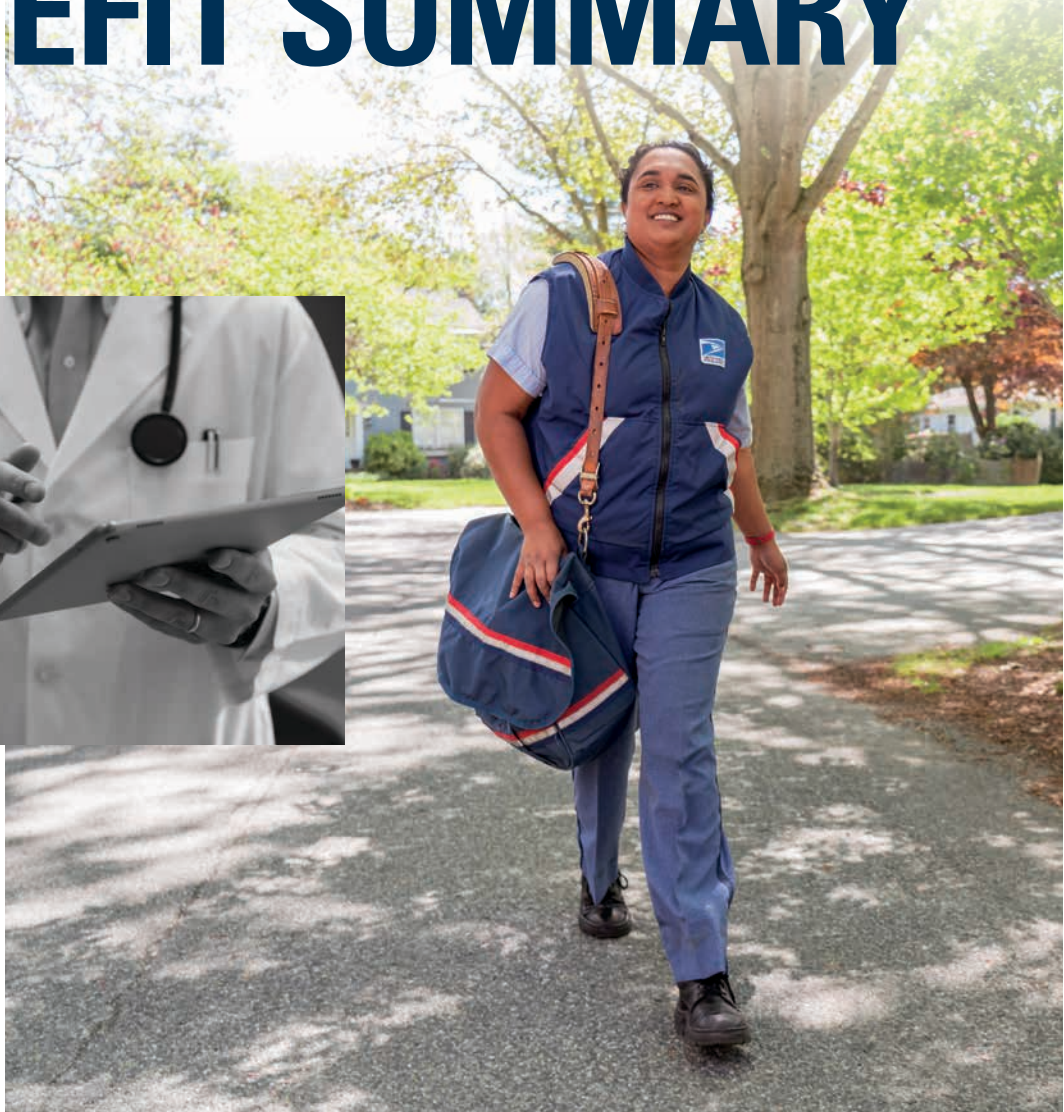


POSTAL SERVICE HEALTH BENEFITS

BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM

2026 PSHB PROGRAM BENEFIT SUMMARY



Coverage you can count on.
HERE FOR YOU.

  **BlueCross.
BlueShield.**
Federal Employee Program.

fepblue.org



QUALITY COVERAGE FOR USPS EMPLOYEES AND THEIR FAMILIES

Nothing is more important than your health.
That's why you need a health plan you can count on today and tomorrow.

