

Healthcare

COMPARE 2024 PLANS

The information contained in this comparison tool is not the official statement of benefits.

Before making your final enrollment decision, always refer to the individual FEHB brochures. Each plan's FEHB brochure is the official statement of benefits. If you decide to enroll, change health plans or plan options, or change enrollment, please visit the [Enroll](#) page for information on submitting a change.

Search by one of the following:

Items marked with an * are required.

Enter your home or work zip code. To enroll, you must live or work in a plan's geographic service area.

5-Digit Zip Code*

☐

I live overseas or outside the Continental United States. (Selecting this option will set the zip code to 99999)




OPM.gov Main > Insurance > Healthcare > Plan Information > Compare Plans

2024 FEHB Plan Results

Results for coverage in **20415** for Federal & U.S. Postal Employee paid Biweekly

Please note the benefits displayed on this page are for in-network benefits only! To see out-of-network benefits, please select up to 3 plans to compare.

The amounts displayed on this page represent the member's liability for each service.

Self  Self Plus One  Self & Family 

You may only select 3 plans to compare at once

[Need more information about plan types?](#)

Sort: **Plan Option**
By **Name (A - Z)**

Filters

Plan Selection Comparison Tool

Select Plan	Plan Name (Plan Code) - Enrollment Code ⓘ	Enrollee Premium ⓘ	Annual Deductible ⓘ	Annual Out of Pocket Maximum ⓘ	Medical Account (HRA/HSA) ⓘ	Primary Care Office Visit ⓘ	Specialist Office Visit ⓘ	Doctor Costs Inpatient Surgery ⓘ	Retail Generic ⓘ	Retail Brand ⓘ	Plan Requires Referral to See Certain
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2024 FEHB Plan Comparison Details

The information contained in this comparison tool is not the official statement of benefits. Before making your final enrollment decision, always refer to the individual FEHB brochure which is the official statement of benefits. The amounts shown below indicate what you will pay for each class of service. When you see a plus sign (+), it means you must pay the stated coinsurance AND any difference between your Plan's allowance and the provider's billed amount. When a "yes" appears indicating that there is coverage for a specific service, you must check the plan brochure for your cost share. NOTE: HDHP plans require that the combined medical and pharmacy deductible be met before traditional coverage begins. traditional coverage begins.

Costs & Network

Disclaimer: In some cases, the enrollee share of premiums for the Self Plus One enrollment type will be higher than for the Self and Family enrollment type. Enrollees who wish to cover one eligible family member are free to elect either the Self and Family or Self Plus One enrollment type. Check premiums on our website at www.opm.gov/fehbpremiums.

Self👤Self Plus One👥Self & Family👨👩👧👦

Plan Selection Comparison Tool			
Plans	Aetna HealthFund CDHP and Aetna Value Plan (CDHP)	Aetna HealthFund CDHP and Aetna Value Plan (Value)	Aetna Advantage Plan (Advantage)
Plan Links	[Website], Brochure Link , [Summary of Benefits], [Provider Directory], [RX Pricing Tool]	[Website], Brochure Link , [Summary of Benefits], [Provider Directory], [RX Pricing Tool]	[Website], Brochure Link , [Summary of Benefits], [Provider Directory], [RX Pricing Tool]
General	District Of Columbia	District Of Columbia	

Help improve this site

Help Improve the Plan Comparison Tool



Give us your feedback - page 1 of 2

What is your primary reason for visiting the site today?

Select one



The Plan Comparison Tool was useful in selecting a health plan.

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

What information were you looking for when you came to the Plan Comparison Tool? (Select all that apply)

☐ Information about plan premiums

☐ Information about other healthcare costs

☐ If a provider is in the network

☐ If a prescription is covered

☐ Plan coverage for specific health conditions or needs

☐ Plan quality ratings

☐ Something else

I found the information I needed in the Plan Comparison Tool.

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

It was easy to find the information I needed.

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

I am satisfied with the Plan Comparison Tool.

☐ Strongly agree

☐ Agree


☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

Next →

The public reporting burden to complete this information collection is estimated at four minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to the Office of Personnel Management, Healthcare and Insurance at CEP@opm.gov. Current information regarding this collection of information -- including all background materials -- can be found at <https://www.reginfo.gov/public/do/PRAMain> by using the search function to enter either the title of the collection or the OMB Control Number.

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Help Improve the Plan Comparison Tool



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Tell us about yourself - page 2 of 2

Select the statement that best describes you:

☐ I am a new employee.

☐ I am newly eligible for health benefits.

☐ I am a current employee or annuitant exploring health plan information.

☐ I am a family member of an eligible employee or annuitant.

Have you used the plan comparison tool before?

☐ I'm a first-time user

☐ I use it occasionally

☐ I use it regularly

Submit

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