

APWU Health Plan Open Season Seminar

**Postal Service Health Benefits
(PSHB) and Open Season**

October 2026

- Open Season Dates
- Overview of PSHB
- PSHB Enrollments
- Comparison Tool
- Additional Resources
- Q&A





Open Season is here!

PSHB, FEDVIP, FSA, ALE and USPSHB Open Season:



November 9th
to
December 14th

Enrollment and changes are effective
January 1, 2027

Health Insurance Programs



- ❖ If employees opt not to change their PSHB plan, it will remain the same for the 2027 plan year. *
- ❖ PSHB plan changes can be made via the Postal Service Health Benefits System (PSHBS) or by completing and submitting a SF 2809 Health Benefits Election form.
- ❖ All PSHB enrollment changes will be effective January 1, 2027.
- ❖ You are encouraged to remind employees to use CHECKBOOK to compare plans to see how the APWU plan compares to other PSHB plans.
- ❖ You are encouraged to remind employees that if they are not members of the APWU, they are required to pay the associated fee to maintain their health coverage if enrolled in a union sponsored plan.
- ❖ As a reminder, employees are not required to enroll in Medicare Part B while they are still working.

** Letters will be mailed from the carriers that are not participating in PSHB for 2027. If the enrollee fails to make an election by the close of open season, they will be auto-enrolled in FEP Blue Focus.*

**Annuitants: Ensure Medicare Part B enrollment to maintain full PSHB Benefits.*

- ❖ Under the FEHB Protection Act of 2025, beginning with Open Season for Plan Year 2027, every agency must verify **100 percent of Open Season elections in which a family member is added before the enrollment can be finalized. This applies to new enrollments, plan changes, and adding dependents to an existing plan.**
- ❖ If enrolling through PSHBS, employees will be required to upload proof of relationship documents. If enrolling by SF2809, the documents must be included with their submission to the HRSSC.
- ❖ To avoid delays in processing enrollments, employees are encouraged to submit the required documentation along with their enrollment changes. If the documentation is not received, the election will not be completed.
- ❖ Proof of relationship documents can be found at https://myhr.usps.gov/pay_benefits/benefits/postal_service_health_benefits under tools.
- ❖ Booklets will be mailed to better serve each audience: a Career, a Pre-career, and an Annuitant booklet will be mailed.

To enroll in the Postal Service Health Benefits (PSHB) program using login.gov, follow these steps:

1. Create a login.gov account:

1. Go to login.gov and click on “Create an account.”
2. Enter your email address, create a password, and follow the instructions to verify your email.

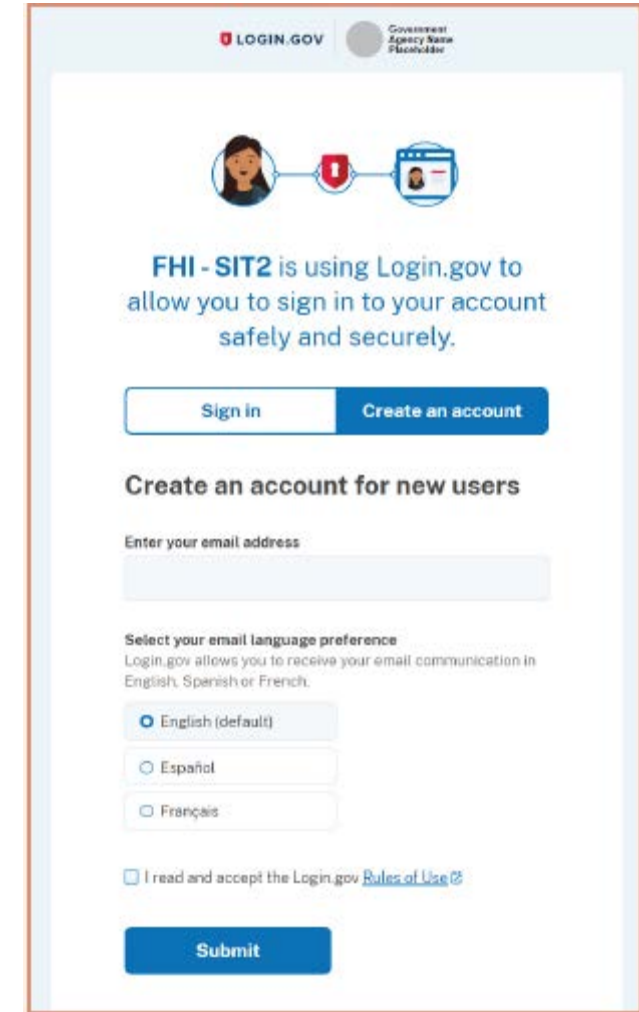
2. Secure your account:

1. Set up two-factor authentication (2FA) for added security. You can choose to receive a code via SMS, use an authentication app, or other available methods.

3. Access the PSHB enrollment portal:

1. Visit the Keepingposted.org website *
2. Navigate to the PSHB enrollment section. You will be prompted to log in using your login.gov credentials.

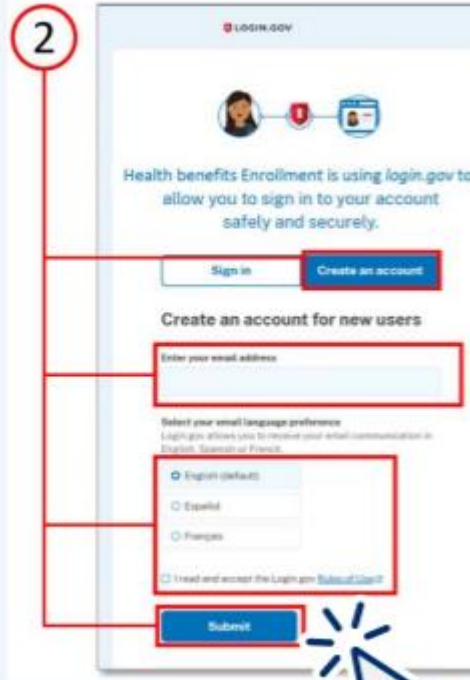
For additional options or questions, please call (833) 712-7742



The screenshot shows the login.gov interface for FHI-SIT2. At the top, it says 'LOGIN.GOV' and 'Government Agency Name Placeholder'. Below this is a graphic showing a person, a shield, and a computer screen. The text reads: 'FHI - SIT2 is using Login.gov to allow you to sign in to your account safely and securely.' There are two buttons: 'Sign in' and 'Create an account'. Below the buttons, it says 'Create an account for new users'. There is a text input field for 'Enter your email address'. Below that, it says 'Select your email language preference' and 'Login.gov allows you to receive your email communication in English, Spanish or French.' There are three radio button options: 'English (default)', 'Español', and 'Français'. At the bottom, there is a checkbox for 'I read and accept the Login.gov Rules of Use' and a 'Submit' button.

Step 1: Navigating to Enrollment Site and login.gov

- To start, navigate to the Postal Services Health Benefits (PSHB) enrollment site landing page by going to health-benefits.opm.gov/pshb
- From the home page, select the "Sign-In" button which directs you to the login.gov site



Step 2: Creating an Account

- Click the "Create an account" button
- Enter your personal email address (one that you will always be able to access) and not your work email address. Select your preferred language
- Read the Rules of Use and click the checkbox
- Click the "Submit" button

If you already have a login.gov account:

- Enter your credentials to "Sign In," and you will be taken to the authentication page. You will be prompted to upload identity documentation, if you have not done so, as shown in steps 6-8

If you cannot remember the login information to your existing account:

- Follow the instructions to reset password or register with a different email address

To change your login.gov email address, follow instructions at login.gov/help/manage-youraccount/change-your-email-address/

Some employees and/or annuitants may already have an existing *login.gov* account for use with SSA.gov, USAJobs.gov, or other federal agency platform.

3

LOGIN.GOV

Confirm your email

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

Confirm email address

Please do not reply to this message. If you need help, visit [login.gov/help](#)

[About Login.gov](#) | [Privacy policy](#)

Step 3: Confirming Your Email Address

- Check your email for a message from [login.gov](#)
- Click the "Confirm email address" button in the email message to confirm and be sent back to the [login.gov](#) site

4

LOGIN.GOV

✔ You have confirmed your email address.

Create a strong password

Your password must be 12 characters or longer. Don't use common phrases or repeated characters, like abc or 111.

or show password

Continue

Password safety tips

Step 4: Creating a Password

- Create your [login.gov](#) password. Your password must have 12 or more characters and avoid combinations such as:
 - Common phrases or repeated characters, like ABC or 111
 - Parts of your email address or personal dates, like your birthday
- Click "Continue" button

Note: Passwords will need to reach a strength threshold designated by [login.gov](#)

5

LOGIN.GOV

Authentication method setup

Add an additional layer of protection to your Login.gov account by selecting a multi-factor authentication method.

We recommend you select at least two different options in case you lose one of your methods.

☐ Authentication application

Download or use an authentication app of your choice to generate secure codes.

☐ Text or voice message

Receive a secure code by (SMS) text or phone call.

☐ Backup codes

A list of 10 codes you can print or save to your device. When you lose the last code, we will generate a new list. Keep in mind backup codes are easy to lose.

☐ Security key

Connect your physical security key to your device. You won't need to enter a code.

☐ Government employee ID

PIV/CAC cards for government and military employees. Desktop only.

Continue

Step 5: Choosing an Authentication Option

■ As an added layer of protection, Login.gov requires you set up multifactor authentication through the options listed

■ Learn more about each authentication option at login.gov/help/get-started/authentication-methods

■ Click the "Continue" button



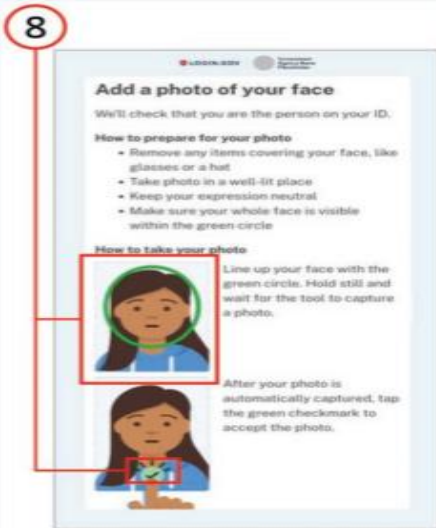
Step 6: Verifying Your ID

- Enter your phone number to switch from your computer to your
- Click the **“Send link”** button to start the process
- **Note:** Your mobile must have a camera and web browser to complete this process.



Step 7: Verifying Your ID, continued

- On your smartphone, you will add photos of your driver's license or state ID card in a well-lit place, avoiding glares or shadows
- Take a photo of the front of your ID, then the back of your ID, retaking if necessary
- Click the "Continue" button



Step 8: Verifying Your ID, continued

- You will now be prompted to take a photo of your face. Select "Take Photo" and remove any items covering your face and take the photo in a well-lit area.
- Keeping a neutral expression, line up your face with the green circle and wait for the tool to capture a photo.
- Tap the green checkmark to accept the photo
- On the next screen, you will be prompted to switch back to your computer to finish verifying your identity.

Note: If you are seeing the error messages "Allow access to your camera to take photos for login.gov" or "Your camera is blocked" while taking a photo of your face, please select the "Take Photo" button to continue.

- Allow access to your camera to take photos for Login.gov.

Try taking photos again and allowing permission. If that doesn't work, you may need to check your device settings to allow access.



Step 9: Verifying Your Information

- Enter your full Social Security number in the field
- Click the "Continue" button
- On the next screen, verify all information you have entered is correct and update any incorrect information
- Click the "Submit" button



Step 10: Verifying Phone Number & Re-entering Password

- Enter your phone number
- Select to receive a code via text or phone call; Click the "Send code" button
- Enter the one-time code; Click the "Submit" button
- Re-enter your password; Click the "Continue" button
- Save the personal key; Check "I have saved my personal key in a safe place" box; Click the "Continue" button
- Click the "Agree and Continue" button to finish and be sent back to your Health Benefits Enrollment dashboard
- For any additional assistance needed, contact the PSHB Helpline

How can I update the email address for my Login.gov account?

