
- NALC
- Rural Carrier
- SAMBA
- UnitedHealthcare

There are different Medicare Advantage plans available to you based on where you live.

# Difference between Individual and Group Medicare Advantage plans

Medicare Advantage Plan offer more savings and more benefits	Individual Medicare Advantage plans	Group Medicare Advantage plans
May include a monthly premium subsidy		
Approved by OPM		
Part of the FEHB Program, <i>Included Prescription Drug coverage (not optional)</i>		
No copays on covered medical services		
May offer same cost share in or out of network		
Includes prescription drug coverage		
Voluntary clinical and wellness programs		
Worldwide emergency and urgent care coverage		
Value-added benefits not included with Original Medicare		



# Different types of Medicare Advantage Plans

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

# Individual Medicare Advantage – private insurance companies (non-FEHB) offering regional HMOs and PPOs



Premiums and costs vary



May require preauthorization or referrals to see a specialist



Limited network possible



Drug coverage may not be included



May only cover emergency care outside your service area

**If you enroll in a non-FEHB Program individual Medicare Advantage plan, you may want to consider suspending your FEHB Program coverage.**

# What about Medicare supplement plans or Medigap plans?



Pays Medicare deductibles and coinsurance



Additional monthly premium



Does not cover prescription drugs

**The FEHB Program and Medicare will coordinate benefits to provide comprehensive coverage for federal employees. Federal employees should not enroll in a Medicare supplement or Medigap plan.**



# Group Medicare Advantage plans offered within the FEHB Program are approved by OPM and premium-free\*

- Provides a monthly Part B **premium subsidy**, varies by plan
- **\$0** medical out-of-pocket maximums in-network on most plans, all include Part D drug coverage
- No charge for using non-network providers that participate with Medicare
- Many include enhanced benefits like expanded dental and vision coverage, a gym membership and more
- You must continue to pay Part B premium and FEHB Program plan premium

\*If your modified adjusted gross income from two years ago is above the current IRS threshold for the standard premium you will be subject to an additional monthly premium, known as an Income Related Monthly Adjustment Amount (IRMAA).

**Source:** <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>

# TRICARE and Medicare (TRICARE for Life)

- Pays **100%** of most medical expenses when combined with original Medicare Part A & Part B
- Private Medicare Advantage would not be recommended for a Tricare member.

# Lifetime health care costs



Source: National Center for Biotechnology Information

# Review your plan options

1

Review FEHB plans before Medicare becomes primary. [Use the Consumer's Checkbook Guide as a reference.](#)

2

Lower premium plans may be adequate in the early stages of retirement

3

Consider an FEHB plan that has an MA plan option

4

Plan changes allowed every year during Open Season

**Remember, retirement is not a Qualifying Life Event (QLE), but becoming eligible for Medicare is:**

- Change allowed to any option or any available plan
- Begins the 30<sup>th</sup> day before you become eligible for Medicare
- Only allowed once

# Medicare Advantage and GEHA



# New in 2024

**GEHA is offering Medicare Advantage Plans through UnitedHealthcare<sup>®</sup>, a UnitedHealthcare GEHA Group Medicare Advantage (PPO) Plan.**

**Learn more at:**

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

# What does GEHA's Medicare Advantage include?

- ALL benefits of Original Medicare (Parts A and B), with NO copays or deductible
- Enhanced prescription drug coverage (Part D),
- Dental
- Vision
- Hearing
- Gym membership
- House calls
- Foreign travel coverage
- Quarterly credit for Over-the-Counter items
- Rides, meals, and personal care at home following inpatient and SNF discharge
- Large National network
- And MORE, at **no additional premium**

# GEHA is offering two Medicare Advantage PPO plans

- GEHA **High** Medicare Advantage Plan
- GEHA **Standard** Medicare Advantage Plan

**Important: Enrollment is voluntary; GEHA retirees may opt-in or opt-out of the enhanced level of benefits at any time during the year. Once you enroll, you will still need to pay your FEHB Program monthly premiums.**

Disclaimer: You will remain a GEHA Medical Plan member in the FEHB program if you elect the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan. If you suspend your coverage with the Office of Personnel Management (OPM), you will also be terminated from the GEHA Medicare Advantage Plan, a UnitedHealthcare® Group Medicare Advantage (PPO) plan.



