

**HEALTH PLANS**  
**FOR EVERY POSTAL**  
**EMPLOYEE**



**MHBP**<sup>SM</sup>  
OPEN TO ALL FEDERAL EMPLOYEES

**2021**  
**POSTAL**

# THIS PLAN IS YOUR PLAN

Congratulations on your employment as a full-time regular postal employee, or recent appointment as a second term Mail Handler Assistant (MHA). MHBP appreciates the important work that U.S. Postal Service employees carry out each day in service to the citizens of the United States of America.

Since 1775, when Benjamin Franklin became the first postmaster general, your mission has been clear — and so is ours. MHBP is proudly sponsored by the National Postal Mail Handlers Union (NPMHU), offering affordable, comprehensive health benefits to Postal and Federal employees for over 50 years.

MHBP provides health coverage that sets the standard for Postal and Federal employee health plans. Whether it's coordinating services, providing nurse support around the clock or paying claims quickly and accurately, MHBP will be there when you need us with:

- **Outstanding plan satisfaction, per OPM.gov Consumer Satisfaction Survey Results**
- **A large, nationwide network of doctors and hospitals**
- **No referrals required to see specialists**
- **100% coverage for Network Preventive care**

Our goal is to provide a health plan experience that enables you to achieve your best health. You can relax knowing that MHBP has you covered.

We know that choosing a health plan can be time-consuming and complicated. FTR career postal workers and second term Mail Handlers, MHBP gives you a variety of health plans to choose from, so you can find the one that's best for you.

Full Time Regular employees (FTR) have access to all three MHBP plans and second term Mail Handler Assistants (MHAs) have access to the Consumer Option and Value Plan upon appointment to their second term.

For those second term MHAs, the USPS offers coverage through a selection of health plans in the USPS Health Benefits Plan (USPSHB) for non-career employees. With your membership in the National Postal Mail Handlers Union, you are eligible and may select MHBP products and services. MHBP offers you different fee-for-service health plans that provide both Network and Non-Network benefits. With MHBP you have nationwide coverage, comprehensive benefits, online support tools, optional dental and vision coverage and so much more.

## Understanding FFS Plans

In general, FFS plans pay benefits to you or your health care provider for each service you receive, such as an office visit, test or procedure. Benefits are based on allowable costs for the covered services you receive. You may choose your own physician, hospital and other health care providers. Most FFS plans offer both Network and Non-Network benefits. When you receive services from a Network provider, you will usually have lower out-of-pocket expenses, like a lower copayment or coinsurance, and/or a reduced or waived deductible. All FFS plans require precertification of inpatient hospital admissions and most require preauthorization of certain procedures or other services.

PLANS THAT  
FIT YOU.



# STANDARD OPTION



## LOW RATES, RICH BENEFITS

MHBP Standard Option is setting a higher standard for federal employee health plans — at a lower cost. We invite you to compare our Standard Option to other Standard Option and even High Option plans. See how much you may save compared to other similar plans without giving up valuable benefits.

## STANDARD OPTION (FULL-TIME REGULAR)

Second term MHAs do not receive employer contributions for the Standard Option. 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.

Plan Types	Fulltime Regular Mail Handlers (biweekly)	MHA rates (second term)
<b>Self Only</b> CODE 454	<b>\$71.80</b>	<b>\$287.19</b>
<b>Self Plus One</b> CODE 456	<b>\$165.26</b>	<b>\$661.06</b>
<b>Self and Family</b> CODE 455	<b>\$166.85</b>	<b>\$667.41</b>

Second Term MHAs will NOT receive employer contributions for Standard Option, instead consider Consumer Option and Value Plan

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-007).

Network Benefits	Cost	
<b>Preventive Care</b> Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>You pay nothing</b>	
<b>Primary Care Doctor Office Visits</b>	<b>\$20</b> copay (\$10 copay for dependents through age 21)	
<b>Specialist Visits</b>	<b>\$30</b> copay	
<b>Convenient Care Clinic Visits</b>	<b>\$5</b> copay	
<b>MinuteClinic® visits at CVS</b>	<b>You pay nothing</b>	
<b>Chiropractic Care</b>	<b>\$20</b> copay per visit, up to 40 visits, applies to the combined services	
<b>Acupuncture Services</b>	<b>10%</b> of Plan allowance	
<b>Lab Savings Program</b>	<b>You pay nothing</b> for covered lab tests when LabCorp® or Quest Diagnostics™ performs the testing	
<b>Prescription Drugs at Retail</b> Mail order and specialty pharmacy are available. Out-of-pocket costs may vary.	<b>Generic</b>	<b>\$5</b> copay
	<b>Preferred Brand†</b>	<b>30%</b> of Plan allowance, limited to \$200 per prescription
	<b>Non-preferred Brand†</b>	<b>50%</b> of Plan allowance, limited to \$200 per prescription
<b>Emergency Room Visits</b>	<b>\$200</b> copay* No deductible for accidental injury. Copay is waived if admitted to the hospital	
<b>Urgent Care Center Visits</b>	<b>\$50</b> copay per visit	
<b>Hospital Inpatient</b>	<b>\$200</b> copay per admission and 10% of Plan allowance for ancillary services	
<b>Maternity</b>	<b>You pay nothing</b>	
<b>Calendar Year Deductible</b>	<b>\$350</b> per person, limited to \$700 per Self Plus One or Self and Family enrollment	
<b>Out-of-pocket Limits</b> There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,000</b> per person, limited to \$12,000 per Self Plus One or Self and Family enrollment	

