


# Medicare + FEHB



- 84+ years, started by Railway Mail Carriers
- 2+ million members worldwide
- One of the largest carriers in the FEHBP and FEDVIP
- Exclusively Federal / Postal / Annuitants / Military retirees
- Extensive nationwide network of doctors, dentists, hospitals and other providers
- Nonprofit association

GEHA®

Lobby Page: No talking/speaking

Welcome and thank you for joining us for GEHA's 2022 Medicare Benefits Webinar.

GEHA stands for Government Employees Health Association. We focus exclusively on federal and postal employees and retirees, military retirees and their families. We were founded over 84 years ago by a handful of railway mail carriers and have grown **to more than 2 million members worldwide.**

## Webinar tips

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Okay. I believe we are ready to start.

## Today's presenters



**Brian Sperling**

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Senior Account Manager | GEHA



<https://www.linkedin.com/in/mickey-basi-b1a83b5a/>

The information contained herein is for informational and educational purposes only. This information is not a substitute for professional medical advice and if you have questions regarding a medical condition, regimen or treatment you should always seek the advice of a qualified health care provider. Never disregard or delay seeking medical advice from a qualified medical professional because of information you have read herein.

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And, to put our faces to our names, I am Mickey Basi, your co-host for the day. Alongside me is Brian Sperling, presenting the majority of the content, and a self-proclaimed Medicare enthusiast.....

# Agenda

1

## THE BASICS

- FEDVIP in retirement
- FEHB rules about retirement

2

## ENROLLMENT

- Medicare Parts A & B
- Should I enroll in Part B
- How and when should I enroll in Medicare

3

## SUPPLEMENTAL PLANS

- Medigap or Medicare supplement plans
- Medicare Part C Medicare Advantage
- Medicare Part D Prescription coverage

4

## GEHA PLANS

- Exploring GEHA plans

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You're probably here today because you're in the planning stages of retirement...either getting ready to retire in a few short months or just starting to think about retirement down the road. As you can see by our agenda, there's a lot to talk about when it comes to retirement and Medicare.

# OPM frequently asked questions

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



In addition to the USPS LiteBlue page that provides information specific to Postal Service employees, another great resource is the Frequently Asked Questions link available under the Retirement tab on the OPM homepage. The FAQ pages have hundreds of common and not so common questions that may pertain to your specific situation. Note that the OPM FAQs will not be able to answer specific Postal Service related questions. Questions pertaining to your employment with the Postal Service should be directed to the HRSSC at 1-877-477-3273, option 5.

Many of the questions pertain to health benefits in retirement...and that will be our focus today.

# FEDVIP

## Federal Employees Dental and Vision Insurance Plan



**No five  
year requirement**



**Enrollment allowed  
in retirement**



**Immediate  
annuity required**



**GEHA.**

The Federal Employee Dental and Vision Insurance Program or FEDVIP does not have the same 5 year requirement. You can enroll in a FEDVIP dental or vision plan for the first time as a retiree, even if you were never enrolled as an employee...as long as you have an immediate annuity.

## FEHB regulations – the 5-year rule

- 5 years continuous coverage
- Any FEHB plan within those 5 years
- Includes coverage on spouse's FEHB plan
- Time covered under TRICARE or CHAMPUS included
- Must be covered by FEHB at time of retirement



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First, let's go over some retirement ground rules with the Federal Employees Health Benefits Program, known as FEHB.

In order to qualify for coverage after retirement, you must be continuously enrolled in any FEHB plan for five years before retirement. Commonly known as the "five year rule". The rule does not require you to be enrolled in the same carrier during those five years. The five years can include time you are covered as a family member under another person's FEHB enrollment

It can also include time covered under TRICARE or CHAMPUS as long as you were covered under a FEHB plan at the time of your retirement.



## FEHB regulations

Know the ground rules prior to retirement



### Cancel

Cannot re-enroll  
if canceled  
after retirement



### Suspend

Can only suspend when  
enrolling in a Medicare  
Advantage Plan  
or TRICARE



### Re-enrollment

Allowed during Open  
Season, involuntary  
termination by plan, move  
out of plan's service area



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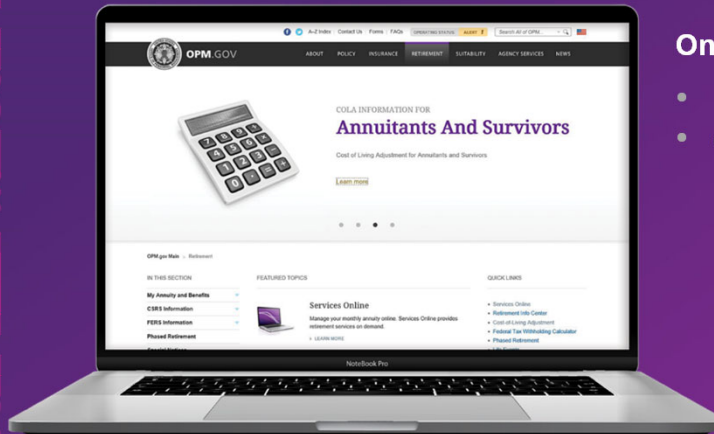
If you cancel your FEHB coverage after you retire, you will not be permitted to re-enroll at a later date.

If you join a Medicare Advantage plan or TRICARE, in place of your FEHB coverage, you do however, have the option after you retire to SUSPEND your FEHB coverage.

When you suspend your coverage you may re-enroll during the FEHB annual open enrollment period...unless you involuntarily lose your Medicare Advantage plan or move out of the plan's service area.