# Your monthly and annual costs

**\$0**

Additional monthly plan premium for Medicare Advantage

**\$0**

Annual deductible

**\$0**

Annual out-of-pocket maximum

**\$0**

Copays on covered medical expenses

**PLUS a \$75 (Standard) or \$100 (High) monthly Part B subsidy!**

\*Limitations, exclusions and/or network restrictions may apply. Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

# Part B Premium Subsidy

## It's automatic!

How you will receive your part B premium subsidy depends upon how you pay your Medicare Part B premium

If...	Then...
Deducted from Social Security benefit	Subsidy will be applied to social security benefit
Receive a quarterly bill from Social Security/Medicare	Bill will be reduced by 3 times the subsidy amount (Ex – subsidy of \$100 per month will equate to \$300 quarterly premium reduction / \$75 = \$225 quarterly)
Deducted from Annuity Check	Subsidy will be applied to annuity check



**The subsidy will be applied in the form of a reduced part B premium, there will not be a line-item credit on your statement**

## Part D (prescription drug) benefits **Standard**

Tier	Prescription drug type	Your costs	
		Retail (30-day supply)	Preferred Mail Order (90-day supply)
<b>1</b>	<b>Preferred Generic</b> All covered generic drugs	<b>\$8 copay</b>	<b>\$16 copay</b>
<b>2</b>	<b>Preferred Brand</b> Many common brand-name drugs, called preferred brands	<b>\$40 copay</b>	<b>\$80 copay</b>
<b>3</b>	<b>Non-preferred Drug</b> Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	<b>\$70 copay</b>	<b>\$140 copay</b>
<b>4</b>	<b>Specialty Tier</b> Unique and/or very-high-cost brand-name drugs	<b>33% up to \$150</b>	<b>33% up to \$150*</b>

\*Tier 4 specialty drugs are limited to a 30-day supply





## Part D (prescription drug) benefits **High**

Tier	Prescription drug type	Your costs	
		Retail (30-day supply)	Preferred Mail Order (90-day supply)
<b>1</b>	<b>Preferred Generic</b> All covered generic drugs	<b>\$3 copay</b>	<b>\$6 copay</b>
<b>2</b>	<b>Preferred Brand</b> Many common brand-name drugs, called preferred brands	<b>\$35 copay</b>	<b>\$70 copay</b>
<b>3</b>	<b>Non-preferred Drug</b> Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	<b>\$65 copay</b>	<b>\$130 copay</b>
<b>4</b>	<b>Specialty Tier</b> Unique and/or very-high-cost brand-name drugs	<b>15% up to \$150</b>	<b>15% up to \$150*</b>

\*Tier 4 specialty drugs are limited to a 30-day supply

# Vision exam and eyewear

With the vision benefit, you'll have access to a nationwide network of providers with the freedom to see any participating vision provider. You will have access to an annual routine eye exam through a vision provider and an allowance toward eyeglasses (frame and lenses) or contacts for vision correction not related to cataract surgery.

-  A routine eye exam once every 12 months with a **\$0** copay
-  **\$130** allowance toward eyeglasses (frames and lenses), every 24 months **OR**  
**\$175** allowance toward contact lenses instead of eyeglasses, every 24 months
-  Out-of-network providers may require you to pay upfront and submit a reimbursement claim to UnitedHealthcare
-  The network is UnitedHealthcare Medical Network with information on your Medicare Advantage member ID card



When scheduling your appointment, make sure your vision and eyewear provider(s) will bill the UnitedHealthcare medical plan before receiving routine vision services (routine eye exam and eyeglasses or contact lenses)

# Dental coverage for your oral health needs – up to \$1,000

With UnitedHealthcare® Dental, you'll have access to Medicare Advantage's largest national dental network with more than 365,000 providers.