The Blue Cross and Blue Shield Federal Employee Program (FEP) has been proud to provide coverage to Postal Service employees, retirees and their families since 1960. FEP is committed to providing the quality care you and your family need, including free preventive care and incentives, plus a network that includes over 2 million doctors and hospitals nationwide.

We know health care can be confusing. That's why we're working to simplify coverage, streamline claims and offer support to our members every step of the way. Now, we invite you to explore this booklet and see how Blue is [HERE FOR YOU](#).

This information is intended for active USPS employees and their families.
If you're considering or already enjoying retirement, visit fepblue.org/medicare for more details on coverage in retirement.

Choosing the right FEP plan for you

Since all of our plans provide quality coverage, you may be wondering how to narrow down the right one for you and your family. We'll break down the benefits of each.

FEP Blue Focus®

This plan is ideal for individuals and families who mainly use their benefits for free preventive care and have minimal prescription needs.

- **Lowest premium**
- **\$10 per visit for the first 10 primary and specialist visits for each person on your plan**
- **Lowest copay for urgent care centers**

FEP Blue Basic®

This plan is a great choice for families who want a flexible plan and are okay with paying a bit more monthly.

- **No deductibles**
- **Flat copays for many medical services**
- **Broader prescription drug coverage**

FEP Blue Standard®

This plan is best for growing families or anyone who wants the broadest coverage with the flexibility to see both in- and out-of-network doctors.

- **Out-of-network care**
- **FEP Mail Service Pharmacy and largest approved drug list**
- **Comprehensive family planning benefits including free maternal health coverage and up to \$25,000 annually in IVF benefits**

You can cover:



Yourself
with Self Only



You and one other person
with Self + One



You and multiple dependents
with Self & Family

All of our plans include:



Free preventive care



Wellness rewards and discounts



Referral-free care from specialists



Free telehealth visits through Teladoc Health®



A large national provider network + prescription drug coverage



Exclusive health and wellness discounts through Blue365®



Worldwide coverage



Get help finding the right plan

Use our AskBlueSM FEP Medical Plan Finder to get a personalized recommendation. It's a simple online quiz that helps you find the right plan based on your needs.
Try it today at askblue.fepblue.org.

A closer look at medical out-of-pocket costs

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Virtual doctor visits through Teladoc Health®	You pay nothing	You pay nothing	You pay nothing
Primary care doctor	\$10 per visit for the first 10 primary and/or specialty care visits for each person on your plan [†]	\$35 copay ¹	\$30 copay
Specialists		\$50 copay ¹	\$40 copay
Mental health visits		\$35 copay	\$30 copay
Urgent care centers	\$25 copay	\$50 copay	\$30 copay
Chiropractic care	\$25 for up to 10 visits per year ²	\$35 for up to 20 visits per year	\$30 for up to 12 visits per year
Maternity	\$0 for doctor’s visits \$3,500 for delivery	\$0 for doctor’s visits \$0 for delivery at a BDC \$425 for delivery at all other facilities	\$0 copay
Inpatient hospital	30% coinsurance*	\$425 per day; up to \$2,975 per admission	\$350 copay
Outpatient hospital	30% coinsurance*	\$250 per day per facility ¹	15% coinsurance*
Surgery	30% coinsurance*	\$150 per surgeon in an office ¹ \$200 per surgeon in other settings ¹	15% coinsurance*
ER <i>(Accidental injury)</i>	\$0 within 72 hours	\$425 per day per facility	\$0 within 72 hours
ER <i>(Medical emergency)</i>	30% coinsurance*	\$425 per day per facility	15% coinsurance*
Lab work <i>(Such as blood tests)</i>	\$0 for first 10 specific lab tests**	15% coinsurance ¹	15% coinsurance*
Diagnostic services <i>(Such as sleep studies, X-rays, CT scans)</i>	30% coinsurance*	Up to \$100 in an office ¹ Up to \$250 in a hospital ¹	15% coinsurance*

If you have Medicare primary or receive care overseas, different cost share amounts may apply. *Deductible applies. [†]You pay 35% coinsurance for agents, drugs and/or supplies you receive during your care. ¹In addition, you pay 30% coinsurance for agents, drugs and/or supplies you receive during your care. **Please see brochure for covered lab services. ²Up to 10 visits combined for chiropractic care and acupuncture.