# Post-retirement plan changes

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



Only a click away:

- Health care needs change
- Change in family status

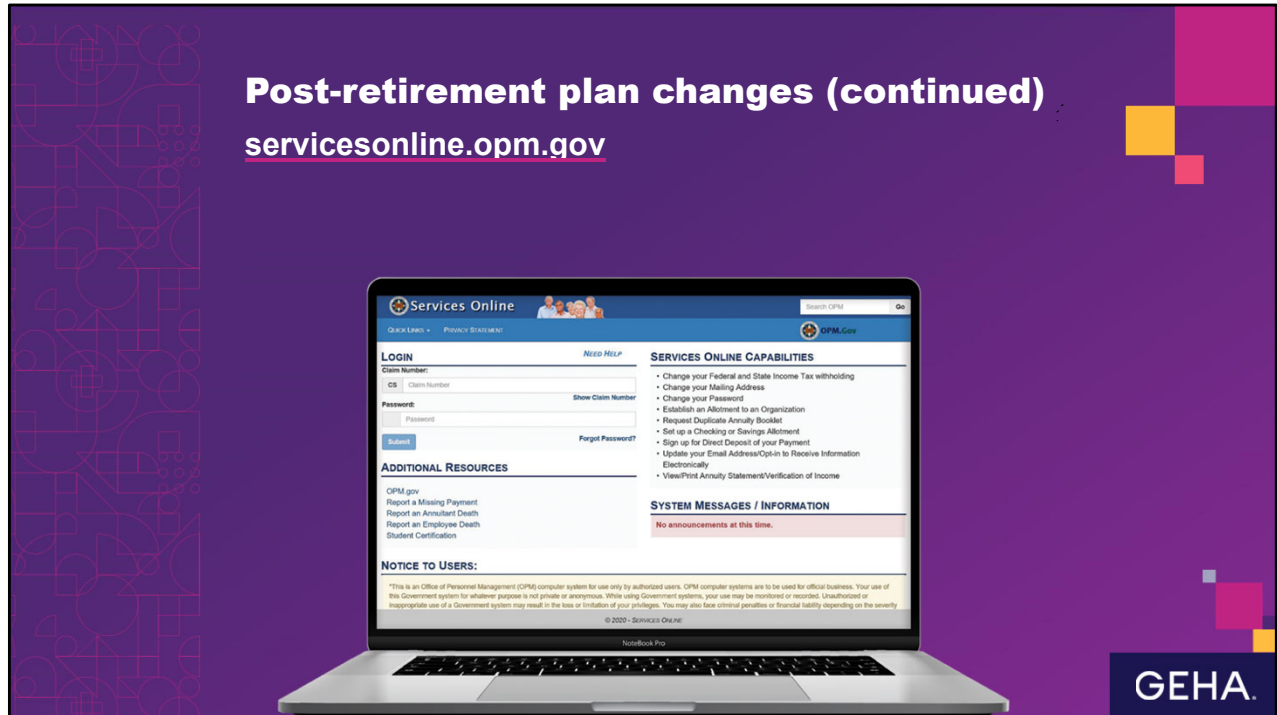
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After you retire, you may find that your health plan doesn't suit your specific needs any longer or your family status may have changed. As a postal retiree you have the same ability as an active employee to make changes to your health coverage.

OPM also offers a dedicated website during Open Season to make health plan changes for the upcoming year.

## Post-retirement plan changes (continued)

[servicesonline.opm.gov](https://servicesonline.opm.gov)



Instead of using Postal Ease to change your health plan. You will use OPM's Online Services website for administering retirement benefits.

## Post-retirement enrollment changes

- Premiums deducted post-tax
- Can reduce enrollment to Self Plus One or Self Only
- Can cancel FEHB at any time
- Know rules to re-enroll, very limited circumstances
- Changes allowed for life events
  - **Retirement is not a life event**
- Family coverage not required at retirement



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Because retirees pay FEHB premiums post-tax, you can reduce your enrollment from Self and Family to Self Plus One or from Self Plus One to Self Only. You can also cancel your FEHB coverage at any time. Remember that if you cancel coverage, you cannot re-enroll unless you canceled because you are covered under another FEHB enrollment during the period of time between your cancellation and re-enrollment. You will be eligible to re-enroll when you lose coverage under that family member's enrollment.

You also have the ability to change plans outside of Open Season for some qualifying life events.

One event people are surprised to find out is NOT a qualifying life event is retirement. Retirement does not allow for plan changes outside of Open Season. Another thing some people are not usually clear on is whether family coverage is required at retirement. In fact you ARE allowed to add a spouse or qualified dependents in retirement

...which takes us to...

## Post-retirement enrollment changes (continued)

### Requirements:

- Enrolled in Self Plus One or Self and Family plan upon death
- Family member must be entitled to annuity as survivor
- Monthly benefit after your death required



**Survivorship benefits and lifetime coverage  
for survivor annuitants**

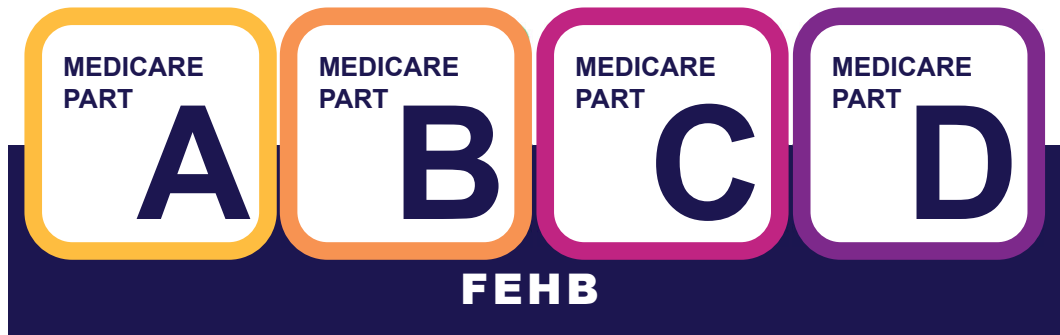
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...Survivorship Benefits, another great benefit of federal retirement. Survivorship benefits allow for your survivor annuitant to continue FEHB coverage after your death.

There are some important rules to follow here as well...

