## STANDARD OPTION COMPARISON CHART

TO COMPARE	MHBP PLAN	CURRENT PLAN
	Full time postal service employees	
Self Only (73D)	\$92.09	
Self Plus One (73F)	\$211.97	
Self and Family (73E)	\$214.00	
	\$350 Self \$700 Self Plus One or Self and Family	
rs		
	<b>\$0</b>	
	<b>\$20</b> copay ( <b>\$10</b> copay for dependents through age 21)	
	<b>\$30</b> copay	
ecialist visit	No	
	<b>\$0</b>	
	<b>\$0</b>	
st visits	<b>\$20</b> copay	
	<b>\$5</b> copay	
	<b>10%</b> of the Plan's allowance**	
IAL FEATURES		
	up to <b>\$350</b> /year	
rith the doctors and	Over <b>two million</b> providers nationwide plus worldwide coverage	
also available	Yes	
lable 24/7, except	Yes	
add what's important	to you)	
,	Self Plus One (73F) Self and Family (73E)  Decialist visit  St visits  SIAL FEATURES  With the doctors and also available lable 24/7, except	Self Only (73D)  Self Plus One (73F)  Self and Family (73E)  \$211.97  \$214.00  \$350 Self \$700 Self Plus One or Self and Family  \$0  \$20 copay (\$10 copay for dependents through age 21)  \$30 copay  Secialist visit  No  \$0  \$10  \$20 copay  \$30 copay  \$30 copay  \$40  \$50  \$50  \$50  \$50  \$50  \$50  \$50

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

<sup>\*\*</sup> 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 BENEFIT	TS**		
Teladoc Health		<b>\$0</b>	
Primary Care visit		<b>\$15</b> copay	
Specialist visit		<b>\$15</b> copay	
Referral needed for Sp	ecialist visit	No	
Preventive care		<b>\$0</b> (deductible does not apply)	
Maternity care		\$O	
Mental health specialis	st 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 w hospitals I need	vith the doctors and	Over <b>two million</b> providers nationwide plus worldwide coverage	
Non-network benefits	also available	Yes	
Customer Service avai certain holidays	ilable 24/7, except	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.

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 BENEFIT	тѕ		
Teladoc Health		<b>\$0</b>	
Primary Care visit		<b>\$30</b> copay ( <b>\$10</b> copay for dependents through age 21)	
Specialist visit		<b>\$50</b> copay**	
Referral needed for Sp	oecialist visit	No	
Preventive care		<b>\$0</b>	
Maternity care		<b>\$0</b>	
Mental health specialis	st visits	<b>\$30</b> copay	
Generic prescription		<b>\$10</b> copay	
Surgical procedures		20% of the Plan's allowance**	
SERVICE AND SPEC	CIAL FEATURES		
Wellness rewards		Up to <b>\$300</b>	
Nationwide network w hospitals I need	vith the doctors and	Over <b>two million</b> providers nationwide plus worldwide coverage	
Non-network benefits	also available	Yes	
Customer Service ava	ilable 24/7, except	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.