Deductibles and out-of-pocket maximums

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Deductible	\$750 for Self Only \$1,500 for Self + One and Self & Family	No deductible	\$350 for Self Only \$700 for Self + One and Self & Family
Out-of-Pocket maximum (Preferred providers)	\$10,000 for Self Only \$20,000 for Self + One and Self & Family	\$7,500 for Self Only \$15,000 for Self + One and Self & Family	\$6,000 for Self Only \$12,000 for Self + One and Self & Family

PSHB Program bi-weekly premiums

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
SELF ONLY	\$75.15	\$127.59	\$190.10
Enrollment Code	35A	33A	33D
SELF + ONE	\$161.56	\$313.84	\$424.42
Enrollment Code	35C	33C	33F
SELF & FAMILY	\$177.70	\$357.52	\$479.21
Enrollment Code	35B	33B	33E

These rates don’t apply to all enrollees. If you are in a specific enrollment category, please contact the agency or Tribal employer that maintains your health benefits enrollment.

To see our monthly premiums, visit fepblue.org/postalpremiums.

Important terms you’ll want to know

COINSURANCE: *The percentage you pay for a covered service after we’ve paid our portion, sometimes called an allowance.*

COPAY: *The set amount you pay for a service.*

DEDUCTIBLE: *The set amount you pay before we start paying our portion of your service. (NOTE: Deductibles do not apply to all services, like primary care and specialist visits. Switching to a higher-tier plan like FEP Blue Basic to avoid a deductible may not be necessary if you primarily use your insurance for these types of services.)*

OUT-OF-POCKET MAXIMUM: *A cap (or maximum) on how much you’ll pay for health care during the year, sometimes called a catastrophic maximum.*

PREMIUM: *The amount you pay to have health insurance coverage.*

A closer look at pharmacy benefits

We designed our pharmacy program so you can get your prescriptions conveniently, in a way that best fits your needs and lifestyle. That’s why we have a variety of coverage options you can count on.

All plans include the Retail Pharmacy Program and FEP Specialty Pharmacy Program.
FEP Blue Standard also includes the FEP Mail Service Pharmacy Program.

FEP Blue Focus®	FEP Blue Basic®	FEP Blue Standard®
- Best for those with minimal prescription drug needs - Has 2 drug tiers - Low-cost generics	- Large approved drug list - Has 5 drug tiers - Coinsurance cap on most drug tiers	- Largest approved drug list —great for those with complex drug needs - Has 5 drug tiers - Added convenience of FEP Mail Service if you want prescriptions sent to your home

Understanding drug tiers

FEP Blue Focus has two drug tiers. They are:

FEP Blue Focus	
Tier 1 Generics	Tier 2 Preferred Brand Name, Preferred Specialty and Preferred Brand Name Specialty

FEP Blue Basic and FEP Blue Standard each have five drug tiers. They are:

FEP Blue Basic + FEP Blue Standard				
Tier 1 Generics	Tier 2 Preferred Brand Name	Tier 3 Non-preferred Brand Name	Tier 4 Preferred Specialty	Tier 5 Non-preferred Specialty



Compare your prescription costs before you choose

Scan the QR code or visit fepblue.org/rx to use our FEP Prescription Drug Cost Tool and see estimated costs for your prescriptions under each plan.

Understanding your prescription costs by plan

FEP Blue Focus Pharmacy Benefits	
FEP Retail Pharmacy <i>(For a 30-day supply)</i>	Tier 1: \$5 copay Tier 2: 40% coinsurance (\$550 maximum)
FEP Specialty Pharmacy <i>(For a 30-day supply)</i>	Tier 2: 40% coinsurance (\$550 maximum)

FEP Blue Basic Pharmacy Benefits	
FEP Retail Pharmacy <i>(For a 30-day supply)</i>	Tier 1: \$15 copay Tier 2: 35% coinsurance (\$150 maximum) Tier 3: 60% coinsurance Tier 4: 35% coinsurance (\$400 maximum) Tier 5: 35% coinsurance (\$500 maximum)
FEP Specialty Pharmacy <i>(For a 30-day supply)</i>	Tier 4: 35% coinsurance (\$400 maximum) Tier 5: 35% coinsurance (\$500 maximum)

