2027 Rate Information	Enrollment Code	Your Biweekly Share	Your Monthly Share
HDHP Self Only	B61	$99.76	$216.15
HDHP Self + One	B63	$199.52	$432.29
HDHP Self and Family	B62	$237.03	$513.56
Blue Value Plus Self Only	B64	$106.64	$231.06
Blue Value Plus Self + One	B66	$213.28	$462.11
Blue Value Plus Self and Family	B65	$253.37	$548.98
Standard Self Only	2G4	$278.22	$602.81
Standard Self + One	2G6	$492.98	$1,068.13
Standard Self and Family	2G5	$653.66	$1,416.26

To learn more about 2027 federal employee health benefits, visit carefirst.com/fedhmo or scan the QR code.

CareFirst BlueChoice

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2027 FEHB Benefits Summary

Overview	BlueChoice Advantage HDHP Option	Blue Value Plus	Standard Blue Choice
HSA-compatible	✓	✗	✗
Out-of-network benefits	✓	✗	✓
Lowest premium plan	✓	✗	✗
BlueRewards + Flex Earnings	✓	✓	✓
Cost	$	$$	$$$

What you'll pay in network with each plan

	HDHP	Blue Value Plus	Standard
Deductible	Self Only: $1,750* Self + One/Self and Family: $3,500**	$0	$0
Out-of-pocket maximum	Self Only: $7,500 Self + One/Self and Family: $15,000	Self Only: $8,500 Self + One/Self and Family: $17,000	Self Only: $7,500 Self + One/Self and Family: $15,000
Annual physical (preventive care)	$0 copay	$0 copay	$0 copay
Virtual doctor visit through CloseKnit	$0 copay	$0 copay	$0 copay
Primary care physician	$0 copay+	$15 copay	$25 copay
Specialists	$35 copay+	$50 copay	$50 copay
Chiropractic care (20 per visits per year)	$35 copay+	$50 copay	$50 copay
Urgent care centers	$50 copay+	$50 copay	$50 copay
Emergency room	$300+ (waived if admitted)	$275 (waived if admitted)	$200 (waived if admitted)
Maternity (preventive)	$0 copay+	$0 copay	$0 copay
Inpatient hopsital	20% coinsurance	Facility deductible,+ 25% coinsurance	Facility deductible,+ 20% coinsurance
Outpatient hospital	$300+	Facility deductible,+ $200	Facility deductible,+ $150
Surgery (ASC)	$100+	$150	$100
Labs (Non-hospital/Freestanding facility)	$0 copay+	$30 copay	$0 copay
X-rays (Non-hospital/Freestanding facility)	$35 copay+	$50 copay	$40 copay

Pharmacy benefits

	HDHP	Blue Value Plus	Standard
Deductible	Combined medical and drug deductible: Self Only: $1,750 Self + One/Self and Family: $3,500	Self Only: $100 Self + One/Self and Family: $200	$0
Retail (up to a 34-day supply)	**Select Generics:** $0, no deductible **Generic:** $0 after deductible **Preferred Brand:** $50 after deductible ($30 insulin, no deductible) **Non-preferred Brand:** $75 after deductible ($30 insulin, no deductible) **Preferred Specialty:** $100 after deductible++ **Non-preferred Specialty:** $150 after deductible++	**Preferred Generic:** $10, no deductible **Preferred Brand:** $50 after deductible ($30 insulin, no deductible) **Preferred Generic Specialty:** $100 after deductible++ **Preferred Brand Specialty:** $150 after deductible++	**Generic:** $10 **Preferred Brand:** $75 ($30 insulin) **Non-preferred Brand:** $100 **Preferred Specialty:** $125++ **Non-preferred Specialty:** $175++
Mail service pharmacy program	90 day supply through our mail order pharmacy program, and pay two (2) copays		
GLP-1s prescribed for weight loss	50% coinsurance	50% coinsurance	50% coinsurance

* The monthly $75 pass-through amount is added directly to your Health Savings Account.
** The monthly $150 pass-through amount is added directly to your Health Savings Account.
+ Facility Deductible: $250 Self Only; $500 Self +1, Self and Family.
++ Speciality drugs must be filled through CVS Speciality Pharmacy.

This is a summary for comparison purposes only and does not create rights not given through the benefit plan. Please refer to the 2027 BlueChoice brochure available at **carefirst.com/fedhmo** for a comprehensive explanation of the coverage.



Earn up to $400 per year for healthy behaviors with our Blue Rewards program

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