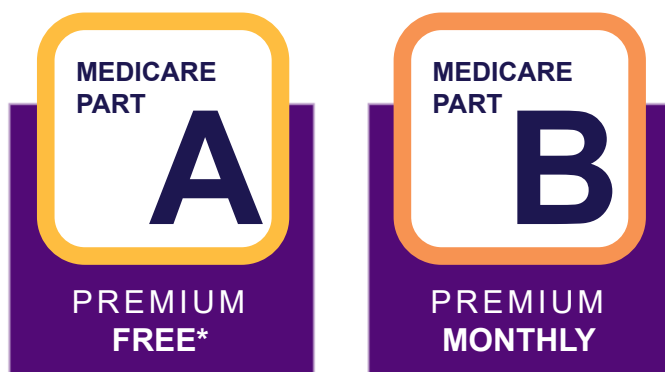
You must be enrolled in a Self Plus One or Family plan at the time of your death and at least one family member must be entitled to an annuity as a survivor. If you do not provide for a monthly benefit after your death, your survivor will not be able to continue coverage under the FEHB program.

## How Medicare & FEHB work together



Now that we have discussed a few of the more important FEHB regulations in retirement let's talk about all the parts of Medicare and how they work with the FEHB program.

## The original Medicare



\*Some individuals might not be eligible for premium-free Part A.

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Medicare began with two parts, Medicare Part A and B, now known as The Original Medicare. You become eligible for Medicare when you turn 65 or when you have certain disabilities.

Part A is premium free for most and Part B requires a monthly premium.

## **If you are still actively employed**

**You should consider delaying enrollment in Part B if you are still actively employed.**

Usually, you will not be penalized for late enrollment.



In the Medicare Section of all FEHB plan brochures you'll find the "Primary Payor Chart." This detailed chart outlines when Medicare is primary or secondary according to your employment status and other factors determined by Medicare.

When you retire from the postal service, Medicare will become your primary health coverage and your Federal plan will become your secondary coverage.

A little later in the presentation we will discuss why you should consider delaying enrollment in Part B when you are still actively employed. You will not be penalized for late enrollment. You will not be penalized for late Part B enrollment.



## Medicare Part A



Inpatient hospital



Skilled  
nursing facility



Home  
health care



Hospice care

### 2022 Inpatient hospital out-of-pocket costs

Deductible	Daily copay
<b>\$1,556</b> first 60 days	<b>\$389</b> per day from 61-90 days <b>\$778</b> per day from 91-150 days

Most FEHB plans waive these costs when Medicare is primary.

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Medicare Part A is commonly known as Hospital Insurance and is premium free. Part A covers Inpatient Hospital Care, Skilled Nursing Facility Care, Home Health Care and Hospice Care. Almost all postal retirees receive Part A without having to pay a monthly premium.

## Medicare Part B – monthly premium



Outpatient therapies



Ambulance



Office visits



Hospital visits

**Medicare covers 80% after annual deductible of \$233**



Equipment and supplies



Outpatient radiology



Outpatient labs



Outpatient facilities

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Many people refer to Part B as the doctor portion of Medicare. But it's much more comprehensive than just coverage for doctor visits. In 2022 after the annual deductible of \$233, Part B covers services at 80 percent.

Along with doctor visits, Part B covers outpatient hospital care including Emergency Room visits, outpatient diagnostic tests such as x-rays and laboratory tests, durable medical equipment and supplies, physical and occupational therapy, ambulance transportation, and other Outpatient services

## Part B premiums for 2022

If your income in 2020 was:

93% of  
Beneficiaries  
in 2022\*\*

File individual tax return*	File joint tax return*	Part B monthly premium you pay in 2022
<b>\$91,000 or less</b>	<b>\$182,000 or less</b>	<b>\$170.10</b>
\$91,001-\$114,000	\$182,001-\$228,000	\$238.10
\$114,001-\$142,000	\$228,001-\$284,000	\$340.20
\$142,001-\$170,000	\$284,001-\$340,000	\$442.30
\$170,001-\$499,999	\$340,001-\$749,999	\$544.30
\$500,000 or above	\$750,000 or above	\$578.30

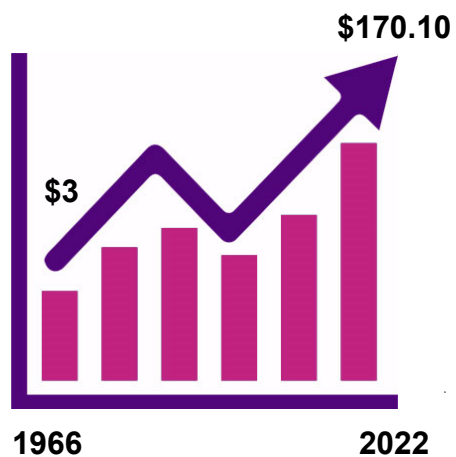
\*Amount based on modified adjusted gross income as reported on your IRS tax return *from 2 years ago*.


\*\*CNBC, <https://www.cnbc.com/2021/11/15/some-medicare-beneficiaries-will-pay-578-monthly-for-part-b-coverage.html>

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Before 2007 Medicare Part B beneficiaries all paid the same standard monthly premium. After 2007 new enrollees paid higher monthly premiums based on income levels. For 2022 most new enrollees making \$91,000 or less pay the standard monthly premium of \$170, which represents a quarter of the total monthly cost of your Part B premium. In 2022 93% of beneficiaries will pay the standard monthly premium. Those in higher income brackets will pay a greater percentage of the total Part B premium.

## Part B premiums – monthly premium




$$\$170.10 \times 12$$

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## Medicare enrollment

**Social Security  
enrolls, sends card**

**Centers for Medicare & Medicaid Services  
(CMS) administers Medicare**



Automatic enrollment if  
already receiving  
benefits



Three months **before**  
you turn 65



Medicare card mailed

**GEHA**

Signing up for Medicare is easy. The Social Security Administration is responsible for the Medicare enrollment process and the Centers for Medicare and Medicaid Services or CMS is responsible for the administration of Medicare once you're signed up.

