

What to do When Your Health Plan is Terminating Coverage in Your Area or Leaving the Postal Service Health Benefits (PSHB) Program

The following are four ways your PSHB plan may change. You may need to take an enrollment action depending on the type of change.

1. Plan leaves PSHB Program entirely.
2. Plan reduces its service area and eliminates its enrollment code.
3. Plan reduces its service area and keeps its enrollment code.
4. Plan eliminates an option (such as Standard or High).

Questions to Consider:

How will I know if my enrollment is affected?

You should have received a letter from your plan stating that it is either no longer participating in the PSHB Program, that it is no longer providing coverage in your area (and is eliminating or keeping the enrollment code), or that it is eliminating an option. See our [Open Season](#) website for additional information. You can contact your Human Resources (HR) office with additional questions.

What should I do if my enrollment is affected?

You may need to change your enrollment to another plan during Open Season, or during a time period set by OPM.

My plan is leaving the PSHB Program entirely. What happens if I don't change to another plan?

As a Postal employee, or annuitant, if your plan is leaving the PSHB Program and you do not change your enrollment, your employing agency will enroll you in the designated plan option as determined by OPM. Follow the instructions in the letter you receive from your plan or contact your HR office. See our [Open Season](#) website for additional information.

My plan is reducing its service area and eliminating my enrollment code.

What happens if I don't change to another plan?

If you are a Postal employee, or annuitant, and you do not change plans, you will be automatically enrolled into the designated plan option as determined by OPM. See our [Open Season](#) website for additional information.

My plan is reducing its service area where I live or work but not eliminating my enrollment code. What happens if I don't change to another plan?

You will only be covered in your area for emergency care services in the new plan year. You must travel to the plan's remaining service area to receive full coverage for your care.

My plan is eliminating my option. What happens if I don't change to a remaining option or to another plan?

You will be automatically enrolled into one of the plan's options that remain. If only a High Deductible Health Plan (HDHP) remains, you will be automatically enrolled into the designated plan option as determined by OPM. Please refer to the letter you receive from your plan for more information or contact your HR office.

If my High Deductible Health Plan (HDHP) is terminating coverage in my service area or is leaving the PSHB Program, what happens to my Health Savings Account (HSA) or my Health Reimbursement Arrangement (HRA)?

If you wish to continue contributing to your HSA, you must enroll in another HDHP. If you do not enroll in another HDHP, you are not eligible to make contributions to your HSA, but you may request withdrawals for qualified medical expenses. You should check [Internal Revenue Service](#) (IRS) guidance on use of HSA dollars for non-qualified medical expenses. You should contact your plan's HSA fiduciary before making decisions regarding your HSA.

Any unused HRA credits will be forfeited once the new plan you've elected becomes effective.

How do I change my enrollment to another plan?

To make changes to your enrollment, use the [Postal Service Health Benefits System](#) (PSHBS). If you need additional help, call 1-888-767-6738 to reach OPM's Retirement Services or 1-844-451-1261 to reach the Postal Service Health Benefits customer support line.

If you receive an annuity from another retirement system, [please read more about health benefits after retirement](#).

When does coverage under my current plan or option end and coverage under my new plan or option begin?

Your current plan or option will continue to provide benefits until the effective date of the new plan or option you've elected during Open Season or during the time period provided by OPM. There will be no gap in coverage. Open Season enrollment changes [take effect](#) the first day of January of the following year.

What are my rights if I'm pregnant or I have a chronic or disabling condition?

Under the [Patients' Bill of Rights](#), enrollees who are in any trimester of a pregnancy or who are seeing a specialist for a chronic or disabling condition have a right to continued treatment through the end of post-partum care or treatment for up to 90 days of care, as applicable, following notice that a health plan is leaving the PSHB Program.

How can I compare the different health plans available to me?

There are several resources available to help you compare plans:

Use the [PSHBS](#)

Consult [Consumers' Checkbook](#)

Review and compare available health plan Brochures

Where can I find Health Plan Brochures and Information?

[Postal employees and annuitants](#)

How do I find out if my doctor participates with the health plan?

Access to provider directories are available on our [plan information](#) webpage. Alternatively, you can call the plan directly.

I have supplemental coverage (i.e. dental) offered through my current PSHB plan. What happens to that coverage?

If your plan is terminating coverage in the service area or leaving the PSHB Program, any supplemental dental and/or vision coverage that you have through your PSHB plan will also terminate. The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers dental and vision insurance for eligible Postal employees and retirees. For more information, please read more about [dental and vision insurances](#).

Where can I go for more information on Open Season?

Postal employees can visit the [Open Season](#) page

The Open Season website will provide updated information by early November.

Who can I contact with additional questions?

If you have additional questions, you can contact your health plan directly or your local HR office.