\*The calendar year deductible applies and must be met before benefits begin.

† You will pay the copayment or coinsurance amount and the difference in cost between our allowance for the generic and brand-name drugs when a generic is available, unless a brand exception is obtained.

Plan has a mandatory maintenance medication program.

# CONSUMER OPTION



## PART HEALTH PLAN, PART HEALTH SAVINGS ACCOUNT (HSA)

MHBP Consumer Option is a high-deductible health plan with a health savings account (HSA). The Plan will deposit up to \$2,400 per year for a Self and Family or Self Plus One enrollment (\$1,200 Self Only) into your HSA for you. Use it to pay for health expenses, or watch your savings grow as they roll over. And Network preventive care is covered at 100% with no deductible.

## CONSUMER OPTION

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.

Plan Types	Fulltime Regular Mail Handlers (biweekly)	MHA rates (second term)
<b>Self Only</b> CODE 481	<b>\$72.76</b>	<b>\$166.04</b>
<b>Self Plus One</b> CODE 483	<b>\$161.02</b>	<b>\$323.08</b>
<b>Self and Family</b> CODE 482	<b>\$169.07</b>	<b>\$221.78</b>

Fulltime Regular Mail Handlers and Second Term MHAs receive employer contributions for Consumer Option

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-016).

Network Benefits	Cost
Plan contribution to your HSA	<b>\$1,200 Self Only; \$2,400 Self Plus One or Self and Family</b>
<b>Preventive Care</b> Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>You pay nothing</b>
Primary Care Doctor Office Visits	<b>\$15</b> copay*
Specialist Visits	<b>\$15</b> copay*
Convenient Care Clinic Visits	<b>\$5</b> copay*
MinuteClinic® visits at CVS	<b>You pay nothing*</b>
<b>Chiropractic Care</b> <b>Acupuncture Services</b>	<b>\$20</b> copay per visit, up to 40 visits, applies to the combined services* <b>10%</b> of Plan allowance*
Lab Savings Program	<b>You pay nothing*</b> for covered lab tests when LabCorp® or Quest Diagnostics™ performs the testing*
<b>Prescription Drugs at Retail</b> Mail order and specialty pharmacy are available. Out-of-pocket costs may vary.	<b>Generic</b> <b>\$10</b> copay**
	<b>Preferred Brand†</b> <b>30%</b> of Plan allowance,† limited to \$200 per prescription*
	<b>Non-preferred Brand†</b> <b>50%</b> of Plan allowance,† limited to \$200 per prescription*
<b>Emergency Room Visits</b> Copay is waived if you are admitted to the hospital	<b>\$50</b> copay, copay is waived if you are admitted to the hospital
Urgent Care Center Visits	<b>\$50</b> copay
Hospital Inpatient	<b>\$75</b> copay per day up to \$750 maximum per admission*
Maternity	<b>You pay nothing**</b>
Calendar Year Deductible	<b>\$2,000</b> per Self Only enrollment; \$4,000 per Self Plus One or Self and Family enrollment
<b>Out-of-pocket Limits</b> There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,000</b> per person, limited to \$12,000 per Self Plus One or Self and Family enrollment

\*The calendar year deductible applies and must be met before benefits begin.

† You will pay the copayment or coinsurance amount and the difference in cost between our allowance for the generic and brand-name drugs when a generic is available, unless a brand exception is obtained.

# VALUE PLAN



## LOW COST PLAN THAT PROTECTS YOU FROM THE UNEXPECTED

MHBP Value Plan is a low-cost plan that provides valuable protection against the high costs of an unforeseen illness or event. It has low premiums and Network benefits that provide 100% coverage for preventive care and low copayments for occasional doctor's visits and generic prescriptions — with no deductible. If you want to keep things simple, the MHBP Value Plan is the choice for you.