FEP Blue Standard Pharmacy Benefits	
FEP Retail Pharmacy <i>(For a 30-day supply)</i>	Tier 1: \$7.50 copay Tier 2: 30% coinsurance Tier 3: 50% coinsurance Tier 4: 30% coinsurance Tier 5: 30% coinsurance
FEP Mail Service Pharmacy <i>(For a 90-day supply)</i>	Tier 1: \$15 copay Tier 2: \$140 copay Tier 3: \$175 copay
FEP Specialty Pharmacy <i>(For a 30-day supply)</i>	Tier 4: \$100 copay Tier 5: \$135 copay

If you have Medicare or receive care overseas, different cost share amounts may apply. Tier 4 and 5 drugs are limited to one 30-day fill through the Retail Pharmacy Program. All additional fills must be placed through the Specialty Pharmacy Program.



Updates for 2026

Changes to all of our plans



Simpler access to genetic testing and hospice care

- You do not need to request prior approval for genetic testing in most cases. We only require prior approval if 1) you don't show signs/symptoms of a condition, or 2) you request testing to see if you could pass a genetic condition to your child.
- You do not need to request prior approval for outpatient hospice care.



Expanded preventive care coverage

- We cover PrEP (pre-exposure prophylaxis) drugs for HIV prevention.
- We cover an osteoporosis screening starting at age 40.



New support for weight management resources

- We will offer a Weight Management Program to eligible members 13 and over.

Learn more about what's new for 2026 at fepblue.org/whatsnew.

Changes to FEP Blue Focus only

- We updated the deductible to \$750 for Self Only and \$1,500 for Self + One and Self & Family members.
- We updated the out-of-pocket maximum to \$10,000 for Self Only and \$20,000 for Self + One and Self & Family members.
- We updated the cost share for maternity facility copayment, Preferred brand name (Tier 2) drugs and Specialty drugs.

Changes to FEP Blue Basic only

- We will waive the delivery copay if you give birth at a Blue Distinction Center® (BDC) for Maternity.
- We updated the cost share for Preferred brand name (Tier 2) drugs, Non-preferred brand name (Tier 3) drugs and Specialty (Tier 4 and 5) drugs.
- We updated the cost share for accidental dental care; specific contraceptives and reproductive services; medical devices and supplies; and inpatient and outpatient care and supplies.

Changes to FEP Blue Standard only

- We updated the cost share for Preferred brand name (Tier 2) drugs, Non-preferred brand name (Tier 3) drugs and Specialty (Tier 4 and 5) drugs.

This is not a full list of changes. For the full list and details, including the sex trait modification change, see the Blue Cross and Blue Shield Service Benefit Plan brochures for the PSHB Program at fepblue.org/brochure.

\$0 telehealth visits when you need them

With telehealth services, you can connect with a doctor anytime by phone, video chat, or the Teladoc Health app—for free.

Your telehealth benefit includes:



24/7 General Medical Care



Mental Health Consults



Dermatology Services



Nutritional Counseling



Global Care
(For overseas members)



Learn more or register for Teladoc Health today at fepblue.org/telehealth or call **1-855-636-1579**.

If your in-network doctors offer phone or video visits, we'll cover them. You'll pay the same cost share as an in-person visit.

Our 24/7 Nurse Line is ready to help

Whether you have a health question or need help deciding where to go for health care services, you can get expert care advice from qualified registered nurses—anytime, at no extra cost to you.



Over 2 million doctors and hospitals to keep you covered, always

No matter where life takes you, your Blue Cross Blue Shield member ID gives your family nationwide access to one of the largest provider networks, and you'll never need a referral to see a specialist.

Finding an in-network provider is easy

Use our **fepblue app** or go to our website, fepblue.org/provider to find care or a pharmacy close to you.

Download the fepblue app to do more on the go

Use the **fepblue app** to access the digital version of your member ID card, find in-network providers no matter where you are or connect to a virtual one through Teladoc Health.



