

2026

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.”

John G., MHBP member

PLANS THAT FIT YOU

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

MHBP provides plans with:



Access to a large, nationwide network of **over two million** qualified care providers and hospitals—plus coverage for out-of-network services.

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.



Excellent to outstanding plan satisfaction, per **OPM.gov** Consumer Satisfaction Survey Results.

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



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 'MHBP Live' at the top of the page.



STANDARD OPTION



OVERVIEW

Comprehensive coverage at an affordable price



SCAN ME

If you are retired and have Medicare Parts A and/or B, please visit **MHBPPostal.com/Retiree** or scan the QR code for additional benefit information.

BENEFITS

- **No additional cost** for telehealth services including mental health, through Teladoc Health
- **No additional cost** for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **No out-of-pocket costs** for maternity care including delivery
- Up to **\$350** in wellness rewards

STANDARD OPTION

BENEFITS AT-A-GLANCE

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency which maintains your health benefits enrollment.

PLAN TYPES	FULL TIME POSTAL SERVICE EMPLOYEES (biweekly)	ANNUITANTS (monthly)
Self Only ^(73D)	\$92.09	\$199.52
Self Plus One ^(73F)	\$211.97	\$459.26
Self and Family ^(73E)	\$214.00	\$463.67

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 (Only applies to certain services)	\$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
Mental health specialist visits	\$20 copay
Alternative Care (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

		30-day supply	90-day supply
Prescription drugs	Generic	\$5	\$10
	Preferred brand [†]	30% ; limited to \$200	\$80
	Non-preferred brand [†]	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.

CONSUMER OPTION (HDHP)



OVERVIEW

A health plan +
a health savings
account that's
there for you



If you are retired and have Medicare Parts A and/or B, please visit **MHBPPostal.com/Retiree** or scan the QR code for additional benefit information.

BENEFITS

You get a health savings account (HSA) to help you pay for your health care. We add money to it each month. **Here's what you get in your HSA:**

- **Self only:**
\$1,200 a year (**\$100** a month)
- **Self + one or Self and Family:**
\$2,400 a year (**\$200** a month)

You can contribute to the account tax-free, and it earns interest tax-free as well. The balance grows over time, and all the money is yours to keep — even if you leave the plan.

CONSUMER OPTION (HDHP)

BENEFITS AT-A-GLANCE

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency which maintains your health benefits enrollment.

PLAN TYPES	FULL TIME POSTAL SERVICE EMPLOYEES (biweekly)	ANNUITANTS (monthly)
Self Only ^(74A)	\$133.53	\$289.32
Self Plus One ^(74C)	\$312.13	\$676.29
Self and Family ^(74B)	\$305.80	\$662.56

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 71-027).

Plan contribution to your Health Savings Account (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	\$6,500 per person, limited to \$13,000 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*
Mental health specialist visits	\$15 copay*
Alternative Care (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	\$150 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 MHBPP postal.com/retiree

		30-day supply	90-day supply
Prescription drugs	Generic	\$10*	\$20*
	Preferred brand [†]	30% ; limited to \$200*	\$80*
	Non-preferred brand [†]	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.

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 MHBPP postal.com to learn more.

VALUE PLAN



OVERVIEW

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** or scan the QR code for additional benefit information.

BENEFITS

- **No additional cost** for telehealth, including mental health, through Teladoc Health
- **No additional cost** or covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **No out-of-pocket costs** for maternity care, including delivery
- Up to **\$300** in wellness rewards

VALUE PLAN

BENEFITS AT-A-GLANCE

These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency which maintains your health benefits enrollment.