If you are simply trying to update your email address, you should:

1. Go directly to secure.login.gov
2. Sign in to the existing Login.gov account.
3. Update your email address within Login.gov

Note: Do not begin the process through the PSHB application if you are trying to update your account information.



My email or password isn't working. What can I do?

If you don't have access to the email you used to create your account and you do not remember your password, you need to create a new account with an email address you have access to and re-verify your personal information. To create a new account, use a different email address than you did when you created your first account.

I am unable to complete the identity verification by phone. What can I do?

Login.gov uses an automated verification process to validate phone numbers and not all phone numbers can be successfully verified.

- Login.gov accepts: Cell, mobile numbers, and landline numbers.
- Login.gov does not accept: International numbers and numbers in some U.S. Territories, Voice or similar Voice over Internet Protocol (VoIP) numbers, Premium rate (toll) numbers, and most prepaid phone numbers.

If phone verification is unsuccessful, you may verify your identity by mail:

- Confirm that you want to request a letter to the address you verified previously.
- Re-enter your password to save the information you verified so far and send your letter.
- When you see a screen that your letter is on the way, you can sign out of login.gov and wait for your letter to arrive.

Note: Letters are sent the next business day via USPS First-Class Mail. It takes about 5-10 days to get your letter in the mail. The verification code will expire 30 days after the date when you submit your request.

What can I do if my account was locked during identity verification?

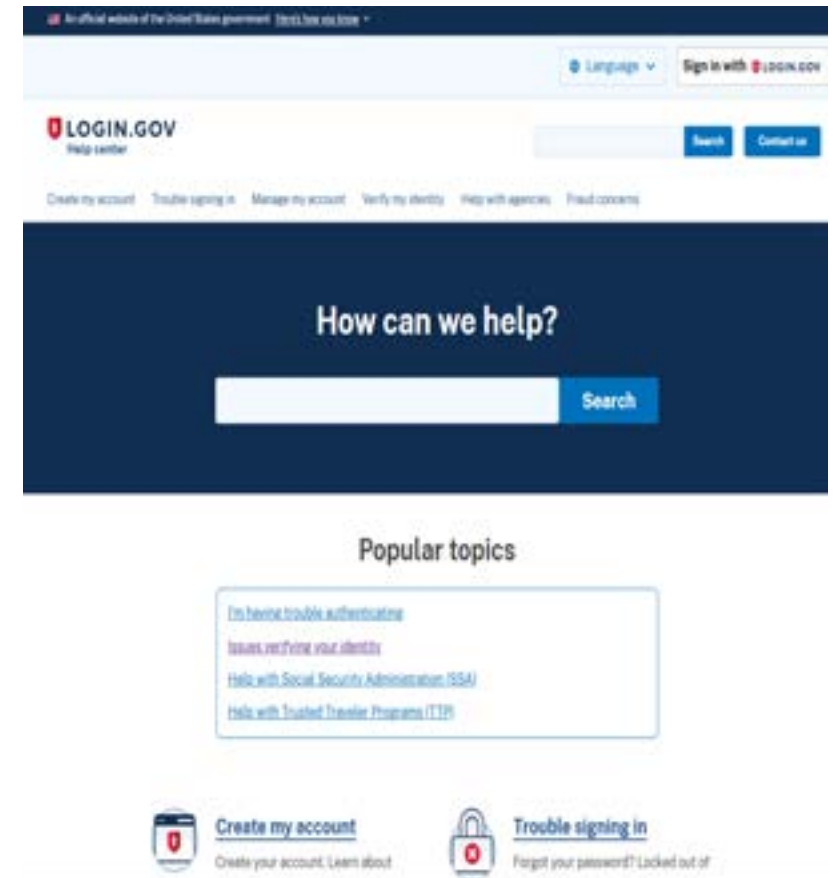
Your account was locked because they limit the number of times that you can attempt to verify your ID, personal information or phone number online. This security precaution is in place in case someone else is trying to access login.gov using others' personal information. You'll need to wait six hours before you can try to verify your identity again.



After six hours:

1. Go back to the partner agency website you were trying to access.
2. Sign in with your email address, password and authentication method. Do not create a new account.
3. You will be prompted to verify your identity again.
4. When you add photos of your ID, make sure that your name, address, and other information on your ID can be easily read before you submit it.
5. When you verify your personal information, check that all your information is correct on the confirmation screen. If your address or Social Security number are wrong, you can update that information before you submit it.
6. When you verify your phone number, check that your phone number is entered correctly and you are using an accepted type of phone number.

For additional information or assistance with login.gov, visit the Help Center at **login.gov/help/**.



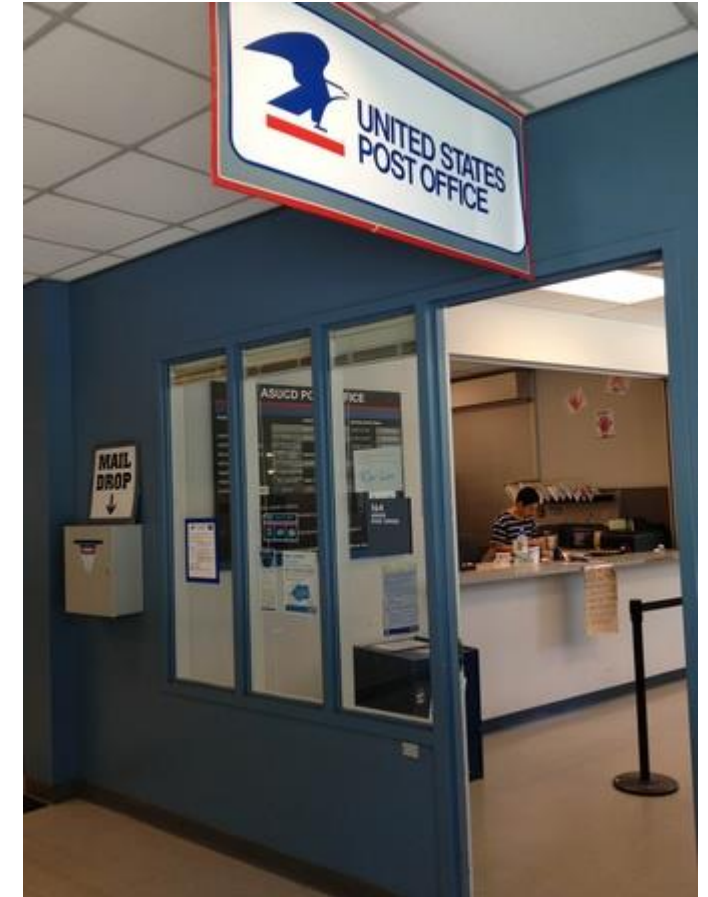
How do I verify in person?

You can choose to verify your ID in person instead of taking photos of your ID online, or switch to in-person identity verification if you are having trouble taking photos.

They need to verify your personal information and the information on your ID before you go to the Post Office. Then they verify your phone number and send you a one-time code to verify that the phone number belongs to you.

Once you verify your information online, they will email you a barcode and a deadline to go to the Post Office.

Visit <https://www.login.gov/help/verify-your-identity/verify-your-identity-in-person/> for a listing of participating Post Offices.



An official website of the United States government [Here's how you know](#)

LOGIN.GOV OPM U.S. Office of Personnel Management



The Postal Service Health Benefits Program is using Login.gov to allow you to sign in to your account safely and securely.

[Sign in](#) [Create an account](#)

Sign in for existing users

Email address

Password

☐ Show password

[Submit](#)

[Sign in with your government employee ID](#)

[Back to The Postal Service Health Benefits Program](#)

[Forgot your password?](#)

[Get help, frequently asked questions and more](#)

An official website of the United States government [Here's how you know](#)

LOGIN.GOV OPM U.S. Office of Personnel Management

Enter your one-time code

We sent a text (SMS) with a one-time code to (***) ***-5268. This code will expire in 10 minutes.

One-time code
Example: 123456

☐ Remember this browser

Select this to skip authentication on supported sites. **DO NOT** select "Remember this browser" if you are on a public or shared device.

[Submit](#)

[Send another code](#)

Having trouble? Here's what you can do:

[Choose another authentication method](#) >

[I'm not receiving a one-time code through SMS/Text or phone call](#) >

[Learn more about authentication options](#) >

[Cancel](#)

Finding the right Health Benefits Program coverage starts here.

The 2025 Postal Service Health Benefits (PSHB) Program Open Season is closed. USPS employees, annuitants, compensationers and TCC annuitants sign in to view your coverage, make changes during Open Season or with a Qualifying Life Event (QLE), and manage your benefits.



Open Season starts November 9!

Please check back to view your Open Season coverage options and make changes for the 2027 plan year.



Access Your Benefits Account

You may be eligible to make enrollment changes outside of Open Season if you experience a life change, also known as a [Qualifying Life Event \(QLE\)](#).

To report a QLE and make an enrollment change, sign into your account below and click on the "Report a change" link available in your Account Home.

For assistance with reporting a QLE, please call the Retirement Information Office (888-767-6738) if you are an annuitant, the Human Resources Shared Service Center (877-477-3273) if you are an active Postal employee, or the Office of Workers Compensation (202-513-6860) if you are a Compensationers.

Sign-in

Or

Create Account

If this is your first time here, set up access to your account.





Plan benefits and rates are changing for 2026:
Visit [Browse Plans](#) to review your updated rates and coverage.



25 day(s) until open enrollment opens!

Dashboard

Welcome Karla Kirby

Manage your coverage options, view important messages, and update account settings.

[Account Home](#) [My Household](#) [Document Center](#)

0

New Messages

No new messages

[See all messages](#)

Application

[Report a change](#)

[View my health benefits election](#)

Account

[Submit a document](#)

[View current eligibility results](#)

[View employment details](#)

[Legacy FEHB plans](#)

Household coverage summary

To view your previous coverage, please click on the ["View my household info history"](#) under "My Household" section.

If you are an annuitant, choosing the "Cancel coverage" link may lead to a permanent loss of coverage.

Subscriber ID: 785371
Please note that this ID number is only used within this PSHB system. You will not need this ID when communicating with your carrier.

Current coverage

Nationwide coverage

Consumer Option

Network type: PPO Enrollment code

Active Enrollment

Karla A Kirby

Subscriber

Coverage start date

01/01/2025

Coverage end date



Step 9: Update Information

- Confirm that the details listed for the enrollee are correct
- Click **"Edit"** if further changes are required to the information that was entered in previous sections



Step 10: Update Eligible Family Members

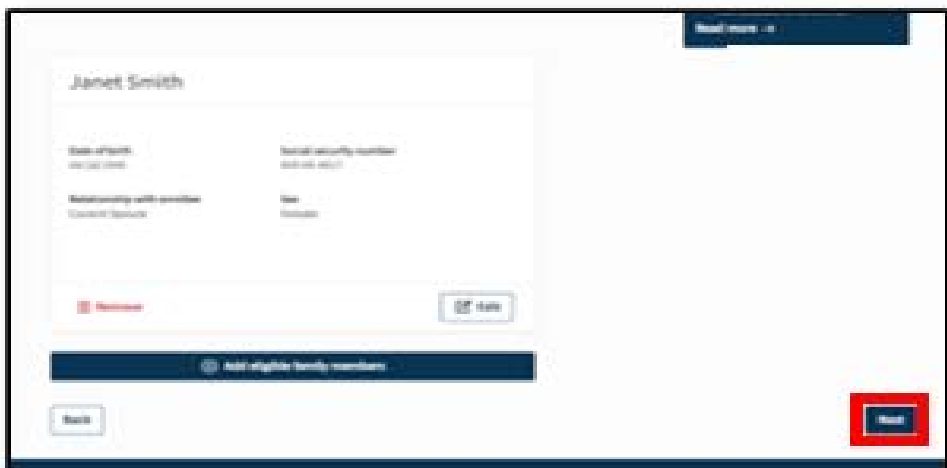
- Click **"Add Eligible Family Members"** to add any eligible family members to be covered by the plan
- Review the family members, if any are listed, and remove those that are no longer eligible

Note: see the info box for guidance on whether a family member is eligible for PSHB coverage



Step 11: Add Eligible Family Members (if required)

- Enter details of the eligible family member who is to be covered under the plan
- Click “Save” to confirm this family member



Step 12: Update Eligible Family Members

- Repeat Step 11 to add additional family members for any additional individuals that are eligible for PSHB coverage under the enrollee’s plan
- Click “Next” to proceed



Step 13: Other Health Insurance Information

- Verify that the correct family members are listed
- Answer the question about additional health insurance coverage
- Click "Next"



Step 14: Review Your Information

- Click the arrow next to each section to expand the drop-downs
- If any edits are required, click "Back" to return to previous screens
- Otherwise, click "Next" to confirm the information



By signing and submitting this information, I certify that:

- I am electronically signing this information.
- I have read and understand the contents of the application and the terms, conditions, and rules of the plan.
- I understand that my certification of the information in this form, supporting the application for family member eligibility, is subject to verification. If the information is not verified, I will be notified by the plan administrator.
- I understand that my information will be used to verify my family member's eligibility for the plan.

