

2025

PSHB

# MHBP HEALTH PLANS



THREE PLANS, ONE MISSION.  
A HEALTHIER YOU.





“

**They've treated us like family.  
It's just been the right fit for us.”**

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**John G., MHBP member**

# PLANS THAT FIT YOU

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That's you, Postal Service employees – with 3 plan options, MHBP has a health plan that will fit your needs.

## MHBP provides plans with:



Outstanding plan satisfaction, per **OPM.gov** Consumer Satisfaction Survey Results.

**If you aren't happy, we aren't happy.**



A large, nationwide network of over 1.9 million capable care providers and hospitals.

**When you need care, it's never too far.**



No referrals required to see a specialist.

**No jumping through hoops to see the right doctor.**



Even more, MHBP is backed by Aetna®, a CVS Health® company – **a name you know and trust.**

## CONNECT WITH MHBP

To attend or register for a webinar or to schedule a one-on-one appointment, go to **MHBPPostal.com** and select 'Connect with Us Live' at the top of the page.



# STANDARD OPTION



## OVERVIEW

Low rates,  
rich benefits.



SCAN ME

If you are retired and have Medicare Parts A and/or B, please visit [MHBPPostal.com/Retiree](https://MHBPPostal.com/Retiree) or scan the QR code for additional benefit information.

## BENEFITS

- **No additional cost** MinuteClinic<sup>®</sup> visits at a CVS Pharmacy<sup>®</sup>
- **No additional cost** for telehealth services through Teladoc Health
- **No additional cost** for Lab Savings Program
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **No out-of-pocket costs** for maternity care
- Up to **\$350** in wellness rewards

# STANDARD OPTION

## BENEFITS AT-A-GLANCE

PLAN TYPES	FULL TIME POSTAL SERVICE EMPLOYEES (biweekly)
Self Only <sup>(73D)</sup>	\$82.22
Self Plus One <sup>(73F)</sup>	\$189.26
Self and Family <sup>(73E)</sup>	\$191.07

Second Term MHAs will NOT receive employer contributions for Standard Option, instead consider Consumer Option and Value Plan

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-023).

NETWORK BENEFITS	YOU PAY
Calendar year deductible	\$350 per person, limited to \$700 per Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for Non-Network out-of-pocket expenses	\$6,000 per person, limited to \$12,000 per Self Plus One or Self and Family enrollment
Preventive Care Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	\$0
Primary Care doctor office visits	\$20 copay (\$10 copay for dependents through age 21)
Specialist visits	\$30 copay
Walk-in clinic visits	\$5 copay
MinuteClinic® visits	\$0 <sup>††</sup>
<b>Alternative Care</b> (up to 40-visit combined maximum)	
Chiropractic care	\$20 copay per visit
Acupuncture services	10% of Plan allowance
Lab Savings Program	\$0 for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
Emergency room visits	\$200 copay* No deductible for accidental injury. Copay is waived if admitted to the hospital
Urgent care center visits	\$50 copay per visit
Hospital inpatient	\$200 copay per admission and 10% of Plan allowance for ancillary services
Maternity	\$0

### FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT [MHBPPPOSTAL.COM/RETIREE](http://MHBPPPOSTAL.COM/RETIREE)

Prescription drugs		30-day supply	90-day supply
		Generic	\$5
	Preferred brand <sup>†</sup>	30%; limited to \$200	\$80
	Non-preferred brand <sup>†</sup>	50%; limited to \$200	\$120

\* The calendar year deductible applies and must be met before benefits begin.

† Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

# CONSUMER OPTION (HDHP)



## OVERVIEW

A high deductible health plan (HDHP) with a health savings account (HSA) that's there when you need it.



SCAN ME

If you are retired and have Medicare Parts A and/or B, please visit [MHBPPostal.com/Retiree](https://MHBPPostal.com/Retiree) or scan the QR code for additional benefit information.

## BENEFITS

- **No additional cost** MinuteClinic® visits at a CVS Pharmacy®
- **No additional cost** for telehealth through Teladoc Health
- **No additional cost** for Lab Savings Program
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **Low copays** for most services after deductible is met

# CONSUMER OPTION (HDHP)

## BENEFITS AT-A-GLANCE

PLAN TYPES	FULL TIME POSTAL SERVICE EMPLOYEES (biweekly)
Self Only <sup>(74A)</sup>	\$94.43
Self Plus One <sup>(74C)</sup>	\$217.49
Self and Family <sup>(74B)</sup>	\$219.42

Fulltime Regular Mail Handlers and Second Term MHAs receive employer contributions for Consumer Option. For MHA rates, please see the separate insert.

