

## Cover page

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# Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> Service Benefit Plan FEP<sup>®</sup> Blue Focus

[www.fepblue.org](http://www.fepblue.org)



## 2025

**A Fee-For-Service Plan (FEP Blue Focus) with a Preferred Provider Organization**

### IMPORTANT

- Rates: Back Cover [\[150\]](#)
- Changes for 2025: Page [16](#)
- Summary of Benefits: Page [142](#)

This Plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See PSHB Facts for details. This Plan is accredited. See Section 1.

**Sponsored and administered by:** The Blue Cross and Blue Shield Association and participating Blue Cross and Blue Shield Plans

**Who may enroll in this Plan:** Postal Employees and Annuitants

**Enrollment codes for this Plan:**

**35A FEP Blue Focus - Self Only**

**35C FEP Blue Focus - Self Plus One**

**35B FEP Blue Focus - Self and Family**

## PSHB

Authorized for distribution by the:



United States  
Office of Personnel Management

Healthcare and Insurance  
<http://www.opm.gov/insure>

**RI 71-025**

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