2027 Rate Information

	Enrollment Code	Your Biweekly Share	Your Monthly Share
HDHP Self Only	K4A	$101.22	$219.31
HDHP Self + One	K4C	$202.44	$438.63
HDHP Self and Family	K4B	$240.50	$521.09
Blue Value Plus Self Only	K4D	$158.24	$342.85
Blue Value Plus Self + One	K4F	$263.59	$571.11
Blue Value Plus Self and Family	K4E	$383.52	$830.96

To learn more about 2027 postal service health benefits visit carefirst.com/pshbp or scan the QR code.

CareFirst BlueChoice

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CST7779 (10/26) ■ PSHB



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2027 PSHB Benefits Summary

Overview	BlueChoice Advantage HDHP Option	Blue Value Plus
HSA-compatible	✓	✗
Out-of-network benefits	✓	✗
Lowest monthly premium	✓	✗
BlueRewards + Flex Earnings	✓	✓
Cost	$	$$

In-network payments

	HDHP	Blue Value Plus
Deductible	Self Only: $1,750* Self + One/Self and Family: $3,500**	$0
Out-of-pocket maximum	Self Only: $7,500 Self + One/Self and Family: $15,000	Self Only: $8,500 Self + One/Self and Family: $17,000
Annual physical (preventive care)	$0 copay	$0 copay
Virtual doctor visit through CloseKnit	$0 copay	$0 copay
Primary care physician	$0 copay+	$15 copay
Specialists	$35 copay+	$50 copay
Chiropractic care (20 visits per year)	$35 copay+	$50 copay
Urgent care centers	$50 copay+	$50 copay
Emergency room	$300+ (waived if admitted)	$275 (waived if admitted)
Maternity (preventive)	$0 copay+	$0 copay
Inpatient hopsital	20% coinsurance	25% coinsurance++
Outpatient hospital	$300+	$200++
Surgery (ASC)	$100+	$150
Labs	$0 copay+	$30 copay
X-rays	$35 copay+	$50 copay

* The monthly $75 pass-through amount is added directly to your Health Savings Account.

** The monthly $150 pass-through amount is added directly to your Health Savings Account.

\+ Deductible applies.

++ There is a deductible for facility services rendered in an outpatient or inpatient hospital. The deductible is $500 for Self Only and $1,000 for Self + One and Self and Family.

[1] Select generics not subject to deductible

[2] Specialty drugs limited to 34-day supply for first fill and change in fills. Specialty drugs must be filled through CVS Specialty Pharmacy.

This is a summary for comparison purposes only and does not create rights not given through the benefit plan. Please refer to the 2027 BlueChoice brochure available at **carefirst.com/pshbp** for a comprehensive explanation of the coverage.

Pharmacy benefits

	HDHP	Blue Value Plus
PROGRAMS		
Retail Pharmacy Program	✓	✓
Mail Service Pharmacy Program	90 day supply through our mail order pharmacy program, and pay two (2) copays	
Annual deductibles	Combined medical and prescription drug deductible Self Only: $1,700 Self + One/ Self and Family: $3,400	Self Only: $100 Self + One/ Self and Family: $200
Drug Tiers	**Preventive Drugs:** $0, no deductible	**Preventive Drugs:** $0, no deductible
	Generics: $0, after deductible[1]	**Preferred Generics:** $10, no deductible
	Preferred Brand Name: $50, after deductible (insulin: $30, no deductible)	**Preferred Brand Name:** $50, after deductible (insulin: $30, no deductible)
	Non-preferred Brand Name: $75, after deductible (insulin: $30, no deductible)	**Preferred Generic Specialty:** $100, after deductible[2]
	Preferred Specialty: $100, after deductible[2]	**Preferred Brand Specialty:** $150, after deductible[2]
	Non-preferred Specialty: $150, after deductible[2]	n/a
	GLP-1s prescribed for weight loss: Deductible, then $200 for a 30-day supply. Deductible, then $400 for a 90-day supply.	

Earn up to $400 per year for healthy behaviors with our Blue Rewards program.

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