



# FEHB Plan Changes 2025



## Changes to the Standard Option only.

The Plan will increase the member in-network cost shares to \$6,500 for Self Only and \$13,000 for Self Plus One and Self and Family. Previously the cost shares were \$5,500 for Self Only and \$11,000 for Self Plus One and Self and Family.

The Plan will increase the point of service cost shares to \$8,500 Self Only, \$17,000 Self Plus One and Self and Family. Previously the cost shares were \$7,500 Self Only and \$15,000 Self Plus One and Self and Family.

Your share of the premium rate will increase for Self Only. See rate table at the end of the brochure.

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

The Plan will increase the deductible to \$1,650 Self Only/\$3,300 Family. Previously the deductible was \$1,600 Self Only/\$3,200 Family.

The Plan will increase the out of pocket maximum cost shares to \$6,000 Self Only, \$12,000 Self Plus One and Self and Family. Previously the cost shares were \$5,000 Self Only and \$10,000 Self Plus One and Self and Family.

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

## Changes to the Standard and HDHP Options.

The plan will apply Infertility services to the out-of-pocket maximum.

## 2025 rate information.

		Biweekly	Monthly
Type of Enrollment	Enrollment Code	Your Share	Your Share
Standard Option Self Only	SF4	\$110.76	\$239.98
Standard Option Self Plus One	SF6	\$249.45	\$540.48
Standard Option Self and Family	SF5	\$307.89	\$667.09
HDHP Option Self Only	WX1	\$94.50	\$204.75
HDHP Option Self Plus One	WX3	\$207.90	\$450.46
HDHP Option Self and Family	WX2	\$236.26	\$511.89

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.



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## Insurance made simple.

Health insurance is complicated,  
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### 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, Inc. 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, Inc.: **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 **844-345-3342** (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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