HMSA Plan for
Postal Service Employees

Here are some of your plan's benefits and your share of the costs.

Benefits	High Option Plan You Pay	Standard Option Plan You Pay
Annual deductible	None	$150 per person $300 per family
Annual out-of-pocket maximum Protection against catastrophic costs	$3,000 per person per year $9,000 per family per year (Some costs can't be applied to your maximum.)	$5,000 per person per year $10,000 per family per year (Some costs can't be applied to your maximum.)
Physician services		
Physician visits	$15	$20*
Lab and pathology	$0	30% of eligible charges*
X-rays	20% of eligible charges	30% of eligible charges
Hospital services		
Inpatient	$200 copayment per admission	30% of eligible charges
Outpatient	20% of eligible charges	30% of eligible charges
Emergency benefits (In area and out of area)		
Lab tests	$0	30% of eligible charges
Physician visits	$15	$20*
Emergency room facility and other emergency services	20% of eligible charges	30% of eligible charges
Mental health and substance abuse treatment		
Diagnostic, psychological, and lab tests	$0	30% of eligible charges
Professional services and medication management	$15	$20*
Inpatient admission	$200 per admission	30% of eligible charges
Partial hospitalization and outpatient facility	$0	30% of eligible charges
Prescription drugs		
Tier 1 (preferred generic)	$7	$7*
Tier 2 (nonpreferred generic and preferred brand)	$35	40% of eligible charge up to $100
Tier 3 (other brand)	$70	45% of eligible charge up to $600
Tier 4 (preferred specialty)	$160	30% of eligible charge up to $300
Tier 5 (nonpreferred specialty)	$320	45% of eligible charge up to $1,200
Dental care		
Annual exam and annual cleaning	No charge	Not a benefit
Fillings, extractions, root canal, anesthesia, and X-rays	30% of eligible charges	
Annual vision exam	20% of the eligible charges	30% of the eligible charges
Point-of-service benefits	Yes	Yes

* Deductible doesn't apply for Standard Option.

If you're a retired HMSA Plan for Postal Service Employees member and have Original Medicare, your HMSA plan will coordinate with Medicare. This means Medicare becomes your primary plan and pays first. Your HMSA plan will pay for services not covered by Medicare based on your plan benefits.

This is a summary of the features of the HMSA Plan. Before making a final decision, please read the Postal Service Plan Brochure (RI 73-916) and other plan documents at hmsa.com/postal. All benefits are subject to the definitions, limitations, and exclusions in the brochure.

2027 Rates

Type of Enrollment	Enrollment Code	Premium Rate			
		Biweekly		Monthly	
		Government Share	Your Share	Government Share	Your Share
High Option Self Only	M6A	$304.90	$101.63	$660.62	$220.20
High Option Self Plus One	M6C	$668.05	$222.68	$1,447.44	$482.48
High Option Self and Family	M6B	$685.40	$228.47	$1,485.04	$495.01
Standard Option Self Only	M6D	$194.52	$64.84	$421.46	$140.49
Standard Option Self Plus One	M6F	$426.16	$142.05	$923.34	$307.78
Standard Option Self and Family	M6E	$437.25	$145.75	$947.38	$315.79

These rates don't apply to all enrollees. If you're in a special enrollment category, please contact the agency or tribal employer that maintains your health plan enrollment.