PSHB

2027 MHBP HEALTH PLANS



MHBP HAS ONE MISSION:
A HEALTHIER YOU.

MHBP SM

PLANS THAT FIT YOU

Open to all postal service employees and retirees.

MHBP provides plans with:



Access to a large nationwide network of **over 2.1 million** qualified care providers and hospitals — plus coverage for out-of-network services.
When you need care, it's never too far away.



No referrals required to see a specialist.
No jumping through hoops to see the right doctor.



Excellent to outstanding plan satisfaction, per **OPM.gov** Consumer Satisfaction Survey Results.
If you aren't happy, we aren't happy.



Plus, MHBP is backed by Aetna®, a CVS Health® company — **a name you know and trust.**



SHOP. COMPARE. EVALUATE.

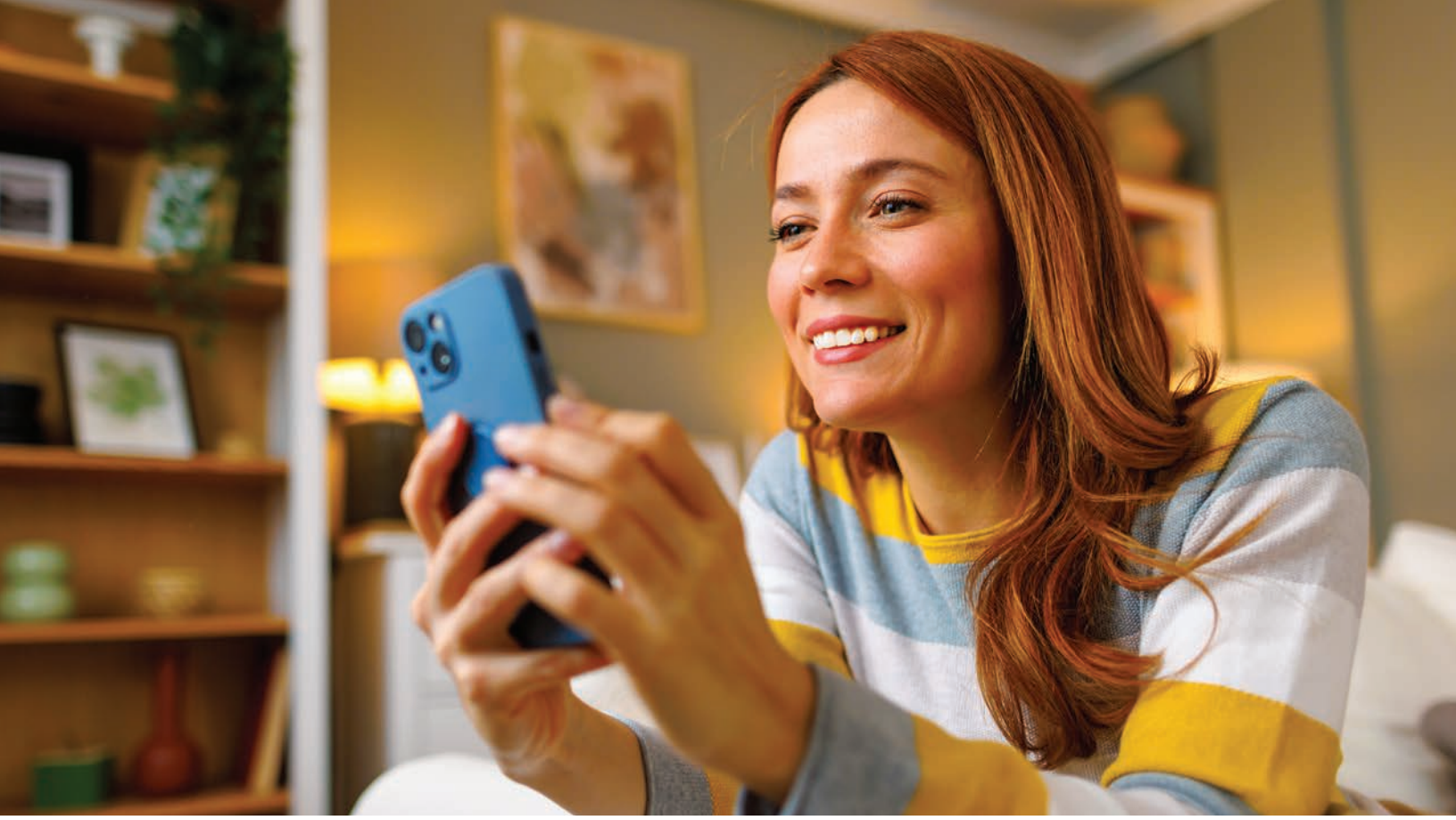
How do you select the best plan for you and your family? Choice is a good thing, but choosing isn't always easy. And you want to make the best decision for you. So start by determining what's most important to you:

