

MHBP HEALTH AND PRESCRIPTION DRUG PLANS FOR POSTAL SERVICE RETIREES



MHBPAND 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.

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 added 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 is offered in two different ways - as a standalone prescription drug plan also known as a PDP or as a part of Medicare Advantage plan which is called an MAPD. When you're retired with Medicare Parts A and B, your PSHB 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** 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

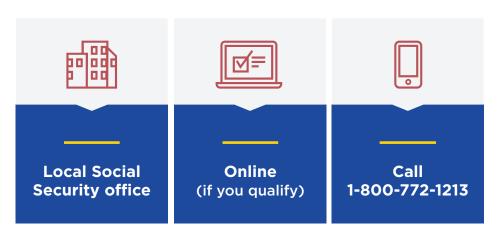


MEDICARE PART B LATE ENROLLMENT PENALTY

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. The Part D late enrollment penalty is an additional premium that must be paid for Part D coverage if at any time after your initial enrollment period is over, there is a period of 63 days or more in a row when you did not have Part D or other creditable prescription drug coverage.



How do I enroll in Medicare Part B?



After enrollment, update us on your Medicare elections and employment status. Just call **1-833-497-2416 (TTY: 711)**, 24 hours a day, 7 days a week (except certain holidays).

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

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

It's easy to opt in with Aetna®

To complete your Aetna Medicare Advantage enrollment once you're enrolled in MHBP 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

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 Parts B and D extra amounts 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**

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 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.

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 MHBP

\$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 MHBP
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 Yo		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

Benefit highlight

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**

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

	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	со	VP	MA
\$900 Medicare Part B premium reduction				\odot
Medical copays, coinsurance and deductibles waived when Medicare Parts A and B are primary	⊘	⊘		\odot
Hearing aid benefit	⊘	⊘	⊘	\odot
Coverage for non-network services	\odot	⊘	⊘	\odot
Coverage for care outside the United States	⊘	⊘	⊘	*
Pharmacy mail order coverage (including CVS Pharmacy® locations)	\odot	\odot	⊘	\odot

^{*}emergencies only

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-8 PM ET to opt-in to the Aetna Medicare Advantage for MHBP 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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.

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. Plan features and availability may vary by service area.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call the number on the back of your ID card if you do not receive your mail-order drugs within this time frame. Members may have the option to sign-up for automated mail-order delivery.

Your IEP is the 7-month period that begins three months before your 65th birthday, includes your birthday month and ends three months afterward. There is an exception if your birthday falls on the first of any month, your 7-month IEP begins and ends one month sooner.

SilverScript EGWPs are offered and administered by SSIC and sponsored by the Employer. The use of "affiliated" along with CVS Caremark is acceptable, as it indicates that SSIC is an affiliate of our PBM entity.

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.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

This is a summary of the MHBP Standard Option Plan. Before making a final decision, please read the Official Plan Brochure. To enroll in any MHBP plans, Mail Handler employees must pay full regular membership dues (which varies by Local Union). All other postal employees and federal employees must pay associate membership dues in a single annual payment of \$52. 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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BENEFITS WHEREVER YOU ARE.

This plan lets you use any doctors and hospitals that are licensed to receive Medicare payment and willing to accept and bill your plan. And with the Aetna Medicare Advantage for MHBP Standard Option, your coverage follows you wherever you travel, nationwide.



