2026 Postal Service Health Benefits Premiums

Plan	Option	Enrollment Code	Enrollment Type	*2026 Biweekly - Total Premium (for PSE after 1st Year/ Appointment*	**2026 Biweekly - Empl. Pays**	2026 Biweekly - Change in Empl. Payment	**2026 Monthly - Empl. Pays**	2026 Monthly - Change in Empl. Payment		
Health Maintenance Organization (HMO) Plans (for Michigan only)										
Aetna: CDHP and Value	Aetna HealthFund CDHP	GRA	Self	*$703.58*	**$398.94**	-$45.35	**$864.37**	-$98.26		
Aetna: CDHP and Value	Aetna HealthFund CDHP	GRB	Self & Family	*$1,604.90*	**$892.60**	-$100.47	**$1,933.96**	-$217.69		
Aetna: CDHP and Value	Aetna HealthFund CDHP	GRC	Self Plus One	*$1,589.03*	**$931.53**	-$99.61	**$2,018.32**	-$215.81		
Aetna: CDHP and Value	Aetna Value Plan	GRD	Self	*$578.19*	**$273.55**	$4.29	**$592.70**	$9.30		
Aetna: CDHP and Value	Aetna Value Plan	GRE	Self & Family	*$1,324.22*	**$611.92**	$12.95	**$1,325.82**	$28.05		
Aetna: CDHP and Value	Aetna Value Plan	GRF	Self Plus One	*$1,298.27*	**$640.77**	$12.17	**$1,388.34**	$26.38		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna Direct	G3A	Self	*$329.69*	**$82.42**	$6.50	**$178.58**	$14.08		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna Direct	G3B	Self & Family	*$831.44*	**$207.86**	$16.38	**$450.36**	$35.49		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna Direct	G3C	Self Plus One	*$723.04*	**$180.76**	$14.25	**$391.65**	$30.87		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna HealthFund HDHP	G3D	Self	*$500.27*	**$195.63**	$21.25	**$423.87**	$46.04		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna HealthFund HDHP	G3E	Self & Family	*$1,103.49*	**$391.19**	$48.43	**$847.58**	$104.93		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna HealthFund HDHP	G3F	Self Plus One	*$1,081.88*	**$424.38**	$46.96	**$919.49**	$101.75		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna Advantage	HLD	Self	*$250.13*	**$62.53**	-$1.97	**$135.49**	-$4.27		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna Advantage	HLE	Self & Family	*$662.81*	**$165.70**	-$5.23	**$359.02**	-$11.33		
Aetna: HDHP, Aetna Direct, Aetna Advantage	Aetna Advantage	HLF	Self Plus One	*$550.26*	**$137.56**	-$4.34	**$298.06**	-$9.40		
Health Alliance Plan of Michigan	High Option	J5A	Self	*$516.85*	**$212.21**	-$1.27	**$459.79**	-$2.75		
Health Alliance Plan of Michigan	High Option	J5B	Self & Family	*$1,261.10*	**$548.80**	$2.79	**$1,189.06**	$6.04		
Health Alliance Plan of Michigan	High Option	J5C	Self Plus One	*$1,188.74*	**$531.24**	$0.62	**$1,151.02**	$1.35		
Health Alliance Plan of Michigan	Standard Option	J5D	Self	*$312.94*	**$78.23**	$3.03	**$169.51**	$6.57		
Health Alliance Plan of Michigan	Standard Option	J5E	Self & Family	*$763.57*	**$190.89**	$7.40	**$413.60**	$16.03		
Health Alliance Plan of Michigan	Standard Option	J5F	Self Plus One	*$719.75*	**$179.94**	$6.98	**$389.86**	$15.10		
Fee for Service Plans										
APWU Health Plan	High Option	23A	Self	*$411.79*	**$107.15**	-$2.71	**$232.16**	-$5.87		
APWU Health Plan	High Option	23B	Self & Family	*$988.24*	**$275.94**	-$1.34	**$597.87**	-$2.90		
APWU Health Plan	High Option	23C	Self Plus One	*$864.71*	**$216.18**	$3.13	**$468.38**	$6.77		
APWU Health Plan	Consumer Driven Option	23D	Self	*See Right*	**$91.10**	$10.48	**$197.39**	$22.71	**$18.22**	***$91.11***
APWU Health Plan	Consumer Driven Option	23E	Self & Family	*See Right*	**$216.01**	$24.85	**$468.02**	$53.85	**$43.20**	***$216.01***
APWU Health Plan	Consumer Driven Option	23F	Self Plus One	*See Right*	**$198.00**	$22.77	**$429.01**	$49.35	**$39.60**	***$198.00***
	Denotes: Career Employee bi-weekly amount				**Greater than one (1) Yr in FEHB/PSHB Rate (for APWU Members) per PP**					
	Denotes: Retiree - Monthly Amount			*Identifies PSE / CDHP Amt (USPS pays 75%) for PSEs after their first year/appointment per PP*						
Blue Cross Blue Shield Service Benefit Plan	Basic Option	33A	Self	*$432.23*	**$127.59**	$13.47	**$276.45**	$29.19		
Blue Cross Blue Shield Service Benefit Plan	Basic Option	33B	Self & Family	*$1,069.82*	**$357.52**	$39.90	**$774.62**	$86.44		
Blue Cross Blue Shield Service Benefit Plan	Basic Option	33C	Self Plus One	*$971.34*	**$313.84**	$32.85	**$679.99**	$71.18		