- What kinds of medical services will you need this year?
- Do your current benefits meet your medical needs?
- Does your plan's selection of in-network providers meet your needs?
- Are your total out-of-pocket costs (premium, deductibles, copayments and coinsurance) manageable?
- Does your plan's customer service meet your expectations?

RETIRING SOON?

Check out how MHBP can work for retirees at MHBPPostal.com/Retiree

If you have questions about MHBP, call **1-833-497-2416 (TTY: 711)**, Monday through Friday, 7 AM to 10 PM ET.



EVALUATING A HEALTH PLAN

Choosing a health plan is about finding value. Look for the benefits that meet your needs at a price you can afford. Think about your preferred health care providers, the benefits that matter most to you and the total costs.

PROVIDER CHOICE

Is my doctor in the network? Is access available where I need it?

- Decide if you need a plan with local or national coverage. If you travel often or have children away in college, you may want a national or international health plan, like a nationwide fee-for-service plan.
- Make sure your doctor participates in the network by calling the health plan and the provider before you enroll. You can also check online.
- Review any rules the plan may have for getting care through a specialist, such as getting a referral.

TIP: *Choose providers that participate in your health plan's network. You will maximize your benefits and save money*

COVERAGE

What services do I need my plan to cover?

- Read the official plan brochure, including the health plan information and benefit descriptions, to learn what medical expenses and services are covered by the plans you are comparing.
- Consider the services that are most important to you and how often you plan to use them. Review the official plan brochure for information on any service limitations and plan exclusions.
- Review the plan's drug formulary to find out if the medications you take are covered and how much they will cost you. A formulary is a list of prescription drugs that are covered by your health plan.
- If you have Medicare, TRICARE or any other health plan coverage, learn how the plans coordinate benefits.

TIP: *Make a list of the medical services you will need. Then call the plan(s) you are considering to confirm what is covered. It's important to select a plan with benefits that best meet your needs.*

COST

How much will I have to pay?

When trying to predict your annual health care costs, you want to look at five key elements:

Premium — The amount you pay for your coverage, deducted from your paycheck. Premiums can vary across the benefit plans offered to you.

Deductible — The amount you must pay out of pocket for health care before your health plan begins to pay. Deductibles typically apply on a per-calendar-year basis and can change from year to year.

Copay — This is a fixed dollar amount. For example, you may pay $25 per doctor visit.

Coinsurance — This is a fixed percentage. For example, if your in-network care is $100 and your coinsurance is 20%, you'll pay $20.

Plan out-of-pocket maximum — The maximum you pay each year for covered services. Once you reach your maximum, the plan pays 100% of covered services for the rest of the year. This is also known as the out-of-pocket maximum.

TIP: *As you consider cost, keep in mind the services you use most often. Also consider any other coverage you may have that provides medical, mental health and prescription drug benefits. This will give you a good idea of your potential out-of-pocket costs.*

SERVICE

Will this health plan be there for me whenever I need it?

When choosing a plan, be sure to check their customer service hours in your time zone. Tools to help you evaluate health plan quality and service are available at **OPM.gov/Healthcare-Insurance**

TIP: *Contact the plan you are considering before you become a member to experience their customer service.*



Good service is an essential element of your health plan experience.

Choose a plan that has knowledgeable service representatives who are able to answer your questions.

STANDARD OPTION



OVERVIEW

Coverage for your everyday health needs.

If you are retired and have Medicare Parts A and/or B, please visit **MHBPPostal.com/Retiree** or scan the QR code for additional benefit information.

SCAN ME

WELLNESS REWARDS

Up to **$350** in wellness rewards for enrollee and spouse ages 18 and older.

Please visit:
MHBPPostal.com/Wellness-Rewards for more information.

