

Postal employees, retirees and now, second appointment MHAs can count on MHBP — it's certain!



MHBP has been trusted by federal and postal employees and retirees for over 50 years. With our three nationwide health plans, we offer quality coverage and exceptionally low premiums. One winning feature is our highly-rated customer service. We have dedicated MHBP representatives available to answer your questions 24/7, except major holidays. MHBP also offers worldwide coverage – so you're covered anywhere in the world. In the United States, we are backed by the strength of the Aetna national network, with over 1.2 million providers. All MHBP plans offer out-of-network benefits, as well. At MHBP, we are raising quality standards while keeping low rates — because we believe it's what all federal and postal employees deserve.

Who is eligible and when: All existing career Mail Handlers may make any one or a combination of the following

changes to their health insurance during Open Season: enroll, cancel enrollment, change from one plan to another or from one option to another, and change from Self to Self and Family, or from Self and Family to Self. For Mail Handlers converting to fulltime regular (FTR), there are 60 days from the date of conversion to enroll in a FEHB Plan.

Mail Handler Assistants (MHAs), those working in their second term, are eligible for immediate enrollment into the MHBP Consumer Option and Value Plan with contributions toward premiums to be made by the Postal Service. An MHAs future appointment to a second term triggers eligibility for enrollment in the previously mentioned Consumer Option and Value Plan MHBP Plans. You have 60 days from the date of your newly acquired eligibility to enroll in MHBP.

Plan features to compare	Standard Option	Consumer Option	Value Plan
Deductible	\$350 self only; \$700 self plus one or self and family	\$2,000 self only; \$4000 self plus one or self and family**	\$600 per person, limited to \$1,200 per self-plus-one or self-and-family enrollment
HSA Contributions PCP	n/a	\$1,200 self only; \$2,400 self plus one or self and family	n/a
Network benefits			
Specialist visit	\$30 copay	\$15 copay**	\$50 copay
Maternity care	You pay nothing	You pay nothing**	You pay nothing
Generic prescription	\$5 copay	\$10 copay**	\$10 copay
Outpatient hospital	10% of the Plan's allowance, subject to deductible	Surgical - \$150 copay per occurance** Non-surgical - \$75 copay per occurance**	20% of the Plan's allowance, subject to deductible
Telemedicine visits through Teladoc®	You pay nothing	You pay nothing**	You pay nothing
Lab savings program	You pay nothing	You pay nothing**	You pay nothing
Convenient Care Clinic visit	\$5 copay	\$5 copay **	\$15 copay for adults\$5 copay for dependentsthrough age 21

Rates		Standard Option	Consumer Option	Value Plan
Federal employees* (Biweekly)	Self only	\$71.80	\$72.76	\$53.35
	Self plus one	\$165.26	\$161.02	\$126.41
	Self and family	\$166.85	\$169.07	\$128.94
Second-term MHAs*** (Biweekly)	Self only	NA	\$166.04	\$88.41
	Self plus one	NA	\$323.08	\$184.65
	Self and family	NA	\$221.78	\$61.25

^{*} These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.



^{**} Deductible must be met before any benefits apply (except preventive care).

^{***}These rates apply upon appointment to second term.