

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.