STANDARD OPTION
BENEFITS AT A GLANCE

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to **MHBPPostal.com** or contact the agency or tribal employer that manages your health benefits enrollment.

PLAN TYPES	FULL-TIME POSTAL SERVICE EMPLOYEES (biweekly)	ANNUITANTS (monthly)
Self Only (73D)	**$137.78**	**$298.52**
Self Plus One (73F)	**$395.93**	**$857.85**
Self and Family (73E)	**$372.83**	**$807.80**

If you are a second term MHA, you won't get employer contributions for the Standard Option. You may want to consider the Value Plan.

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official plan brochure (RI 71-023).

NETWORK BENEFITS	YOU PAY
Calendar year deductible (Only applies to certain services)	**$500** per person, limited to **$1,000** for Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for out-of-network out-of-pocket expenses	**$8,000** per person, limited to **$16,000** for Self Plus One or Self and Family enrollment
Preventive care Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	**$0**
Primary care doctor visits	**$35** copay
Specialist visits	**$50** copay
Mental health specialist visits	**$35** copay
Alternative care (up to 40-visit combined maximum)	
Chiropractic care	**$50** copay per visit
Acupuncture services	**10%** of plan allowance
Lab Savings Program	**$0** for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
Emergency room visits	**10%** of plan allowance*
Urgent care visits	**$50** copay per visit
Hospital inpatient	**10%** of plan allowance* per admission
Maternity — Routine visits	**$0**
Maternity — Delivery	**10%** of plan allowance*

FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT MHBPPOSTAL.COM/RETIREE

		Up to 30-day supply	31- to 90-day supply
Prescription drugs	**Generic**	**$5**	**$10**
	Preferred brand**	**30%**; limited to **$200**	**30%**; limited to **$400**
	Non-preferred brand**	**50%**	**50%**
	Anti-obesity medication	**50%**	**50%**

* The calendar year deductible applies and must be met before benefits begin.
** Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

VALUE PLAN



OVERVIEW

Simple coverage to protect you from the unexpected.

If you are retired and have Medicare Parts A and/or B, please visit **MHBPPostal.com/Retiree** or scan the QR code for additional benefit information.

SCAN ME

WELLNESS REWARDS

Up to **$300** in wellness rewards for enrollee and spouse ages 18 and older.

Please visit:
MHBPPostal.com/Wellness-Rewards for more information.

VALUE PLAN
BENEFITS AT A GLANCE

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the **MHBPPostal.com** or contact the agency or tribal employer that manages your health benefits enrollment.

PLAN TYPES	FULL-TIME POSTAL SERVICE EMPLOYEES (biweekly)	ANNUITANTS (monthly)
Self Only (73A)	**$83.22**	**$180.30**
Self Plus One (73C)	**$200.18**	**$433.72**
Self and Family (73B)	**$206.73**	**$447.91**

Full-time regular mail handlers and second term MHAs get employer contributions to the Value Plan. For MHA information, please see the separate insert.

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official plan brochure (RI 71-023).

NETWORK BENEFITS	YOU PAY
Calendar year deductible (only applies to certain services)	**$800** per person, limited to **$1,600** for Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for Non-Network out-of-pocket expenses	**$10,000** Self Only, **$20,000** for Self Plus One or Self and Family enrollment
Preventive care Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	**$0**
Primary care doctor visits	**$40** copay
Specialist visits	**$50** copay*
Mental health specialist visits	**$40** copay
Alternative care (up to 40-visit combined maximum)	
Chiropractic care	**20%** of plan allowance
Acupuncture services	**20%** of plan allowance
Lab Savings Program	**$0** for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
Emergency room visits	**20%** of plan allowance*
Urgent care visits	**20%** of plan allowance
Hospital inpatient	**20%** of plan allowance*
Maternity — Routine visits	**$0**
Maternity — Delivery	**20%** of plan allowance*

FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT MHBPPOSTAL.COM/RETIREE

		Up to a 30-day supply	31- to 90-day supply
Prescription drugs	**Generic**	**$10**	**$30**
	Preferred brand**	**45%**; limited to **$300**	**45%** up to **$500**
	Non-preferred brand**	**75%**	**75%**
	Anti-obesity medications	**50%**	**50%**

* The calendar year deductible applies and must be met before benefits begin.
** Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

MHBP DENTAL AND VISION PLANS

It's easier to enhance your medical coverage with a dental and/or vision plan. All PSHB members are eligible to add this optional coverage at group rates.* You can enroll in our dental and/or vision plans at any time — even if you're not signed up for an MHBP health plan. There's no need to wait for Open Season.