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 73-935).

Plan contribution to your HSA	\$1,200 Self Only; \$2,400 Self Plus One or Self and Family
NETWORK BENEFITS	YOU PAY
Calendar year deductible	\$2,000 per Self Only enrollment; \$4,000 per Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for Non-Network out-of-pocket expenses	\$6,000 per person, limited to \$12,000 per Self Plus One or Self and Family enrollment
Preventive care Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	\$0
Primary Care doctor office visits	\$15 copay*
Specialist Visits	\$15 copay*
Walk-in clinic visits	\$5 copay*
MinuteClinic® visits	\$0**
<b>Alternative Care</b> (up to 40-visit combined maximum)	
Chiropractic care	\$15 copay per visit*
Acupuncture services	\$15 copay per visit*
Lab Savings Program	\$0* for covered lab tests when Labcorp or Quest Diagnostics® performs the testing*
Emergency room visits Copay is waived if you are admitted to the hospital	\$50 copay*, copay is waived if you are admitted to the hospital
Urgent care center visits	\$50 copay*
Hospital inpatient	\$75 copay per day up to \$750 maximum per admission*

### FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT [MHBPPOSTAL.COM/RETIREE](http://MHBPPOSTAL.COM/RETIREE)

		30-day supply	90-day supply
Prescription drugs	Generic	\$10	\$20
	Preferred brand <sup>†</sup>	30%; limited to \$200	\$80
	Non-preferred brand <sup>†</sup>	50%; limited to \$200	\$120

\* The calendar year deductible applies and must be met before benefits begin.

† Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

\*\* Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

To open an HSA, you must meet certain Internal Revenue Service eligibility requirements. If you don't, let us know by calling 1-833-497-2416 (TTY: 711). You can enroll in a similar plan called HDHP with HRA. See the official brochure at [MHBPPostal.com](http://MHBPPostal.com) to learn more.

# VALUE PLAN



## OVERVIEW

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Simple, affordable coverage to protect you from the unexpected.



SCAN ME

If you are retired and have Medicare Parts A and/or B, please visit [MHBPPostal.com/Retiree](https://MHBPPostal.com/Retiree) or scan the QR code for additional benefit information.

## BENEFITS

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- **No additional cost** MinuteClinic® visits at a CVS Pharmacy®
- **No additional cost** for telehealth through Teladoc Health
- **No additional cost** for Lab Savings Program
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **No out-of-pocket costs** for maternity care
- Up to **\$300** in wellness rewards



# VALUE PLAN

## BENEFITS AT-A-GLANCE

PLAN TYPES	FULL TIME POSTAL SERVICE EMPLOYEES (biweekly)
Self Only <sup>(73A)</sup>	<b>\$62.86</b>
Self Plus One <sup>(73C)</sup>	<b>\$148.94</b>
Self and Family <sup>(73B)</sup>	<b>\$151.92</b>

Fulltime Regular Mail Handlers and Second Term MHAs receive employer contributions to Value Plan. For MHA rates, please see the separate insert.

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-023).

NETWORK BENEFITS	YOU PAY
Calendar year deductible	<b>\$600</b> per person, limited to <b>\$1,200</b> per Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,600</b> Self Only, <b>\$13,200</b> Self Plus One or Self and Family enrollment
Preventive care Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>\$0</b>
Primary Care doctor office visits	<b>\$30</b> copay ( <b>\$10</b> copay for dependents through age 21)
Specialist visits	<b>\$50</b> copay*
Walk-in clinic visits	<b>\$15</b> copay ( <b>\$5</b> copay for dependents through age 21)
MinuteClinic® visits	<b>\$0<sup>††</sup></b>
<b>Alternative Care</b> (up to 40-visit combined maximum)	
Chiropractic care	<b>20%</b> of Plan allowance
Acupuncture services	<b>20%</b> of Plan allowance
Lab Savings Program	<b>\$0</b> for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
Emergency room visits	<b>20%</b> of Plan allowance*
Urgent care center visits	<b>20%</b> of Plan allowance
Hospital inpatient	<b>20%</b> of Plan allowance*
Maternity	<b>\$0</b>

### FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT [MHBPOSTAL.COM/RETIREE](http://MHBPOSTAL.COM/RETIREE)

Prescription drugs		30-day supply	90-day supply
		Generic	<b>\$10</b>
	Preferred brand <sup>†</sup>	<b>45%</b> ; limited to <b>\$300</b>	<b>45%</b> up to <b>\$300</b>
	Non-preferred brand <sup>†</sup>	<b>75%</b> ; limited to <b>\$500</b>	<b>75%</b> up to <b>\$700</b>

\* The calendar year deductible applies and must be met before benefits begin.

† Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

# MHBP DENTAL AND VISION PLANS

It's easy to enhance your medical coverage with a dental and/or vision plan. All PSHB members are eligible to add this optional coverage at affordable group rates.\* In fact, you can add a Dental and/or Vision plan even if you're not enrolled in an MHBP health plan. Enroll anytime — not just during Open Season.

## MHBP DENTAL PLAN

### Your dental benefits include:

- Preventive Care covered 100% twice a year.
- Basic Services,\*\* such as fillings and extractions, covered at 70% for the first 12 months and 80% thereafter.
- Major Services,\*\* such as root canals and crowns, covered at 50% starting at the 13th month.
- Orthodontic benefits\*\* for members age 18 and under begin the 25th month of coverage.

*For premium information please visit*  
**[MHBPPostal.com/Dental](https://MHBPPostal.com/Dental)**

## MHBP VISION PLAN

### Get affordable vision coverage for low monthly premiums: **\$8.60 for Self Only and \$16.00 for Self and Family.**

- Eye exams and lenses every 12 months for just a \$10 copay each.
- \$120 for frames (every 24 months) or contact lenses (every 12 months).
- Nationwide coverage for eye exams, frames and lenses, contacts, laser vision correction discounts and more.

**Call 1-800-254-0227 (TTY: 711)**  
or visit **[MHBPPostal.com](https://MHBPPostal.com)** to learn more and enroll.

## ENROLL IN DENTAL AND VISION PLANS ANYTIME!

You don't need MHBP medical coverage to sign up. Learn more at **[MHBPPostal.com](https://MHBPPostal.com)**

\* MHBP Dental and Vision Plans are available to U.S. residents only. Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). These benefits are neither offered nor guaranteed under contract with PSHB program but are made available to all PSHB program enrollees and their covered family members. Vision coverage provided by First Health Life & Health Insurance Company, Cambridge Life Insurance Company or Vision Service Plan, Inc. These benefits are neither offered nor guaranteed under contract with the PSHB, but are made available to all PSHB enrollees and their covered family members. You cannot file an PSHB disputed claim about them. The premiums and fees you pay for these services do not count toward PSHB deductibles or out-of-pocket maximums.

\*\* For dental coverage, the annual deductible applies (\$50 per person, \$150 per family) and the annual benefit maximum is \$2,000 per person per calendar year. Orthodontic benefits are limited to \$1,000 per person per lifetime. After the first year, premiums are subject to change with 60 days' notice. Coverage will not begin without payment of premium, and it is renewable as long as your premiums are paid, the Master Group Policy remains in force, and you remain eligible for this coverage. The dental PPO network is made available by Guardian Life Insurance Company of America. Benefits are not provided for services rendered outside the 50 United States and the District of Columbia.

# BENEFITS YOU'LL ACTUALLY USE

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We're raising quality standards, while keeping comparably low rates. It's what postal employees deserve, after all.

## **NO ADDITIONAL COST\***

Telehealth visits  
through  
Teladoc Health

## **up to \$300-\$350\*\***

in wellness  
rewards

## **NO ADDITIONAL COST\***

lab work with  
Quest Diagnostics®  
or LabCorp®

## **ADDITIONAL ALTERNATIVE CARE VISITS\***

40 chiropractic and  
acupuncture visits  
combined

## **READY TO TALK?**

visit  
[MHBPPostal.com/Live](https://MHBPPostal.com/Live)  
to schedule your  
one-on-one appointment  
or call **1-833-497-2416**  
(TTY: 711)

## **WORLDWIDE COVERAGE**

Access to care with  
providers all over  
the globe

## **NO ADDITIONAL COST**

Nurseline services

## **100%\***

coverage for network  
maternity care

## **DEDICATED CUSTOMER SERVICE TEAM**

exclusively to  
MHBP members

\* Consumer Option must meet their deductible first.

\*\* Does not apply to Consumer Option.