First name: Middle name: Last name:

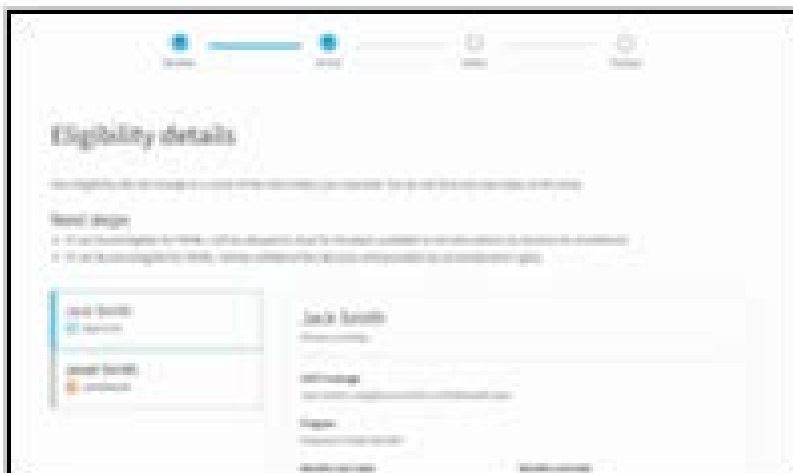
Next steps

- If you have a dependent, you will be asked to provide information about the dependent's eligibility.
- If you have a dependent, you will be asked to provide information about the dependent's eligibility.

Next

Step 15: Submit Eligibility Information

- Check the boxes next to the mandatory statements of certification
- Enter the enrollee's first name and last name to electronically sign on their behalf
- Click "Next"



Eligibility details

The application is subject to review and verification. If the information is not verified, you will be notified by the plan administrator.

Next steps

- If you have a dependent, you will be asked to provide information about the dependent's eligibility.
- If you have a dependent, you will be asked to provide information about the dependent's eligibility.

Family Member	Relationship	Eligibility
John Smith	Enrollee	Eligible
John Smith	Spouse	Eligible
John Smith	Child	Eligible

Step 16: Eligibility Details

- Review the eligibility information

Note: Any family members added to the application will have "Conditional" eligibility, until their proof of relationship documents are verified

- Click "Next"



Household summary

Please review the next steps for each member of your household. Each member's dependent status is determined by the system. If you disagree, please click on the 'Print' button to print this summary.

Adult Summary

Member to add

To the new adult, you must provide a date of birth and a Social Security number. If you are adding a new adult, please click on the 'Add' button to add a new adult.

Adult Summary

Member to add

To the new adult, you must provide a date of birth and a Social Security number. If you are adding a new adult, please click on the 'Add' button to add a new adult.

Print Continue

Step 17: Household Summary

- Review the next steps for each family member
- **Note:** these details can be saved or printed by clicking "Print"
- Click "Continue"



OPM | Health Benefits Enrollment

Event qualified life event

Approved

You are eligible to enroll in a plan.

You have until April 15, 2026 to enroll in a plan. Your coverage effective date depends on how promptly you select your election and any required supporting documentation.

[Learn more about qualified life events.](#)

Next

Step 18: Approved Qualified Life Event

- Take note the last date to submit an election under this QLE
- Click "Next" to shop for plans



Health plan preference

Answer the question below to help us determine the health plan you want.

Choose which is more important to you

☐ I want to pay less for my health plan. I want to pay less for my health plan.

☐ I want to pay more for my health plan. I want to pay more for my health plan.

[Skip To Plans](#) [Next](#)

Step 19: Select Health Plan Preference (optional)

- Select a filter based on enrollee preferences to inform the display of health plan options
- To skip this step, click “Skip To Plans”
- Otherwise, click “Next”



OPM | OPM Health Plan

Progress bar: 1. Select Plan, 2. Select Provider and Facilities, 3. Select Network, 4. Review and Confirm

Coverage Connection: Select Provider and Facilities

Enter the provider and facility information you want to add to your health plan.

Add provider and facilities

Provider Name:

Address:

City/State/Zip:

[Skip To Plans](#) [Next](#)

Step 20: Select Provider and Facilities (optional)

- Enter details about the provider or facility you would like to search for, and click “Search” to add
- Add up to 5 providers and facilities
- To skip this step, click “Skip To Plans”
- Otherwise, click “Next”



Selected prescriptions

You have entered the following prescriptions. Click a link below to view details.

Add additional prescriptions

Unselected

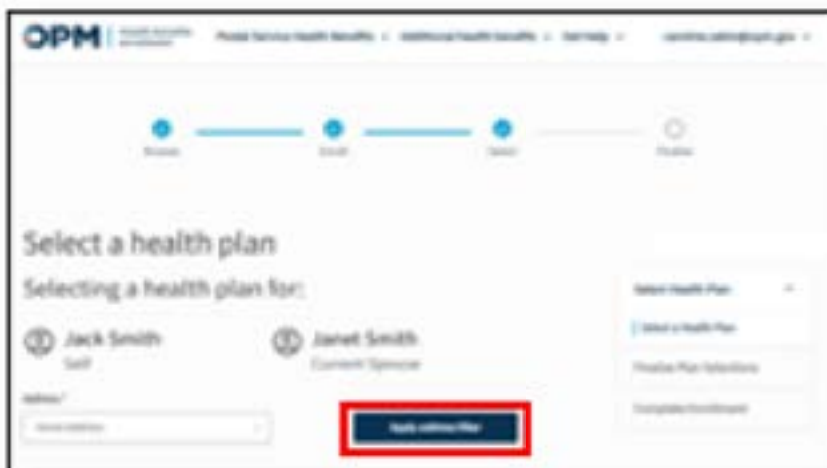
Back

Skip To Plans

Finish & Browse Plans

Step 21: Select Prescriptions (optional)

- Enter details about the provider or facility you would like to search for, and click "Search" to add
- Add up to 5 prescriptions
- To skip this step, click "Skip To Plans"
- Otherwise, click "Finish & Browse Plans"



OPM

Progress bar: Select a health plan, Select a health plan for, Select a health plan, Review

Select a health plan

Selecting a health plan for:

Jack Smith
Self

Janet Smith
Current Spouse

Address:

Search address

Apply address filter

Select health plan

Select a health plan

Health Plan Selections

Complete Enrollment

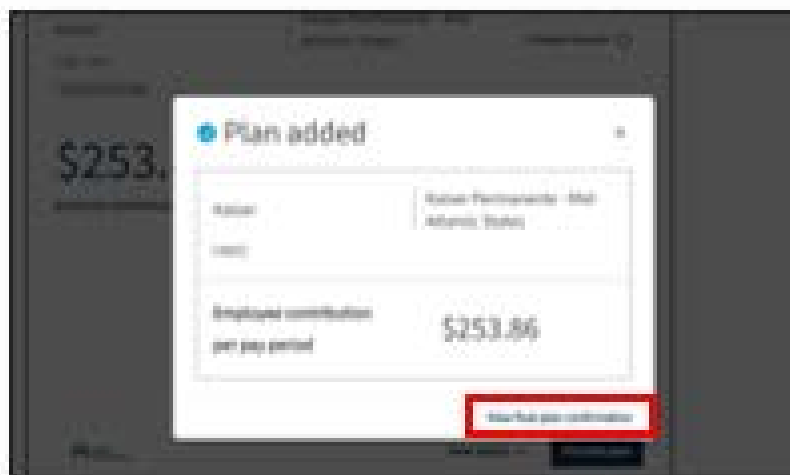
Step 22: Select a Health Plan

- Choose which address you would like to use for finding plans from the "Address" drop-down
- Click "Apply Address Filter" to filter plans



Step 23: Compare New Health Plans

- Scroll to view different plan options
- Use the "Filter Plans" drop-down to include/exclude plans based on the enrollee's criteria
- Use the "Sort By" drop-down to rearrange plans
- Select the "Compare This Plan" radio button on up to three plans to enter a plan comparison
- Click "View details" to see more information about a particular plan



Step 24: Compare New Health Plans

- Click "Pick This Plan" on the plan tile for the coverage the enrollee has chosen
- This will open the "Plan Added" pop-up showing the plan selection, and premium contribution
- Click "View Final Plan Confirmation"

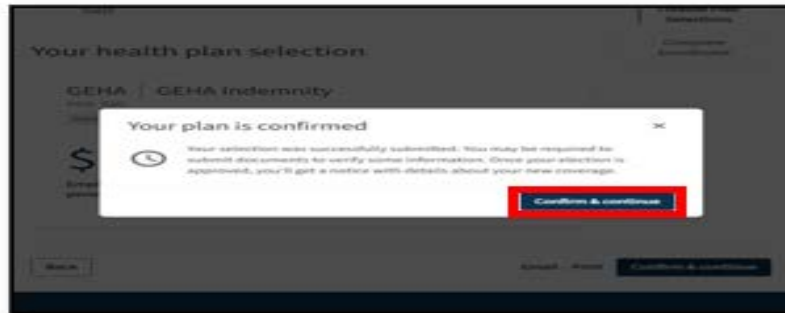


Step 25: Final Plan Confirmation

- Review the plan details
- Click **"Back"** to return to previous screens and change the plan selection

Note: these details can be emailed by clicking **"Email,"** or printed by clicking **"Print"**

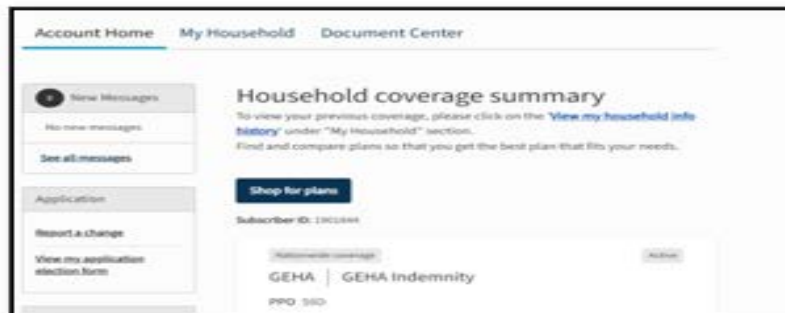
- Click **"Confirm & Continue"** to finalize the plan selection



Step 26: Finalize Plan Selection

- The **"Your Plan Is Confirmed"** pop-up appears to show that the plan selection has been confirmed
- Click **"Confirm & Continue"**

Note: added family members will have 60 days to submit documentation, which must be approved for them to remain on the enrollee's plan



Step 27: Member Dashboard

- The added plan should appear under **"Household coverage summary"** on the member dashboard

Note: if any relationship verification documents are pending review, the plan may appear in **"Draft"** status

**** End Process ****



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Welcome Karla Kirby

Manage your coverage options, view important messages, and update account settings.

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No new messages

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Subscriber ID: 785371

Please note that this ID number is only used within this PSHB system. You will not need this ID when communicating with your carrier.