If you already receive benefits from Social Security or the Railroad Retirement Board, you are automatically entitled to Medicare Part A and Part B starting the first day of the month you turn age 65.

You will not need to do anything to enroll. Your Medicare card will be mailed to you about three months before your 65th birthday.

## Medicare enrollment window

### 7-month window of eligibility for benefits

Three months **before** you turn 65



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If you're not yet receiving Social Security benefits, you'll have to sign up for Medicare Parts A and B. Your window of eligibility is seven months. It begins three months before the month you turn 65...includes your birthday month...and ends three months after the month you turn 65.

## Medicare enrollment period

Apply for benefits



General enrollment period  
**January 1 – March 31**

Coverage begins July 1  
Penalty may apply

The GEHA logo consists of three small squares stacked vertically: a light blue square at the top, a pink square in the middle, and a yellow square at the bottom.

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If you miss the initial enrollment period, and you haven't applied, you'll have to wait until the General Enrollment Period from January 1 to March 31 to sign up. Coverage would then be effective on July 1 and you may have to pay a penalty.

## Medicare enrollment (continued)

### Apply for benefits



Still working? Apply for **Medicare Part A\***

Premium free  
You've earned it  
Reduce your out-of-pocket costs

\*If you are enrolled in an **HDHP** and want to continue contributing to your HSA **you may want to delay Part A enrollment**. Consult your health plan on how your HDHP will coordinate with Medicare when you become eligible.

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Even if you don't plan on retiring before you turn 65 you should still apply for Medicare Part A.

Remember, there is NO premium for Part A, AND you're entitled to it regardless of retirement status.

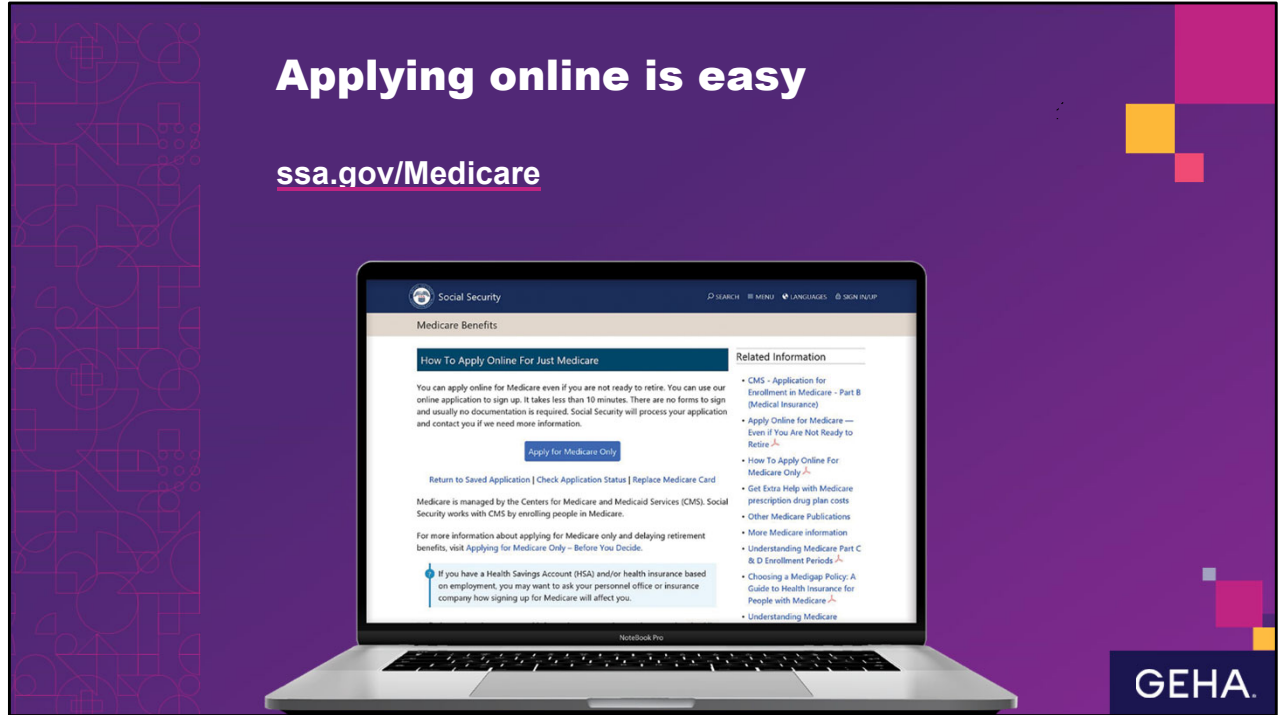
Having Medicare Part A as a secondary payer will reduce your out-of-pocket costs should you be hospitalized...and it will help you keep more of that hard earned money for retirement.

There is one exception, however. If you are enrolled in a HDHP and want to continue contributing to your HSA, you may want to consider delaying Part A enrollment. Consult your health plan on how your HDHP will coordinate with Medicare Part A when you become eligible.



# Applying online is easy

[ssa.gov/Medicare](https://ssa.gov/Medicare)



The easiest way to sign up is online. Just go to [SSA.gov/Medicare](https://ssa.gov/Medicare) to begin the process. It can take less than ten minutes to complete depending on your situation.

## Late enrollment penalty

Penalty is applied to the premium in **10% increments yearly**



### Year 1

Premium x **.10** = premium penalty

### Year 2

Premium x **.20** = premium penalty

### Year 3

Premium x **.30** = premium penalty

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If you decide not to sign up for Medicare Part B when you're first eligible, you may be charged a late enrollment penalty.

The penalty is 10 percent of the premium for the first year you do not enroll and is permanent. For every 12 months you are NOT enrolled in Part B, the premium penalty increases in 10 percent increments.