PLAN TYPES	FULL TIME POSTAL SERVICE EMPLOYEES (biweekly)	ANNUITANTS (monthly)
Self Only (73A)	\$70.40	\$152.54
Self Plus One (73C)	\$166.81	\$361.43
Self and Family (73B)	\$170.15	\$368.65

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 (only applies to certain services)	\$600 per person, limited to \$1,200 per Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for Non-Network out-of-pocket expenses	\$6,600 Self Only, \$13,200 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	\$30 copay (\$10 copay for dependents through age 21)
Specialist visits	\$50 copay*
Mental health specialist visits	\$15 copay*
Alternative Care (up to 40-visit combined maximum)	
Chiropractic care	20% of Plan allowance
Acupuncture services	20% of Plan allowance
Lab Savings Program	\$0 for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
Emergency room visits	20% of Plan allowance*
Urgent care center visits	20% of Plan allowance
Hospital inpatient	20% of Plan allowance*
Maternity	\$0

FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT MHBPPPOSTAL.COM/RETIREE

		30-day supply	90-day supply
Prescription drugs	Generic	\$10	\$30
	Preferred brand [†]	45% ; limited to \$300	45% up to \$300
	Non-preferred brand [†]	75% ; limited to \$500	75% up to \$700

* 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.

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.* You can enroll in our dental and/or vision plans at any time—even if you're not signed up for an MHBP health plan. There's no need to wait for 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% after 12 months of coverage
- Orthodontic benefits** for members age 18 and under after 24 months of coverage
- Coverage for dependent children up to age 26

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 for premium information please visit **MHBPPostal.com/Dental**

ENROLL IN DENTAL AND VISION PLANS ANYTIME!
You don't need MHBP medical coverage to sign up.
Learn more at **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 a 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

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

NO ADDITIONAL COST*

Telehealth visits,
including mental
health, through
Teladoc Health

UP TO \$300 or \$350

in wellness
rewards**

NO ADDITIONAL COST*

lab work with
Quest Diagnostics®
or LabCorp®

ALTERNATIVE CARE VISITS*

40 chiropractic and
acupuncture visits
combined

READY TO TALK?

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

WORLDWIDE COVERAGE

Access to care all
over the globe

NO ADDITIONAL COST

24-hour
Nurseline services

100%*

coverage for network
maternity care
including delivery

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

Choosing a health plan is about finding value. Look for the benefits that meet your needs at a price you can afford. Don't worry too much about the plan names like High or Standard Option. Instead, consider your preferred health care providers, the benefits that matter most to you, and the total costs.

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 often or have children away in college, you may want a national or international health plan like a nationwide fee-for-service plan.
- Confirm your doctor participates in the network by calling the health plan and the provider before you enroll. You can also check online.
- Review any rules the plan may have for getting care through a specialist, such as getting a referral.

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

COVERAGE

What services do I need my plan to cover?

- 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 comparing.
- Consider the services that are most important to you and how often you plan to use them. 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 find out if the medications you take are covered and how much they will cost you. A formulary is a list of prescription drugs that are covered by your health plan.
- If you have Medicare, TRICARE or any other health plan coverage, learn how the plans coordinate benefits.

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

Deductible — The amount you must pay out-of-pocket 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.

Copay — This is a fixed dollar amount. For example, you may pay \$25 per doctor office visit.

Coinsurance — This is a fixed percentage. For example, if your care is \$100 and your coinsurance is 20%, you pay \$20.

Catastrophic protection out-of-pocket maximum — The maximum you pay each year for covered services. Once you reach your maximum, the plan pays 100% of covered services for the rest of the year. Also known as the out-of-pocket maximum.

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

SERVICE

Will this health plan be there for me whenever I need it?

When choosing a plan, be sure to check their customer service hours in your time zone. Tools to help you evaluate health plan quality and service are available at

OPM.gov/Healthcare-Insurance

TIP: *Contact the plan you are considering before you become a member to experience their customer service.*



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?
- 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 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 needs.

RETIRING SOON?