Current coverage

Nationwide coverage

Active Enrollment

Consumer Option

Network type: PPO Enrollment code: [REDACTED]

Karla A Kirby
Subscriber

Coverage start date
01/01/2025

Coverage end date

Health Benefits Election Form

Part A - Enroll and Family Member Information (for additional family members use a separate sheet and attach)

1. Enrollee name (last, first, middle initial) _____ 2. Social Security Number _____ 3. Date of birth (mm-dd-yyyy) _____ 4. Sex ☐ M ☐ F ☐ Other _____ 5. Are you married? ☐ Yes ☐ No

6. Home mailing address (including ZIP Code) _____

7. If you are covered by Medicare, check all that apply: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FF ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK ☐ IL ☐ IM ☐ IN ☐ IO ☐ IP ☐ IQ ☐ IR ☐ IS ☐ IT ☐ IU ☐ IV ☐ IW ☐ IX ☐ IY ☐ IZ ☐ JA ☐ JB ☐ JC ☐ JD ☐ JE ☐ JF ☐ JG ☐ JH ☐ JI ☐ JJ ☐ JK ☐ JL ☐ JM ☐ JN ☐ JO ☐ JP ☐ JQ ☐ JR ☐ JS ☐ JT ☐ JU ☐ JV ☐ JW ☐ JX ☐ JY ☐ JZ ☐ KA ☐ KB ☐ KC ☐ KD ☐ KE ☐ KF ☐ KG ☐ KH ☐ KI ☐ KJ ☐ KK ☐ KL ☐ KM ☐ KN ☐ KO ☐ KP ☐ KQ ☐ KR ☐ KS ☐ KT ☐ KU ☐ KV ☐ KW ☐ KX ☐ KY ☐ KZ ☐ LA ☐ LB ☐ LC ☐ LD ☐ LE ☐ LF ☐ LG ☐ LH ☐ LI ☐ LJ ☐ LK ☐ LL ☐ LM ☐ LN ☐ LO ☐ LP ☐ LQ ☐ LR ☐ LS ☐ LT ☐ LU ☐ LV ☐ LW ☐ LX ☐ LY ☐ LZ ☐ MA ☐ MB ☐ MC ☐ MD ☐ ME ☐ MF ☐ MG ☐ MH ☐ MI ☐ MJ ☐ MK ☐ ML ☐ MN ☐ MO ☐ MP ☐ MQ ☐ MR ☐ MS ☐ MT ☐ MU ☐ MV ☐ MW ☐ MX ☐ MY ☐ MZ ☐ NA ☐ NB ☐ NC ☐ ND ☐ NE ☐ NF ☐ NG ☐ NH ☐ NI ☐ NJ ☐ NK ☐ NL ☐ NM ☐ NO ☐ NP ☐ NQ ☐ NR ☐ NS ☐ NT ☐ NU ☐ NV ☐ NW ☐ NX ☐ NY ☐ NZ ☐ OA ☐ OB ☐ OC ☐ OD ☐ OE ☐ OF ☐ OG ☐ OH ☐ OI ☐ OJ ☐ OK ☐ OL ☐ OM ☐ ON ☐ OO ☐ OP ☐ OQ ☐ OR ☐ OS ☐ OT ☐ OU ☐ OV ☐ OW ☐ OX ☐ OY ☐ OZ ☐ PA ☐ PB ☐ PC ☐ PD ☐ PE ☐ PF ☐ PG ☐ PH ☐ PI ☐ PJ ☐ PK ☐ PL ☐ PM ☐ PN ☐ PO ☐ PP ☐ PQ ☐ PR ☐ PS ☐ PT ☐ PU ☐ PV ☐ PW ☐ PX ☐ PY ☐ PZ ☐ QA ☐ QB ☐ QC ☐ QD ☐ QE ☐ QF ☐ QG ☐ QH ☐ QI ☐ QJ ☐ QK ☐ QL ☐ QM ☐ QN ☐ QO ☐ QP ☐ QQ ☐ QR ☐ QS ☐ QT ☐ QU ☐ QV ☐ QW ☐ QX ☐ QY ☐ QZ ☐ RA ☐ RB ☐ RC ☐ RD ☐ RE ☐ RF ☐ RG ☐ RH ☐ RI ☐ RJ ☐ RK ☐ RL ☐ RM ☐ RN ☐ RO ☐ RP ☐ RQ ☐ RR ☐ RS ☐ RT ☐ RU ☐ RV ☐ RW ☐ RX ☐ RY ☐ RZ ☐ SA ☐ SB ☐ SC ☐ SD ☐ SE ☐ SF ☐ SG ☐ SH ☐ SI ☐ SJ ☐ SK ☐ SL ☐ SM ☐ SN ☐ SO ☐ SP ☐ SQ ☐ SR ☐ SS ☐ ST ☐ SU ☐ SV ☐ SW ☐ SX ☐ SY ☐ SZ ☐ TA ☐ TB ☐ TC ☐ TD ☐ TE ☐ TF ☐ TG ☐ TH ☐ TI ☐ TJ ☐ TK ☐ TL ☐ TM ☐ TN ☐ TO ☐ TP ☐ TQ ☐ TR ☐ TS ☐ TT ☐ TU ☐ TV ☐ TW ☐ TX ☐ TY ☐ TZ ☐ UA ☐ UB ☐ UC ☐ UD ☐ UE ☐ UF ☐ UG ☐ UH ☐ UI ☐ UJ ☐ UK ☐ UL ☐ UM ☐ UN ☐ UO ☐ UP ☐ UQ ☐ UR ☐ US ☐ UT ☐ UU ☐ UV ☐ UW ☐ UX ☐ UY ☐ UZ ☐ VA ☐ VB ☐ VC ☐ VD ☐ VE ☐ VF ☐ VG ☐ VH ☐ VI ☐ VJ ☐ VK ☐ VL ☐ VM ☐ VN ☐ VO ☐ VP ☐ VQ ☐ VR ☐ VS ☐ VT ☐ VU ☐ VV ☐ VW ☐ VX ☐ VY ☐ VZ ☐ WA ☐ WB ☐ WC ☐ WD ☐ WE ☐ WF ☐ WG ☐ WH ☐ WI ☐ WJ ☐ WK ☐ WL ☐ WM ☐ WN ☐ WO ☐ WP ☐ WQ ☐ WR ☐ WS ☐ WT ☐ WU ☐ WV ☐ WW ☐ WX ☐ WY ☐ WZ ☐ XA ☐ XB ☐ XC ☐ XD ☐ XE ☐ XF ☐ XG ☐ XH ☐ XI ☐ XJ ☐ XK ☐ XL ☐ XM ☐ XN ☐ XO ☐ XP ☐ XQ ☐ XR ☐ XS ☐ XT ☐ XU ☐ XV ☐ XW ☐ XX ☐ XY ☐ XZ ☐ YA ☐ YB ☐ YC ☐ YD ☐ YE ☐ YF ☐ YG ☐ YH ☐ YI ☐ YJ ☐ YK ☐ YL ☐ YM ☐ YN ☐ YO ☐ YP ☐ YQ ☐ YR ☐ YS ☐ YT ☐ YU ☐ YV ☐ YW ☐ YX ☐ YY ☐ YZ ☐ ZA ☐ ZB ☐ ZC ☐ ZD ☐ ZE ☐ ZF ☐ ZG ☐ ZH ☐ ZI ☐ ZJ ☐ ZK ☐ ZL ☐ ZM ☐ ZN ☐ ZO ☐ ZP ☐ ZQ ☐ ZR ☐ ZS ☐ ZT ☐ ZU ☐ ZV ☐ ZW ☐ ZX ☐ ZY ☐ ZZ

8. Indicate the type of other insurance: ☐ TRICARE ☐ Other _____ Policy Number: _____

9. If you are covered by Medicare, check all that apply: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FF ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK ☐ IL ☐ IM ☐ IN ☐ IO ☐ IP ☐ IQ ☐ IR ☐ IS ☐ IT ☐ IU ☐ IV ☐ IW ☐ IX ☐ IY ☐ IZ ☐ JA ☐ JB ☐ JC ☐ JD ☐ JE ☐ JF ☐ JG ☐ JH ☐ JI ☐ JJ ☐ JK ☐ JL ☐ JM ☐ JN ☐ JO ☐ JP ☐ JQ ☐ JR ☐ JS ☐ JT ☐ JU ☐ JV ☐ JW ☐ JX ☐ JY ☐ JZ ☐ KA ☐ KB ☐ KC ☐ KD ☐ KE ☐ KF ☐ KG ☐ KH ☐ KI ☐ KJ ☐ KK ☐ KL ☐ KM ☐ KN ☐ KO ☐ KP ☐ KQ ☐ KR ☐ KS ☐ KT ☐ KU ☐ KV ☐ KW ☐ KX ☐ KY ☐ KZ ☐ LA ☐ LB ☐ LC ☐ LD ☐ LE ☐ LF ☐ LG ☐ LH ☐ LI ☐ LJ ☐ LK ☐ LL ☐ LM ☐ LN ☐ LO ☐ LP ☐ LQ ☐ LR ☐ LS ☐ LT ☐ LU ☐ LV ☐ LW ☐ LX ☐ LY ☐ LZ ☐ MA ☐ MB ☐ MC ☐ MD ☐ ME ☐ MF ☐ MG ☐ MH ☐ MI ☐ MJ ☐ MK ☐ ML ☐ MN ☐ MO ☐ MP ☐ MQ ☐ MR ☐ MS ☐ MT ☐ MU ☐ MV ☐ MW ☐ MX ☐ MY ☐ MZ ☐ NA ☐ NB ☐ NC ☐ ND ☐ NE ☐ NF ☐ NG ☐ NH ☐ NI ☐ NJ ☐ NK ☐ NL ☐ NM ☐ NO ☐ NP ☐ NQ ☐ NR ☐ NS ☐ NT ☐ NU ☐ NV ☐ NW ☐ NX ☐ NY ☐ NZ ☐ OA ☐ OB ☐ OC ☐ OD ☐ OE ☐ OF ☐ OG ☐ OH ☐ OI ☐ OJ ☐ OK ☐ OL ☐ OM ☐ ON ☐ OO ☐ OP ☐ OQ ☐ OR ☐ OS ☐ OT ☐ OU ☐ OV ☐ OW ☐ OX ☐ OY ☐ OZ ☐ PA ☐ PB ☐ PC ☐ PD ☐ PE ☐ PF ☐ PG ☐ PH ☐ PI ☐ PJ ☐ PK ☐ PL ☐ PM ☐ PN ☐ PO ☐ PP ☐ PQ ☐ PR ☐ PS ☐ PT ☐ PU ☐ PV ☐ PW ☐ PX ☐ PY ☐ PZ ☐ QA ☐ QB ☐ QC ☐ QD ☐ QE ☐ QF ☐ QG ☐ QH ☐ QI ☐ QJ ☐ QK ☐ QL ☐ QM ☐ QN ☐ QO ☐ QP ☐ QQ ☐ QR ☐ QS ☐ QT ☐ QU ☐ QV ☐ QW ☐ QX ☐ QY ☐ QZ ☐ RA ☐ RB ☐ RC ☐ RD ☐ RE ☐ RF ☐ RG ☐ RH ☐ RI ☐ RJ ☐ RK ☐ RL ☐ RM ☐ RN ☐ RO ☐ RP ☐ RQ ☐ RR ☐ RS ☐ RT ☐ RU ☐ RV ☐ RW ☐ RX ☐ RY ☐ RZ ☐ SA ☐ SB ☐ SC ☐ SD ☐ SE ☐ SF ☐ SG ☐ SH ☐ SI ☐ SJ ☐ SK ☐ SL ☐ SM ☐ SN ☐ SO ☐ SP ☐ SQ ☐ SR ☐ SS ☐ ST ☐ SU ☐ SV ☐ SW ☐ SX ☐ SY ☐ SZ ☐ TA ☐ TB ☐ TC ☐ TD ☐ TE ☐ TF ☐ TG ☐ TH ☐ TI ☐ TJ ☐ TK ☐ TL ☐ TM ☐ TN ☐ TO ☐ TP ☐ TQ ☐ TR ☐ TS ☐ TT ☐ TU ☐ TV ☐ TW ☐ TX ☐ TY ☐ TZ ☐ UA ☐ UB ☐ UC ☐ UD ☐ UE ☐ UF ☐ UG ☐ UH ☐ UI ☐ UJ ☐ UK ☐ UL ☐ UM ☐ UN ☐ UO ☐ UP ☐ UQ ☐ UR ☐ US ☐ UT ☐ UU ☐ UV ☐ UW ☐ UX ☐ UY ☐ UZ ☐ VA ☐ VB ☐ VC ☐ VD ☐ VE ☐ VF ☐ VG ☐ VH ☐ VI ☐ VJ ☐ VK ☐ VL ☐ VM ☐ VN ☐ VO ☐ VP ☐ VQ ☐ VR ☐ VS ☐ VT ☐ VU ☐ VV ☐ VW ☐ VX ☐ VY ☐ VZ ☐ WA ☐ WB ☐ WC ☐ WD ☐ WE ☐ WF ☐ WG ☐ WH ☐ WI ☐ WJ ☐ WK ☐ WL ☐ WM ☐ WN ☐ WO ☐ WP ☐ WQ ☐ WR ☐ WS ☐ WT ☐ WU ☐ WV ☐ WW ☐ WX ☐ WY ☐ WZ ☐ XA ☐ XB ☐ XC ☐ XD ☐ XE ☐ XF ☐ XG ☐ XH ☐ XI ☐ XJ ☐ XK ☐ XL ☐ XM ☐ XN ☐ XO ☐ XP ☐ XQ ☐ XR ☐ XS ☐ XT ☐ XU ☐ XV ☐ XW ☐ XX ☐ XY ☐ XZ ☐ YA ☐ YB ☐ YC ☐ YD ☐ YE ☐ YF ☐ YG ☐ YH ☐ YI ☐ YJ ☐ YK ☐ YL ☐ YM ☐ YN ☐ YO ☐ YP ☐ YQ ☐ YR ☐ YS ☐ YT ☐ YU ☐ YV ☐ YW ☐ YX ☐ YY ☐ YZ ☐ ZA ☐ ZB ☐ ZC ☐ ZD ☐ ZE ☐ ZF ☐ ZG ☐ ZH ☐ ZI ☐ ZJ ☐ ZK ☐ ZL ☐ ZM ☐ ZN ☐ ZO ☐ ZP ☐ ZQ ☐ ZR ☐ ZS ☐ ZT ☐ ZU ☐ ZV ☐ ZW ☐ ZX ☐ ZY ☐ ZZ