## Late enrollment exception

### 1. No penalty applies

You are covered by FEHB as an **active** employee



### 2. No penalty applies

In most cases, when you are covered by your **spouse's** employer group plan and they are an **active** employee

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There's one BIG exception to this rule. When you turn 65 and you are still enrolled as an active employee under FEHB, or are covered under your spouse's group health plan AND he or she is an active employee, the late enrollment penalty DOES NOT apply to you.

## Late enrollment exception (continued)

Two exceptions for those 65 and older



### Most people delay enrollment if

Health plan is the primary payer  
Medicare is the secondary payer

GEHA

In this case it may not make financial sense to enroll in Medicare Part B just yet, because your health plan is still considered the primary payer and Medicare the secondary payer.

## Late enrollment exception window (continued)

Special enrollment period for those 65 and older



Period begins the month **after** you retire.

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Once you or your spouse stop working or are no longer covered by the group plan, you'll have an opportunity to enroll without a penalty during a "Special Enrollment Period." This 8 month timeframe begins the month after you retire. You also have the option to enroll at any time while you are covered by the group health plan.

## Medicare supplement or Medigap plan



Pays Medicare deductibles and coinsurance



Additional monthly premium



Does not cover prescription drugs

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

GEHA

Medigap plans, also known as Medicare Supplement plans cover the out-of-pocket costs associated with Medicare Parts A & B. These plans must be purchased for an additional monthly premium and do not include prescription coverage.

As you approach age 65, you will likely be inundated by direct mail and sales calls from insurance companies selling Medigap or Medicare Supplement plans. They may tell you to cancel your FEHB coverage and go with their cheaper plan. This is a red flag! They may not have your best interest in mind.

Remember, if you cancel your FEHB coverage you will not be able to re-enroll, not even at Open Season. One of the richest benefits you have as a Postal retiree is that the government continues to pay over 70% of your monthly FEHB premium after you retire.

Postal retirees do not need these supplemental plans because FEHB and Medicare will coordinate benefits to provide comprehensive coverage. In most cases near 100% coverage on most major medical services. FEHB plans also provide prescription coverage.

## Medicare Part C – Medicare Advantage



Must be enrolled in Part A & B



Part C substitutes for Part A & B

Part A deductible	Part B coinsurance
\$1,556	20%

Most FEHB plans will **not** waive their copays and deductibles when an Advantage plan is primary.

GEHA

Medicare Part C or Medicare Advantage plans are private health insurance plans approved by Medicare. To be eligible for a Medicare Advantage plan you must also be enrolled in Medicare Parts A and B. When you enroll in a Medicare Part C Advantage plan you will forgo traditional Medicare A & B coverage for a plan that usually covers much of the out-pocket costs associated with Parts A & B. Most Medicare Advantage plans also include prescription coverage. If you enroll in a Medicare Advantage plan, your F.E.H.B. plan may not waive their plan deductibles or co-insurance when the Medicare Advantage plan is primary payor. You'll want to check with your F.E.H.B.

plan on how they coordinate with Medicare Advantage plans.



## Medicare Advantage – Regional HMOs and PPOs



Premiums and costs may vary



May require preauthorization or referrals to see a specialist



Limited network possible



May only cover emergency care outside your service area

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There are a wide range of regional HMO and PPO Medicare Advantage plans available. Their premiums and out-of-pocket costs vary widely throughout the country and may be more limited in certain areas. Some plans require preauthorization for some care or referrals to see specialists, and may limit your choice of providers within their network. Some plans only pay for emergencies outside of their service area.

In areas where there is a greater concentration of retirees and greater competition, these plans can be a good value. They may even include extra benefits, like vision, dental or fitness. If you do decide to participate with a Medicare Advantage plan do not cancel your FEHB coverage, suspend it.

## Medicare Part D – Prescription drug coverage



### Our Prescription Drug Coverage and Medicare

OPM has determined that prescription drug coverage for FEHB plans, including GEHA, is on average, expected to pay out as much as the standard Medicare prescription drug coverage will pay for all plan participants and is considered Creditable Coverage. This means you do not need to enroll in Medicare Part D and pay extra for prescription drug coverage. If you decide to enroll in Medicare Part D later, you will not have to pay a penalty for late enrollment as long as you keep your FEHB coverage.

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Medicare Part D, the latest addition to the Medicare program is for Prescription Drug Coverage and has a separate monthly premium. Like Part C, private health insurance companies provide benefits.

OPM has determined that federal retirees who are enrolled in a FEHB plan do not need to enroll in a Medicare Part D plan.

## Review your plan options

1

Review FEHB plans before Medicare becomes primary

2

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

3

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

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OPM recommends reviewing plans before Medicare becomes primary. Becoming eligible for Medicare is considered a qualifying life event which entitles you to change to any available FEHB plan and plan option beginning thirty days before you become eligible for Medicare. This change is only allowed once.

Because Medicare A & B will be primary, a lower cost FEHB plan may be adequate for your needs now. If your needs change over time, you have the ability to change plans every year during the FEHB Open Season.

## Medicare Part B questions

**Why should I pay  
Part B premiums?**

**Doesn't my FEHB plan  
cover the same things?**

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Many postal retirees want to know why they should pay Part B premiums every month when their FEHB plan covers these same services.

FEHB carriers cannot require you to enroll in Medicare Part B. However, many will find a lot of advantages to taking part B.

## Many FEHB Fee for Service (FFS) plans

- Pay 100% of most medical expenses
- Waive deductibles and coinsurance
- Allow out-of-network, no referrals
- Waive hospital pre-certification
- Provide coverage overseas
- Some plans offer Part B rebates
- Lower premium plans may save you as much as plans offering Plan B rebates



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Many fee-for-service plans within the FEHB program will pay the 20 percent that Medicare doesn't. This means, you will usually have 100% medical coverage.

Those same plans will waive their deductibles and co-insurance for most medical services.

