STANDARD G.E.H.A MEDICARE ADVANTAGE PLAN

Plan comparison

Plan extras	Federal	Postal	Medicare Advantage
		What you get	
Part B premium subsidy	None	None	Up to $900 annually
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	**Federal**	**Postal**	**Medicare Advantage**
		What you pay	
Annual medical deductible	None	None	None
Annual out-of-pocket maximum[3] (Self Only)	$8,000	$6,500	None
Annual out-of-pocket maximum[3] (Self Plus One or Self and Family)	$16,000	$13,000	None
Physician office visit (primary, specialist, virtual)	$0	$0	$0
Hospital services (inpatient and outpatient)	$0	$0	$0
Preventive services	$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**

1-844-382-6322 (TTY 711)
8 a.m.–8 p.m., Central time,
Monday–Friday

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

30-day retail	Federal[4]	Postal[4]	PDP[4]	Medicare Advantage
	What you pay			
Generic	$10	$10	$9	$8
Preferred brand name	40% ($350 max)[5]	40% ($350 max)[5]	25% ($200 max)	$40
Non-preferred brand name	60% ($550 max)[5]	60% ($450 max)[5]	50% ($300 max)	$70
Specialty generic/preferred	50% ($450 max)[5,6]	50% ($350 max)[5,6]	33% ($250 max)	33% ($150 max)
Specialty non-preferred	50% ($600 max)[5,6]	50% ($500 max)[5,6]	33% ($250 max)	33% ($150 max)

90-day mail	Federal[4]	Postal[4]	PDP[4]	Medicare Advantage
	What you pay			
Generic	$25[8]	$25[8]	$20	$16[7]
Preferred brand name	40% ($700 max)[5,8]	40% ($700 max)[5,8]	25% ($500 max)	$80[7]
Non-preferred brand name	60% ($1,100 max)[5,8]	60% ($900 max)[5,8]	50% ($600 max)	$140[7]
Specialty generic/preferred (limited to 30-day supply)	50% ($450 max)[5,6]	50% ($350 max)[5,6]	33% ($250 max)	33% ($150 max)[7]
Specialty non-preferred (limited to 30-day supply)	50% ($600 max)[5,6]	50% ($500 max)[5,6]	33% ($250 max)	33% ($150 max)[7]

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[1]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.
[2]OTC benefits have expiration timeframes. Call your plan or review your Evidence of Coverage (EOC) for more information.
[3]Out-of-pocket maximum excludes premiums, prescription costs, and non-Medicare covered benefits.
[4]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.
[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]CVS Specialty is the exclusive pharmacy for specialty medications.
[7]Optum® 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.
[8]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), available at geha.com/PlanBrochure. 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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