

2026 PSHB PROGRAM BENEFITS AT A GLANCE

FEP Blue Focus®	FEP Blue Basic®	FEP Blue Standard®
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	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	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

For more detailed benefit and cost information, visit fepblue.org.

What you’ll pay for common services at in-network providers

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 Blue Distinction Center® (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 (Accidental injury)	\$0 within 72 hours	\$425 per day per facility	\$0 within 72 hours
ER (Medical emergency)	30% coinsurance*	\$425 per day per facility	15% coinsurance*
Lab work (Such as blood tests)	\$0 for first 10 specific lab tests**	15% coinsurance ¹	15% coinsurance*
Diagnostic services (Such as sleep studies, X-rays, CT scans)	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.

¹You pay 35% coinsurance for agents, drugs and/or supplies you receive during your care.

²Up to 10 visits combined for chiropractic care and acupuncture.

*Deductible applies.

[†]You pay 30% coinsurance for agents, drugs and/or supplies you receive during your care.

**Please see brochure for covered lab services.

A closer look at pharmacy benefits

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Preferred Retail Pharmacy (For a 30-day supply)	Tier 1: \$5 copay Tier 2: 40% coinsurance (\$550 maximum)	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)	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 (For a 90-day supply)	Not a benefit	Available to members in the FEP Medicare Prescription Drug Program (MPDP) <i>Visit fepblue.org for more information</i>	Tier 1: \$15 copay Tier 2: \$140 copay Tier 3: \$175 copay
FEP Specialty Pharmacy (For a 30-day supply)	Tier 2: 40% coinsurance (\$550 maximum)	Tier 4: 35% coinsurance (\$400 maximum) Tier 5: 35% coinsurance (\$500 maximum)	Tier 4: \$100 copay Tier 5: \$135 copay

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

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

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.

fepblue.org





BlueCross®
BlueShield®

Federal Employee Program.®

Note: The tier your drug falls in can vary between FEP Blue Focus, FEP Blue Basic and FEP Blue Standard. Please look at our approved drug lists (formularies) prior to selecting a plan to make sure we cover your drug in that plan. You can view the drug lists at fepblue.org/formulary. Different cost share amounts may apply if you have Medicare primary coverage. For more information on the FEP Medicare Prescription Drug Program, visit fepblue.org/medicarerx.

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 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. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies. The Blue Cross® and Blue Shield® words and symbols, Federal Employee Program® and FEP® are all trademarks owned by Blue Cross Blue Shield Association.