

Joanna, 38 | Letter Carrier

PSHB MEMBER MEDICAL AND PHARMACY COVERAGE
2027 BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM BENEFITS SUMMARY

DELIVERING QUALITY COVERAGE FOR EVERY YOU

BlueCross BlueShield FEP Medical

fepblue.org

BLUE FOR EVERY YOU

2027 BLUE CROSS AND BLUE SHIELD FEP MEDICAL

HEALTH PLANS THAT GO THE EXTRA MILE

PSHB Program bi-weekly premiums, deductibles and out-of-pocket maximums

	FEP Blue Focus®	FEP Blue Basic®	FEP Blue Standard®
SELF ONLY	$84.17	$139.94	$196.30
Enrollment code	35A	33A	33D
SELF + ONE	$180.95	$340.28	$435.86
Enrollment code	35C	33C	33F
SELF & FAMILY	$199.03	$385.46	$490.62
Enrollment code	35B	33B	33E
Deductible	**$1,000** for Self Only **$2,000** for Self + One and Self & Family	**No deductible**	**$500** for Self Only **$1,000** for Self + One and Self & Family
Out-of-Pocket maximum (In-network)	**$11,000** for Self Only **$22,000** for Self + One and Self & Family	**$8,500** for Self Only **$17,000** for Self + One and Self & Family	**$7,000** for Self Only **$14,000** for Self + One and Self & Family

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.

Quality coverage for all Postal Service families

The information in this book is intended for active Postal Service employees and their families using their coverage in the U.S. If you are living or traveling overseas, your FEP coverage travels with you. Learn more at **fepblue.org/overseas**.

If you are retired or thinking about retirement, your PSHB coverage continues after you retire. If you retire before you are eligible for Medicare, your benefits remain unchanged. When you become eligible for Medicare, visit **fepblue.org/medicare** to learn how Medicare works with your coverage.

Need help finding the right plan?

Each of our plans provides quality coverage for Postal Service employees. Now, it's all about finding the one that fits you and your family best. Check out the breakdown below or compare your options at **fepblue.org/postalpremiums**.

Lowest Premium

FEP Blue Focus

Essential coverage if you:

- ✓ **Mainly use free preventive care**
- ✓ **Need fewer than 10 provider visits/year per member**
- ✓ **Prefer generic drugs to help lower costs**
- ✓ **Use in-network care only**

More Coverage

FEP Blue Basic

Everything in FEP Blue Focus, plus coverage if you:

- ✓ **Don't want a deductible**
- ✓ **Need broader prescription coverage**
- ✓ **See providers for more than 10 visits/year per member**
- ✓ **Need chronic condition care**

Most Flexibility

FEP Blue Standard

The most complete coverage if you:

- ✓ **Take specialty drugs**
- ✓ **Want access to the FEP Mail Service Pharmacy**
- ✓ **Are planning or growing your family and want maternity care fully covered + additional IVF and doula benefits**
- ✓ **Want out-of-network coverage**

Choose any health plan to cover:

Yourself
with Self Only

You and one other eligible person
with Self + One

You and multiple eligible dependents
with Self & Family

All of our plans include:

- A large national network of **2.2 million doctors and hospitals**
- **Referral-free** care from all providers
- **Free** preventive care
- Wellness **incentives and rewards**
- **$0** telehealth visits through Teladoc Health®
- Worldwide coverage
- Condition management programs
- Exclusive health and wellness **discounts** through Blue365®
- National reach, personalized coverage
- Digital tools to manage care
- **Free** 24/7 Nurse Line
- Access to Blue Distinction Centers that provide quality, budget-friendly care for specialized needs

Get help finding the right plan

Use our AskBlue℠ 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. Get started at **askblue.fepblue.org**.

