

POSTAL SERVICE HEALTH
BENEFITS (PSHB)

2026 POSTAL SERVICE HEALTH BENEFITS



Going the extra mile for
Postal workers, retirees and
their families.

Founded by Postal workers,
dedicated to Postal workers.

GEHA.COM | [1-844-704-8371](tel:1-844-704-8371)

 **G.E.H.A** Government
Employees Health
Association

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GET HELP FROM A POSTAL SERVICE HEALTH BENEFITS PROGRAM EXPERT

FedVisers can review plan options with you to ensure you:

- + Find the plan that best fits your health and lifestyle
- + Have access to your preferred in-network providers
- + Understand the costs for your prescription drugs in each plan
- + Understand the wellness and extra benefits in each plan

Our FedVisers are available year-round to answer questions and help you choose the right plan to meet your unique needs.

Contact us:

Reach a FedViser Monday–Friday
from 8 a.m.–8 p.m. Eastern time
in three easy ways:



Call [1-844-704-8371](tel:1-844-704-8371)



Meet one-on-one with a FedViser
at geha.com/TalkPSHB



Chat live by visiting geha.com



THERE'S STRENGTH IN NUMBERS

Trusted by millions of federal employees, retirees and their families since 1937.



Why G.E.H.A.?

We're member founded, member dedicated

+ Our dollars are reinvested in additional benefits and services for our members

Dedicated solely to federal workers since our founding in 1937

+ Founded by Postal workers 88 years ago to protect the health and well-being of federal employees and retirees, as well as their families

Benefits that go beyond

+ Our plans include the extra benefits¹ most demanded by federal employees to fit every lifestyle



**Open Season
for 2026 benefits**

November 10–December 8, 2025

**Coverage
effective date**

January 2026

Last day to enroll
DECEMBER 8, 2025,
at midnight ET

¹ These benefits are neither offered nor guaranteed under contract with the PSHB Program but are made available to all Enrollees who become members of a G.E.H.A health plan and their eligible family members.



PUTTING OUR DOLLARS TO WORK FOR YOU

As a nonprofit health benefits association, we answer to Main Street, not Wall Street.

Our dollars are reinvested in additional benefits and services exclusively for our members.

BENEFITS THAT GO BEYOND

Every G.E.H.A plan is packed with extra benefits to help you get the most from your coverage. Check out these benefits that are included in all G.E.H.A plans.

Our members also benefit from our comprehensive discount program for popular health and wellness offerings, including:



Fitness discount¹

Access 12,700 Active&Fit Direct™ locations nationwide at reduced rates



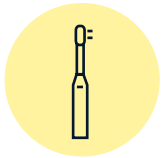
Teeth whitening discount¹

Get 20% off the lowest price listed on Smile Brilliant® products



Hearing aid discount¹

Get 30%–60% off TruHearing® hearing aids (average savings of more than \$2,600 per pair)



Electric toothbrush discount¹

Enjoy 70% off a cariPRO® premium electric toothbrush



Medical alert system discount¹

Get free activation plus a 10% monthly discount on Life Alert® services for you and your extended family

Extras for most G.E.H.A members:

Vision discount¹ on eye exams, frames and lenses with Connection Vision® powered by EyeMed®.

LASIK¹: Members also receive savings on LASIK at participating U.S. Laser Network locations.

To learn more visit: geha.com/Vision

Unlimited \$0 telehealth^{2,3} visits, including mental health with MDLIVE®.

24/7 nurse advice line for your questions and concerns.

Overseas coverage that gives you access to emergency health care when traveling abroad.

¹ These benefits are neither offered nor guaranteed under contract with the PSHB Program but are made available to all Enrollees who become members of a G.E.H.A health plan and their eligible family members.

² HDHP members who have met their deductible will be charged by MDLIVE, but G.E.H.A will reimburse the member 100% of the Plan Allowance.

³ Calendar year deductible applies.

HDHP

The plan for savers who want comprehensive coverage while planning for their financial future.

[GEHA.COM/HDPPSHB](https://geha.com/hdhppshb)

Plan features:

- + A popular HDHP plan chosen by federal employees
- + Get up to \$2,000 from G.E.H.A into a health savings account (HSA) to use for qualified health care expenses now or in the future¹
- + Contribute your own dollars to the account tax-free and lower your yearly taxable income²
- + Choose to invest your HSA savings and watch it grow tax-free as your money carries over year-to-year²
- + Plus, get a \$100 contribution when you open a new HSA account
- + Pay no more than 5% out-of-pocket on all medical services after deductible
- + Included vision at no additional cost



Scan for 2026 plan details or to compare plans

Question about HDHP?
Call our FedVisers today at 1-844-704-8371 for a personalized benefits assessment

Plan type and enrollment code	Postal workers biweekly	Retired monthly
Self Only CODE 39A HDHP	\$84.88	\$183.92
Self Plus One CODE 39C HDHP	\$182.50	\$395.43
Self and Family CODE 39B HDHP	\$224.27	\$485.91

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency that maintains your health benefits enrollment.