Check out how MHBP can work for retirees at 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
		Full time postal service employees	
2026 Premium (Biweekly)*	Self Only ^(73D)	\$92.09	
	Self Plus One ^(73F)	\$211.97	
	Self and Family ^(73E)	\$214.00	
Deductible		\$350 Self \$700 Self Plus One or Self and Family	
NETWORK BENEFITS			
Teladoc Health		\$0	
Primary Care visit		\$20 copay (\$10 copay for dependents through age 21)	
Specialist visit		\$30 copay	
Referral needed for Specialist visit		No	
Preventive care		\$0	
Maternity care		\$0	
Mental health specialist visits		\$20 copay	
Generic prescription		\$5 copay	
Surgical procedures		10% of the Plan's allowance**	
SERVICE AND SPECIAL FEATURES			
Wellness rewards		up to \$350/year	
Nationwide network with the doctors and hospitals I need		Over two million providers nationwide plus worldwide coverage	
Non-network benefits also available		Yes	
Customer service available 24/7, except certain holidays		Yes	
OTHER FEATURES (add what's important to you)			

* Other rates available at [MHBPPostal.com](#)
 ** The calendar year deductible applies and must be met before benefits begin.

CONSUMER OPTION (HDHP)

COMPARISON CHART

PLAN FEATURES TO COMPARE		MHBP PLAN	CURRENT PLAN
		Full time postal service employees	
2026 Premium (Biweekly)*	Self Only ^(74A)	\$133.53	
	Self Plus One ^(74C)	\$312.13	
	Self and Family ^(74B)	\$305.80	
Plan contribution to HSA		\$1,200 Self Only, \$2,400 Self Plus One and Self Plus Family	
Deductible		\$2,000 Self Only and \$4,000 Self Plus One or Self and Family	
NETWORK BENEFITS**			
Teladoc Health		\$0	
Primary Care visit		\$15 copay	
Specialist visit		\$15 copay	
Referral needed for Specialist visit		No	
Preventive care		\$0 (deductible does not apply)	
Maternity care		\$0	
Mental health specialist visits		\$20 copay	
Generic prescription		\$10 copay	
Surgical procedures		\$150 copay per occurrence	
SERVICE AND SPECIAL FEATURES			
Wellness rewards		NA	
Nationwide network with the doctors and hospitals I need		Over two million providers nationwide plus worldwide coverage	
Non-network benefits also available		Yes	
Customer Service available 24/7, except certain holidays		Yes	
OTHER FEATURES (add what's important to you)			

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

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

VALUE PLAN

COMPARISON CHART

PLAN FEATURES TO COMPARE		MHBP PLAN	CURRENT PLAN
		Full time postal service employees	
2026 Premium (Biweekly)*	Self Only ^(73A)	\$70.40	
	Self Plus One ^(73C)	\$166.81	
	Self and Family ^(73B)	\$170.15	
Deductible		\$600 Self Only and \$1,200 Self Plus One or Self and Family	
NETWORK BENEFITS			
Teladoc Health		\$0	
Primary Care visit		\$30 copay (\$10 copay for dependents through age 21)	
Specialist visit		\$50 copay**	
Referral needed for Specialist visit		No	
Preventive care		\$0	
Maternity care		\$0	
Mental health specialist visits		\$30 copay	
Generic prescription		\$10 copay	
Surgical procedures		20% of the Plan's allowance**	
SERVICE AND SPECIAL FEATURES			
Wellness rewards		Up to \$300	
Nationwide network with the doctors and hospitals I need		Over two million providers nationwide plus worldwide coverage	
Non-network benefits also available		Yes	
Customer Service available 24/7, except certain holidays		Yes	
OTHER FEATURES (add what's important to you)			

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

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

**YOUR PLAN
STARTS WITH YOU.**



ENROLLING IN PSHB

Newly eligible employees typically have 60 days to enroll in a health plan. If you don't enroll within that time, your next opportunity will be during Open Season. However, you may also be able to enroll or make changes to your PSHB coverage outside of Open Season if you experience a qualifying life event (QLE), such as marriage or the birth of a child.

During Open Season, anyone eligible to participate in the PSHB Program may enroll, change health plans or options or cancel their PSHB enrollment.

Consult your USPS human resources office or visit **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 can enroll online at **Health-Benefits.opm.gov**
- 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

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** 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 71-027). All benefits are subject to the definitions, limitations and exclusions set forth in the 2026 official Plan Brochures. To enroll in any MHBP plans, Mail Handler employees must pay full regular membership dues (which varies by Local Union). All other postal service employees must pay associate membership dues in a single annual payment of \$52.

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