A closer look at what you'll pay for medical costs

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Preventive care	**$0**	**$0**	**$0**
Virtual doctor visits through Teladoc Health	**$0**	**$0**	**$0**
Primary care doctor & mental health visits	**$10** per visit for the first 10 primary care and/or specialist visits for each person on your plan[2]	**$20** for kids under 18 and **$35** for adults[1]	**$30**
Specialists		**$50**[1]	**$40**
Urgent care centers	**$25**	**$50**	**$30**
Chiropractic care	**$25** for up to 10 total visits per year[2,4]	**$20** for kids under 18 and **$35** for adults for up to 20 total visits per year	**$30** for up to 12 total visits per year
Acupuncture care		**$20** for kids under 18 and **$35** for adults for up to 12 total visits per year[1]	**15%** for up to 24 total visits per year*
Maternity care & family planning (You pay nothing for birth control; if you're growing your family, you have access to a WINFertility discount through Blue365)	**$5,000** for maternity care	**$0** for doctor's visits **$0** for delivery at Blue Distinction Centers **$500** for delivery at all other facilities	**$0** for maternity care **15%** of up to **$25,000** for IVF*
Inpatient admission (Services where you stay overnight)	**30%***	**$500** per day; up to **$3,500** per admission	**$600** per admission
Outpatient care (Services done within a day)	**30%***	**$250** per day per facility[1]	**15%***
Surgeons	**30%***	**$150** per surgeon in an office[1] **$200** per surgeon in other settings[1]	**15%***
ER (Accidental injury)	**$0** within 72 hours of injury	**$500** per day per facility	**$0** within 72 hours of injury
ER (Medical emergency)	**30%***	**$500** per day per facility	**15%***
Lab work (Such as blood tests)	**$0** for first 10 specific lab tests[3]	**15%**[1]	**15%***
Diagnostic services (Such as sleep studies, X-rays, CT scans)	**30%***	**$100** in an office[1] **$250** in a hospital[1]	**15%***

If you have Medicare primary or receive care overseas, different cost share amounts may apply.

**Deductible applies. [1]You pay 35% coinsurance for agents, drugs, and/or supplies you receive during your care. [2]You pay 30% coinsurance for agents, drugs and/or supplies you receive during your care. [3]Please see brochure for covered lab services. [4]Up to 10 visits combined for chiropractic care and acupuncture.*

$0 telehealth services to fit your schedule, available 24/7:

- **24/7 General Medical Care**
- **Mental Health Consults**
- **Dermatology Services**
- **Nutritional Counseling**
- **Global Care** (For overseas members)



Jess, 58 | Postal System Admin

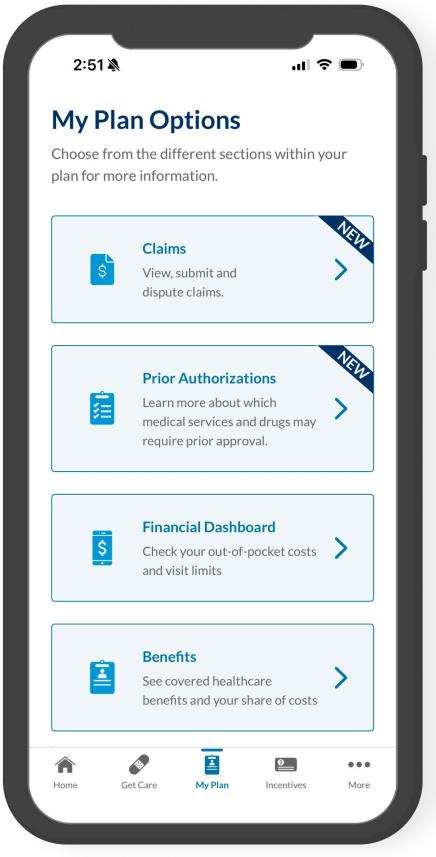
ALL THE BENEFIT TOOLS YOU NEED, ALL IN ONE PLACE

Get the most out of your benefits with helpful tools from MyBlue®

- **Know where you are with healthcare spending**
- **Manage your coverage**
- **Get estimates for anticipated medical and prescription drug costs**

Register at **fepblue.org/myblue** and download the **fepblue app** to access your account on the go.

Download on the App Store | GET IT ON Google Play



Make the most of your MyBlue Wellness Card rewards

Pay yourself back by earning rewards. Each time you complete an eligible activity, we load reward dollars onto your MyBlue Wellness Card. You'll receive a prepaid debit card in the mail that you can use to pay for certain medical expenses. Funds never expire as long as you're a FEP member.

