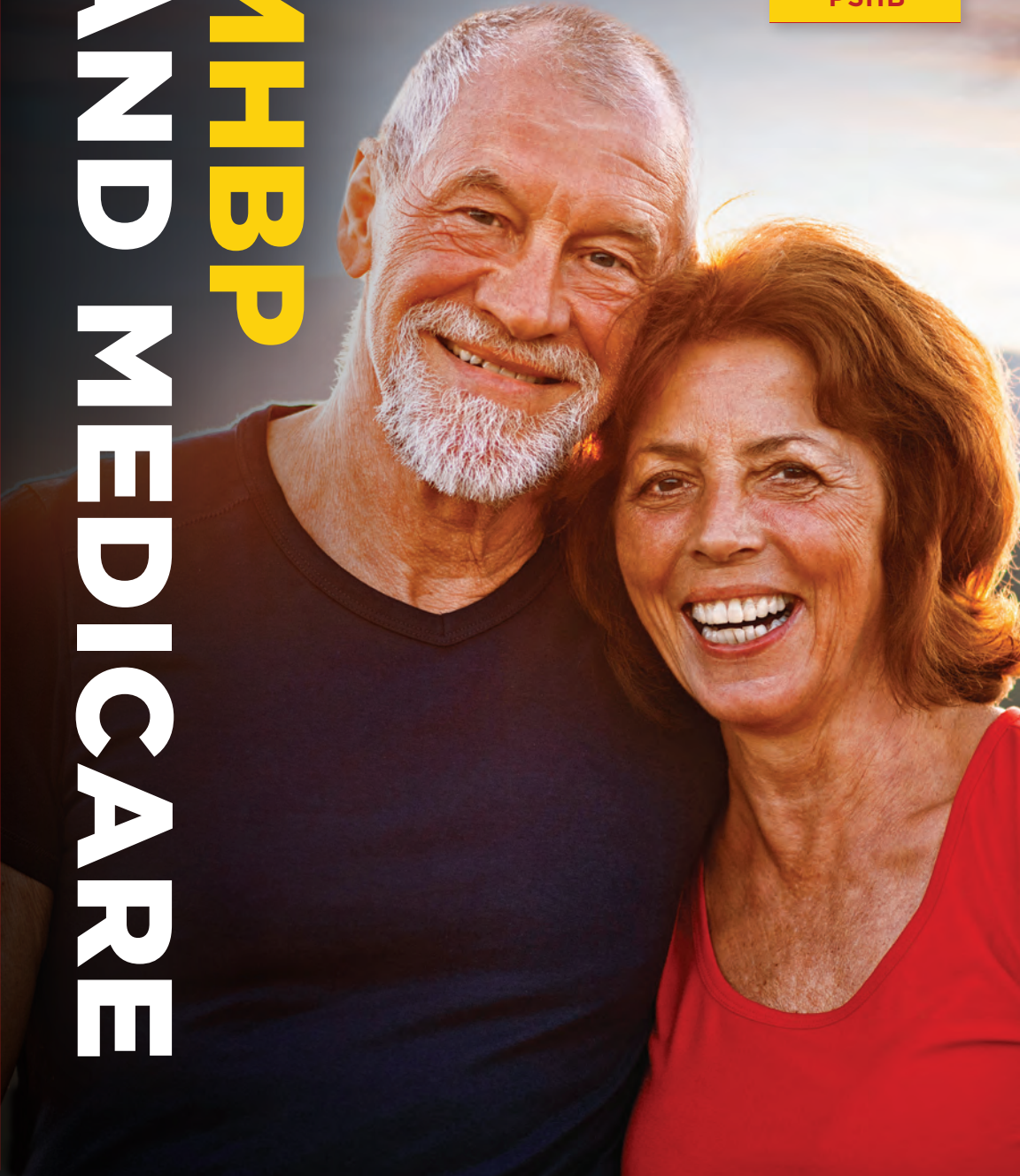


2025

PSHB

MHBP AND MEDICARE



MHBP HEALTH AND
PRESCRIPTION DRUG PLANS
FOR POSTAL SERVICE RETIREES



MHBP AND MEDICARE...

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**YOU'VE
EARNED IT.**

COVERAGE THAT FITS YOU.



What is Medicare?

