

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)			

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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)			

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