Use your card to pay for things like:

- Doctor's office visits
- Prescriptions
- Glasses and contacts
- Lab fees

Up to two people 18+ on your contract can also spend **$150** each on products available through Blue365. Visit **blue365deals.com/fep** to learn more.

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

Get rewarded for wellness activities

Ways to earn rewards	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
The Blue Health Assessment Take a quick 10-12 minute quiz and earn up to $50 per family member (up to two people 18+)		Earn up to **$100**	Earn up to **$100**
Daily Habits Meet goals related to nutrition, weight loss, stress and more. Get $40 per goal (up to three goals for up to two people 18+). For a list of eligible activities, visit **fepblue.org/dailyhabits**		Earn up to **$240**	Earn up to **$240**
Complete your annual physical $150 per family member (up to two people 18+)[1]	Earn up to **$300**		
Pregnancy Care Incentive Program Receive $75 for your first trimester visit, plus items you can use during your pregnancy[2]		**$75** per pregnancy	**$75** per pregnancy
Get Paperless EOBs Receive your Explanation of Benefits (EOB) electronically[3]	Earn **$10**	Earn **$10**	Earn **$10**
Potential Total Earned Per Family	**$310**	**$425**	**$425**

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

[1]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. [2]You must be 18 years of age or older and you can only use this benefit for two pregnancies a year. [3]You must be the contract holder or spouse, 18 years of age or older, to earn incentive rewards.

Explore even more wellness programs to help you feel your best on the clock and off

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Weight Management Program Eligible members* can get a free digital scale and wellness coaching	✓	✓	✓
Hypertension Management Program Eligible members can get a blood pressure monitor every two years	✓	✓	✓
Tobacco Cessation Incentive Program Eligible members can get prescription drugs to help you quit smoking or vaping at no cost	✓	✓	✓
Blue365 Enjoy access to discounts on gym memberships, fresh meal kits, travel and more. Learn more below	✓	✓	✓
Breast Pump Kit Eligible members can receive one free breast pump kit per year, plus milk storage bags	✓	✓	✓
Diabetes Management Program Get an advanced digital glucose meter, test strips, support and more		✓	✓
Doula Services Get access to doula services, up to $1,000 per pregnancy			✓

BlueCross BlueShield

Blue365

Savings from over 90 national brands, like:

GARMIN. fitbit. Hertz

SKECHERS Liberty Mutual INSURANCE chewy

**To be eligible, you must have a pediatric pharmacy or medical claim in the 85th percentile or higher within the last three years or an adult pharmacy or medical claim with a BMI of 25 or higher within the last three years. Members living overseas must have a valid APO, DPO or FPO address. You do not have to have diabetes to participate.*



Patricia, 47 | Mail Handler

PHARMACY BENEFITS FOR REAL LIFE

The amount you pay for a prescription drug depends on the tier. In general, the lower the drug tier, the less you pay.

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

Compare your prescription costs before you choose

Scan the QR code to check costs for your prescriptions. Visit **fepblue.org/rx** to compare prices under each plan. You can also check other options like TrumpRx or GoodRx. Note: Costs from those sites don't count toward your yearly out-of-pocket maximum.

We update our approved drug list yearly. If a medication is no longer covered under your FEP Blue Basic or FEP Blue Standard plan, we'll help you find a safe alternative. We may also cover the drug under a different FEP plan.

Understanding your prescription costs by plan

Whether you're looking to save with generic drugs or you have more complex needs, there's a plan for you. See below for what you'll pay under each.