## 100%

coverage for exams, X-rays, cleanings and periodontal maintenance when you see a network dental provider

## 80%

coverage for minor services, including fillings, pulp protection and nitrous oxide\*\*

## 50%

coverage for major services, including crowns, root canals, dentures and more\*\*



**You can see any dentist who accepts the plan. If you see an out-of-network dentist, you may be billed more.**

Dental contact information can be found on the back of your Medicare Advantage member ID card.

**1.844.491.9898**, TTY 711, 8 a.m.–8 p.m. local time, Monday–Friday





\*Please refer to your Summary of Benefits for details on your benefit coverage.

\*\*Provider network may vary in local market.

# Need more dental coverage?

GEHA offers additional **dental** benefits

**GEHA offers two plans to choose from along with customized plans for federal workers.**

-  Two comprehensive dental plans with a large, nationwide network and worldwide coverage
-  No waiting period before work begins for child and adult orthodontia
-  No in-network deductibles with nearly **425,000** provider locations nationwide
-  Vision discounts: **\$5** routine eye exam plus frames, contact lens and Lasik discounts

To learn more about what GEHA has to offer, please contact a GEHA FedViser benefits expert at [800.262.GEHA \(4342\)](tel:800.262.GEHA) or [geha.com/CompareDental](https://geha.com/CompareDental)

\*These benefits are neither offered nor guaranteed under contract with the FEDVIP program but are made available to all Enrollees who become members of GEHA and their eligible family members.

# UnitedHealthcare Hearing

With UnitedHealthcare Hearing, you can receive a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings. Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- ✓ Receive friendly, expert advice through our national network of 7,000+ hearing providers\* — or try virtual appointments\*\*
- ✓ Get personalized support to help you adjust to your new hearing aids
- ✓ Choose from the latest technology from popular brands, including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™

\*Please refer to your Summary of Benefits for details on your benefit coverage.

\*\*Select products and providers.

^Based on suggested manufacturer pricing.

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.



## Up to 50%

To get started and save up to 50% off standard industry prices with exclusive pricing, go online or call UnitedHealthcare Hearing.



# UnitedHealthcare<sup>®</sup> HouseCalls

Have a yearly in-home check-up to help stay on top of your health between regular doctors' visits.

- ✓ No extra costs
- ✓ A licensed health care practitioner will perform a head-to-toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- ✓ The visit lasts up to an hour. You can talk about health concerns and ask questions that you haven't had time to ask before.
- ✓ You'll get a personalized checklist of topics to discuss at your next doctor's visit
- ✓ HouseCalls will send a summary of your visit to you and your regular doctor

\*HouseCalls may not be available in all areas.



## Prefer a video visit instead?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

# Renew Active<sup>®</sup> by UnitedHealthcare

Renew Active is the gold standard in Medicare fitness programs for the body and mind — and is available with your GEHA Medicare Advantage plan, at no additional cost.



Stay active with a free gym membership at a location you select from the largest national network of gyms and fitness locations. If you prefer to exercise at home, you can access thousands of on-demand workout videos and streaming fitness classes.



Stay active socially with local health and wellness classes, clubs and events. Also, connect socially by joining the online Fitbit<sup>®</sup> Community for Renew Active. No Fitbit device is needed.



Stay focused with an online program offering content about brain health with exclusive content for Renew Active members.



[www.uhcrenewactive.com](http://www.uhcrenewactive.com)

# Expanded Foreign Travel

Your GEHA Medicare Advantage Plan covers you even when you're traveling outside the United States just as if you were in the United States.

UnitedHealthcare will reimburse you for any covered services or prescriptions you may need while traveling minus any copays that may apply.