## EVALUATING A HEALTH PLAN

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As you research health plans, it's important to look for the best value. Don't get caught up on the plan name (such as High or Standard Option). Value is a balance of many factors, including your choice of health care providers, benefit levels for services that are most important to you, the premiums and other costs you pay and what's convenient for you.

### **PROVIDER CHOICE**

*Is my doctor in the network?*

*Is access available where I need it?*

Determine if you need a plan with local or national coverage. If you travel frequently or have children away in college, you may want a national/international health plan.

Confirm your doctor's participation in the

network by calling the health plan and the provider before you enroll.

Review any requirements the plan may have for getting care through a specialist, such as getting a referral.

Choose providers that participate in your health plan's network. You will maximize your benefits and save money.

## COVERAGE

### *What services/expenses do my benefits cover, and what do I need?*

Read the health plan information and benefit descriptions (official Plan Brochure) to learn what medical expenses and services are covered by the plans you are considering.

Check coverage for any professional services of a primary care provider or specialist you may need.

Consider how often you expect to need the services that are most important to you. Review any limitations or exclusions for the services you may need. Plan exclusions are listed in the official Plan Brochure.

Review the plan's drug formulary to determine if the medications you take are covered and how much they will cost you. A formulary is a list of prescription drugs that are preferred by your health plan based on safety, effectiveness and cost.

If you have Medicare, TRICARE or any other health plan coverage, learn how the plans coordinate benefits.

Make a list of the medical services you will need and call the plan(s) you are considering to confirm what is covered. It's important to select a plan with benefits that best meet your needs.

## COST

### *How much will I have to pay?*

When trying to predict your annual health care costs, you want to look at five key elements: premium, deductible, copayment, coinsurance and the catastrophic protection limit.

**Premium** — The amount you pay for your coverage, deducted from your biweekly paycheck. Premiums can vary across the benefit plans offered to you.

**Deductible** — The amount you must pay for health care before your health plan begins to pay. Deductibles typically apply on a per-calendar-year basis and can change from year to year.

**Copayment** — A fixed dollar amount that you pay as your share of the cost of medical services you receive (for example, \$20 for a doctor's office visit).

**Coinsurance** — A percentage of the cost you pay as your share of the medical services you receive (for example, 20% of the cost of a lab test).

**Catastrophic protection limit** — The maximum amount for certain covered charges you have to pay out of your pocket during the year. Setting a maximum amount protects you. Separate limits are usually applied on a per-person and per-family basis.

As you consider cost, keep in mind the services you use most often and the services that you have or want. Also consider any other coverage you may have that provides medical, mental health and prescription drug benefits. This will give you a good indication of your potential out-of-pocket costs.

## SERVICE

### *Will this health plan be there for me?*

Contact the plan you are considering before you become a member to experience their customer service. When you call, you can assess how easy it is to reach a real person and get answers to your questions. If your co-workers are enrolled in the health plan you are considering, ask them about their experience. Tools to help you evaluate health plan quality and service are available at

**OPM.gov/Healthcare-Insurance**



**Good service is an essential element of your health plan experience.**

Choose a plan that has knowledgeable service representatives who are able to answer your questions.



# SHOP. COMPARE. CHOOSE MHBP.

How do you select the best plan for you and your family? Choice is good a thing, but choosing isn't always easy. And you want to make the best decision. So start by determining what's most important to you:

- What kinds of medical services will I need this year?
- Do my current benefits meet my medical needs?
- Are there upcoming life events that could impact my coverage?
- Does my plan's selection of Network providers meet my needs?
- Are my total out-of-pocket costs (premium, deductibles, copayments and coinsurance) manageable?
- Does my plan's customer service meet my expectations?

Now that you have a feel for what you need for the coming year, use this guide to compare MHBP Standard Option to your current plan or to another health plan. Fill in the blanks for your current health plan — and for any other plans you may be considering. Add in other features that are important to you. Then compare the results. See which plan is the best fit for your health needs.

## RETIRING SOON?

Check out how MHBP can work for retirees at [MHBPPostal.com/Retiree](https://MHBPPostal.com/Retiree)

If you have questions about MHBP, call **1-833-497-2416 (TTY: 711)**, 24 hours a day, 7 days a week except certain holidays.