- 1 See IRS Publications 502 and 969 for more information regarding qualified medical expenses, health savings accounts, and health reimbursement arrangements.
- 2 Investment products are not FDIC insured, are not a deposit or other obligation of or guaranteed by HSA Bank and are subject to investment risks. The information provided is for informational purposes only. It should not be considered legal or financial advice. You should consult with a professional to determine what may be best for your individual needs.
- 3 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or percentage of the provider's negotiated amount.
- 4 The net deductible is the remaining amount after you subtract the annual G.E.H.A contribution from the annual deductible. This is your out-of-pocket cost before plan benefits begin.
- 5 The out-of-pocket maximum is the maximum amount of coinsurance, copays and deductibles you pay for all family members before G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
- 6 Calendar year deductible applies.
- 7 HDHP members who have met their deductible will be charged by MDLIVE, but G.E.H.A will reimburse the member 100% of the Plan Allowance.
- 8 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- 9 If you choose a brand-name medication when a generic is available, you will be charged the generic copay plus the difference in cost between the brand-name and the generic.

Network benefits ³		You pay	
Yearly deductible (in-network)		Self Only \$1,800 ; G.E.H.A HSA contribution of \$1,000 ; You pay \$800⁴	
		Self Plus One or Self and Family \$3,600 ; G.E.H.A HSA contribution of \$2,000 ; You pay \$1,600⁴	
Out-of-pocket maximum ⁵ (in-network)		\$6,000 for Self Only \$12,000 for Self Plus One or Self and Family	
Preventive care Annual physical exam, routine screenings, immunizations and more		\$0	
Primary care office visits		5% ⁶	
Mental health office visits		5% ⁶	
Specialist office visit		5% ⁶	
MinuteClinic / Urgent care facility visit		5% ⁶ / 5% ⁶	
Unlimited telehealth visits, including mental health, with MDLIVE		\$0^{6,7}	
Emergency room visit		5% ⁶	
Hospital care; outpatient / inpatient		5% ⁶ / 5% ⁶	
Lab services		5% ⁶	
X-rays and other diagnostic services		5% ⁶	
Maternity; preventive & childbirth / delivery professional and facility services		\$0⁶	
Chiropractic care (up to 20 visits per year)		5% ⁶	
Acupuncture (up to 20 visits per year)		5% ⁶	
Preventive dental care, twice yearly		\$0	
Prescription drug benefits ^{3,6,8}	Retail (30-day)	Mail service (90-day)	Specialty CVS exclusive (30-day)
Generic	25%	25%	25%
Preferred brand-name	25% ⁹	25% ⁹	25% ⁹
Non-preferred brand-name	40% ⁹	40% ⁹	40% ⁹

*Refer to previous page for disclaimers

STANDARD

The family-friendly plan for those who want **strong coverage** and **affordable copays**.

[GEHA.COM/STANDARDPSHB](https://geha.com/standardpsbh)

Plan features:

- + Low deductible and predictable copays for the services families use most
- + 100% maternity coverage for your growing family, including doula services, preconception program and maternal mental health visits with an in-network provider
- + Earn up to **\$250** per year per subscriber and covered spouse (up to **\$500** total) for healthy behaviors with our Health Rewards program
- + For retirees, the plan that pairs with Medicare to give you more, with waived coinsurance and copays, excluding prescription benefits
- + Included vision discount at no additional cost¹



Scan for 2026 plan details or to compare plans

Question about Standard? Call our FedVisers today at **1-844-704-8371** for a personalized benefits assessment

Plan type and enrollment code	Postal workers biweekly	Retired monthly
Self Only CODE 37D Standard	\$84.77	\$183.67
Self Plus One CODE 37F Standard	\$182.26	\$394.90
Self and Family CODE 37E Standard	\$225.18	\$487.90

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency that maintains your health benefits enrollment.

1 These benefits are neither offered nor guaranteed under contract with the PSHB Program but are made to all Enrollees who become members of a G.E.H.A health plan and their eligible family members.
 2 In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or percentage of the provider's negotiated amount.
 3 The out-of-pocket maximum is the maximum amount of coinsurance, copays and deductibles you pay for all family members before G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
 4 Calendar year deductible applies.
 5 Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
 6 If you choose a brand-name medication when a generic is available, you will be charged the generic copay plus the difference in cost between the brand-name and the generic.
 7 Standard, you pay a \$250 copay for advanced outpatient high tech imaging such as MRI, CT, PET, etc.