At first glance, Medicare may seem like a lot to figure out, especially since you keep your PSHB coverage after you retire. But think of it this way—your PSHB plan has deductibles and coinsurance, which you pay out of pocket. Original Medicare does too.

With Aetna Medicare Advantage for MHBP Standard Option, your coinsurance and deductibles could be lowered to \$0 for most medical expenses. When you're enrolled in Original Medicare, that's how these plans work. It's also possible to decrease your out-of-pocket medical expenses, as well as your monthly Part B premiums.

So, let's close the loop on Medicare with a brief description of its parts. Keep in mind, this does not consider your PSHB plan.

MEDICARE PART A = Hospital insurance



Covers most in-patient medical expenses like hospital stays and home health care. Generally, no premium is required. But with Original Medicare there is a deductible before any hospitalization costs are covered. Parts A and B are considered Original Medicare.

MEDICARE PART B = Medical insurance



Covers doctor visits, durable medical equipment, outpatient procedures and lab services. Most people pay a monthly premium and a deductible before Medicare covers services. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services. Parts A and B are considered Original Medicare.

MEDICARE PART C = Medicare Advantage



Part C is offered by private insurance companies and is approved by Medicare. It may offer more benefits at a lower cost than Original Medicare. You must sign up for Part A and Part B before enrolling in Medicare Part C. These plans are also now offered through PSHB with plans like the Aetna Medicare Advantage plan.

MEDICARE PART D = Prescription Drug Plan



Part D is offered by private insurance companies and helps pay prescription drug costs. It's included in some Medicare Advantage plans or can be added to Original Medicare coverage. When you're retired with Medicare Parts A and B, your PSHB health plan will include a Part D prescription drug plan unless you enroll in a PSHB Medicare Advantage plan with Part D. The Part D plans under the PSHB Program have lower copays to help you save.

Aetna Medicare Advantage for MHBP can help lower your medical and prescription out-of-pocket costs and reduce your Part B premium.

WHAT DO I NEED TO **KNOW** ABOUT MEDICARE ENROLLMENT?

There are several specific periods that allow you to enroll in Original Medicare. These periods consider different circumstances. The first two are without penalty. The third would be considered late-enrollment which could increase your costs significantly.



1. Initial Enrollment Period (IEP)

For most people, the Medicare enrollment period opens three months before the month you turn 65 and ends three months after your birthday month. You can apply online at [SocialSecurity.gov](https://www.SocialSecurity.gov) or enroll at your local Social Security office.

2. Special Enrollment Period (SEP)

After your IEP ends, you may still sign up for Medicare if you meet the criteria for a Special Enrollment Period.

If you are still working and you're covered under a group health plan (usually through your employer), you have an 8-month SEP to sign up. This SEP begins with whichever comes first:

- **The month after your employment ends**
- **The month after the group health plan insurance ends**

Usually, you don't pay a late enrollment penalty if you sign up during a SEP.

3. General Enrollment Period (GEP)

Between January 1 and March 31, each year, Original Medicare offers a GEP.

You can sign up during the GEP any year if both are true:

- **You didn't sign up when you were first eligible (during your IEP)**
- **You aren't eligible for a SEP**

MEDICARE PART B LATE ENROLLMENT PENALTY

If you don't sign up for Part B when you're first eligible, your monthly premium may go up 10% for each 12-month period you were eligible but didn't sign up. In most cases, you'll have to pay this penalty for as long as you have Part B. And the penalty increases the longer you go without Part B coverage.



How do I enroll in Medicare Part B?



Local Social Security office



Online (if you qualify)



Call 1-800-772-1213

After enrollment, update us on your Medicare elections and employment status. Just call **1-866-497-2416 (TTY: 711)** 24 hours a day, 7 days a week (except major holidays).

Medicare.gov is an excellent resource for additional details regarding the Medicare process.

The enrollment process for Aetna Medicare Advantage for MHPB Standard Option members

It's easy to opt in *(with Aetna)*

To complete your Aetna Medicare Advantage enrollment once you're enrolled in MHPB Standard Option:



Log in to:

AetnaRetireeHealth.com/MHBPPostal
or



Call the Aetna Retiree Solutions service center:
1-866-241-0262 (TTY: 711)
Monday–Friday, 8 AM–8 PM ET



You'll need to provide the following:

- Medicare A and B effective dates
- Medicare number (MBI)

Income Related Monthly Adjustment Amount (IRMAA) information

If your income is above a certain limit, and you are enrolled in Medicare Parts B and D, you may be required to pay an Income Related Monthly Adjustment Amount, or IRMAA, to the government. This is in addition to the standard premium amount.