They typically allow you to see any provider that accepts Medicare assignment anywhere across the country...without referrals, even those providers outside the plan's network. Pre-certification is usually not required for hospitalizations and other expensive tests when Medicare A&B is primary. Some plans even pay for medical services when outside the U.S... something Medicare doesn't cover.

Also, most FEHB plans, including HMOs will coordinate with Medicare electronically so you won't have to file paper claims after going to the doctor or hospital.

In recent years some plans have offered rebates to help address the rising cost of Part B premiums and encourage retirees to enroll in Part B. Fee-for-service plans with low premiums may also help reduce your expenses, as they usually cover most medical expenses at 100% when Medicare A & B are primary.

## Most FEHB HMO plans



Reduce or  
waive copays  
and deductibles



Some offer private  
Medicare  
Advantage plans  
comparable to  
FEHB HMO plans



Some FEHB HMOs  
offer separate  
enhanced benefit  
plans specific to  
federal employees



Network  
limitations may  
still apply

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FEHB HMO plans vary widely on how they coordinate with Medicare. Most FEHB HMO plans will reduce or waive your copays and deductibles when Medicare A & B is primary. They may require that you continue using only in-network providers and obtain referrals to see specialists.

Some FEHB HMO plans offer comparable non-FEHB Medicare Advantage plans with lower premiums than their FEHB premiums. This is especially true for states with large retiree populations where there is greater competition in the retiree market. If you decide to enroll in a Medicare Advantage plan, you may want to suspend your FEHB coverage.

Some HMO plans offer separate enhanced benefit plans specific to federal retirees with Medicare A&B primary at no additional premium cost [Kaiser]. Check with your FEHB HMO plan to see how they best coordinate with Medicare and which option best fits your needs.

## FEHB coverage without Part B



Deductibles,  
copays and  
coinsurance apply



Higher  
out-of-pocket  
expenses



Consider health  
status preceding  
age 65



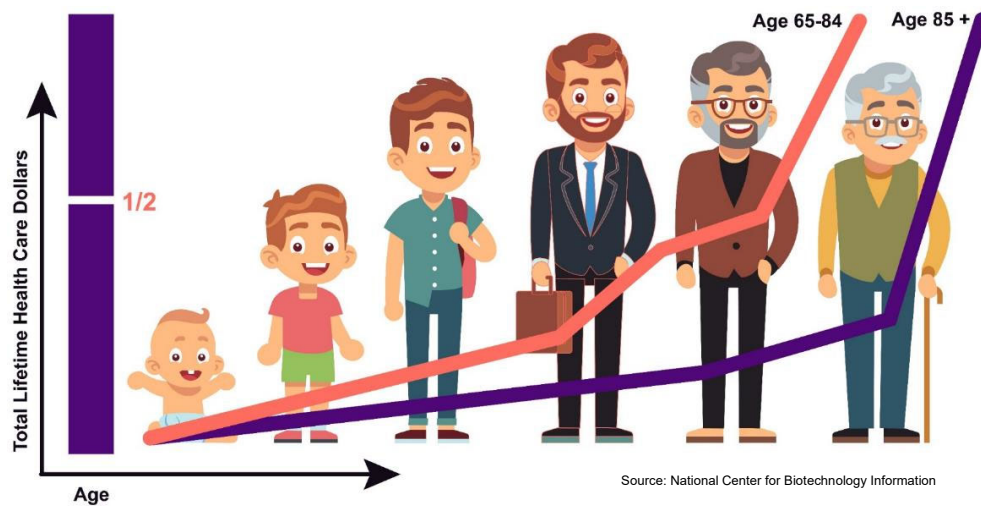
Compare your  
plan's catastrophic  
limit to Part B  
premiums

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If you decide not to enroll in Part B you will continue to pay your plan's medical deductible, co-pays and co-insurance amounts up to the plans' yearly catastrophic limits.

If acute care is needed in any given year, it may translate into several thousand dollars out of your pocket. You should compare these out-of-pocket costs to the amount you'll pay for Part B premiums for you and your spouse per year. You should also consider you and your spouse's health status in the years preceding age 65.

## Lifetime Health Care Costs



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An interesting N.I.H. study sheds some light on WHEN our health care dollars are spent during our lifecycle. On average, we spend more than half of our health care dollars between the ages of 65 and 84 years old. If we live beyond 85 years we'll spend 2/3 of our health care dollars after the age of 85. This means the oldest group, 85 plus, on average consumes three times as much health care per person as those age 65 to 74, and twice as much as those age 75–84.



## Summary of Medicare and plan options

Medicare and plan options	Premiums you pay
<b>A + B + FEHB</b>	Part B + FEHB
<b>C + FEHB</b>	Part B + private insurance + FEHB (Some FEHB plans may not waive cost sharing)
<b>C only</b> ( <i>suspend FEHB</i> )	Part B + private insurance (premiums and coverage vary widely)
<b>A + FEHB</b> ( <i>no Part B</i> )	FEHB only
<b>A + B + TRICARE</b> ( <i>Military retirees</i> )	Part B only
<b>A + B + Medigap/Supplement + D</b> ( <i>not for Feds</i> )	Part B + private insurance + Part D premium

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We'll end today's presentation by summing up some of the more common scenarios Federal and postal retirees are faced with when Medicare becomes primary.

The most popular option for federal retirees is having Medicare A & B along with a FEHB plan. In this option you'll pay the Part B premium plus FEHB premium.

If you enroll in a Medicare Advantage plan along with your FEHB plan you will be paying your Part B premium, your FEHB premium, and most likely a premium for the private insurance company providing your Part C coverage.

Most people enrolling in a Medicare Advantage plan suspend their FEHB coverage and pay the Part B premium and the Part C premium to the private insurance carrier. Plans and premiums vary widely.

The other option is not taking Part B and only paying your FEHB premium. This will depend on what level of risk you are willing to tolerate in retirement.

If you are a Military retiree you are eligible for Tricare for Life when you enroll in Medicare A & B. You only pay the Part B premium, no other premium is required. Tricare

for Life also includes prescription coverage.