Doctors' office visits



Prescription drugs



Surgical procedures



Mental health/  
Substance use care



Emergency room services



# Healthy Benefits Plus

With the Healthy Benefits Plus program, **each** member is provided with a **\$40 quarterly credit** to spend on over-the-counter (OTC) items from network retail locations, the OTC catalog, website or mobile app. The credit is automatically loaded to a prepaid card every quarter.



Catalog – Will arrive 4-6 weeks after enrollment



Prepaid card – Make purchase from a network retail location



Online – Use your prepaid card online at  
[HealthyBenefitsPlus.com/UHCretireeOTC](https://HealthyBenefitsPlus.com/UHCretireeOTC)



*All credits will expire quarterly*



# UnitedHealthcare Healthy at Home

You are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges\*:



28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist



12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist



6 hours of non-medical personal care provided through a CareLinx professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required.

\*A new referral is required after every discharge to access your meal and transportation benefit.

# 2024 Standard and High premiums

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

Standard plan Enrollment code	You pay monthly
314 Self Only	<b>\$151.99</b>
316 Self Plus One	<b>\$326.79</b>
315 Self and Family	<b>\$403.76</b>

High plan Enrollment code	You pay monthly
311 Self Only	<b>\$235.41</b>
313 Self Plus One	<b>\$540.95</b>
312 Self and Family	<b>\$663.56</b>

National PPO plan

## Visit any doctor, specialist or hospital that accepts Medicare

Even though you are not required to see a network doctor, your doctor may already be part of our network.

To find out, search our online Provider Directory at [retiree.uhc.com/GEHA](https://retiree.uhc.com/GEHA) or call GEHA UnitedHealthcare Dedicated Customer Service at [1.844.491.9898](tel:18444919898) TTY 711, 8 a.m.–8 p.m. local time, Monday–Friday.



**In network doctors must accept this plan for existing patients. If your doctor is out-of-network, they may choose not to treat you for non-emergency visits.**

# When enrolling in GEHA Medicare Advantage

1

Enroll in or stay enrolled in Medicare Parts A and B.  
Pay Part B Premium

2

Enroll in or stay enrolled in GEHA Standard or High plan. Pay Standard or High premium.

3

Call the dedicated GEHA UnitedHealthcare Customer Service line at [1.844.491.9898](tel:18444919898) to enroll in the Medicare Advantage option for your Standard or High plan.

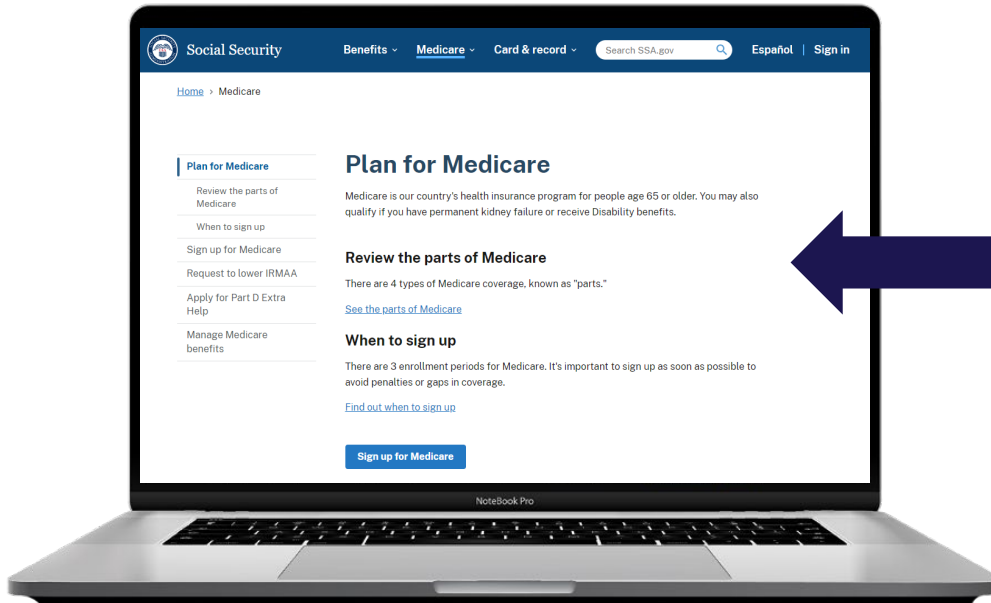
4

**DO NOT SUSPEND** your **GEHA FEHB** Program Plan

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# Applying online for Medicare Parts A and B is easy



Visit [ssa.gov/Medicare](https://ssa.gov/Medicare) to apply online.