10. Indicate the type of other insurance: ☐ TRICARE ☐ Other _____ Policy Number: _____

11. If you are covered by Medicare, check all that apply: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z ☐ AA ☐ AB ☐ AC ☐ AD ☐ AE ☐ AF ☐ AG ☐ AH ☐ AI ☐ AJ ☐ AK ☐ AL ☐ AM ☐ AN ☐ AO ☐ AP ☐ AQ ☐ AR ☐ AS ☐ AT ☐ AU ☐ AV ☐ AW ☐ AX ☐ AY ☐ AZ ☐ BA ☐ BB ☐ BC ☐ BD ☐ BE ☐ BF ☐ BG ☐ BH ☐ BI ☐ BJ ☐ BK ☐ BL ☐ BM ☐ BN ☐ BO ☐ BP ☐ BQ ☐ BR ☐ BS ☐ BT ☐ BU ☐ BV ☐ BW ☐ BX ☐ BY ☐ BZ ☐ CA ☐ CB ☐ CC ☐ CD ☐ CE ☐ CF ☐ CG ☐ CH ☐ CI ☐ CJ ☐ CK ☐ CL ☐ CM ☐ CN ☐ CO ☐ CP ☐ CQ ☐ CR ☐ CS ☐ CT ☐ CU ☐ CV ☐ CW ☐ CX ☐ CY ☐ CZ ☐ DA ☐ DB ☐ DC ☐ DD ☐ DE ☐ DF ☐ DG ☐ DH ☐ DI ☐ DJ ☐ DK ☐ DL ☐ DM ☐ DN ☐ DO ☐ DP ☐ DQ ☐ DR ☐ DS ☐ DT ☐ DU ☐ DV ☐ DW ☐ DX ☐ DY ☐ DZ ☐ EA ☐ EB ☐ EC ☐ ED ☐ EE ☐ EF ☐ EG ☐ EH ☐ EI ☐ EJ ☐ EK ☐ EL ☐ EM ☐ EN ☐ EO ☐ EP ☐ EQ ☐ ER ☐ ES ☐ ET ☐ EU ☐ EV ☐ EW ☐ EX ☐ EY ☐ EZ ☐ FA ☐ FB ☐ FC ☐ FD ☐ FE ☐ FF ☐ FG ☐ FH ☐ FI ☐ FJ ☐ FK ☐ FL ☐ FM ☐ FN ☐ FO ☐ FP ☐ FQ ☐ FR ☐ FS ☐ FT ☐ FU ☐ FV ☐ FW ☐ FX ☐ FY ☐ FZ ☐ GA ☐ GB ☐ GC ☐ GD ☐ GE ☐ GF ☐ GG ☐ GH ☐ GI ☐ GJ ☐ GK ☐ GL ☐ GM ☐ GN ☐ GO ☐ GP ☐ GQ ☐ GR ☐ GS ☐ GT ☐ GU ☐ GV ☐ GW ☐ GX ☐ GY ☐ GZ ☐ HA ☐ HB ☐ HC ☐ HD ☐ HE ☐ HF ☐ HG ☐ HH ☐ HI ☐ HJ ☐ HK ☐ HL ☐ HM ☐ HN ☐ HO ☐ HP ☐ HQ ☐ HR ☐ HS ☐ HT ☐ HU ☐ HV ☐ HW ☐ HX ☐ HY ☐ HZ ☐ IA ☐ IB ☐ IC ☐ ID ☐ IE ☐ IF ☐ IG ☐ IH ☐ II ☐ IJ ☐ IK ☐ IL ☐ IM ☐ IN ☐ IO ☐ IP ☐ IQ ☐ IR ☐ IS ☐ IT ☐ IU ☐ IV ☐ IW ☐ IX ☐ IY ☐ IZ ☐ JA ☐ JB ☐ JC ☐ JD ☐ JE ☐ JF ☐ JG ☐ JH ☐ JI



Family Member Eligibility Documents

Use the table below to find the document(s) you need to submit to prove the eligibility of the family member(s) covered by your FEHB Program health insurance. You may remove personal financial information and Social Security Numbers before submission. Documents that are not in English must be accompanied by a certified or notarized translation.

Family Member	Acceptable Evidence
Spouse	<ul style="list-style-type: none"> Married less than 12 months: copy of government-issued marriage certificate. Married 12 months or more: copy of government-issued marriage certificate and one of the following sets of documents listing spouse: <ul style="list-style-type: none"> Front page of most recent tax year's Federal or State tax return; or Proof of common residency (e.g., utility bill, other household bill, auto registration); and proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy).
Common Law Spouse	<ul style="list-style-type: none"> A court order or judgment from the initiating state recognizing the marriage; or Your signed declaration. Documents for Common Law Marriage details what the declaration should include. <p>You must also provide one of the following documents that list you and your spouse:</p> <ul style="list-style-type: none"> The first page of your most recent tax return; Proof of common residency and proof of combined finances.
Child Under Age 26	<p>A copy of one of the following documents that lists you and your child:</p> <ul style="list-style-type: none"> Official birth certificate; Certificate of live birth; The first page of your most recent tax return; Consular Report of Birth Abroad; Official paternity test; Voluntary affidavit of paternity or similar document; or Court or administrative order (for example, a National Medical Support Notice).
Adopted Child Under Age 26	<p>A copy of one of the following documents that lists you and your child:</p> <ul style="list-style-type: none"> Final adoption certificate or decree; Authorized letter from an adoption placement agency; The first page of your most recent tax return; or Court or administrative order (for example, a National Medical Support Notice).

Family Member	Acceptable Evidence
Stepchild Under Age 26	<p>A copy of one of the following documents:</p> <ul style="list-style-type: none"> Birth certificate, or final adoption certificate/decreed, listing current spouse as parent; or Front page of most recent tax year's Federal or State tax return with child's name; or Court or administrative order (e.g., National Medical Support Notice).
Foster Child Under Age 26	<p>All of the following documents:</p> <ul style="list-style-type: none"> Child's official birth certificate; Certification of foster child status; and Documentation that shows you provide regular and significant financial support for the child such as: <ul style="list-style-type: none"> State or Federal benefits programs listing the child as your dependent. The first page of your most recent tax return listing the child as your dependent. Canceled checks, money orders, or receipts for periodic payments from you for or on behalf of your child. If applicable, include copy of the court order naming you or your spouse as child's legal guardian
Child Incapable of Self-Support	<p>Medical certificate stating the child is incapable of self-support because of a physical or mental disability that existed before they became age 26 and is expected to continue for more than one year.</p> <p>See FEHB Handbook for details about what the certification should include.</p>

Everyone has different individual and family needs

It's important to identify the right plan for you and your family

You could end up getting a better value for your health care dollars



As of Jan. 1, 2025, Medicare Part B enrollment became mandatory for many Postal Service annuitants and their covered family members to maintain PSHB coverage into retirement.

Failing to enroll in Part B when required can result in penalties and losing key PSHB benefits, including prescription drug coverage.

Medicare and PSHB Coverage for Employees

If your status is ...	And you are ...	Then you are ...
spouse of an annuitant who is already enrolled in Medicare Part B	entitled to Medicare Part A based on disability or age	Required to enroll in Medicare Part B.
active employee who was age 64 or older as of Jan. 1, 2025	N/A	Not required to enroll while employed and not required to enroll in Medicare Part B to continue your PSHB health insurance coverage when you retire.
active employee who was under the age of 64 as of Jan. 1, 2025	N/A	Not required to enroll while employed, however, you are required to enroll in Medicare Part B after you retire and become entitled to Medicare Part A, typically at age 65, unless you are eligible for an exception.

When to Apply for Medicare

If your status is ...	And you are ...	Then you are ...
an active career employee	Working when you turn age 65	Required to enroll in Medicare Part B once you retire from the Postal Service.* Your initial enrollment period is up to 8 months from your retirement date. **

* If you meet the eligibility requirements for a Medicare enrollment exception, you are not required to enroll in Medicare Part B to continue your PSHB coverage.

** If you are required or opt to enroll in Medicare Part B, you must enroll during your initial enrollment period to avoid a late enrollment penalty.

There are 3 **exceptions** to the requirement to enroll in Medicare Part B:

1

- You are residing outside of the United States and its territories. You are required to follow the policy and procedure set forth by the Postal Service to be eligible for this exception.

2

- You are enrolled in health care benefits provided by the Department of Veterans Affairs.

3

- You are eligible for health services provided by Indian Health Service.

If the primary insured is eligible for an exception, it will also apply to covered family members

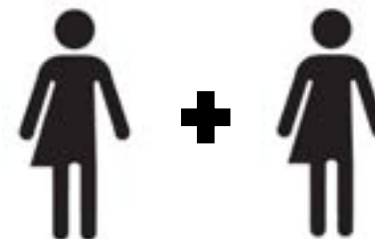
Self Only

Only you



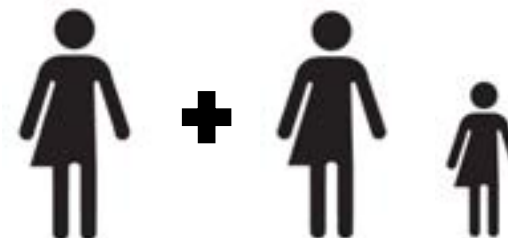
Self Plus One

You plus one eligible family member (spouse or child)



Self and Family

You plus more than one eligible family member



► If you are enrolling in the Self + 1 coverage tier, please be sure to check the Self + Family rate before finalizing your enrollment.