And lastly Medigap or Supplemental plans require you to pay a Part B premium, a plan premium and a Part D prescription drug premium. Federal and postal retirees do not need to enroll in one of these plans. Do not cancel your FEHB coverage if you enroll in a Medigap plan.

## Medicare A&B + GEHA

How GEHA works with  
Medicare Parts A & B



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Now let's look at how GEHA plans work with Medicare

# GEHA's Medicare Benefits Guide

Download our 2022 Medicare Benefits Guide at  
[geha.com/Medicare](https://geha.com/Medicare)



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.

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You'll find our 2022 Medicare Benefits Guide at [geha.com/Medicare](https://geha.com/Medicare) where you can either download it as a PDF or view it as an e-book.

## Medicare + GEHA – Compare plan benefits



Deductibles, copays and coinsurance waived whether provider is in- or out-of-network



Covered inpatient and outpatient hospital services, surgeries and office visits, at no cost to you



Coverage when you're out of the country, where Medicare does not cover you

**High Option – up to \$800 in reimbursements per calendar year.**  
Use on Medicare Part B premium payments for High Option plan members enrolled in Medicare Parts A & B.

**GEHA.**

With Medicare A & B, GEHA's Standard, Elevate Plus, and High Option Plans will waive deductibles, copays, and coinsurance whether the provider is in or out-of-network. Inpatient and Outpatient Hospital Services, surgeries, and office visits are covered at no cost to you. Additionally, GEHA will cover you when you're out of the country where Medicare does not cover you.

On our High plan members are eligible to receive up to \$800 in Medicare Part B reimbursements per calendar year.

## Medicare A&B + GEHA – Medical benefits

### What you pay:

#### **\$0** for **Standard, Elevate Plus and High**

- Preventive care; adult routine screenings
- Lab, X-ray and diagnostic test services
- Primary physician office visit
- Unlimited telehealth visits with MDLIVE
- Urgent care
- MinuteClinic (where available)
- Emergency care
- Hospital care; inpatient and outpatient



#### Preventive dental care

##### Standard

50% of allowance, twice yearly

##### High

**Balance** after GEHA pays  
**\$22 / visit, twice yearly**








**SilverSneakers** exclusively for **Elevate Plus** plan  
subscriber and spouse enrolled in Medicare A & B primary

**GEHA**

For GEHA's Standard, Elevate Plus, and High Option plans you will pay \$0 for the following services: Preventive care; adult routine screenings, Lab, X-ray and diagnostic test services, Primary physician office visit, Unlimited telehealth visits with MDLIVE, Urgent care, MinuteClinic (where available), Emergency care, Hospital care; inpatient and outpatient. Additionally, GEHA's Standard Option and High Plans include some coverage for preventive dental care. New in 2022 our Elevate Plus members who are enrolled in Medicare A & B primary have access to SilverSneakers.



## Hearing aid benefits & discounts for GEHA plans

Plan service	Elevate + Medicare 	HDHP + Medicare 	Standard + Medicare 	Elevate Plus + Medicare 	High + Medicare 
Hearing aid benefit - plan pays	\$0	\$0	\$2,500	\$1,500	\$2,500
Hearing aid discounts*	Yes	Yes	Yes	Yes	Yes

Get discounts through TruHearing on hearing aids.

Save up to **30% to 60%** off hearing aids.

Some average more than **\$2,500** in savings per pair.

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

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





GEHA.

All GEHA members get hearing aid discounts through TruHearing, while our Standard, Elevate Plus and High medical plan members get hearing aid benefits as well. Every 36 months, members in Elevate Plus have a benefit of \$1,500 per person, and on our Standard and High plans the benefit is \$2,500 per person.

You can learn more at [geha.com/Hearing](https://geha.com/Hearing)

# Wellness Incentives

Earn rewards each year for healthy activities

Standard, High and HDHP		Elevate and Elevate Plus	
	<b>\$250</b> per individual, rollover up to <b>\$1,250</b>		<b>\$500</b> per individual, rollover up to <b>\$2,500</b>
	<b>\$500</b> per household, rollover up to <b>\$2,500</b>		<b>\$1,000</b> per household, rollover up to <b>\$5,000</b>

[geha.com/Rewards](https://geha.com/Rewards)

GEHA

You can also earn wellness incentives on all GEHA medical plans for activities you may already be doing. Each year on our Standard, High and HDHP you can earn up to \$250 for an individual or \$500 per household. And on our Elevate and Elevate Plus plans you can earn up to \$500 for Self Only and up to \$1,000 per household. These funds can be used for qualified medical, dental and vision expenses and unused funds can be rolled over from year to year.



## Compare 2022 premiums for all plans

	 Elevate What you pay	 HDHP What you pay	 Standard What you pay	 Elevate Plus What you pay	 High What you pay
<b>Self Only premium</b>					
Enrollment code	254	341	314	251	311
Monthly – retired	<b>\$105.61</b>	<b>\$136.95</b>	<b>\$135.77</b>	<b>\$171.44</b>	<b>\$227.20</b>
<b>Self Plus One premium</b>					
Enrollment code	256	343	316	253	313
Monthly – retired	<b>\$242.90</b>	<b>\$294.44</b>	<b>\$291.92</b>	<b>\$395.44</b>	<b>\$530.31</b>
<b>Self and Family premium</b>					
Enrollment code	255	342	315	252	312
Monthly – retired	<b>\$295.71</b>	<b>\$361.83</b>	<b>\$357.17</b>	<b>\$413.04</b>	<b>\$654.87</b>

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 that maintains your health benefit enrollment.