Since Aetna is not responsible for IRMAA please see the chart provided by Medicare which lists extra costs by income at: [Medicare.gov/basics/costs/medicare-costs](https://www.Medicare.gov/basics/costs/medicare-costs)

If you must pay an extra amount, Social Security, not your Medicare plan, will send you a letter telling you what that extra amount will be and how to pay it. The Part B extra amount will be withheld from your Social Security, Railroad Retirement Board or Office of Personnel Management benefit check, no matter how you pay your plan premium.

For more information contact Medicare, Social Security or visit: [Medicare.gov/basics/costs/medicare-costs](https://www.Medicare.gov/basics/costs/medicare-costs)

Postal service retirees are now required in most cases to take Medicare Parts B and D. So why should you consider enrolling in Aetna Medicare Advantage for MHBP?

Well, most plans offered through the PSHB Program require cost sharing. Cost sharing refers to your out-of-pocket costs such as deductibles, coinsurance and copayments for covered care you receive. Working or retired, we know this can add up.

So how can you save money?

With Medicare Parts A and B, your PSHB plan may lower your costs by waiving certain deductibles or coinsurance. Additionally, enrolling in the Aetna Medicare Advantage also known as Aetna MedicareSM Plan (PPO) for MHBP Standard Option members, allows you to receive a Part B premium reduction of up to \$900 per person, per year.

Get a complete Medicare Advantage plan without having to suspend your PSHB coverage.

Enrolling in the Aetna Medicare Advantage for MHBP Standard Option offers more thorough coverage and programs to help you reach your health goals.

Enhanced coverage with Aetna Medicare Advantage for MHPB

**\$0 COPAYMENTS
AND COINSURANCE
FOR MEDICAL
SERVICES**

**\$900 (\$75/month)
MEDICARE
PART B PREMIUM
REDUCTION FOR
ELIGIBLE MEMBERS**



**SILVER
SNEAKERS®**



**HEALTHY
HOME VISITS**



**TRANSPORTATION
AND MEAL
PROGRAMS**

**YOU'RE
PROTECTED
WITH MHPB
AND MEDICARE**

BENEFITS AT-A-GLANCE

	MHBP Standard Option with Medicare	Aetna Medicare Advantage for MHBP Standard Option
Annual Part B premium reduction	N/A	\$900 per eligible person (annually prorated)
	You pay	You pay
Deductible	\$0 deductible	\$0 deductible
Plan-specific out-of-pocket maximum	\$6,000 per person, limited to \$12,000 per Self Plus One or Self and Family enrollment (medical and prescription)	\$2,000 per person (prescription only)
Coinsurance	\$0 coinsurance , except prescription drugs	\$0 coinsurance , except Specialty drugs
Medical coverage	You pay	You pay
Adult annual physical exam	\$0 copay	\$0 copay
Lab, X-ray and other diagnostic tests	\$0 copay	\$0 copay

Benefit highlight


	MHBP Standard Option with Medicare	Aetna Medicare Advantage for MHBP Standard Option
Primary care and specialty physician visits	\$0 copay	\$0 copay
Chiropractic services	\$0 copay, limited to 40 visits	\$0 copay, unlimited visits
Physical, occupational and speech therapy	\$0 copay, limited to 40 visits combined maximum	\$0 copay, unlimited visits
Home health services	\$0 copay, limited to 50 visits	\$0 copay*
Routine vision exam	All charges	\$0 copay
Inpatient hospital	\$0 copay	\$0 copay
Outpatient hospital	\$0 copay	\$0 copay

*Part-time or intermittent skilled nursing and home health aide services up to 8 hours per day and 35 hours per week.

