



Group Health Options, Inc. – Federal Employees Health Benefits (FEHB) Program Coordination of Benefits (COB) with Medicare

COB with Original Medicare

In most cases, when you have coverage through the Original Medicare Plan, your claim will be coordinated automatically. If you have both Part A and Part B of Medicare, and Original Medicare is your primary payor, we will waive your out-of-pocket costs as follows:

High Option

- Deductible
- Inpatient hospital coinsurance
- Surgical and medical care coinsurance and copayments

Standard Option

- Deductible
- Inpatient hospital coinsurance
- Surgical and medical care coinsurance and copayments

We will **not** waive the following:

- Non-Medicare member's cost shares
- If you have Medicare Part A **only**, we will not waive deductible, coinsurance, and copayments for Medicare Part B services (such as outpatient surgical or medical care)
- If you have Medicare Part B **only**, we will not waive deductible, coinsurance, and copayments for Part A services (such as home health, hospice, skilled nursing, or inpatient hospital care)
- Prescription drug copayments
- The High Deductible Health Plan (HDHP) deductible and coinsurance

Tell us about your Medicare coverage

You must tell us if you or a covered family member has Medicare coverage, and let us obtain information about services denied or paid under Medicare if we ask. You must also tell us about other coverage you or your family members may have, as this coverage may affect the primary/secondary status of the GHO Federal plan and Medicare. Members can download and fill out the Multiple Coverage Form (PDF) available at ghofederal.org.

Medicare Advantage (Part C)

If you are eligible for Medicare, you may choose to enroll in and get your Medicare benefits from a Medicare Advantage plan. These are private health care choices (like HMOs and regional PPOs) in some areas of the country. To learn more about Medicare Advantage plans, contact Medicare at 1-800-MEDICARE (1-800-633-4227, TTY 1-800-486-2048) or at www.medicare.gov.

If you enroll in a Medicare Advantage plan, the following options are available to you:

- **GHO Federal and another plan's Medicare Advantage plan:** You may enroll in another plan's Medicare Advantage plan and also remain enrolled in our FEHB plan. We will still provide benefits when your Medicare Advantage plan is primary, even out of the Medicare Advantage plan's network and/or service area (if you use our plan providers), but we will not waive any of our copayments, coinsurance, or deductibles. If you enroll in a Medicare Advantage plan, tell us. We will need to know whether you are in the Original Medicare plan or in a Medicare Advantage plan so we can correctly coordinate benefits with Medicare.
- **Suspended FEHB coverage to enroll in a Medicare Advantage plan:** If you are an annuitant or former spouse, you can suspend your FEHB coverage to enroll in a Medicare Advantage plan, eliminating your FEHB premium. (OPM does not contribute to your Medicare Advantage plan premium.) For information on suspending your FEHB enrollment, contact your retirement office. If you later want to re-enroll in the FEHB program, generally you may do so only at the next Open Season unless you involuntarily lose coverage or move out of the Medicare Advantage plan's service area.

Medicare Prescription Drug Coverage (Part D)

When we are the primary payor, we process the claim first. If you enroll in Medicare Part D and we are the secondary payor, we will review claims for your prescription drug costs that are not covered by Medicare Part D and consider them for payment under the FEHB plan.

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Medicare always makes the final determination as to whether they are the primary payor. The following chart illustrates whether Medicare or Group Health Options, Inc. should be the primary payor for you according to your employment status and other factors determined by Medicare. It is critical that you tell us if you or a covered family member has Medicare coverage so we can administer these requirements correctly. (Having coverage under more than two health plans may change the order of benefits determined on this chart.)