SCAN ME

# STANDARD OPTION COMPARISON CHART

PLAN FEATURES TO COMPARE		MHBP PLAN	CURRENT PLAN
		<b>Full time postal service employees</b>	
<b>2025 Premium</b> (Biweekly)*	<b>Self Only</b> <sup>(73D)</sup>	<b>\$82.22</b>	
	<b>Self Plus One</b> <sup>(73F)</sup>	<b>\$189.26</b>	
	<b>Self and Family</b> <sup>(73E)</sup>	<b>\$191.07</b>	
<b>Deductible</b>		<b>\$350</b> Self <b>\$700</b> Self Plus One or Self and Family	
<b>NETWORK BENEFITS</b>			
<b>Teladoc Health</b>		<b>\$0</b>	
<b>Lab Savings Program</b>		<b>\$0</b> for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing	
<b>Primary Care visit</b>		<b>\$20</b> copay ( <b>\$10</b> copay for dependents through age 21)	
<b>Specialist visit</b>		<b>\$30</b> copay	
<b>Referral needed for Specialist visit</b>		<b>No</b>	
<b>Preventive care</b>		<b>\$0</b>	
<b>Maternity care</b>		<b>\$0</b>	
<b>Walk-in clinic visit</b>		<b>\$5</b> copay	
<b>MinuteClinic® visits</b>		<b>\$0<sup>††</sup></b>	
<b>Generic prescription</b>		<b>\$5</b> copay	
<b>Surgical procedures</b>		<b>10%</b> of the Plan's allowance**	
<b>SERVICE AND SPECIAL FEATURES</b>			
<b>Wellness rewards</b>		up to <b>\$350</b> /year	
<b>Nationwide network with the doctors and hospitals I need</b>		Over <b>1.9 million</b> providers nationwide plus worldwide coverage	
<b>Non-network benefits also available</b>		<b>Yes</b>	
<b>Customer service available 24/7, except major holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\* Other rates available at [MHBPPostal.com](https://www.mhbppostal.com)

\*\* The calendar year deductible applies and must be met before benefits begin.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

# CONSUMER OPTION (HDHP)

## COMPARISON CHART

PLAN FEATURES TO COMPARE		MHBP PLAN	CURRENT PLAN
		<b>Full time postal service employees</b>	
<b>2025 Premium</b> (Biweekly)*	<b>Self Only</b> (74A)	<b>\$94.43</b>	
	<b>Self Plus One</b> (74C)	<b>\$217.49</b>	
	<b>Self and Family</b> (74B)	<b>\$219.42</b>	
Plan contribution to HSA		<b>\$1,200</b> Self Only, <b>\$2,400</b> Self Plus One and Self Plus Family	
Deductible		<b>\$2,000</b> Self Only and <b>\$4,000</b> Self Plus One or Self and Family	
<b>NETWORK BENEFITS**</b>			
Teladoc Health		<b>\$0</b>	
Lab Savings Program		<b>\$0</b> for covered lab tests when Labcorp or Quest Diagnostics® performs the testing	
Primary Care visit		<b>\$15</b> copay	
Specialist visit		<b>\$15</b> copay	
Referral needed for Specialist visit		<b>No</b>	
Preventive care		<b>\$0</b> (deductible does not apply)	
Maternity care		<b>\$0</b>	
Walk-in clinic visit		<b>\$5</b> copay	
MinuteClinic® visit		<b>\$0<sup>††</sup></b>	
Generic prescription		<b>\$10</b> copay	
Surgical procedures		<b>\$150</b> copay per occurrence	
<b>SERVICE AND SPECIAL FEATURES</b>			
Diabetic incentive program		<b>\$75</b>	
Wellness rewards		<b>NA</b>	
Nationwide network with the doctors and hospitals I need		Over <b>1.9 million</b> providers nationwide plus worldwide coverage	
Non-network benefits also available		<b>Yes</b>	
Customer Service available 24/7, except major holidays		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\*Other rates available at [MHBPPostal.com](https://www.mhbppostal.com)

\*\*The calendar year deductible applies and must be met before benefits begin.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.