## VALUE PLAN

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.

Plan Types	Fulltime Regular Mail Handlers (biweekly)	MHA rates (second term)
<b>Self Only</b> CODE 414	<b>\$53.35</b>	<b>\$88.41</b>
<b>Self Plus One</b> CODE 416	<b>\$126.41</b>	<b>\$184.65</b>
<b>Self and Family</b> CODE 415	<b>\$128.94</b>	<b>\$61.25</b>

Fulltime Regular Mail Handlers and Second Term MHAs receive employer contributions to Value Plan

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-007).

Network Benefits	Cost
<b>Preventive Care</b> Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>You pay nothing</b>
<b>Primary Care Doctor Office Visits</b>	<b>\$30</b> copay (\$10 copay for dependents through age 21)
<b>Specialist Visits</b>	<b>\$50</b> copay*
<b>Convenient Care Clinic Visits</b>	<b>\$15</b> copay (\$5 copay for dependents through age 21)
<b>MinuteClinic® visits at CVS</b>	<b>You pay nothing</b>
<b>Chiropractic Care</b> <b>Acupuncture Services</b>	<b>\$20</b> copay per visit*, up to 40 visits, applies to the combined services <b>10%</b> of Plan allowance*
<b>Lab Savings Program</b>	<b>You pay nothing</b> for covered lab tests when LabCorp® or Quest Diagnostics™ performs the testing
<b>Prescription Drugs at Retail</b> Mail order and specialty pharmacy are available. Out-of-pocket costs may vary.	<b>Generic</b> <b>\$10</b> copay
	<b>Preferred Brand†</b> <b>45%</b> of Plan allowance
	<b>Non-preferred Brand†</b> <b>75%</b> of Plan allowance
<b>Emergency Room Visits</b>	<b>20%</b> of Plan allowance**
<b>Urgent Care Center Visits</b>	<b>20%</b> of Plan allowance
<b>Hospital Inpatient</b>	<b>20%</b> of Plan allowance**
<b>Maternity</b>	<b>You pay nothing</b>
<b>Calendar Year Deductible</b>	<b>\$600</b> per person, limited to \$1,200 per Self Plus One or Self and Family enrollment
<b>Out-of-pocket Limits</b> There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,600</b> per person, limited to \$13,200 per Self Plus One or Self and Family enrollment

\*The calendar year deductible applies and must be met before benefits begin.

† You will pay the copayment or coinsurance amount and the difference in cost between our allowance for the generic and brand-name drugs when a generic is available, unless a brand exception is obtained.

# EVALUATING A HEALTH PLAN

As you research health plans, it's important to look for the best value. Don't get caught up on the plan name (such as High or Standard Option). Remember, value is a balance of many factors, including your choice of health care providers, benefit levels for the services that are most important to you, the premiums and other costs you pay, the service you'll get and what's convenient for you.

## PROVIDER CHOICE

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

Determine if you need a plan with local or national coverage. If you travel frequently or have children away in college, you may want a national health plan.

Confirm your doctor's participation in the network by calling the health plan and the provider before you enroll.

Make sure the plan's network includes doctors with the specialties you may need, such as dermatology, cardiology and others.

Review any requirements the plan may have for getting care through a specialist, such as getting a referral.

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

## COVERAGE

### *What services/expenses do my benefits cover, and what do I need?*

Read the health plan information and benefit descriptions (official Plan Brochure) to learn

what medical expenses and services are covered by the plans you are considering.

Check coverage for any services you expect you will need, like maternity, chiropractic care or allergy care.

Consider how often you expect to need the services that are most important to you. Review any limitations or exclusions for the services you may need. Plan exclusions are listed in the official Plan Brochure.

Review the plan's drug formulary to determine if the medications you take are covered and how much they will cost you. A formulary is a list of prescription drugs that are preferred by your health plan based on safety, effectiveness and cost.

If you have Medicare, TRICARE or any other health plan coverage, learn how the plan's benefits coordinate with this coverage.

Make a list of the medical services you will need and 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, deductible, copayment, coinsurance and the catastrophic protection limit.

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



**Deductible** — The amount you must pay 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.

**Copayment** — A fixed dollar amount that you pay as your share of the cost of medical services you receive (for example, \$20 for a doctor's office visit).

**Coinsurance** — A percentage of the cost you pay as your share of the medical services you receive (for example, 20% of the cost of a lab test).

**Catastrophic protection limit** — The maximum amount for certain covered charges you have to pay out of your pocket during the year. Setting a maximum amount protects you. Separate limits are usually applied on a per-person and per-family basis.

