

GHO Federal Plans + Medicare

A combination that covers most of your
out-of-pocket medical expenses



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→ Medicare and You

You are now eligible for Medicare, and it's time to decide if you should enroll in the program. Most federal employees and annuitants are entitled to Medicare Part A at age 65 at no cost, so it's a good idea to enroll in Part A. In addition, you'll need to decide if enrolling in Medicare Part B is a good idea for you.

With Medicare you may still be responsible for medical expenses that aren't covered, such as:

- Deductibles and coinsurance
- Extended hospital stays
- Fees above the Medicare-approved amount
- Most prescription drugs
- Routine dental work
- Health care when you travel outside the United States

Those costs can add up quickly and be an unexpected blow to your budget, but Group Health Options, Inc. can help absorb these costs. Combine your Medicare coverage with the GHO High or Standard Option plan and your Group Health Options, Inc. coverage will pick up where your Medicare coverage stops. Group Health Options, Inc. can help pay for many of your health care expenses that are not covered by Medicare.

Group Health Options, Inc. is dedicated to providing the health plan you need to help you enjoy a happy, healthy retirement. With Group Health Options, Inc. as your secondary insurance to Medicare Parts A and B, you'll have broader coverage and fewer unexpected health care expenses.

This guide offers an overview of the Medicare program and how you can enhance your Medicare health coverage with a federal Group Health Options, Inc. plan.

→ Facts about Medicare

Medicare is a health insurance program for:

- People 65 years of age or older
- Some people under 65 years of age who have disabilities
- People with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant)

The four parts of Medicare

Part A (hospital insurance): Most people do not have to pay for Part A. If you or your spouse worked for at least 10 years in Medicare-covered employment, you should be able to qualify for premium-free Part A insurance. Most federal employees and annuitants are entitled

to Medicare Part A at age 65 at no cost. Part A covers care received as an inpatient in a hospital. It has a "per benefit period" deductible, rather than an annual deductible that must be paid before coverage begins.

Part B (medical insurance): Most people will pay a monthly premium for Part B. Generally, Part B premiums are withheld from your monthly Social Security check or your retirement check. Part B is optional but it's a good idea to enroll in it, because with your Group Health Options federal coverage, most medical services will be covered in full except for pharmacy.

If you don't enroll in Part B when you're first eligible for Medicare, and you decide to enroll

later, your monthly Part B premium could go up by 10 percent for each year that you could have had Part B but didn't enroll. If you didn't take Part B at age 65 because you were covered under FEHB as an active employee or you were covered under your spouse's Group Health insurance plan and he/she was an active employee, you can defer your Medicare Part B enrollment to a later time (up to 8 months after your other coverage ends) without penalty.

Medicare Parts A and B are also known as Original Medicare.

Part C (Medicare Advantage): You can enroll in a Medicare Advantage plan to get your Medicare benefits. Medicare Advantage refers to the various private health plan choices, including HMOs and regional PPOs, which are available to Medicare beneficiaries.

Part D (Medicare Prescription Drug Coverage): There is a monthly premium for Part D coverage. Before enrolling in Medicare Part D, please be aware that the Group Health Options, Inc. FEHB prescription drug coverage 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 that you do not need to enroll in Medicare Part D and pay extra for prescription drug coverage.

For more details about Medicare benefits and enrollment penalties, visit www.medicare.gov.

Enrolling in Medicare

If you're receiving Social Security benefits, the Social Security Administration (SSA) will automatically sign you up and send you notification of enrollment. If you aren't receiving Social Security benefits, and are eligible for Medicare, you must sign up on your own, either online at www.ssa.gov or by calling SSA at **1-800-772-1213** to set up an appointment. You are encouraged to apply for Medicare benefits 3 months before you turn age 65 if you are no longer working. You also have the month you turn 65 and 3 months after you turn 65 to enroll. If you don't apply for Medicare, you will still be covered under the FEHB Program.



Medicare and the Group Health Options, Inc. Federal Employees Health Benefits Program

Combining Medicare coverage with your Group Health Options, Inc. federal coverage can help pay for many expenses not covered by Medicare. Group Health coordinates with Medicare on all of our FEHB plans. Cost shares, such as deductibles and coinsurance are waived on the High and Standard Options plans but not on the High Deductible Health Plan. By law, if you have Medicare, you are not eligible for a health savings account (HSA). However, if you enroll in the High Deductible Health Plan, you will be eligible for a health reimbursement

arrangement (HRA). Funds are set aside in the HRA to be used to pay for Medicare Part B premiums or other qualified medical expenses. Review the Group Health Options plan (formerly KPS Health Plans) brochure for more information.

Access to providers

When you have the Group Health Options federal plan and Medicare, in most instances you receive the same benefits whether you use providers in the GHO Federal network or out-of-network providers. You're free to use any

provider you choose. However, by using the GHO Federal, you will help control overall plan costs, so please consider choosing that option. You'll find the most current listing of our providers by going to ghofederal.org and selecting Provider and Facility Directory.

How Group Health Options, Inc. federal plans work with Original Medicare when Medicare is the primary payor

Here are the circumstances when Medicare will pay first: 1) you are an annuitant and are enrolled in Medicare, 2) you have FEHB coverage under your spouse who is an annuitant and you are enrolled in Medicare, 3) you are a Federal employee receiving Worker's Compensation disability benefits for 6 months or more, 4) you are covered under FEHB and have Medicare based solely on having ESRD and it's beyond the 30-month coordination period and you are still Medicare eligible due to ESRD.