# Questions about GEHA plans? Talk to a FedViser benefits expert Monday–Friday, 7 a.m.–7 p.m. Central time



Call us at  
[800.262.4342](tel:800.262.4342)



Schedule a 1-on-1 meeting



Chat online



Text from your phone



Get in touch.  
Visit [geha.com](https://www.geha.com)



Call [844.491.9898](tel:844.491.9898) for  
[questions on our Medicare  
Advantage plans](#)


# Postal Service Health Benefits (PSHB) resources

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PSHB Navigator Helpline: [833.712.PSHB \(7742\)](tel:833.712.PSHB.7742)

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## Postal Service Health Benefits (PSHB) Program

USPS Annuitants Fact Sheet

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2. PSHB plan options and premium information will be available in October 2024.
3. OPM will launch a new enrollment platform for health insurance. Information on how to make elections using the new system will be available prior to the 2024 open season.
4. If you are an **annuitant as of January 1, 2025, and not currently participating in Medicare Part B**, you ARE NOT required to enroll in Medicare Part B to continue your health insurance coverage in the new PSHB Program. Participation in Medicare Part B is voluntary; however, enrollment in Medicare Part B may reduce your overall costs for health care-related expenses and may provide greater value.
  - a. Your covered spouse and eligible family members will also not be required to enroll in Medicare Part B even if they are age 65 or older; however, enrollment in Medicare Part B may reduce overall costs for health care-related expenses and may provide greater value.
  - b. **Note:** If you are an **annuitant as of January 1, 2025, and are already enrolled in Medicare Part B**, you ARE required to remain enrolled in Medicare Part B to continue coverage under PSHB.
5. If you are an **annuitant entitled to Medicare Part A (typically at age 65) prior to January 1, 2024, and have not enrolled in Medicare Part B**, you and your covered, eligible family members may be able to participate in the special enrollment period (SEP) for Medicare Part B that starts on April 1, 2024. Those who enroll during the SEP will not need to pay the late enrollment penalty. Eligibility letters will be sent to annuitants and eligible family members in early 2024.
6. If you **retire between October 31, 2024, and December 31, 2024, and are entitled to Medicare Part A (typically at age 65)**, you will have the option to enroll in Medicare Part B during a specific eight-month special enrollment period immediately following your retirement date. If you wish to enroll, you **MUST** contact the Social Security Administration (SSA) to initiate enrollment if you are over the age of 65.
7. As a general rule, spousal and family member PSHB coverage is based on the primary subscriber's eligibility. If the primary subscriber is not required to join Medicare Part B, neither will dependent family members. Likewise, if you qualify for the SEP, so will your covered family members.

### Looking Ahead

Benefits can change over time. Annuitants are encouraged to review available plans each year and stay abreast of health insurance options.

Additional information will be communicated in the coming months. You can also visit or contact us via any of the following methods:

# Q&A

USPS retirement questions:  
[retirementbenefits@usps.gov](mailto:retirementbenefits@usps.gov)

Postal Services Health Reform Act questions:  
[retirementbenefits@usps.gov](mailto:retirementbenefits@usps.gov)

# Thank you

Q&A chat will end at X p.m. Eastern time

For more information

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

This is a brief description of the features of Government Employees Health Association, Inc.'s medical plans. Before making a final decision, please read the GEHA Federal brochures which are available at [geha.com/PlanBrochure](https://geha.com/PlanBrochure). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.