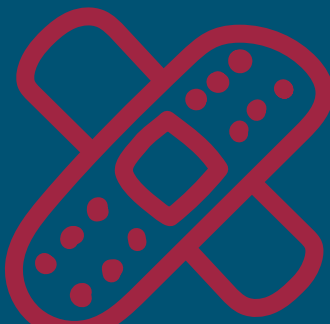
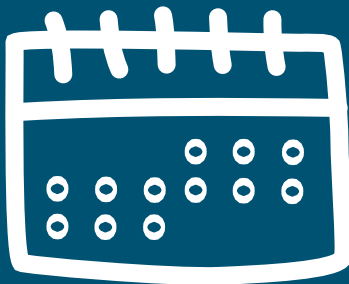


Your 2026 Healthcare Benefit Guide

United States Postal Service



Welcome

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

United States Postal Service

Your open enrollment is



**Ready to explore your 2026 benefits?
Let's get started.**

Medical plan highlights

Let’s look at some of your in-network costs for common services with this plan.

BlueChoice Advantage	
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$2,000 individual/\$4,000 family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$7,000 individual/\$14,000 family
Plan Includes Out-of-network Coverage	Yes
Staying healthy	
Annual Physical Exam	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit
Provider services	
Primary Care Provider	\$30 per visit*
Specialist (e.g. Dermatologist)	\$60 per visit
Mental Health Professional—Office	\$30 per visit*
Urgent Care	\$50 per visit
Emergency Room	\$300 plus 30% of CareFirst member cost
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	\$30 PCP / \$60 Specialist per visit
Labs (non-hospital facility)	\$30 PCP / \$60 Specialist per visit
X-rays (non-hospital facility)	\$30 PCP / \$60 Specialist per visit
Physical, Speech and/or Occupational Therapy	\$60 per visit
Chiropractic	\$60 per visit
Acupuncture	\$60 per visit
Outpatient Surgery (surgical center)	After deductible is met, 30% of CareFirst member cost
Inpatient Surgery (including maternity)	After deductible is met, 30% of CareFirst member cost
Durable Medical Equipment	After deductible is met, 30% of CareFirst member cost

**Plans that have a 2026 effective date: Virtual Connect Plus—pay \$0 for PCP, mental health video visits with CloseKnit and select in-person providers. Deductible always applies to HSA-eligible plans ([carefirst.com/virtualconnect](https://www.carefirst.com/virtualconnect)). Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and complete plan details.*

Prescription drug plan highlights

Here are your costs for prescription drugs from a participating pharmacy.

BlueChoice Advantage RX	
Costs to consider	
Prescription Plan Tier	\$10/30%/40%
Prescription Deductible	\$0
Up to 34-day supply	
Generic Drugs (Tier 1)	\$10 non-maintenance \$20 maintenance \$20 Mail Order
Preferred Brand Drugs (Tier 2)	30% of CareFirst member cost up to \$250 maximum
Non-preferred Brand Drugs (Tier 3)	40% of CareFirst member cost up to \$350 maximum
90-day supply	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	30% of CareFirst member cost up to \$500 maximum
Non-preferred Brand Drugs (Tier 3)	40% of CareFirst member cost up to \$700 maximum

Visit carefirst.com/rxgroup for the most up-to-date drug lists and other important information.
Benefit designs are subject to and may be impacted by certain state regulations.

Restricted Generics Program

Generic drugs will be used for all your prescriptions. If you prefer the brand, you will pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, you will only pay the copay.

CVS Caremark Mail Service

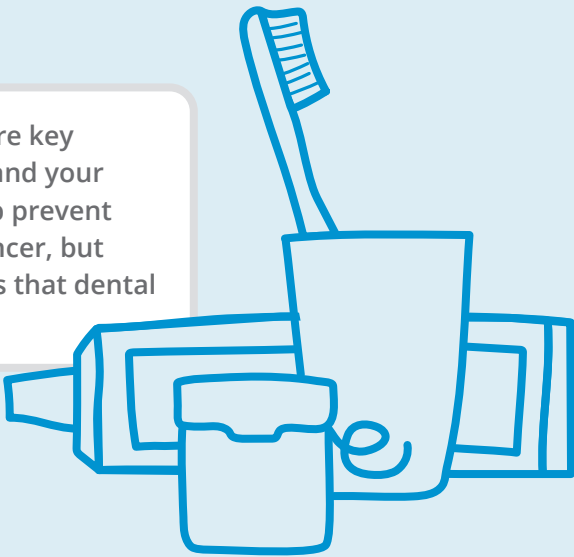
Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

Dental plan highlights

Let’s review some of your in-network costs for common dental services.

	Dental Plan
Costs to consider	
Plan Includes Out-of-network Coverage	No
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
Two Cleanings per Year	\$0 per visit
Basic services	
X-rays (bitewings, periapical and full-mouth)	\$0 per visit
Fluoride Treatments for children under 16	\$0 per visit

Regular preventive dental checkups are key to maintaining both your oral health and your overall health. Checkups not only help prevent tooth decay, gum disease and oral cancer, but they help you avoid the pain and costs that dental problems can bring with them.



Blue Rewards incentive program

As part of your CareFirst WellBeingSM program, Blue Rewards adds an incentive to your efforts to better your health. By completing a few healthy activities, you and your spouse/domestic partner can earn rewards as you continue to put your own care first. Each activity comes with its own reward.



Earn \$25
Consent to receive wellness emails and take the RealAge[®] assessment

RealAge is a simple assessment that will help you determine the physical age of your body compared to your calendar age.

Must complete RealAge test before December 31.



Earn \$100
For completing an annual physical or preventative screening

When you complete an annual physical or preventive screening the claim will be processed and show completed in your Blue Rewards profile.



Earn \$25
For consenting to receive wellness emails.



Earn \$100
For completing a biometric screening

Complete a biometric screening at your doctor's office, Quest Patient Service Center or a CVS Minute Clinic.

Once you've completed one or more of the activities, you'll receive a CareFirst Blue Rewards Visa[®] Debit Card with your rewards on it. This card can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan¹. Keep the card for as long as you're a member and future incentives will be added to your balance as you earn them.



Visit carefirst.com/wellbeing or download CareFirst WellBeing from your app store to get started.

¹ Members funding a high-deductible medical plan must reach their IRS minimum deductible before they can use their Blue Rewards debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.

Visit CareFirst.com

www.carefirst.com



Use your phone's camera to scan the QR code



Home



CareFirst WellBeing



Find a doctor

USPS Health Benefit Plan 2026

Biweekly Rates

USPS Health Benefits Plan 2026 Biweekly Rates			
	Self	Self Plus One	Self and Family
Total Premium	\$209	\$475	\$672
\$125 Subsidy			
Employee	\$84.00	\$350.00	\$547.00
USPS	\$125.00	\$125.00	\$125.00
75% Subsidy			
Employee	\$84.00	\$118.75	\$168.00
USPS	\$125.00	\$356.25	\$504.00
65% Subsidy*			
Employee	\$84.00	\$166.25	\$235.20
USPS	\$125.00	\$308.75	\$436.80

*Self Only Category receives \$125 subsidy within first 365 days of employment

CCAs and RCAs Only	Self	Self Plus One	Self and Family
Employee	\$52.25	\$118.75	\$168.00
USPS	\$156.75	\$356.25	\$504.00

Text "PRECAREER" to 39369 - To receive benefits updates regarding the CareFirst plan and other benefits plans, sign up to receive text messages from USPS by texting "PRECAREER" to 39369.



Family of health care plans

CONNECT WITH US:



The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

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