

SEE IF THE UNITEDHEALTHCARE® G.E.H.A MEDICARE ADVANTAGE GROUP (PPO) PLAN IS RIGHT FOR YOU

High			
Plan comparison	Federal	Postal	Medicare Advantage
Extras	What you pay		
Part B premium subsidy	\$1,000 annually	\$800 annually	\$100 per month
Free gym membership	None	None	Yes ¹
Over-the-counter items allowance	None	None	Yes ²
Eyeglasses or contacts allowance	None	None	Yes
Medical benefits	What you pay		
Annual medical deductible	None	None	None
Annual out-of-pocket maximum ³	\$7,500 Self Only \$15,000 Self Plus One or Self and Family	\$6,000 Self Only \$12,000 Self Plus One or Self and Family	None
Preventive services	\$0	\$0	\$0
Physician office visit (primary, specialist, virtual)	\$0	\$0	\$0
Hospital services (inpatient and outpatient)	\$0	\$0	\$0
Emergency room or urgent care	\$0	\$0	\$0
Ambulance services	\$0	\$0	\$0
Lab services	\$0	\$0	\$0



Call our dedicated G.E.H.A UnitedHealthcare Customer Service Advocates to learn more about the G.E.H.A High Medicare Advantage plan designed exclusively for retirees in the FEHB and PSHB programs at 1-844-382-6322, TTY 711, 8 a.m.–8 p.m., Central time, Monday–Friday, or visit geha.com/MedicareAdvantage



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THE G.E.H.A MEDICARE ADVANTAGE PLAN HAS BUILT-IN PRESCRIPTION DRUG COVERAGE

Pharmacy comparison	Federal ⁴	Postal ⁴	EGWP PDP ⁴	Medicare Advantage
30-day retail	What you pay			
Generic	\$10 ⁵	\$10 ⁵	\$9	\$3
Preferred brand name	25% (\$250 max) ^{5,7}	25% (\$200 max) ^{5,7}	20% (\$150 max)	\$35
Non-preferred brand name	40% (\$400 max) ^{5,7}	40% (\$300 max) ^{5,7}	35% (\$200 max)	\$65
Specialty generic/preferred	25% (\$350 max) ^{6,7}	25% (\$200 max) ^{6,7}	15% (\$150 max)	15% (\$150 max)
Specialty non-preferred	40% (\$400 max) ^{6,7}	40% (\$300 max) ^{6,7}	15% (\$150 max)	15% (\$150 max)
90-day mail	What you pay			
Generic	\$25 ⁹	\$25 ⁹	\$15	\$6 ⁸
Preferred brand name	25% (\$500 max) ^{7,9}	25% (\$400 max) ^{7,9}	15% (\$350 max)	\$70 ⁸
Non-preferred brand name	40% (\$800 max) ^{7,9}	40% (\$900 max) ^{7,9}	30% (\$500 max)	\$130 ⁸
Specialty generic/preferred (limited to 30-day supply)	25% (\$350 max) ^{6,7}	25% (\$200 max) ^{6,7}	15% (\$150 max)	15% (\$150 max) ⁸
Specialty non-preferred (limited to 30-day supply)	40% (\$400 max) ^{6,7}	40% (\$300 max) ^{6,7}	15% (\$150 max)	15% (\$150 max) ⁸



¹The fitness benefit varies by plan/area and may not be available on all plans. The fitness benefit includes a standard fitness membership. The information provided is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market and plan.

²OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.

³Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.

⁴In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or percentage of the provider's negotiated amount.

⁵Costs for initial prescription and first fill. You pay 50% for third and additional fills at retail for 30-day supply. For maintenance prescriptions, use mail order or your local retail CVS Pharmacy store (90-day supply) for greater cost savings.

⁶CVS Specialty is the exclusive pharmacy for specialty medications.

⁷If 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.

⁸Optum[®] Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

⁹CVS Caremark Mail Service Pharmacy is the exclusive mail service pharmacy for non-specialty medications.

This is a brief description of the features of the G.E.H.A High health plan. Before making a final decision, please read the Plan's [Federal brochure RI 71-006](#). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

Benefits, features, and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Refer to [geha.com/Prescriptions](#) for formulary and specialty coverage for specific medications.

Plans are 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.