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Blue Cross Blue Shield Service Benefit Plan	Standard Option	33D	Self	*$494.74*	**$190.10**	$15.97	**$411.89**	$34.61
Blue Cross Blue Shield Service Benefit Plan	Standard Option	33E	Self & Family	*$1,191.51*	**$479.21**	$43.78	**$1,038.29**	$94.86
Blue Cross Blue Shield Service Benefit Plan	Standard Option	33F	Self Plus One	*$1,081.92*	**$424.42**	$36.38	**$919.58**	$78.83
Blue Cross Blue Shield Service Benefit Plan	FEP Blue Focus	35A	Self	*$300.62*	**$75.15**	$15.98	**$162.83**	$34.62
Blue Cross Blue Shield Service Benefit Plan	FEP Blue Focus	35B	Self & Family	*$710.82*	**$177.70**	$37.78	**$385.03**	$81.86
Blue Cross Blue Shield Service Benefit Plan	FEP Blue Focus	35C	Self Plus One	*$646.26*	**$161.56**	$34.35	**$350.06**	$74.43
GEHA Employee Organization	High Option	37A	Self	*$468.15*	**$163.51**	$35.32	**$354.28**	$76.53
GEHA Employee Organization	High Option	37B	Self & Family	*$1,173.13*	**$460.83**	$95.61	**$998.46**	$207.15
GEHA Employee Organization	High Option	37C	Self Plus One	*$1,029.92*	**$372.42**	$79.38	**$806.91**	$171.99
GEHA Employee Organization	Standard Option	37D	Self	*$339.08*	**$84.77**	$10.41	**$183.67**	$22.56
GEHA Employee Organization	Standard Option	37E	Self & Family	*$900.74*	**$225.18**	$27.65	**$487.90**	$59.91
GEHA Employee Organization	Standard Option	37F	Self Plus One	*$729.05*	**$182.26**	$22.38	**$394.90**	$48.49
GEHA Employee Organization	High Deductible Health Plan	39A	Self	*$339.54*	**$84.88**	$6.28	**$183.92**	$13.63
GEHA Employee Organization	High Deductible Health Plan	39B	Self & Family	*$897.07*	**$224.27**	$16.61	**$485.91**	$35.99
GEHA Employee Organization	High Deductible Health Plan	39C	Self Plus One	*$730.02*	**$182.50**	$13.52	**$395.43**	$29.30
MHBP	MHBP Value Plan	73A	Self	*$281.62*	**$70.40**	$7.54	**$152.54**	$16.34
MHBP	MHBP Value Plan	73B	Self & Family	*$680.59*	**$170.15**	$18.23	**$368.65**	$39.50
MHBP	MHBP Value Plan	73C	Self Plus One	*$667.26*	**$166.81**	$17.87	**$361.43**	$38.72
MHBP	MHBP Standard Option	73D	Self	*$368.35*	**$92.09**	$9.87	**$199.52**	$21.38
MHBP	MHBP Standard Option	73E	Self & Family	*$856.01*	**$214.00**	$22.93	**$463.67**	$49.68
MHBP	MHBP Standard Option	73F	Self Plus One	*$847.87*	**$211.97**	$22.71	**$459.26**	$49.20
MHBP	Consumer Option	74A	Self	*$438.17*	**$133.53**	$39.10	**$289.32**	$84.72
MHBP	Consumer Option	74B	Self & Family	*$1,018.10*	**$305.80**	$86.38	**$662.56**	$187.16
MHBP	Consumer Option	74C	Self Plus One	*$969.63*	**$312.13**	$94.64	**$676.29**	$205.06
NALC Health Benefit Plan	High Option	77A	Self	*$425.78*	**$121.14**	$11.16	**$262.47**	$24.18
NALC Health Benefit Plan	High Option	77B	Self & Family	*$979.72*	**$267.42**	$29.00	**$579.41**	$62.83
NALC Health Benefit Plan	High Option	77C	Self Plus One	*$950.81*	**$293.31**	$27.23	**$635.51**	$59.01
NALC Health Benefit Plan	CDHP	77D	Self	*$268.43*	**$67.11**	$7.98	**$145.40**	$17.29
NALC Health Benefit Plan	CDHP	77E	Self & Family	*$660.86*	**$165.21**	$20.29	**$357.96**	$43.96
NALC Health Benefit Plan	CDHP	77F	Self Plus One	*$610.51*	**$152.63**	$18.75	**$330.69**	$40.61
Rural Carrier Benefit Plan	High Option	79A	Self	*$462.88*	**$158.24**	$11.73	**$342.86**	$25.42
Rural Carrier Benefit Plan	High Option	79B	Self & Family	*$1,012.56*	**$300.26**	$26.89	**$650.56**	$58.26
Rural Carrier Benefit Plan	High Option	79C	Self Plus One	*$964.00*	**$306.50**	$23.97	**$664.09**	$51.94

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