# VALUE PLAN COMPARISON CHART

PLAN FEATURES TO COMPARE		MHBP PLAN	CURRENT PLAN
		<b>Full time postal service employees</b>	
<b>2025 Premium</b> (Biweekly)*	<b>Self Only</b> (73A)	<b>\$62.86</b>	
	<b>Self Plus One</b> (73C)	<b>\$148.94</b>	
	<b>Self and Family</b> (73B)	<b>\$151.92</b>	
<b>Deductible</b>		<b>\$600</b> Self Only and <b>\$1,200</b> Self Plus One or Self and Family	
<b>NETWORK BENEFITS</b>			
<b>Teladoc Health</b>		<b>\$0</b>	
<b>Lab Savings Program</b>		<b>\$0</b> for covered lab tests when Labcorp or Quest Diagnostics® performs the testing	
<b>Primary Care visit</b>		<b>\$30</b> copay ( <b>\$10</b> copay for dependents through age 21)	
<b>Specialist visit</b>		<b>\$50</b> copay**	
<b>Referral needed for Specialist visit</b>		<b>No</b>	
<b>Preventive care</b>		<b>\$0</b>	
<b>Maternity care</b>		<b>\$0</b>	
<b>Walk-in clinic visit</b>		<b>\$15</b> copay for adults <b>\$5</b> copay for dependents through age 21	
<b>MinuteClinic® visit</b>		<b>\$0<sup>††</sup></b>	
<b>Generic prescription</b>		<b>\$10</b> copay	
<b>Surgical procedures</b>		<b>20%</b> of the Plan's allowance**	
<b>SERVICE AND SPECIAL FEATURES</b>			
<b>Wellness rewards</b>		Up to <b>\$300</b>	
<b>Nationwide network with the doctors and hospitals I need</b>		Over <b>1.9 million</b> providers nationwide plus worldwide coverage	
<b>Non-network benefits also available</b>		<b>Yes</b>	
<b>Customer Service available 24/7, except major holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\*Other rates available at [MHBPPostal.com](http://MHBPPostal.com)

\*\*The calendar year deductible applies and must be met before benefits begin.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

**YOUR PLAN  
STARTS WITH YOU.**



# ENROLLING IN PSHB

Newly eligible employees generally have 60 days to enroll in a health plan. If you don't make an election, you are considered to have declined coverage. Your next enrollment opportunity will be Open Season unless you have a qualifying life event, such as marriage or the birth of a child, that may make you eligible to enroll or change your PSHB coverage outside of Open Season. During Open Season, anyone eligible to participate in the PSHB Program may enroll, change health plans or options or cancel their PSHB enrollment.



**Existing postal service employees who do not choose a plan during Open Season will be automatically enrolled into a same or similar plan for 2025 as their FEHB plan.**

Consult your USPS human resources office or visit [OPM.gov/Healthcare-Insurance](https://www.opm.gov/Healthcare-Insurance) for more information about qualifying life events and details about Open Season.

## HOW TO ENROLL

- 1 START** by selecting the enrollment code for the level of coverage you need. For your reference, below are the enrollment codes for MHBP.
- 2 ENROLL** - Postal Service employees enroll using a new PSHB enrollment system. Please visit [MHBPPostal.com/enroll](https://mhbppostal.com/enroll) for information.  
You can find additional details, instructions and links to online enrollment systems at [OPM.gov/Healthcare-Insurance/Healthcare/Enrollment](https://www.opm.gov/Healthcare-Insurance/Healthcare/Enrollment)
- 3 RECEIVE** confirmation of enrollment from your chosen plan. MHBP will send you a welcome package that will include your health plan ID card and other information to help you successfully manage your coverage.

PLAN	TYPE	CODE
STANDARD OPTION	Self Only	73D
	Self Plus One	73F
	Self and Family	73E
CONSUMER OPTION	Self Only	74A
	Self Plus One	74C
	Self and Family	74B
VALUE PLAN	Self Only	73A
	Self Plus One	73C
	Self and Family	73B

# RETIRING SOON?

Check out how MHBP can work for retirees at [MHBPPostal.com/Retiree](https://MHBPPostal.com/Retiree)

HIGH STANDARDS.  
LOW RATES.



You can't put a clock on your needs for health care and for answers. So, I can reach out at any time during the day and get the service that I need."

**Michael H., MHBP member**



Call **1-833-497-2416 (TTY: 711)**, or visit [MHBPPostal.com/Live](https://MHBPPostal.com/Live) for one-on-one consultations, live chat and webinars.

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Information is accurate as of the production date but may change.

This is a brief description of the features of the MHBP Plans. Before making a final decision, please read the official Plan Brochures (RI 71-023 or RI 73-935). All benefits are subject to the definitions, limitations and exclusions set forth in the 2025 official Plan Brochures. A single annual \$52 associate membership fee makes all MHBP plans available to postal workers who are not members of the NPMHU.

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