



SelectHealth

FEHB Plan Changes

2023



Changes to the Standard Option Only

- > Lab, X-ray and other diagnostic tests. The Plan will cover the benefit as follows: Lab, X-ray and other diagnostic tests: Nothing for minor diagnostic tests; 15% of the allowed amount after deductible for major diagnostic tests. Free-standing imaging centers (FSIC): Nothing for minor diagnostic tests; Nothing, after deductible for major diagnostic tests. Previously, the Lab, X-ray and other diagnostic tests/ benefit was nothing for minor diagnostic tests and 15% of the allowed amount after deductible for major diagnostic tests.
- > Outpatient Hospital or Ambulatory Surgical Center (ASC). The Plan will cover this benefit as follows: 15% of the allowed amount after deductible for Outpatient Hospital. \$200 after deductible for Ambulatory Surgical Center (ASC). Previously, the benefit was as 15% of the allowed amount after deductible for Outpatient Hospital or Ambulatory Surgical Center (ASC).

- > Inpatient Hospital/Hospital level care at home—The Plan will cover hospital level care at home. The cost shares to the enrollee will be nothing after the deductible; preauthorization will be required.
- > Infertility services/Calendar year limit. The Plan is removing the \$1,500 per calendar year limit. The cost share is 50% of the allowed amount after the deductible.
- > Point of Service Benefit—Feature Two/Allergy Care (Testing, Treatment, Injections & Serum). The Plan will no longer cover this benefit when rendered by an out-of-network provider.
- > Point of Service Benefit—Feature Two/Hospital level care at home. Hospital level care at home will not be covered under Feature Two of the Point of Service Benefit. This benefit will be offered under Feature One of the Point of Service Benefit.

Changes to the High Deductible Health Plan (HDHP) Option Only

- > Maternity Care—The Plan will reduce the office visit copay to \$10 from \$20 copay when pregnancy is confirmed.
- > Outpatient Hospital or Ambulatory Surgical Center (ASC). The Plan will cover this benefit as follows: Outpatient Hospital/\$150 per day; Ambulatory Surgical Center (ASC)/Nothing after the deductible. Previously, the copay was \$150 per day for Outpatient Hospital or Ambulatory Surgical Center.
- > Inpatient Hospital/Hospital level care at home—The Plan will cover hospital level care at home. The cost shares to the enrollee will be nothing after the deductible; preauthorization will be required.

- > Lab, X-ray and other diagnostic tests. The Plan will cover the benefit as follows: Lab, X-ray and other diagnostic tests: Nothing for minor diagnostic tests; \$150 for major diagnostic tests. Free-standing imaging centers (FSIC): Nothing, after the deductible. Previously, the benefit was Lab, X-ray and other diagnostic tests/Nothing for minor diagnostic tests and \$150 for major diagnostic tests.
- > Infertility services/Calendar year limit. The Plan is removing the \$1,500 per calendar year the cost share is 50% of the allowed amount.

Changes to the Standard and HDHP Options

- > Section 9 Incentives (Benefit Table). The Plan will correct the Wellness Incentives benefits to be per year instead of per month. This was incorrectly stated in this section of the FEHB Brochure.
- > Infertility services/Iatrogenic Infertility. The Plan will now cover Iatrogenic Infertility/oncofertility services. The cost to the enrollee will be 50% of the allowed amount after deductible. Previously this benefit was not covered.

@ If your agency is not scheduled for an in-person meeting this year, your employer will email you with the schedule of virtual, multi-carrier Open Season meetings.

Type of Enrollment	Enrollment Code	Biweekly	Monthly
		Your Share	Your Share
Standard Option Self Only	SF4	\$80.95	\$175.40
Standard Option Self Plus One	SF6	\$178.10	\$385.88
Standard Option Self and Family	SF5	\$202.39	\$438.51
HDHP Option Self Only	WX1	\$75.42	\$163.41
HDHP Option Self Plus One	WX3	\$165.93	\$359.51
HDHP Option Self and Family	WX2	\$188.55	\$408.53

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 benefits enrollment.





P.O. Box 30192
Salt Lake City, Utah 84130

Exceptional Service

We know health insurance can be complicated. Let us help you!

MEMBER SERVICES

To contact Member Services, call **844-345-FEHB** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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

SelectHealth: **844-345-3342**

This plan's SBC is available on the internet at: selecthealth.org/fehb. A paper copy is also available, free of charge, by calling **844-345-FEHB** (a toll-free number).

To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit opm.gov/insure.

This is a brief description of the features of SelectHealth, Inc. Before making a final decision, please read the Plan's Federal brochure (RI 73-865). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

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