Network benefits ²	You pay
Yearly deductible (in-network)	\$350 for Self Only \$700 for Self Plus One or Self and Family
Out-of-pocket maximum ³ (in-network)	\$6,500 for Self Only \$13,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, immunizations and more	\$0
Primary care office visits	\$20
Mental health office visits	\$20
Specialist office visit	\$35
MinuteClinic / Urgent care facility visit	\$10 / \$30
Unlimited telehealth visits, including mental health, with MDLIVE	\$0
Emergency room visit	30% ⁴
Hospital care; outpatient / inpatient	15% ⁴ / 15% ⁴
Lab services (QuestSelect benefit)	\$0
Lab services (other than QuestSelect)	15%
X-rays and other diagnostic services	15% ^{4,7}
Maternity; preventive & childbirth / delivery professional and facility services	\$0
Chiropractic care (up to 20 visits per year)	\$35
Acupuncture (up to 20 visits per year)	15% ⁴
Preventive dental care, twice yearly	50%

Prescription drug benefits ^{2,5}	Retail (30-day)	Mail service (90-day)	Specialty CVS exclusive (30-day)
Generic	\$10	\$25	50% (\$350 max)
Preferred brand-name	40% (\$350 max) ⁶	40% (\$700 max) ⁶	50% (\$350 max) ⁶
Non-preferred brand-name	60% (\$450 max) ⁶	60% (\$900 max) ⁶	50% (\$500 max) ⁶

*Refer to previous page for disclaimers

HIGH

The **dependable plan** for people who want peace of mind with **maximum coverage**.

[GEHA.COM/HIGHPSHB](https://geha.com/highpsHB)

Plan features:

- + Comprehensive brand-name and specialty prescription drug coverage
- + Low copays for doctor visits
- + Earn up to **\$250** per year per subscriber and covered spouse (up to **\$500** total) for healthy behaviors with our Health Rewards program
- + For retirees, the plan that pairs with Medicare to give you more, with waived coinsurance and copays for Medicare covered services, excluding prescription benefits
- + Medicare annuitants receive an **\$800** annual Medicare Part B premium reimbursement
- + Included vision discount at no additional cost¹



Scan for 2026 plan details or to compare plans

Question about High? Call our FedVisers today at **1-844-704-8371** for a personalized benefits assessment

Plan type and enrollment code	Postal workers biweekly	Retired monthly
Self Only CODE 37A High	\$163.51	\$354.28
Self Plus One CODE 37C High	\$372.42	\$806.91
Self and Family CODE 37B High	\$460.83	\$998.46

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency that maintains your health benefits enrollment.

- ¹ These benefits are neither offered nor guaranteed under contract with the PSHB Program but are made to all Enrollees who become members of a G.E.H.A health plan and their eligible family members.
- ² In-network providers agree to limit what they will charge you. You pay a fixed dollar amount or percentage of the provider's negotiated amount.
- ³ The out-of-pocket maximum is the maximum amount of coinsurance, copays and deductibles you pay for all family members before G.E.H.A begins paying for 100% of covered services. This is a combined maximum for both medical care and prescriptions.
- ⁴ Calendar year deductible applies.
- ⁵ Refer to geha.com/Prescriptions for formulary and specialty coverage for specific medications.
- ⁶ Costs for initial prescription and first fill. You pay 50% for third and additional fills at retail for 30-day supply. For maintenance prescriptions, use mail order or your local retail CVS Pharmacy store (90-day supply) for greater cost savings.
- ⁷ If you choose a brand-name medication when a generic is available, you will be charged the generic copay plus the difference in cost between the brand-name and the generic.

Network benefits ²	You pay
Yearly deductible (in-network)	\$350 for Self Only \$700 for Self Plus One or Self and Family
Out-of-pocket maximum ³ (in-network)	\$6,000 for Self Only \$12,000 for Self Plus One or Self and Family
Preventive care Annual physical exam, routine screenings, well-child care, maternity care, immunizations and more	\$0
Primary care office visits	\$20
Mental health office visits	\$20
Specialist office visit	\$30
MinuteClinic / Urgent care facility visit	\$10 / \$30
Unlimited telehealth visits, including mental health, with MDLIVE	\$0
Emergency room visit	25% ⁴
Hospital care; outpatient / inpatient	10% ⁴ / \$100 per admission plus 10%
Lab services	\$0
X-rays and other diagnostic services	10% ⁴
Maternity; childbirth / delivery professional and facility services	\$0
Chiropractic care (up to 20 visits per year)	\$20
Acupuncture (up to 20 visits per year)	10% ⁴
Preventive dental, twice yearly	Balance after G.E.H.A pays \$22 per visit

Prescription drug benefits ^{2,5}	Retail (30-day)	Mail service (90-day)	Specialty CVS exclusive (30-day)
Generic	\$10 ⁶	\$25	25% (\$200 max)
Preferred brand-name	25% (\$200 max) ^{6,7}	25% (\$400 max) ⁷	25% (\$200 max) ⁷
Non-preferred brand-name	40% (\$300 max) ^{6,7}	40% (\$900 max) ⁷	40% (\$300 max) ⁷

*Refer to previous page for disclaimers



INVESTED IN THE HEALTH AND WELL-BEING OF ALL POSTAL WORKERS

HEALTH REWARDS

Get rewarded for healthy activities.

