

HMSA's Plan for Federal Employees

Here are some of your plan's benefits and your share of the costs.



An Independent Licensee of the Blue Cross and Blue Shield Association

Benefits	High Option Plan Provider You Pay	Standard Option Plan Provider You Pay
Annual deductible	None	\$150 per person \$300 per family
Annual out-of-pocket maximum Protection against catastrophic costs	\$3,000 per person per year \$9,000 per family per year (Some costs can't be applied to your maximum.)	\$5,000 per person per year \$10,000 per family per year (Some costs can't be applied to your maximum.)
Physician services Physician visits Lab and pathology X-rays	\$15 \$0 20% of eligible charges	\$20* 30% of eligible charges* 30% of eligible charges
Hospital services Inpatient Outpatient	\$200 copayment per admission 20% of eligible charges	30% of eligible charges 30% of eligible charges
Emergency benefits (In area and out of area) Lab tests Physician visits Emergency room facility and other emergency services	\$0 \$15 20% of eligible charges	30% of eligible charges \$20* 30% of eligible charges
Mental health and substance abuse treatment Diagnostic, psychological, and lab tests Professional services and medication management Inpatient admission Partial hospitalization and outpatient facility	\$0 \$15 \$200 per admission \$0	30% of eligible charges \$20* 30% of eligible charges 30% of eligible charges
Prescription drugs Tier 1 (preferred generic) Tier 2 (nonpreferred generic and preferred brand) Tier 3 (other brand) Tier 4 (preferred specialty) Tier 5 (nonpreferred specialty)	\$7 \$35 \$70 \$120 \$250	\$7* 40% of eligible charge up to \$100 40% of eligible charge up to \$600 \$200 40% of eligible charge up to \$1,200
Dental care Annual exam and annual cleaning Fillings, extractions, root canal, anesthesia, and X-rays	No charge 30% of eligible charges	Not a benefit
Annual vision exam	20% of the eligible charges	30% of the eligible charges
Point-of-service benefits	Yes	Yes

*Deductible doesn't apply for Standard Option.

If you're a retired HMSA Federal Plan 87 member and have Original Medicare, your HMSA plan will coordinate with Medicare. This means Medicare becomes your primary plan and pays first. Your HMSA plan will pay for services not covered by Medicare based on your plan benefits.

This is a summary of the features of the HMSA Plan. Before making a final decision, please read the Federal Plan Brochure (RI 73-010) and other plan documents at hmsa.com/federalplan. All benefits are subject to the definitions, limitations, and exclusions in the brochure.

2026 Rates

Type of Enrollment	Enrollment Code	Premium Rate			
		Biweekly		Monthly	
		Government Share	Your Share	Government Share	Your Share
High Option Self Only	871	\$308.61	\$102.87	\$668.66	\$222.88
High Option Self Plus One	873	\$676.21	\$225.40	\$1,465.12	\$488.37
High Option Self and Family	872	\$693.77	\$231.25	\$1,503.16	\$501.05
Standard Option Self Only	874	\$188.85	\$62.95	\$409.18	\$136.39
Standard Option Self Plus One	876	\$413.75	\$137.92	\$896.47	\$298.82
Standard Option Self and Family	875	\$424.52	\$141.50	\$919.79	\$306.59

These rates don't apply to all enrollees. If you're in a special enrollment category, please contact the agency or tribal employer that maintains your health plan enrollment.