Wherever you go, your coverage goes, too

Whether you're traveling for work, on vacation, or living overseas, your benefits travel with you.

We encourage you to visit fepblue.org/overseas to see how your benefits will work outside the U.S. You can also call our Overseas Assistance Center at **1-484-776-1200**.

Get rewarded for completing activities that support your health

Earn \$50 for taking the Blue Health Assessment

With the Blue Health Assessment (BHA), you can get a snapshot of your health and get rewarded. This simple quiz takes between 10-12 minutes to complete and you'll get instant feedback on ways you can improve or maintain your health. **FEP Blue Basic** and **FEP Blue Standard** members can earn \$50 the first time they take the BHA in 2026.

You must be the contract holder or spouse, 18 or older, on a FEP Blue Standard or FEP Blue Basic plan to earn incentive rewards.

Earn \$120 for completing Daily Habits

Daily Habits helps you set and reach your health goals. Whether you want to eat better, stress less or get help managing a chronic condition, Daily Habits can help. **FEP Blue Basic** and **FEP Blue Standard** members can earn \$120 for completing three eligible goals in 2026.

You must be the contract holder or spouse, 18 or older, on a FEP Blue Standard or FEP Blue Basic plan to earn incentive rewards.

You can complete activities related to:



Stress



Weight loss



Exercise



Emotional health



Nutrition



Managing asthma



Managing heart disease



Managing hypertension



Managing COPD



Managing heart failure

You must be the contract holder or spouse, 18 or older, on a FEP Blue Standard or FEP Blue Basic plan to earn incentive rewards.

Earn \$75 plus more with our Pregnancy Care Incentive Program

Pregnant **FEP Blue Basic** and **FEP Blue Standard** members can earn a \$75 reward and receive a free Pregnancy Care Box when they complete a prenatal checkup in their first trimester.

Get a \$150 reward for completing your annual physical

With the Routine Annual Physical Incentive Program, **FEP Blue Focus** members can earn a \$150 MyBlue® Wellness Card just for getting their annual checkup. It's a simple way to stay on top of your health. Your doctor can help identify health risks early and offer tips to manage them.

Location restrictions apply. You must be 18 or older and the contract holder or spouse on an FEP Blue Focus plan to earn this reward. We encourage you to consider possible tax implications of your rewards as part of this program and to consult your tax, legal or accounting advisors for additional information. Not all Blue365® vendors are included in this program.

Earn rewards for taking charge of your health at fepblue.org/incentives.

Spend your rewards with the MyBlue® Wellness Card

When you earn reward dollars through our incentive programs, we load the funds onto your MyBlue Wellness Card. This is a prepaid debit card that you can use to pay for qualified medical expenses and specific non-qualified medical expenses.

Use your card for:

- Doctor's office copays
- Menstrual products
- Prescription copays
- Up to \$150 annually on specific products available through Blue365®. Visit blue365deals.com/fep to learn more.
- Contacts and glasses
- Over-the-counter medicines

For the full list of qualified medical expenses, visit www.irs.gov/publications/p502.



BlueCross BlueShield



Blue365

Treat yourself and your health with Blue365

FEP members enjoy access to Blue365, an exclusive discount program with hundreds of ways to save on everything from gym memberships and fresh meal kits to travel. **Sign up by logging into your MyBlue account.**

Note: Blue365 deals and discounts may change at any time.

Explore wellness programs to help feel your best

- 

Weight Management Program
Members 13+ who meet Body Mass Index (BMI) criteria can get a digital scale and ongoing weight management support.
- 

Diabetes Management Program
FEP Blue Basic and **FEP Blue Standard** members can get an advanced digital glucose meter, free unlimited test strips and lancets, plus 1-on-1 support at no extra cost.
- 

Hypertension Management Program
Members with high blood pressure can receive a blood pressure monitor at no out-of-pocket cost every two years.

Learn more about our health and wellness programs at fepblue.org/healthwellness.

How to get started with enrollment

After you select the right FEP plan for your needs, it's time to enroll.

Current FEP members

If you are already a member and do not want to make changes to your plan in 2026—sit back and relax. Your plan will automatically roll over for you.

Enrolling in a new plan option OR enrolling as a new member

To enroll in a new PSHB plan, you will need to use a system called the **Postal Service Health Benefits System (PSHBS)**. OPM manages this site.

