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.