A. When you or your covered spouse are age 65 or over and have Medicare and you...		The primary payor for the individual with Medicare is...	
		Medicare	GHO plan
1. Have FEHB coverage on your own as an active employee			•
2. Have FEHB coverage on your own as an annuitant or through your spouse who is an annuitant		•	
3. Have FEHB through your spouse who is an active employee			•
4. Are a reemployed annuitant with the federal government and your position is excluded from the FEHB (your employing office will know if this is the case) and you are not covered under FEHB through your spouse under #3 above		•	
5. Are a reemployed annuitant with the federal government and your position is not excluded from the FEHB (your employing office will know if this is the case) and...			
You have FEHB coverage on your own or through your spouse who is also an active employee			•
You have FEHB coverage through your spouse who is an annuitant		•	
6. Are a federal judge who retired under title 28, U.S.C., or a tax court judge who retired under Section 7447 of title 26, U.S.C. (or if your covered spouse is this type of judge) and you are not covered under FEHB through your spouse under #3 above		•	
7. Are enrolled in Part B only, regardless of your employment status		• for Part B services	• for other services
8. Are a federal employee receiving workers' compensation disability benefits for six months or more		•*	
B. When you or a covered family member...			
1. Have Medicare solely based on end stage renal disease (ESRD) and...			
It is within the first 30 months of eligibility for or entitlement to Medicare due to ESRD (30-month coordination period)			•
It is beyond the 30-month coordination period and you or a family member are still entitled to Medicare due to ESRD		•	
2. Become eligible for Medicare due to ESRD while already a Medicare beneficiary and...			
Group Health Options, Inc. was the primary payor before eligibility due to ESRD (for 30-month coordination period)			•
Medicare was the primary payor before eligibility due to ESRD		•	
3. Have Temporary Continuation of Coverage (TCC) and...			
Medicare based on age and disability		•	
Medicare based on ESRD (for the 30-month coordination period)			•
Medicare based on ESRD (after the 30-month coordination period)		•	
C. When either you or a covered family member are eligible for Medicare solely due to disability and you...			
1. Have FEHB coverage on your own as an active employee or through a family member who is an active employee			•
2. Have FEHB coverage on your own as an annuitant or through a family member who is an annuitant		•	
D. When you are covered under the FEHB Spouse Equity provision as a former spouse			
*Workers' compensation is primary for claims related to your condition under workers' compensation		LG0001919-03-16 2016-09	

Group Health Nondiscrimination Notice and Language Access Services



GROUP HEALTH NONDISCRIMINATION NOTICE

Group Health Cooperative and Group Health Options, Inc. ("Group Health") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Group Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Group Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Group Health Civil Rights Coordinator.

If you believe that Group Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Group Health Civil Rights Coordinator, Group Health Headquarters, 320 Westlake Ave. N., Suite 100, GHQ-E2N, Seattle, WA 98109, 206-448-5819, 206-877-0645 (Fax), complianceoffice@ghc.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Group Health Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (Chinese) : 注意 :如果您使用繁體中文 , 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY : 1-800-833-6388 / 711) 。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY : 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телефон: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телефон: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): ធម៌យ៉ែក់៖ បើសិនអភិធម៌យ៉ែក់
សែដ្ឋីយ៉ែក់ យេមិនគិតលើ គីឡូនសំបែបអងក់។ ចូរទុក
សៀវភៅ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語(Japanese): 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。
1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማስታወሻ: የሚገኘውን ቅንቃ አማርኛ ካሱ
የተጠገኘው እርዳታ ድርጅቶች፡ በነፃ ለመግለጫ ተዘጋጀተዋል፡ ወደ
ሚከተላው ቅጥር ይደውሉ 1-888-901-4636
(መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)。

Oromiffa (Oromo): XIYYEFFANNAA: Afaan
dubbattu Oroomiffa, tajaajila gargaarsa afaanii,
kanfaltiidhaan ala, ni argama. Bilbilaa
1-888-901-4636 (TTY: 1-800-833-6388 / 711).

العربية (Arabic): لديك حق الحصول على مساعدة ومعلومات في
ملحوظة: إذا كنت تتحدث اذنر اللغة، فإن خدمات المساعدة اللغوية
متوفّرة لك بالمجان. اتصل برقم 1-888-901-4636
(رقم هاتف الصم والبكم: 711 / 1-800-833-6388).

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ,
ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-888-901-4636 (TTY: 1-800-833-6388 / 711)
'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch
sprechen, stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur Verfügung. Rufnummer:
1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໄປດ້ານ: ທັງວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍ່
ລົງຈາກນິ້ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແສງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.
ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE
Ako govorite srpsko-hrvatski, usluge jezičke pomoći
dostupne su vam besplatno. Nazovite
1-888-901-4636 (TTY- Telefon za osobe sa oštećenim
govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION: Si vous parlez
français, des services d'aide linguistique vous sont
proposés gratuitement.appelez le 1-888-901-4636
(ATS : 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba
română, vă stau la dispoziție servicii de asistență
lingvistică, gratuit. Sunați la 1-888-901-4636
(TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi
[Adamawa], e woodi ballooji-ma to ekkitaa ki wolde
caahu. Noddu 1-888-901-4636
(TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید،
تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس
بگیرید.