- 1) You'll need to create an account at login.gov before you access the PSHBS for the first time.
- 2) Once you have an account, you'll use those credentials to access PSHBS at health-benefits.opm.gov.
- 3) On PSHBS, you'll need to provide the enrollment code (see page 6) for the FEP plan you want to enroll in.



You will be able to enroll or make changes to your coverage during Open Season, which kicks off November 10 and ends December 8, 2025.

If you have a qualifying life event outside of Open Season, call the Human Resources Shared Service Center at **1-877-477-3273** to update your plan coverage. You'll need to provide the enrollment code for the plan you choose.

Helpful tools on MyBlue® to help you get the most out of your benefits

Through a variety of online tools and resources, we can help you stay informed, manage your costs and more once you're a member. Learn more at fepblue.org/myblue.



Know your health care costs

See how close you are to meeting your annual deductible or visit limits as well as what you've paid in claims this year.



Manage your coverage

Most members don't know they can go paperless. In MyBlue, go electronic with your Explanation of Benefits (EOB), use the FEP Prescription Drug Cost Tool, and easily view your claims, prescriptions and medical records, all in one secure place.



Get estimates for anticipated care and services

You can search for certain treatments and get estimates for how much they'll cost.

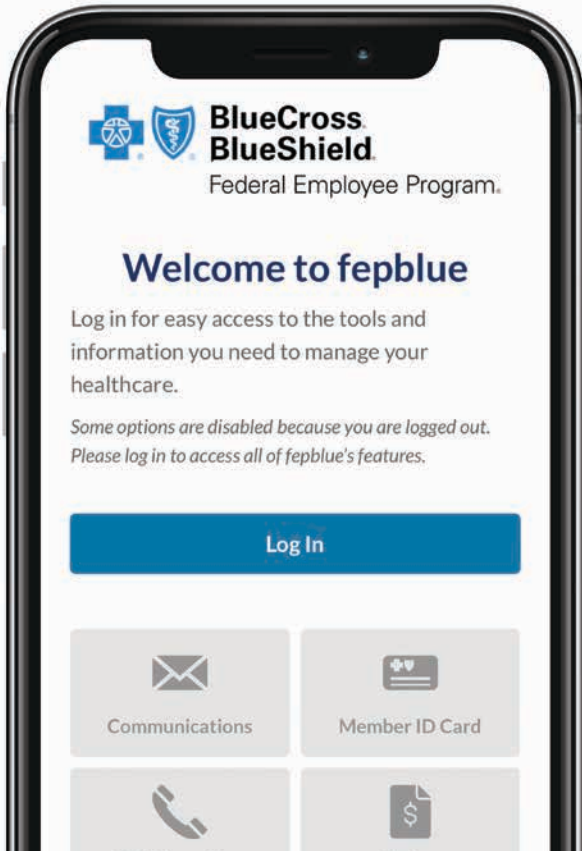
Questions about FEP?

We're here to help. Visit fepblue.org to explore benefits or manage your account if you're already an FEP member.

Prefer to talk to someone? Call **1-800-411-BLUE (2583)** or the number on the back of your member ID card.

Download the fepblue app to do more on the go

Download the **fepblue app** for easy access to your health insurance benefits—view your digital member ID card, find in-network providers, connect to virtual care, and get updates on the go.



Thank you for taking a closer look at what the Blue Cross and Blue Shield Federal Employee Program can offer you and your family. We're dedicated to your health and well-being and hope you choose us to be your trusted partner for years to come.



HERE FOR YOU



Explore the interactive version of this booklet and others online at fepblue.org/flipbooks.

@fepblue



fepblue.org

Looking for dental and vision coverage?

We also offer quality dental and vision plans to USPS employees, retirees and their families through the Federal Employees Dental and Vision Insurance Program (FEDVIP).



FEP Dental[®]

bcbsfedental.com



FEP Vision[®]

bcbsfepvision.com

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This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Postal Service Health Benefits Program brochures (FEP Blue Standard and FEP Blue Basic RI 71-020; FEP Blue Focus: RI 71-025). All benefits are subject to the definitions, limitations and exclusions set forth in the brochures.

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