- + Earn up to \$250 per year per subscriber and covered spouse (up to \$500 total) for healthy behaviors with our Health Rewards program
- + Complete your online health assessment and receive your reloadable debit card in the mail
- + Spend your reward dollars on qualified expenses, such as eyeglasses or contacts, orthodontics, doctor visits and dental care^{2,3}



FOCUSED ON VISION

Most G.E.H.A plans come with a robust vision discount at no additional premium. Learn more at geha.com/Vision

Vision services in-network	HDHP You pay	Standard ¹ You pay	High ¹ You pay
Annual routine eye exam	\$5	\$20	\$20
Frames	\$0 under \$100 plus 80% over \$100	60% of price	60% of price
Lenses	Most from \$10–\$120 depending on chosen option	Most from \$50–\$135 depending on chosen option	Most from \$50–\$135 depending on chosen option
Contact lenses, conventional retail price	\$10 under \$110 plus 85% over \$110	85% of price	85% of price

¹ These benefits are neither offered nor guaranteed under contract with the PSHB Program but are made available to all Enrollees who become members of a G.E.H.A health plan and their eligible family members.

² See IRS Publications 502 and 969 for more information regarding qualified medical expenses, health savings accounts, and health reimbursement arrangements.

³ For HDHP members with a health savings account (HSA), annual deductible must be met to use Health Rewards for medical expenses. Health Rewards may be used for dental and vision services prior to meeting the deductible.

HOW TO MAKE THE BEST DECISION FOR YOUR HEALTH BENEFITS COVERAGE THIS YEAR

1.

Compare G.E.H.A plan options. Use this guide and our online plan compare tool at geha.com/ComparePSHB to find your best-fit plan.

2.

Check to ensure your providers are covered. Find our full provider directory at geha.com/FindCare to ensure your doctors are among the 1.7 million in our national network.

3.

Check to ensure your prescriptions are covered. Visit the G.E.H.A formulary at geha.com/PSHBPrescriptions to learn about the coverage and costs for your prescriptions, find in-network pharmacies near you, and more.

4.

Enroll in your G.E.H.A plan of choice. Visit G.E.H.A at geha.com/EnrollPSHB for all the information you need for enrollment and to connect with the appropriate enrollment platform for your agency.



G.E.H.A: THE HELPFUL PARTNER TO POSTAL WORKERS

Get expert support in choosing the perfect plan for you.

Our FedViser benefits experts are available to help you find your best-fit plan, provide additional plan details and answer any questions you may have.

Contact us:

Reach a FedViser Monday–Friday from 8 a.m.–8 p.m. Eastern time in three easy ways:



Call [1-844-704-8371](tel:1-844-704-8371)



Meet one-on-one with a FedViser at geha.com/TalkPSHB



Chat live by visiting geha.com



This is a brief description of the features of Government Employees Health Association, Inc.'s health plans. Before making a final decision, please read the G.E.H.A Federal brochures which are available at geha.com/PlanBrochure. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

For information and changes to G.E.H.A's health plans, see our two plan brochures — RI 71-021 (High and Standard), RI 71-026 (HDHP) — which are available at geha.com/PlanBrochure

Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information: The Postal Service Health Benefits (PSHB) Program offers numerous health benefits plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each PSHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and in paper. The SBC summarizes important information in a standard format to help you compare plans and options. G.E.H.A's SBCs are available on the internet at geha.com/SBC. Paper copies are also available, free of charge, by calling 1-800-821-6136.

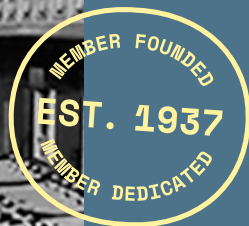
To find out more information about plans available under the PSHB Program, including SBCs for other PSHB plans, please visit opm.gov/insure

Visual representations do not imply endorsement by any government agency or department.

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FOUNDED BY POSTAL WORKERS IN 1937



Our spirit of service dates back nine decades to our founding by railway postal clerks who “passed the hat” to cover each other in times of need. 88 years later, we honor our origin by delivering comprehensive coverage and benefits that go beyond for federal employees, retirees and their families.

Get the coverage that millions of federal employees have counted on through the years

As a member-built organization, our dollars are put back into expanding the coverage that supports and protects those who support and protect our country.