As you consider cost, keep in mind the services you use most often and the services that you have or want. Also consider any other coverage you may have that provides medical, mental

health and prescription drug benefits. This will give you a good indication of your potential out-of-pocket costs.

## SERVICE

### *Will this health plan be there for me?*

Contact the plan you are considering before you become a member to experience their customer service. When you call, you can assess how easy it is to reach a real person and get answers to your questions. If your co-workers are enrolled in the health plan you are considering, ask them about their experience. Tools to help you evaluate health plan quality and service are available at [opm.gov/healthcare-insurance](https://www.opm.gov/healthcare-insurance).

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.



# ENROLLING FOR HEALTH BENEFITS FOR FTR MAIL HANDLERS

## FOR FULLTIME REGULAR MAIL HANDLERS

For Fulltime Regular Mail Handlers you have 60 days from the date of your career appointment to enroll in a Federal Employee Health Benefit (FEHB) insurance plan. If you don't make an election by that time, you are considered to have declined coverage, and you must wait until

the next Open Season to enroll. Qualifying life events may permit a change in one's FEHB enrollment status outside of Open Season. Additional details are available at: [opm.gov/healthcare-insurance](http://opm.gov/healthcare-insurance).

Although you have time to enroll, it is to your advantage to make this election as soon as possible. Your coverage will begin on the

first day of the first pay period **after your employing office receives your enrollment request**. There is no retroactive coverage of your expenses prior to the effective date of your enrollment. You should consider this before canceling any existing coverage and before scheduling doctor visits or tests.

If you previously elected coverage in the USPS Non-Career Employee Health Benefits Plan, **that coverage will be automatically terminated 28 days (or two pay periods) after your conversion to a career Mail Handler**. You should make every effort to elect an FEHB plan by the end of the pay period prior to coverage termination to avoid having a gap in coverage. Career postal employees are not eligible for the Non-Career Plan, nor can a newly converted career postal employee maintain both Non-Career Plan coverage and FEHB coverage.

## Federal Employees Health Benefits (FEHB) Plan

An FEHB plan is one of the most valuable benefits of USPS employment, but coverage is not automatic — you must take action to enroll. Your FEHB coverage will begin on the effective date and will cover expenses that occur on or after that date, pre-existing conditions.

All FEHB plans are eligible employer-sponsored plans that meet the requirements for minimum essential coverage and meet the minimum value standard established under the Patient Protection and Affordable Care Act (ACA). If you are enrolled in an FEHB plan, you are not required to participate in the health exchanges and will not have to pay a penalty for noncompliance.

You cannot be enrolled in both an FEHB plan and the USPS Non-Career Employee Health Benefits Plan.

## Your MHBP Enrollment

Choose the MHBP enrollment that best suits your needs:

Plan	Type	Code
STANDARD OPTION	Self Only	454
	Self Plus One	456
	Self and Family	455
VALUE PLAN	Self Only	414
	Self Plus One	416
	Self and Family	415
CONSUMER OPTION	Self Only	481
	Self Plus One	483
	Self and Family	482

Upon your enrollment, MHBP will send you a welcome package that will include your health plan ID card, the official Plan Brochure and other information to help you successfully navigate your new coverage. We hope to send you one soon.

Upon your appointment to a second term, Mail Handler Assistants (MHAs), are eligible for immediate enrollment into the MHBP Consumer Option and Value Plan with contributions toward premiums to be made by the Postal Service. Conversion to FTR career mail handler triggers eligibility for all MHBP Plans (Standard Option, Consumer Option and Value Plan) with full contractual matching contributions. You have 60 days from the date of this new eligibility to enroll.

# SHOP. COMPARE. CHOOSE MHBP

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

- What kinds of medical services will I need this year?
- Do my current benefits meet my medical needs?
- Are there upcoming life events that could impact my coverage?
- Does my plan's selection of Network providers meet my needs?
- Are my total out-of-pocket costs (premium, deductibles, copayments and coinsurance) manageable?
- Does my plan's customer service meet my expectations?

Now that you have a feel for what you need for the coming year, use this guide to compare MHBP Standard Option to your current plan or to another health plan. Fill in the blanks for your current health plan — and for any other plans you may be considering. Add in other features that are important to you. Then compare the results. See which plan is the best fit for your health needs.

**If you have questions about MHBP, call 800-410-7778, 24 hours a day, seven days a week, except major holidays.**

## COMPARISON CHART - STANDARD OPTION

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.

