## 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 BENEFIT	TS**		
Teladoc Health		\$0	
Primary Care visit		<b>\$15</b> copay	
Specialist visit		<b>\$15</b> copay	
Referral needed for Specialist visit		No	
Preventive care		<b>\$0</b> (deductible does not apply)	
Maternity care		\$O	
Mental health specialist visits		<b>\$20</b> copay	
Generic prescription		<b>\$10</b> copay	
Surgical procedures		\$150 copay per occurrence	
SERVICE AND SPEC	CIAL FEATURES		
Wellness rewards		NA	
Nationwide network with the doctors and hospitals I need		Over <b>two million</b> 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)	

<sup>\*</sup>Other rates available at MHBPPostal.com

<sup>\*\*</sup>The calendar year deductible applies and must be met before benefits begin.