
Date:

Subscriber ID:

Dear,

This letter states federally mandated changes to Select Health FEHB plans and premium rates for the 2027 plan year.

Changes to Standard and High Deductible Health Plan (HDHP) Options

- The Plan will exclude any surgical or medical interventions related to sex trait modification.

Changes to Standard Option only

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

Changes to HDHP Option only

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

2027 Rate information

Type of enrollment	Enrollment code	Premium rate	
		Biweekly	Monthly
		Your share	Your share
Standard Option Self Only	SF4	\$111.80	\$242.23
Standard Option Self Plus One	SF6	\$245.95	\$532.90
Standard Option Self and Family	SF5	\$279.50	\$605.58
HDHP Option Self Only	WX1	\$102.94	\$223.03
HDHP Option Self Plus One	WX3	\$226.46	\$490.66
HDHP Option Self and Family	WX2	\$257.34	\$557.57
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.			

SBCs and brochure

This Plan's SBCs and brochure are available on the internet at 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/fehbcompare.

This is a brief description of the features of Select Health. 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.

Member Services

If you have questions, call Select Health Member Services at **844-345-3342** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users, please call **711**.

Sincerely,

Select Health

Notice of nondiscrimination

Select Health 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, veteran status, and/or any other characteristic protected by applicable federal or state law.

This information is available for free in other languages and alternate formats by contacting Select Health FEHB: **844-345-3342** (FEHB) (TTY:711).

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。