[Share](#)[Advice](#)

Find the Postal Service Health Benefits (PSHB) plan that's the best fit for you

- ✓ Career employees can compare PSHB plans on estimated yearly cost – premium plus likely out-of-pocket costs based on your coverage profile
- ✓ Compare dental benefits from PSHB and FEDVIP plans
- ✓ Annuitants can see how Medicare impacts PSHB plan costs and can compare Medicare Advantage plans provided by PSHB carriers
- ✓ Non-career employees can learn more about the USPS Health Plan and find out if they're eligible for PSHB plans based on their job type

[Start Looking for Plans](#)

Welcome USPS employees and annuitants!

We have two resources to help you — a comprehensive PSHB plan comparison tool and an educational tool that explains how Medicare Part B works.

Find the Postal Service Health Benefits (PSHB) plan that's the best fit for you

- Plans ranked on estimated yearly cost — premium plus likely out-of-pocket costs based on your coverage profile
- Compare dental benefits from PSHB and FEDVIP plans
- Career employees can compare all PSHB plans including plans that offer premium discounts for union members
- Non-career employees can learn more about the USPS Health Plan and find out if they're eligible for PSHB plans based on their job type

Compare PSHB Plans

[Learn more about how PSHB works](#)

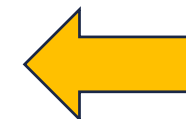


Want to learn more about how Medicare Part B works?

The Medicare Part B learning tool provides important information about Part B, including:

- What Part B is and what benefits it provides
- How much Part B costs monthly
- How your PSHB plan works with Part B
- Special plan options when you have Part B

Learn about Part B



 **CHECKBOOK**
Guide to PSHB Plans

Share Advice

Tell us about those who will be covered under this insurance

Coverage Year:

Enter your zip code (home or work): (If you work abroad, please use zip code 99999)

What is your health plan enrollment category?

Choose a Pay Frequency:

Who will be covered?

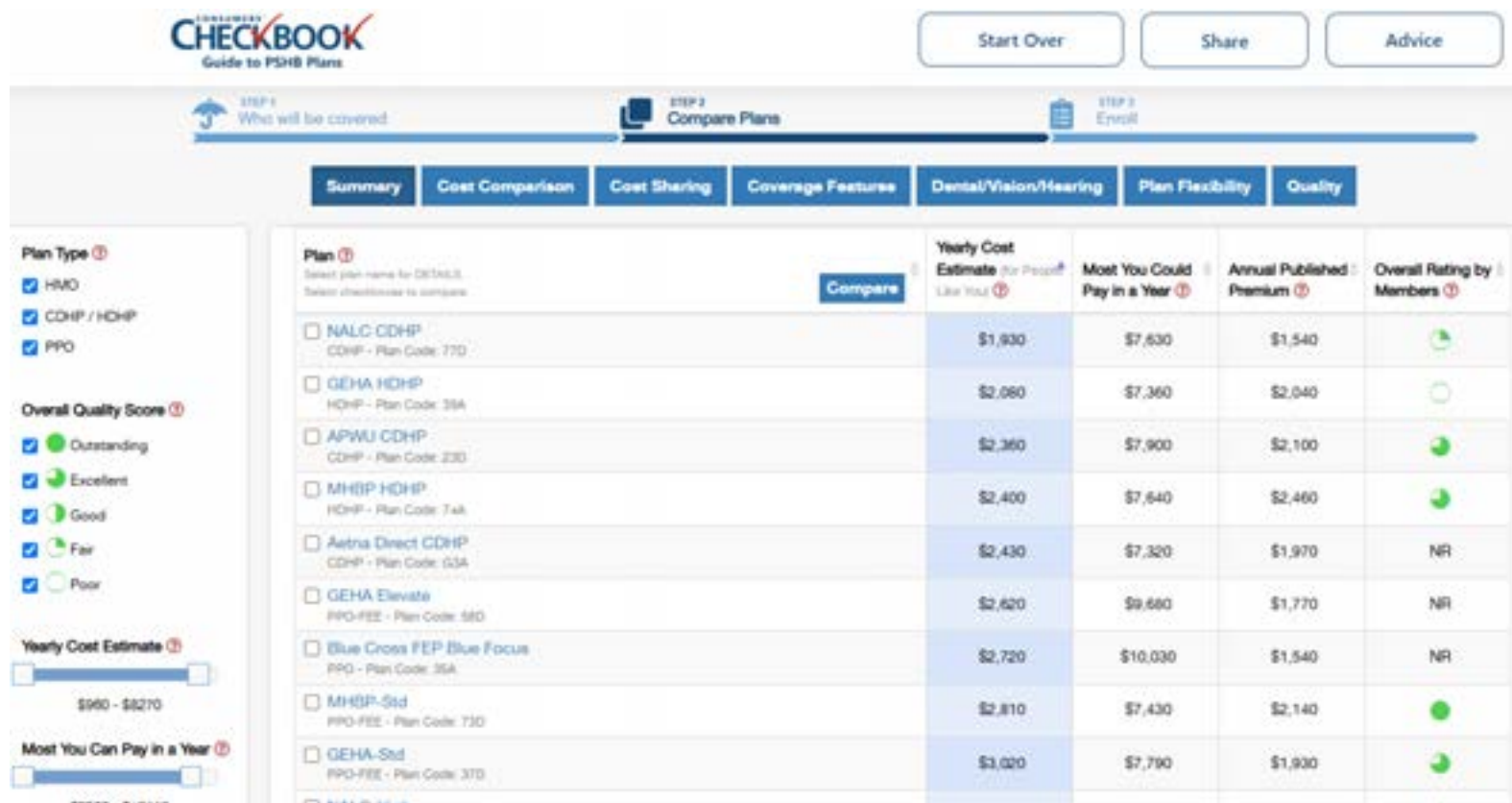
Age of the primary insured on Jan 1, 2026:

Healthcare expense category most applicable to you or your family:

Check out https://myhr.usps.gov/pay_benefits/benefits/open_season_enrollment to access Checkbook.

Consumer's CHECKBOOK Guide to PSHB Plans

- **USPS paid subscription offered to all employees & retirees.**
- Gives vital insurance information.
- Helps find the right health plan to meet your needs and those of your family.
- Allows you to easily compare health plan costs and potentially save money.

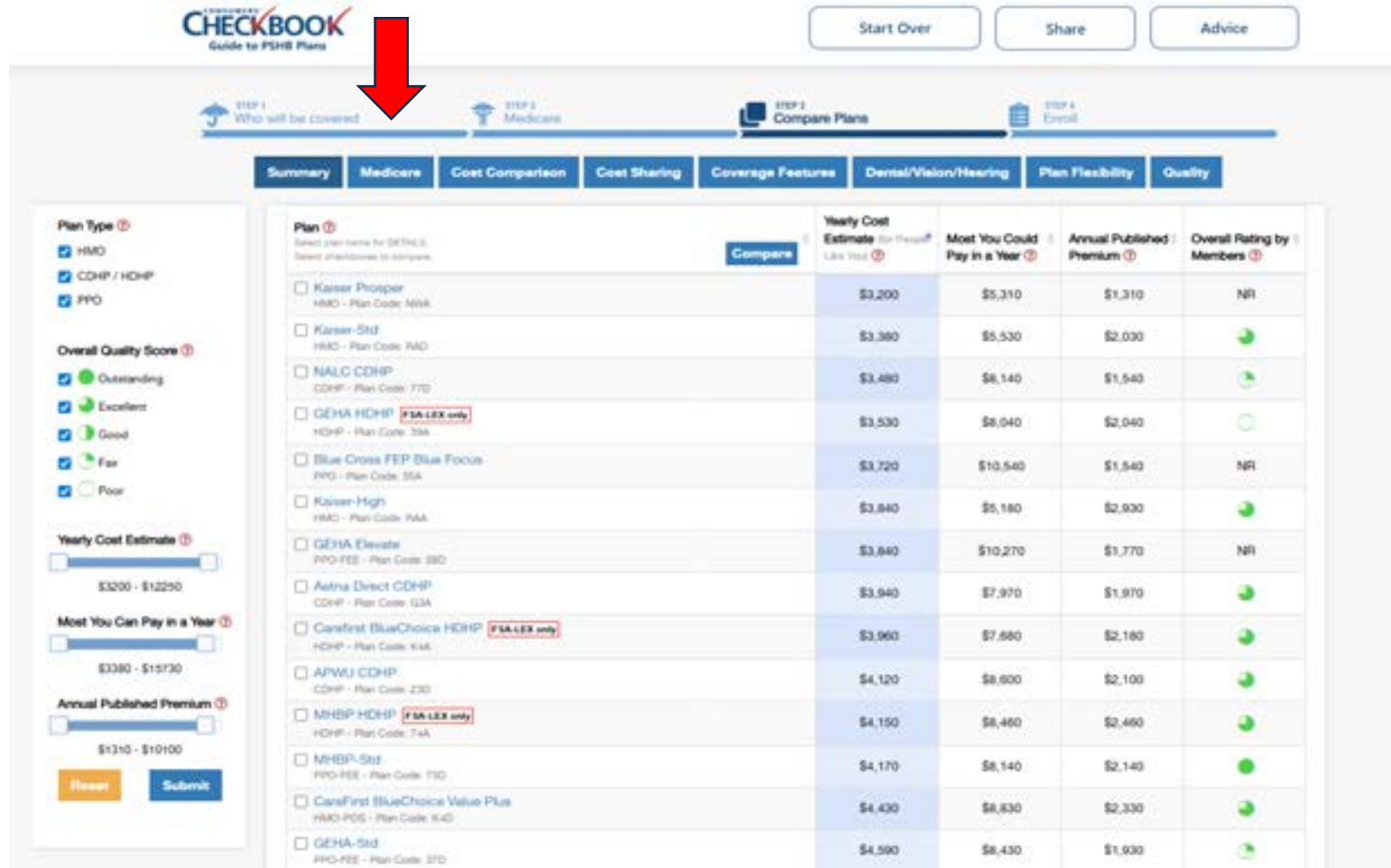


Plan	Yearly Cost Estimate	Most You Could Pay in a Year	Annual Published Premium	Overall Rating by Members
NALC-CDHP CDHP - Plan Code: 770	\$1,930	\$7,630	\$1,540	Good
GEHA HDHP HDHP - Plan Code: 35A	\$2,060	\$7,360	\$2,040	Good
APWU CDHP CDHP - Plan Code: 230	\$2,360	\$7,900	\$2,100	Good
MHBP HDHP HDHP - Plan Code: 744	\$2,400	\$7,640	\$2,460	Good
Aetna Direct CDHP CDHP - Plan Code: 63A	\$2,430	\$7,320	\$1,970	NR
GEHA Elevate PPO-FEE - Plan Code: 580	\$2,620	\$9,680	\$1,770	NR
Blue Cross FEP Blue Focus PPO - Plan Code: 35A	\$2,720	\$10,030	\$1,540	NR
MHBP-Sid PPO-FEE - Plan Code: 730	\$2,810	\$7,430	\$2,140	Good
GEHA-Sid PPO-FEE - Plan Code: 370	\$3,020	\$7,790	\$1,930	Good

Check out https://myhr.usps.gov/pay_benefits/benefits/open_season_enrollment to access Checkbook.

