

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

## Standard

Plan comparison	Federal	Postal	Medicare Advantage
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### Extras

### What you pay

Part B premium subsidy	None	None	\$75 per month
Free gym membership	None	None	Yes <sup>1</sup>
Over-the-counter items allowance	None	None	Yes <sup>2</sup>
Eyeglasses or contacts allowance	None	None	Yes

### Medical benefits

### What you pay

Annual medical deductible	None	None	None
Annual out-of-pocket maximum <sup>3</sup>	\$8,000 Self Only \$16,000 Self Plus One or Self and Family	\$6,500 Self Only \$13,000 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 Standard 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](https://geha.com/MedicareAdvantage)



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**G.E.H.A**

Government  
Employees Health  
Association



United  
Healthcare  
Group Medicare Advantage

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

Pharmacy comparison	Federal <sup>4</sup>	Postal <sup>4</sup>	EGWP PDP <sup>4</sup>	Medicare Advantage
30-day retail		What you pay		
Generic	\$10	\$10	\$9	\$8
Preferred brand name	40% (\$350 max) <sup>5</sup>	40% (\$350 max) <sup>5</sup>	25% (\$200 max)	\$40
Non-preferred brand name	60% (\$550 max) <sup>5</sup>	60% (\$450 max) <sup>5</sup>	50% (\$300 max)	\$70
Specialty generic/preferred	50% (\$450 max) <sup>5,6</sup>	50% (\$350 max) <sup>5,6</sup>	33% (\$250 max)	33% (\$150 max)
Specialty non-preferred	50% (\$600 max) <sup>5,6</sup>	50% (\$500 max) <sup>5,6</sup>	33% (\$250 max)	33% (\$150 max)
90-day mail		What you pay		
Generic	\$25 <sup>8</sup>	\$25 <sup>8</sup>	\$20	\$16 <sup>7</sup>
Preferred brand name	40% (\$700 max) <sup>5,8</sup>	40% (\$700 max) <sup>5,8</sup>	25% (\$500 max)	\$80 <sup>7</sup>
Non-preferred brand name	60% (\$1,100 max) <sup>5,8</sup>	60% (\$900 max) <sup>5,8</sup>	50% (\$600 max)	\$140 <sup>7</sup>
Specialty generic/preferred (limited to 30-day supply)	50% (\$450 max) <sup>5,6</sup>	50% (\$350 max) <sup>5,6</sup>	33% (\$250 max)	33% (\$150 max) <sup>7</sup>
Specialty non-preferred (limited to 30-day supply)	50% (\$600 max) <sup>5,6</sup>	50% (\$500 max) <sup>5,6</sup>	33% (\$250 max)	33% (\$150 max) <sup>7</sup>



<sup>1</sup>The 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.

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

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

<sup>4</sup>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.

<sup>5</sup>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.

<sup>6</sup>CVS Specialty is the exclusive pharmacy for specialty medications.

<sup>7</sup>Optum<sup>®</sup> 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.

<sup>8</sup>CVS Caremark Mail Service Pharmacy is the exclusive mail service for non-specialty medications.

This is a brief description of the features of the G.E.H.A Standard 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.

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