If you have original Medicare (both Medicare Parts A and B) and it's your primary payor, Group Health Options, Inc. will waive your out-of-pocket costs as follows:

HIGH OPTION

- Deductible
- Medical and surgical care coinsurance and copayments
- Inpatient hospital coinsurance

STANDARD OPTION

- Deductible
- Medical and surgical care coinsurance and copayments
- Inpatient hospital coinsurance

If you have Medicare Part A only, and Medicare is your primary payor, Group Health Options will waive deductibles, coinsurance, and copayments for Part A services only (such as inpatient hospital care, home health, hospice, or skilled nursing care).

If you have Medicare Part B only, and Medicare is your primary payor, Group Health Options will waive deductibles, coinsurance, and copayments for Part B services only (such as outpatient medical or surgical care).

When you are enrolled in the Group Health Options, Inc. High Option or Standard Option and Medicare Parts A and B are your primary payor, Group Health Options will pay up to plan limits for:

- Routine physicals and checkups
- Routine dental exams, cleanings, and X-rays
- Restorative and major dental services on High Option
- Immunizations and covered self-administered drugs (see plan brochure for pharmacy coverage guidelines)
- Prescription drugs
- Emergency medical and hospital services provided outside the United States

How Group Health Options, Inc. federal plans work with Medicare Part C (Medicare Advantage)

You may enroll in another plan's Medicare Advantage plan and also remain enrolled in our FEHB plan. Group Health Options 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 GHO Federal plan providers). However, we will not waive any of our copayments, coinsurance, or deductibles.

How Group Health Options, Inc. works with Medicare Part D (Prescription Drug Plan)

If you choose to enroll in Medicare Part D, you must choose a Medicare Prescription Drug Plan from a list of plans available in your area. You may want to use the Drug Plan Finder and drug plan comparison tool on the Medicare website at www.medicare.gov.

If you are a Group Health Options member and are enrolled in Medicare Part D, use an in-network pharmacy and show both your Group Health Options, Inc. ID card and your Medicare ID card.

If you enroll in Medicare Part D and Group Health Options, Inc. is the primary payor, Group Health Options will process the

prescription drug claim first. Be sure to present your Group Health Options, Inc. ID card to the pharmacy.

If you enroll in Medicare Part D and Group Health Options, Inc. is the secondary payor, we will review claims for your prescription drug costs not covered by your Medicare drug plan and consider them for payment under your Group Health Options, Inc. plan. Be sure to present your Medicare Part D and Group Health Options, Inc. ID cards to the pharmacy.

Tell us about your Medicare coverage

Please tell us if you or a covered family member has Medicare coverage and whether it's Original Medicare or Medicare Advantage so we can correctly coordinate benefits with Medicare.



Filing claims with Medicare and Group Health Options, Inc.

You will probably not need to file a claim form when you have both the GHO Federal plan and Original Medicare.

Most providers will submit the claims for you. When Group Health Options, Inc. is the primary payor, we will process the claim first. When Original Medicare is the primary payor, Medicare processes your claim first. In most cases, there is nothing you will need to do; your claim will be coordinated automatically, and Group Health Options will then provide secondary benefits for covered services. To find out if you need to do something to file your claim, call Group Health Options, Inc. at **206-901-4635** or **1-888-901-4636**; for the deaf and hearing-impaired, call Washington state's relay line at either **1-800-833-6388** or **711**, or visit our website at ghofederal.org

If you choose to file a paper claim and Original Medicare is the primary payor, submit the claim to Medicare first. After processing the claim, Medicare will send you a Medicare Summary Notice (MSN). Send the MSN, plus copies of all related bills, to Group Health Options, Inc. for processing. We cannot process your claim without the MSN.

If Group Health Options, Inc. is your primary health insurance, submit the claims to us first. After processing your claim, we will send you an Explanation of Benefits (EOB). Send the EOB plus copies of all related claims to Medicare for processing.

If you're unsure which is your primary health insurance, see pg. 5 to your plan brochure, or call Group Health at **206-901-4635** or **1-888-901-4636**.

Important: If you go back to work and have health care coverage through your new employer, Group Health is required to coordinate coverage with your other health plan. It is your responsibility to notify us of your other health care coverage. Call Group Health at **206-901-4635** or **1-888-901-4636** with any changes to your enrollment information.

Helpful Tips

- Enroll in Medicare Parts A and B as soon as three months before your 65th birthday.
- Read all forms carefully before completing them.
- Provide all information requested on a claim form. Claim forms from the provider's office should show:
 - Name, address, and telephone number of the provider.
 - Place and date of service.
 - Your name, Medicare ID number, and other health insurance ID numbers.
 - Itemized and total charges for services provided.
 - Specific diagnoses or descriptions of all services provided.
- Submit copies of the original bills unless originals are required.
- Submit your bills separately from your spouse's bills. A claim may include more than one service performed on the same day, but a separate claim form must be submitted for each covered person.
- Be sure to sign in each place that your signature is required.
- Keep written records of all claims problems for five years.
- Make and keep copies of all claim forms and bills submitted.

More Information

Group Health:

Call Customer Service at **206-901-4635** or **1-888-901-4636** or visit ghofederal.org

Medicare benefit:

Contact your local Social Security office or the Social Security Administration at **1-800-772-1213**, or visit www.ssa.gov or www.medicare.gov.



QUESTIONS?

Call Customer Service at

206-901-4636

(TTY WA Relay **1-800-833-6388**
or **711**).

Monday–Friday, 8 a.m.–8 p.m.

Extended hours Oct. 1–Feb. 14,
8 a.m.–8 p.m., 7 days a week.

Or visit **ghofederal.org**

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 (телетайп: 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 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): ប្រយ័ត្ន៖ បើសិនអ្នកនិយមខ្មែរ, សេដ្ឋកិច្ចយើង យើងមិនគិតល គឺចង់សំបប់អ្នក។ ចូរទូរស័ព្ទ 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): ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

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

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

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): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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 ekkitaaki 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.