Consumer's CHECKBOOK Guide to PSHB Plans – Annuitant Medicare Information

- Individuals indicated their age as 65+ will have an extra “Medicare” tab available
- The “Medicare” tab provides additional information on how Medicare Part B integrates with eligible PSHB plans
- The “Medicare” tab also provides information on which plans offer a Medicare Part B rebate



CHECKBOOK
Guide to PSHB Plans

STEP 1: Who will be covered | STEP 2: Medicare | STEP 3: Compare Plans | STEP 4: Enroll

Summary | **Medicare** | Cost Comparison | Cost Sharing | Coverage Features | Dental/Vision/Hearing | Plan Flexibility | Quality

Plan Type

- ☒ HMO
- ☒ CDHP / HDHP
- ☒ PPO

Overall Quality Score

- ☒ Outstanding
- ☒ Excellent
- ☒ Good
- ☒ Fair
- ☒ Poor

Yearly Cost Estimate

\$3200 - \$12250

Most You Can Pay in a Year

\$3380 - \$15730

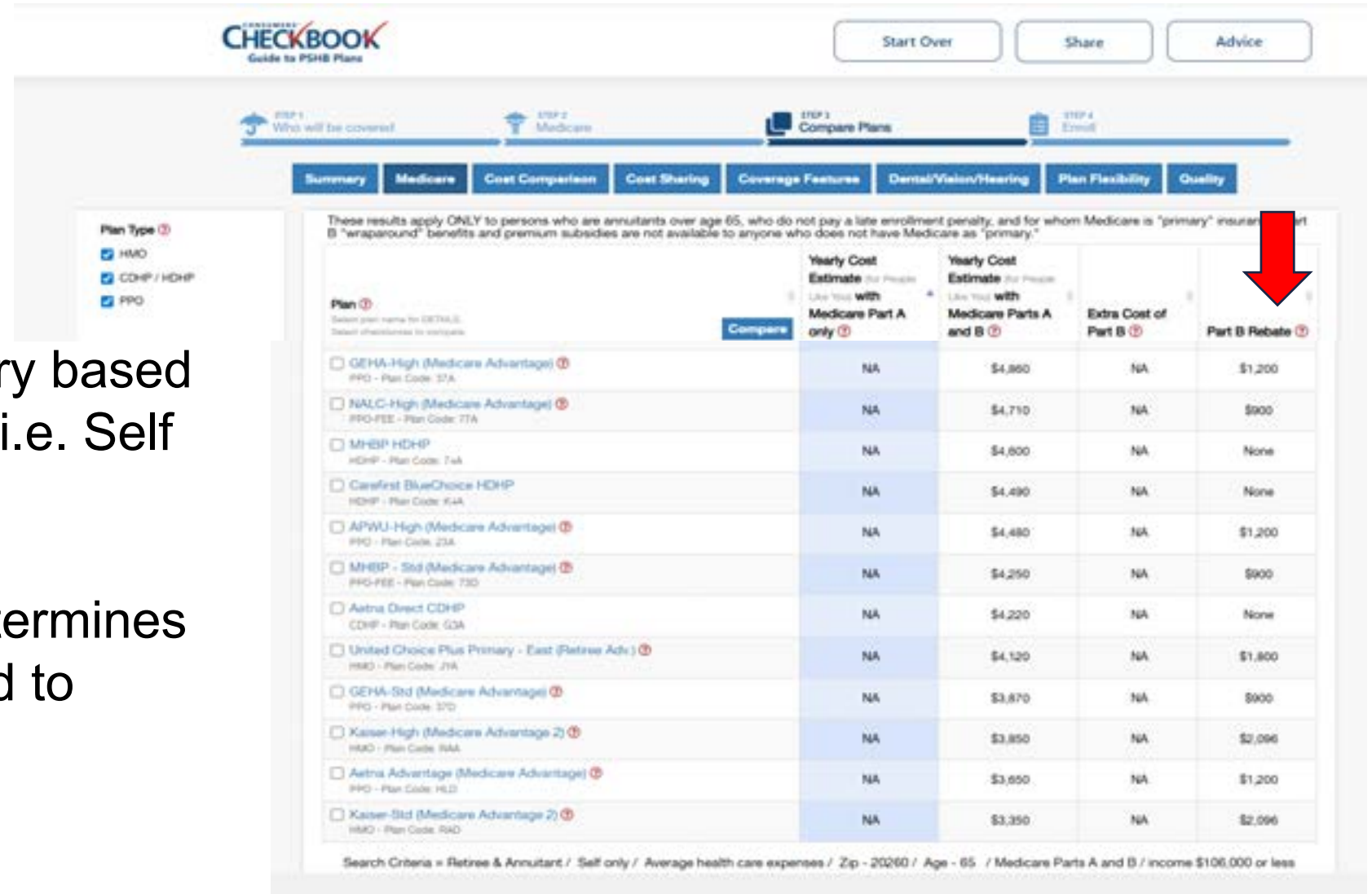
Annual Published Premium

\$1310 - \$10100

Plan

Plan	Yearly Cost Estimate (Estimate)	Most You Could Pay in a Year	Annual Published Premium	Overall Rating by Members
☐ Kaiser Prosper HMO - Plan Code: M00	\$3,200	\$5,310	\$1,310	NR
☐ Kaiser Std HMO - Plan Code: M00	\$3,380	\$5,530	\$2,030	
☐ NALC CDHP CDHP - Plan Code: 770	\$3,480	\$8,140	\$1,540	
☐ GEHA HDHP HDHP - Plan Code: 354	\$3,530	\$8,040	\$2,040	
☐ Blue Cross FEP Blue Focus PPO - Plan Code: 354	\$3,720	\$10,540	\$1,540	NR
☐ Kaiser High HMO - Plan Code: M00	\$3,840	\$5,180	\$2,930	
☐ GEHA Elevate PPO-FEE - Plan Code: 380	\$3,840	\$10,270	\$1,770	NR
☐ Aetna Direct CDHP CDHP - Plan Code: 334	\$3,940	\$7,970	\$1,970	
☐ CareFirst BlueChoice HDHP HDHP - Plan Code: K44	\$3,960	\$7,680	\$2,180	
☐ APWU CDHP CDHP - Plan Code: 230	\$4,120	\$8,600	\$2,100	
☐ MHBP HDHP HDHP - Plan Code: T44	\$4,150	\$8,460	\$2,460	
☐ MHBP Std PPO-FEE - Plan Code: T30	\$4,170	\$8,140	\$2,140	
☐ CareFirst BlueChoice Value Plus HMO-POS - Plan Code: K40	\$4,430	\$8,830	\$2,330	
☐ GEHA Std PPO-FEE - Plan Code: 370	\$4,500	\$8,430	\$1,930	

- Medicare Part B rebates are subject to change annually.
- Part B rebates may vary based on your coverage tier (i.e. Self Only or Self +1).
- Each PSHB carrier determines how rebates are issued to enrollees.



These results apply ONLY to persons who are annuitants over age 65, who do not pay a late enrollment penalty, and for whom Medicare is "primary" insurer. Part B "wraparound" benefits and premium subsidies are not available to anyone who does not have Medicare as "primary."

Plan	Yearly Cost Estimate (for People Like You with Medicare Part A only)	Yearly Cost Estimate (for People Like You with Medicare Parts A and B)	Extra Cost of Part B	Part B Rebate
☐ GEHA-High (Medicare Advantage) ① IPPO - Plan Code: 37A	NA	\$4,860	NA	\$1,200
☐ NALC-High (Medicare Advantage) ① IPPO-FEE - Plan Code: 77A	NA	\$4,710	NA	\$900
☐ MHBP HDHP HDHP - Plan Code: 74A	NA	\$4,800	NA	None
☐ Carefirst BlueChoice HDHP HDHP - Plan Code: K4A	NA	\$4,490	NA	None
☐ APWU-High (Medicare Advantage) ① IPPO - Plan Code: 23A	NA	\$4,480	NA	\$1,200
☐ MHBP - Std (Medicare Advantage) ① IPPO-FEE - Plan Code: 73D	NA	\$4,250	NA	\$900
☐ Aetna Direct CDHP CDHP - Plan Code: G3A	NA	\$4,220	NA	None
☐ United Choice Plus Primary - East (Retiree Adv) ① HMO - Plan Code: J1A	NA	\$4,120	NA	\$1,800
☐ GEHA-Std (Medicare Advantage) ① IPPO - Plan Code: 37D	NA	\$3,870	NA	\$900
☐ Kaiser-High (Medicare Advantage 2) ① HMO - Plan Code: 8AA	NA	\$3,850	NA	\$2,096
☐ Aetna Advantage (Medicare Advantage) ① IPPO - Plan Code: HLD	NA	\$3,650	NA	\$1,200
☐ Kaiser-Std (Medicare Advantage 2) ① HMO - Plan Code: RAD	NA	\$3,350	NA	\$2,096

Search Criteria = Retiree & Annuitant / Self only / Average health care expenses / Zip - 20260 / Age - 65 / Medicare Parts A and B / income \$106,000 or less

In 2027, you could save

\$2,000 or more

in health care premiums by moving to a plan that better fits your needs.

This Open Season is Your Opportunity!

Additional Resources

What are you looking for? Friday, October 3, 2025 at 4:51 PM

About Human Resources ▾ EEO Programs ▾ Employee Development ▾ Forms, Policy, Tools ▾ Hiring & Employment ▾ Pay & Benefits ▾ Retirement ▾ Safety & Labor ▾

MyPS / Pay & Benefits / Benefits / Postal Service Health Benefits

Postal Service Health Benefits

The Postal Service Health Benefits (PSHB) is a program exclusively for Postal Service employees, annuitants, and their covered family members, beginning January 1, 2025.

[Enroll in PSHB](#)



PSHB Information



PSHB Health Plan Options



PSHB Premiums

KeepingPosted.org
FOR RETIRED USPS EMPLOYEES



[Home](#) [News & reports](#) [Health benefits](#) [Tools](#) [Stay connected](#) [Resources](#)

Never stop learning

Did you know you can participate in free wellness webinars throughout the year?

[View the schedule »](#)

USPS Retiree E-Newsletter

[Sign up now »](#)

[View past issues](#)

Keeping Posted on Facebook

Visit Keeping Posted on Facebook. Like and follow us to get regular updates on the news you can use and answers to your questions.

Post-employment restrictions

[Learn what is permissible and not in retirement »](#)

LINK



USPS Informed Delivery now has its own app

Customers can track mail and packages from their mobile devices Posted 10/2/25 at 11:22 a.m. ET

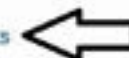
[All stories »](#)

[Archive »](#)

[Subscribe »](#)

Useful resources

- Beneficiary Forms
- Benefits Coverage of Same-Sex Spouses (OPM)
- LEADing Together
- Medicare Checkbook Presentation
- Office of Personnel Management (OPM)
- Open Season Information for USPS Annuitants
- Postmaster Reemployment FAQs
- PSHB Cost Savings for Medicare Enrollees
- PSHB Plan Crosswalk - Auto Enrollment Information
- PSHB Premium Rates
- PSHB Seminar Slide Deck
- PSHB Videos
- Social Security Administration



Delivering for America



Bird's eye view



The latest stamps

Look for Open Season mailers, such as flyers and postcards, arriving soon to your home.

November 9 – December 14

OPEN SEASON
OPEN POSSIBILITIES
Be Informed, Be Confident, Be Covered.

UNITED STATES POSTAL SERVICE®

Career Employee Options

- Medical
- Tax Savings
- Resources
- Education

CHOOSE YOUR 2027 OPTIONS
NOV 9-DEC. 14, 2026

Family Member Verification Annual Notice

This annual notification from the U.S. Office of Personnel Management (OPM) and the Postal Service requires you to review eligibility rules and verify that your family members are eligible to be covered under your Postal Service Health Benefits (PSHB) plan.

Please carefully review the following eligibility information, which is also available in the FEHB Program Handbook under "Family Members" at opm.gov/healthcare-insurance/healthcare/reference-materials/reference-family-members/.

Beginning this open season for plan year 2027, all federal agencies including the Postal Service must verify **all** open season elections in which a family member is added before the enrollment can be finalized. It is your responsibility to verify that covered family members are eligible and to work with the Human Resources Shared Services Center (HRSSC) or your PSHB carrier to remove any family members who become ineligible. In most cases, ineligible family members will not be removed automatically.

Note: Eligible Family Members and Acceptable Documentation Chart can be found on page 5.