MHBP DENTAL PLAN

Your dental benefits include:

- Preventive care covered **100%** twice a year
- Basic services**, such as fillings and extractions, covered at **70%** for the first 12 months and **80%** after that
- Major services**, such as root canals and crowns, covered at **50%** after 12 months of coverage
- Orthodontic benefits** for members ages 18 and younger after 24 months of coverage
- Coverage for dependent children up to age 26

MHBP VISION PLAN

Get vision coverage for lower monthly premiums:

- **$8.60** for Self Only and **$16** for Self and Family
- Eye exams and lenses every 12 months for a **$10** copay each
- **$120** for frames (every 24 months) or contact lenses (every 12 months)
- Nationwide coverage for eye exams, frames and lenses, and contacts, plus laser vision correction discounts and more

Questions? Call **1-800-254-0227 (TTY: 711)**
For premium information, visit **MHBPPostal/Dental**

ENROLL IN DENTAL AND VISION PLANS ANYTIME!
You don't need MHBP medical coverage to sign up.
Learn more at **MHBPPostal.com**

* MHBP Dental and Vision Plans are available to U.S. residents only. Dental policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). These benefits are neither offered nor guaranteed under contract with PSHB program but are made available to all PSHB program enrollees and their covered family members. Vision coverage provided by First Health Life & Health Insurance Company, Cambridge Life Insurance Company or Vision Service Plan, Inc. These benefits are neither offered nor guaranteed under contract with the PSHB, but are made available to all PSHB enrollees and their covered family members. You cannot file a PSHB disputed claim about them. The premiums and fees you pay for these services do not count toward PSHB deductibles or out-of-pocket maximums.

** For dental coverage, the annual deductible applies ($50 per person, $150 per family) and the annual benefit maximum is $2,000 per person per calendar year. Orthodontic benefits are limited to $1,000 per person per lifetime. After the first year, premiums are subject to change with 60 days' notice. Coverage will not begin without payment of premium, and it is renewable as long as your premiums are paid, the Master Group Policy remains in force, and you remain eligible for this coverage. The dental PPO network is made available by Guardian Life Insurance Company of America. Benefits are not provided for services rendered outside the 50 United States and the District of Columbia.

ENROLLING IN PSHBP

Newly eligible employees typically have 60 days to enroll in a health plan. If you don't enroll within that time, your next opportunity will be during Open Season. However, you may also be able to enroll or make changes to your PSHB coverage outside of Open Season if you experience a qualifying life event (QLE), such as marriage or the birth of a child.

During Open Season, anyone eligible to participate in the PSHB Program may enroll, change health plans or options or cancel their PSHB enrollment.

Consult your USPS human resources office or visit **OPM.gov/Healthcare-Insurance** for more information about qualifying life events and details about Open Season.

HOW TO ENROLL

1. **START** by selecting the enrollment code for the level of coverage you need. For your reference, below are the enrollment codes for MHBP.
2. **ENROLL** - Postal Service employees can enroll online at **Health-Benefits.opm.gov**
3. **RECEIVE** confirmation of enrollment from your chosen plan. MHBP will send you a welcome package that will include your health plan ID card and other information to help you successfully manage your coverage.

PLAN	TYPE	CODE
STANDARD OPTION	Self Only	73D
	Self Plus One	73F
	Self and Family	73E
VALUE PLAN	Self Only	73A
	Self Plus One	73C
	Self and Family	73B

RETIRING SOON?

Check out how MHBP can work for retirees at **MHBPPostal.com/Retiree**

COVERAGE THAT FITS YOU

“They’ve treated us like family. It’s just been the right fit for us.”

John G., MHBP member

SCAN ME

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

This is a brief description of the features of the MHBP plans. Before making a final decision, please read the official Plan Brochures (RI 71-023). All benefits are subject to the definitions, limitations and exclusions set forth in the 2027 official Plan Brochures. To enroll in any MHBP plans, Mail Handler employees must pay full regular membership dues (which varies by Local Union). All other postal service employees must pay associate membership dues in a single annual payment of $52.

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