This chart compares monthly premiums on all five GEHA medical plans by enrollment type, Self Only, Self Plus One and Self and Family with special emphasis on our Standard, Elevate Plus and High plans since those have zero dollar out of pocket medical costs when Medicare A & B is primary. You can also find this chart at [geha.com/Rates](https://geha.com/Rates)

## GEHA Medicare resources

[geha.com/Medicare](https://geha.com/Medicare)

The screenshot shows the GEHA website's Medicare resources section. At the top, there's a navigation bar with links for PLANS, MEMBERSHIP, HEALTHY LIVING, and WHY GEHA, along with contact information (800.821.6136) and a LOGIN button. The main heading is "GEHA works with Medicare A & B", followed by the subtext "Combine Medicare coverage and GEHA coverage for even better protection." Below this, there's a paragraph explaining that GEHA medical plans supplement Medicare coverage for unexpected events like hospital stays or major surgeries. It also mentions that most claims can be filed electronically via GEHA Express, with a contact number (800.292.4362) for electronic claims filing. To the right of the text is a "Download" button and a thumbnail for the "2022 GEHA MEDICARE BENEFITS" e-book, which features a couple and the text "Protect yourself from unexpected health care expenses." Below the thumbnail is a "Click to open the ebook" link. At the bottom of the section, there's a link to "Compare how GEHA plans work with Medicare."

Two promotional graphics are displayed. The top graphic is titled "Medicare + GEHA" and features a smiling couple. Below the title, it says "Protect yourself from unexpected health care expenses." The bottom graphic is titled "Countdown to your federal retirement" and features a beach scene with a lounge chair and umbrella. Below the title, it says "A guide to key decisions and deadlines." Both graphics include the GEHA logo.

There is a resources widget that can be found on your screen that directs you to [geha.com/medicare](https://geha.com/medicare) where you can find our 2022 Medicare Benefits e-book Guide. There are also two PDF guides that you can download right here from the resources list. *Countdown to Your Federal Retirement* and the Medicare plus GEHA guide. Scroll further down the page to find helpful retirement related videos.

## GEHA Standard & High dental

- No in-network deductibles
- 400,000 in-network provider locations nationwide [geha.com/Find-Care](https://geha.com/Find-Care)
- Worldwide coverage
- No waiting periods, except orthodontic treatment on Standard plan
- Adult and child orthodontia



This is a brief description of services covered under the GEHA Connection Dental Federal plan. For a complete list of plan limitations and exclusions, please refer to the GEHA Connection Dental Federal Plan Brochure available online at [geha.com/PlanBrochureDental](https://geha.com/PlanBrochureDental).

GEHA.

Now let's review GEHA's two comprehensive FEDVIP dental plans. There are several features that both GEHA's Standard and High dental have in common. You never have an in-network deductible; Our members have access to close to 400,000 in-network dental locations nationwide. There are no waiting periods, except orthodontic treatment on our Standard dental plan. And both options cover Adult and Child Orthodontia.

## Compare GEHA dental plans

[geha.com/CompareDental](https://geha.com/CompareDental)

Out-of-network deductible for Class B and C services is **\$0** for High, **\$25** Standard Self Only, **\$50** Standard Self Plus One and **\$75** Standard Self and Family.

2022 plan year benefit	High What the plan pays In or out-of-network	Standard What the plan pays In-network	Standard What the plan pays out-of-network
<b>Class A – Basic</b> Two exams, two cleanings and one X-ray per calendar year	100%	100%	75%
<b>Class B – Intermediate</b> Fillings, extractions and periodontal maintenance	80%	55%	50%
<b>Class C – Major</b> Root canals, crowns, bridges, dentures, periodontal surgery	50%	35%	30%
<b>Class D – Orthodontics</b> Adults and children	70% No waiting period \$3,500 lifetime maximum	70% 12-month waiting period \$2,500 lifetime maximum	70% 12-month waiting period \$2,000 lifetime maximum
<b>Calendar year maximum</b> for Class A, B and C services	Unlimited per person	\$2,500 per person	\$2,000 per person

This is a brief description of the features of GEHA's FEDVIP plans. Before making a final decision, please read the GEHA Federal brochure available at [geha.com/PlanBrochureDental](https://geha.com/PlanBrochureDental). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

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GEHA's High dental pays a higher percentage of your dental bills, and the annual maximum is unlimited. Standard dental pays a smaller percentage of your bills, and the annual maximum in-network is \$2500 per person. On High dental we pay the same level of benefits for both in- and out-of-network providers with **\$0** deductible. There are no waiting periods on either plan besides Standard dental's 12-month waiting period for orthodontia treatment.

Unlike the High dental plan, Standard has a lower level of benefits when you use out-of-network dentists. Standard dental also has an out-of-network deductible of \$25 on Class B and C services for Self Only, \$50 for Self Plus One and \$75 for Self and Family. The out-of-network maximum for Standard is \$2,000 annually.

If you are looking for orthodontics without a waiting period or have major dental work planned, GEHA's High dental is the plan for you.

You can also use our dental compare tool at [geha.com/CompareDental](https://geha.com/CompareDental)

## Q&A



**Brian Sperling**

Senior Account Manager | GEHA



[retirementbenefits@usps.gov](mailto:retirementbenefits@usps.gov)



/gehahealth

GEHA.

For those of you with questions we did not have a chance to get to today, we recommend contacting your local State Health Insurance Assistance Program. SHIP offices provide local, in-depth and objective Medicare counseling. You can also contact SSA for enrollment questions and Medicare for benefit questions.

## GEHA member resources

- GEHA's online Medicare resources  
[geha.com/plans/Medicare](https://geha.com/plans/Medicare)
- 2022 GEHA Medicare benefits guide  
[geha.com/MedicareGuide2022](https://geha.com/MedicareGuide2022)
- Countdown to Your Federal Retirement e-book  
[geha.com/Countdown](https://geha.com/Countdown)
- Facebook  
[facebook.com/GEHAhealth](https://facebook.com/GEHAhealth)
- USPS email  
[retirementbenefits@usps.gov](mailto:retirementbenefits@usps.gov)



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And here are some additional helpful resources.

# Thank you!

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



GEHA®

We appreciate you joining us today to learn about how FEHB works with Medicare!