



# SelectHealth

## FEHB Plan Changes

2024



## Changes to the Standard Option Only

> The Plan will cover all medically necessary Gender Affirming Care Services— including all facial gender affirming care surgeries without any lifetime or annual

maximums. The cost share will be 15% of the allowed amount after deductible. Previously, the Plan’s coverage was limited.

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

> The Plan will increase the deductible to \$1,600 Self Only/\$3,200 Family. Previously the deductible was \$1,500 Self Only/\$3,000 Family.

> The Plan will cover all medically necessary Gender Affirming Care Services— including all facial gender affirming care surgeries without any lifetime or annual maximums. The cost share will be nothing after deductible. Previously, the Plan’s coverage was limited.

## Changes to the Standard and HDHP Options

> The Plan will add coverage for artificial insemination services (IUI, IVI, ICI) for three (3) cycles annually. Artificial insemination drugs will be covered without dollar or cycle limits. The Plan will also cover IVF services for three (3) cycles annually and cover three (3) cycles of IVF-related drugs

annually. The cost to enrollee will be 50% of the allowed amount after deductible.

> Your share of the premium rate will increase for Self Only, Self Plus One, and Self and Family. See rate table at the end of the brochure.

Type of Enrollment	Enrollment Code	Biweekly	Monthly
		Your Share	Your Share
Standard Option Self Only	SF4	\$110.67	\$239.78
Standard Option Self Plus One	SF6	\$254.11	\$550.57
Standard Option Self and Family	SF5	\$309.07	\$669.65
HDHP Option Self Only	WX1	\$88.44	\$191.63
HDHP Option Self Plus One	WX3	\$194.57	\$421.58
HDHP Option Self and Family	WX2	\$238.27	\$516.25

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.

This information is available for free in other languages and alternate formats by contacting SelectHealth: **844-345-3342**.

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

This Plan's SBCs and brochure are available on the internet at: **[selecthealth.org/fehb](https://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](https://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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