2027 Benefits Programs

Benefits Programs	Open Season Enrollment Period	New Hires or Existing Employees with Qualifying Life Event (QLE) Can Enroll	To Enroll or Make Changes	Scan the Code for more information
Postal Service Health Benefits (PSHB) Program*	Nov. 9 – Dec. 14 (Ends 11:59 p.m. ET)	Within 60 days of hire, conversion to career or QLE date	<ul style="list-style-type: none"> Use the Postal Service Health Benefits System (PSHBS) at myhr.usps.gov Complete and return the SF 2809 Health Benefits Election form** 	
Annual Leave Exchange (ALE)	Nov. 9 – Dec. 14 (Ends 11:59 p.m. ET)	Only available during Open Seasons	<ul style="list-style-type: none"> Use PostalCare® at theblue.usps.gov Call 1-877-477-3273, option 1 	
Commuter Benefits Program	Make changes any time throughout the year	At any time	<ul style="list-style-type: none"> Go to myaccount.edmedbenefits.com or Call 888-235-9273 	
Flexible Spending Accounts (FSA)	Nov. 9 – Dec. 14 (Ends 11:59 p.m. ET)	Within 60 days of hire, conversion to career or QLE date	<ul style="list-style-type: none"> Log in to theblue.usps.gov Select "FSA." You will be redirected to Inspire Financial. Call 1-855-419-0305 Access the FSA enrollment application at https://myhr.usps.gov/pay_benefits/benefits/flexible_spending_accounts 	
Federal Employees Dental and Vision Insurance Program (FEDVIP)	Nov. 9 – Dec. 14 (Ends 11:59 p.m. ET)	Within 60 days of hire date or conversion to career date	<ul style="list-style-type: none"> Go to BENEFEDS.benefits.gov Call 1-877-888-3337 (TTY 1-877-688-5683) 	
Thrift Savings Plan (TSP)	Make changes any time throughout the year	Automatically enrolled with a 5 percent contribution	<ul style="list-style-type: none"> Use PostalCare® at theblue.usps.gov Go to myhr.usps.gov/retirement/thrift_savings_plan Call TSP at 1-877-966-3778 (TTY 1-877-847-4385) 	

To access applications via theblue.usps.gov and myhr.usps.gov, you will need your USPS employee identification number, password and PIN.

* A myhr.usps.gov account is required for PSHB and FEDVIP enrollment.

**Attach the necessary supporting documentation to avoid delays in processing enrollment.

2027 Benefits Programs

Open Season mailers, such as flyers and postcards will be arriving soon!

Please Enter Your Password
Verify your login information now so you can access and update your benefits without delays.

November 9 – December 14
OPEN SEASON
OPEN POSSIBILITIES
Be Informed. Be Confident. Be Covered.



OPEN SEASON IS HERE!

OPEN SEASON BEGINS: NOV 9
OPEN SEASON ENDS: DEC 14

November 9 – December 14
OPEN SEASON
OPEN POSSIBILITIES
Be Informed. Be Confident. Be Covered.

NEW FOR THIS YEAR
Any health enrollment that adds a family member requires immediate relationship verification.

Mastering Open Season Together!
Ready to explore your benefits? The Benefits and Wellness Team is here to guide you every step of the way! Through our interactive webinars and live virtual benefits fairs, you will get all the tools and insights you need to navigate Open Season with total confidence.

Webinars
Open Season 101 webinars will include information on:
• How your benefits work together
• How to find the best plan for your healthcare needs using Checkbook, the free online comparison tool
• Benefits changes for 2027

Live Virtual Benefits Fair
The live virtual benefits fair will include information on:

Health and Insurance	Financial Wellness	Employee Support
Postal Service Health Benefits (PSHB)	Post Savings Plan (PSP)	Employee Assistance Program (EAP)
LAPPS 401k for postal employees	Retirement planning	Employee debt
Medicare and Social Security	Flexible Spending Account through Inspira	University partnerships
Federal Employees Dental and Vision Insurance Program (FEDVIP)	Checkbook tool for PSHB	high.gov

There will be live presentations, and you will have the ability to listen to recorded presentations on demand. The virtual fairs website is accessible 24/7 at 2026psopenseasonbenefits.fair.com or scan the QR Code.

Participation in the events is voluntary. Non-exempt employees may only participate off the clock or during authorized breaks.

More Information
For more information about Open Season:
• Go to right.wps.gov/wps_benefits/benefitsopen_season_enrollment
• Text BENEFITS to 30303. Message and data rates may apply.

Open Season ends at 11:59 EST for FSA, USFSA and Annual Leave Exchange
Open Season ends at 11:59 EST for PSPB and FEDVIP

Make Every Dollar Go Further.
Start saving on everyday eligible expenses with a Flexible Spending Account.

November 9 – December 14
OPEN SEASON
OPEN POSSIBILITIES
Be Informed. Be Confident. Be Covered.



November 9 – December 14
OPEN SEASON
OPEN POSSIBILITIES
Be Informed. Be Confident. Be Covered.

The Five-Year Rule Could Affect Your Retirement Benefits

Be informed so you can retire with confidence!



Virtual Benefits Fair Schedule
Attend live presentations and connect with your Benefits and Wellness Team. The schedule is:

Nov. 1	1 P.M. – 3 P.M.	Open Season 101
Nov. 7	1 P.M. – 3 P.M.	Open Season 101
Nov. 9	11 P.M. – 3 P.M.	Live Day
Nov. 17	9 P.M. – 1 P.M.	Live Day
Nov. 21	1 P.M. – 3 P.M.	Open Season 101
Nov. 27	1 P.M. – 3 P.M.	Open Season 101
Dec. 2	11 A.M. – 3 P.M.	Live Day
Dec. 10	3 P.M. – 7 P.M.	Live Day
Dec. 14	11 A.M. – 1 P.M. 3 P.M. – 5 P.M.	Q&A Sessions

Open Season Ends
December 14, 2026

Don't miss the Deadline!

November 9 – December 14
OPEN SEASON
OPEN POSSIBILITIES
Be Informed. Be Confident. Be Covered.



USPS Open Season Virtual Benefits Fair

Join us for live sessions on the following dates:



Virtual Benefits Fair Schedule		
Open Season 101 webinar	Sunday, Nov. 1	1 – 3 P.M. (ET)
Open Season 101 webinar	Saturday, Nov. 7	1 – 3 P.M. (ET)
Live Virtual Day	Monday, Nov. 9	11 A.M. – 3 P.M. (ET)
Live Virtual Day	Tuesday, Nov. 17	9 A.M. – 1 P.M. (ET)
Open Season 101 webinar	Saturday, Nov. 21	1 – 3 P.M. (ET)
Open Season 101 webinar	Friday, Nov. 27	1 – 3 P.M. (ET)
Live Virtual Day	Wednesday, Dec. 2	11 A.M. – 3 P.M. (ET)
Live Virtual Day	Thursday, Dec. 10	3 – 7 P.M. (ET)
Live Q&A sessions with benefits specialists	Monday, Dec. 14	11 A.M. – 1 P.M. and 3 – 5 P.M. (ET)

Note: Participation is voluntary. Nonexempt employees may only participate off the clock or during authorized breaks.

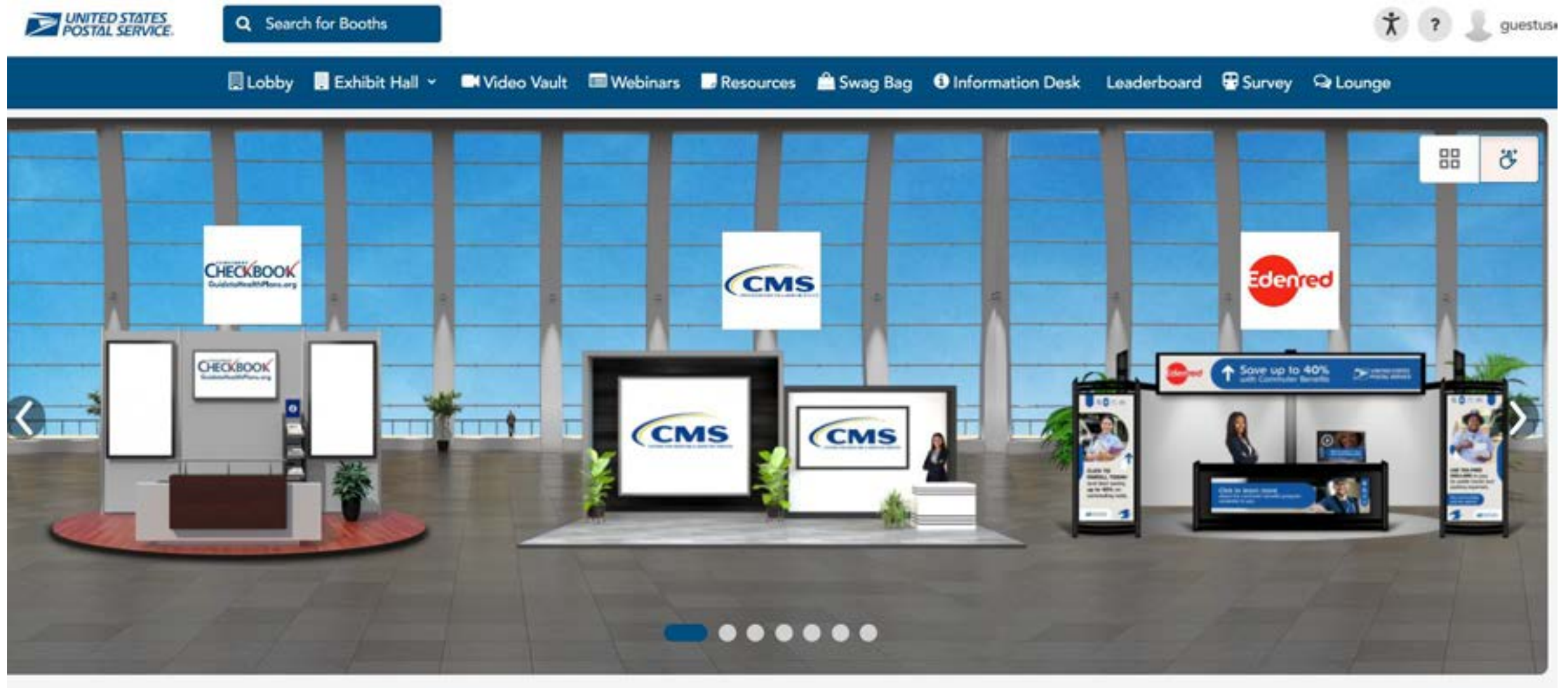
Visit 2026uspsopenseasonbenefits.vfairs.com to register.

Visit 2026uspsopenseasonbenefits.vfairs.com to register.



You can login now using your email to complete the Attendee Registration Form





- ❖ Employees can enroll in the Flexible Spending Account program during open season. This program allows employees to set aside pre-tax dollars to cover medical, dental, and some childcare expenses. On average employees that enrolled in FSA saved \$750* in taxes annually. Employees can carryover up to \$680 of 2026 Healthcare FSA into 2027, if they reenroll for the following plan year. Enrollment does not automatically rollover. Employees must re-enroll every year.
- ❖ The Annual Leave Exchange program runs during open season. Employees that meet the criteria are notified via mail and can exchange their advanced leave for cash. ALE is paid at the current pay rate at the time of payout.
- ❖ For 2026, eligible EAS employees who elect to participate in the Annual Leave Exchange program may now exchange up to 208 hours of their future year's AL.



*Estimated savings are based on an assumed combined federal and state income tax bracket of 30%. Actual savings will depend on your taxable income and tax status



Enrolling in Postal Service Health Benefits

Set up an account with Login.gov using your personal email address to view plans, compare, and enroll.



Take the Time to Evaluate Your Benefits Options

Use CHECKBOOK's Guide to Health Plans for Federal Employees to compare plans, costs, and services.



Manage and Save Your Money Today.

Find ways to reduce your bills and cut your discretionary spending to save more, including looking at your health insurance.



Sign Up for SMS Text Messaging!

Text messages will include important information related to benefits, wellness, financial education, and more.

Text **39369** of the updates you would like to receive:

- PSHBP** – For updates on the PSHB program
- BENEFITS** – For updates on benefits information
- RETIREE** - For annuitant related information
- PRECAREER-** For precareer related information
- SEMINAR-** For retirement seminar information