Note: This chart assumes Medicare Parts A and B are primary and that covered services are provided by doctors and facilities that participate with Medicare. MHBP does not pay 100% when services are provided by a doctor under a private contract that provides for direct billing and no Medicare coverage. This is also a summary of Medicare features. For more information on Medicare call **1-800-MEDICARE** or visit [Medicare.gov](https://www.Medicare.gov)

(Benefits at-a-glance continued)

	Aetna Medicare Advantage for MHBP Standard Option members	SilverScript Employer Prescription Drug Plan (PDP) for MHBP Standard Option
Prescription coverage	You pay	You pay
Preferred generic	Preferred pharmacies: \$0 copay (30 days) \$0 copay (90 days) Standard pharmacies: \$2 (30 days) \$4 (90 days)	N/A
Generic	\$5 (30 days) \$10 (90 days)	\$5 (30 days), \$10 (90 days)
Preferred brand	\$35 (30 days) \$50 (90 days)	\$45 (30 days), \$55 (90 days)
Non-preferred brand	\$40 (30 days) \$60 (90 days)	\$60 (30 days), \$80 (90 days)
Specialty	15% limited to \$200 (30 days) \$425 (90 days)	15% limited to \$225 (30 days), \$425 (90 days)

 Benefit highlight

If you have Medicare Part A and/or Part B, and do not opt in to the Medicare Advantage Plan for MHBP, you'll automatically be enrolled in our SilverScript® Employer Prescription Drug Plan (PDP) under Medicare Part D. Check our website for the formulary list at **MHBPPostal.com/Retiree**. For information on how to opt out of the SilverScript Employer PDP for MHBP, go online at **MHBPPostal.com/Retiree**

PDP information for Consumer Option and Value Plan

If you are a member of the MHBP Consumer Option or Value Plan, please see the chart below for your prescription drug copays with the SilverScript Employer Prescription Drug (PDP) plans.

Please do not rely on this chart alone. Below is a summary of copays and coinsurance for MHBP plans. For more detail about definitions, limitations, and exclusions please refer to the Official Plan Brochure.

Rx Type	Consumer Option (HDHP)	Value Plan
Generic	\$8 (30 days) \$15 (90 days)	\$10 (30 days) \$20 (90 days)
Preferred brand	\$45 (30 days) \$70 (90 days)	\$47 (30 days) \$140 (90 days)
Non-preferred brand	\$70 (30 days) \$110 (90 days)	\$100 (30 days) \$250 (90 days)
Specialty	25% limited to \$225 (30 days) 25% limited to \$425 (90 days)	33% limited to \$250 (30 days) 33% limited to \$400 (90 days)

COMPARISON CHART

- Standard Option with Medicare
- Consumer Option with Medicare
- Value Plan with Medicare
- Medicare Advantage for Standard Option

Description	SO	CO	VP	MA
\$900 Medicare Part B premium reduction				<input checked="" type="checkbox"/>
Medical copays, coinsurance and deductibles waived when Medicare A and B is primary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hearing aid benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coverage for non-network services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coverage for care outside the United States	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacy mail order coverage (including CVS pharmacies)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wellness Incentives	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

YOU HAVE RESOURCES

Learn about us



Call **1-833-497-2416 (TTY: 711)** 24 hours a day, 7 days a week (except certain holidays) or visit **MHBPPostal.com/Retiree** for one-on-one consultations, live chat and webinars.



Visit **AetnaRetireeHealth.com/MHBPPostal** or call **1-866-241-0262 (TTY: 711)** Monday-Friday, 8 AM-6 PM (in all time zones) to opt-in to the Aetna Medicare Advantage for MHP Standard Option.

Learn about Medicare

For answers about eligibility or enrollment, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. Deaf and hard of hearing people can call **1-877-486-2048**. You can also request a copy of the “Medicare & You” brochure when you call. Or just download it from Medicare’s website: **Medicare.gov**

To contact Social Security, you can call **1-800-772-1213** or visit **SSA.gov**

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Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Aetna providers are independent contractors and are not agents of Aetna. Provider participation may change without notice.

This is a summary of the MHBP Standard Option Plan. Before making a final decision, please read the Official Plan Brochure (RI 71-023). A single annual **\$52** associate membership fee makes all MHBP plans available to you. All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan Brochure. External websites links are provided for your information and convenience only and does not imply or mean that Aetna endorses the content of such linked websites or third party services. Aetna has no control over the content or materials contained therein. Aetna therefore makes no warranties or representations, express or implied, about such linked websites, the third parties they are owned and operated by, and the information and/or the suitability or quality of the products contained on them. Plan features and availability may vary by service area.

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at **Ocrportal.HHS.gov/ocr/cp/complaint_frontpage.jsf**

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

COVERARGE THAT FITS YOU.