	Least Coverage FEP Blue Focus ✓ **Best for those with minimal prescription drug needs** ✓ **For those planning to only use low-cost generics**	**More Coverage** FEP Blue Basic ✓ **For those who want coverage beyond generics, but don't have very complex drug needs**	**Most Coverage** FEP Blue Standard ✓ **Largest approved drug list - best for those with complex drug needs** ✓ **Added convenience of FEP Mail Service**
Tier Specifics See our full 2027 approved drug lists for each plan at **fepblue.org/postalrx** before selecting a plan	**Tier 1:** Generics **Tier 2:** Preferred brand **Tier 3:** Preferred specialty	**Tier 1:** Generics **Tier 2:** Preferred brand **Tier 3:** Non-preferred brand **Tier 4:** Preferred specialty **Tier 5:** Non-preferred specialty	**Tier 1:** Generics **Tier 2:** Preferred brand **Tier 3:** Non-preferred brand **Tier 4:** Preferred specialty **Tier 5:** Non-preferred specialty
FEP Retail Pharmacy (For up to a 30-day supply). You can only buy one fill of a Tier 4 or 5 drug at a retail pharmacy. Additional fills must be through the Specialty Pharmacy.	**Tier 1: $5** **Tier 2: 40%**, up to **$550** **Tier 3: 50%**, up to **$650**	**Tier 1: $15** **Tier 2: 35%**, up to **$250** **Tier 3: 60%**, up to **$550** **Tier 4: 35%**, up to **$450** **Tier 5: 40%**, up to **$550**	**Tier 1: $7.50** **Tier 2: 30%**, up to **$150** **Tier 3: 50%**, up to **$450** **Tier 4: 30%**, up to **$250** **Tier 5: 35%**, up to **$450**
FEP Mail Service Pharmacy (For up to a 90-day supply)	Not a benefit	Available to members in the FEP Medicare Prescription Drug Program.	**Tier 1: $15** **Tier 2: $140** **Tier 3: $175**
FEP Specialty Pharmacy (For up to a 30-day supply)	**Tier 3: 50%**, up to **$650**	**Tier 4: 35%**, up to **$450** **Tier 5: 40%**, up to **$550**	**Tier 4: $175** **Tier 5: $300**

Note: 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**.*

Hear from one of our FEP members:

"The biggest attraction for Postal employees is the reputation and customer care they received from FEP. Postal employees are truly proud of their organization and they want a company that truly cares for them and FEP delivers that."

Danny Cortez | Retired Postal Inspector in Charge with over 25 years of service

Updates to our plans for 2027

Learn more about what's new for 2027 at **fepblue.org/whatsnew**.

- **More ways to earn rewards by opting in to paperless EOBs**
- **Added coverage for doulas under FEP Blue Standard**
- **Kids under age 18 pay $20 per primary care provider visit under FEP Blue Basic**
- **Expanded coverage for preventive care screenings for breast, cervical and colorectal cancer**
- **Updates to prescription drug costs that make it easier to plan ahead for most tiers**
- **Updates to medical cost shares on services like maternity care, inpatient care and emergency room care**
- **Updates to deductibles and out-of-pocket maximums**
- **New Specialty Pharmacy partner, Accredo, starting in January 2027**

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



Simon, 43 | Postal Clerk

LET'S GET YOU READY TO ENROLL

You will be able to enroll or make changes to your coverage during Open Season.

Open Season Enrollment Period
November 9 - December 14, 2026

If it's outside of Open Season, you can enroll within 60 days from your hire date or if you have a qualifying life event (QLE).

To enroll in a new PSHB plan, you will need to use a system called the **Postal Service Health Benefits System (PSHBS)** managed by OPM. Follow these three easy steps to complete your enrollment:

1

Go to **health-benefits.opm.gov/PSHB** and select Sign In.

NOTE: New to Login.gov? Select Create an account. Use your personal email address (not your work email), create a password and set up an authentication method.

2

Once you have a **Login.gov** account, sign in and complete the authentication step to access PSHBS.

3

On PSHBS, select the FEP plan you want to enroll in. Use the enrollment code on page 2 to complete your enrollment.

If you are already a member and do not want to make changes to your plan for 2027—sit back and relax. Your plan will automatically continue.

Important terms you'll want to know

COINSURANCE: The percentage you pay for a covered service after we've paid our portion. Your provider will charge you this amount after you receive care.

COPAY: The set amount you pay for a service after receiving care.

OUT-OF-POCKET COSTS: The amount you pay for your healthcare services. Out-of-pocket costs can include deductibles, coinsurance and copays. They also include costs for non-covered services.

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).

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



Greg, 27 | Letter Carrier

BLUE FOR EVERY YOU

Have questions about your benefits, claims, or coverage? Talk to Skye.

Skye is our AI-powered virtual assistant, available 24/7 to help answer your questions. Call **800-411-BLUE (2583)**.

Prefer to speak with a live agent? Our live agents are available weekdays, 8 a.m.–8 p.m. ET, excluding holidays.

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

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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 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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