Plan features to compare	MHBP Plan		Your current plan
	Fulltime Regular Mail Handler	MHA rates (second term)	
2021 Premium for Fulltime Regular Mail Handlers (Biweekly)*	Self Only	<b>\$71.80</b>	<b>\$287.19</b>
	Self Plus One	<b>\$165.26</b>	<b>\$661.06</b>
	Self and Family	<b>\$166.85</b>	<b>\$667.41</b>
Deductible	<b>\$350</b> self/\$700 self plus one or self and family		
Network benefits			
Primary Care visit	<b>\$20</b> copay (\$10 copay for dependents through age 21)		
Specialist visit	<b>\$30</b> copay**		
Referral needed for Specialist visit	<b>No</b>		
Preventive care	<b>You Pay Nothing</b>		
Maternity care	<b>You Pay Nothing</b>		
Convenient Care clinic visit	<b>\$5</b> copay		
MinuteClinic® at CVS	<b>You Pay Nothing</b>		
Generic prescription	<b>\$5</b> copay		
Surgical procedures	<b>10%</b> of the Plan's allowance**		
Service and special features			
Wellness rewards	<b>\$350</b> /year		
Nationwide network with the doctors and hospitals I need	Over <b>1.2 million</b> providers nationwide plus worldwide coverage		
Non-Network benefits also available	<b>Yes</b>		
Customer Service available 24/7, except major holidays	<b>Yes</b>		
Other features (add what's important to you)			

\* Other rates available at MHBP.com

\*\* The calendar year deductible applies and must be met before benefits begin.



## COMPARISON CHART - CONSUMER OPTION

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.

Plan features to compare	MHBP Plan		Your current plan
	Fulltime Regular Mail Handlers	MHA rates (second term)	
2021 Premium (Biweekly)*	Self Only	<b>\$72.76</b>	<b>\$166.04</b>
	Self Plus One	<b>\$161.02</b>	<b>\$323.08</b>
	Self and Family	<b>\$169.07</b>	<b>\$221.78</b>
Plan contribution to HSA	<b>\$1,200</b> self only, \$2,400 self plus one and self plus family		
Deductible	<b>\$2,000</b> self and \$4,000 self plus one or self plus family		
Network benefits**			
Primary Care visit	<b>\$15</b> copay		
Specialist visit	<b>\$15</b> copay		
Referral needed for Specialist visit	<b>No</b>		
Preventive care	<b>You Pay Nothing</b>		
Maternity care	<b>You Pay nothing</b>		
Convenient Care clinic visit	<b>\$5</b> copay		
MinuteClinic® at CVS	<b>You Pay nothing</b>		
Generic prescription	<b>\$10</b> copay		
Surgical procedures	<b>\$150</b> copay per occurrence		
Service and special features			
Diabetic incentive program	Up to <b>\$75</b>		
Wellness rewards	<b>NA</b>		
Nationwide network with the doctors and hospitals I need	Over <b>1.2 million</b> providers nationwide plus worldwide coverage		
Non-Network benefits also available	<b>Yes</b>		
Customer Service available 24/7, except major holidays	<b>Yes</b>		
Other features (add what's important to you)			

\* Other rates available at MHBP.com

\*\* The calendar year deductible applies and must be met before benefits begin.

## COMPARISON CHART - VALUE PLAN

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.

Plan features to compare	MHBP Plan		Your current plan
	Fulltime Regular Mail Handlers	MHA rates (second term)	
2021 Premium (Biweekly)*	Self Only	<b>\$53.35</b>	<b>\$88.41</b>
	Self Plus One	<b>\$126.41</b>	<b>\$184.65</b>
	Self and Family	<b>\$128.94</b>	<b>\$61.25</b>
Deductible	<b>\$600</b> self only and \$1,200 self plus one or self and family		
Network benefits			
Primary Care visit	<b>\$30</b> copay for adults		
Specialist visit	<b>\$50</b> copay**		
Referral needed for Specialist visit	<b>No</b>		
Preventive care	<b>You Pay Nothing</b>		
Maternity care	<b>You Pay Nothing</b>		
Convenient Care clinic visit	<b>\$15</b> copay for adults <b>\$5</b> copay for dependents through age 21		
MinuteClinic® at CVS	<b>You Pay Nothing</b>		
Generic prescription	<b>\$10</b> copay		
Surgical procedures	<b>20%</b> of the Plan's allowance**		
Service and special features			
Wellness rewards	Up to <b>\$300</b>		
Nationwide network with the doctors and hospitals I need	Over <b>1.2 million</b> providers nationwide plus worldwide coverage		
Non-Network benefits also available	<b>Yes</b>		
Customer Service available 24/7, except major holidays	<b>Yes</b>		
Other features (add what's important to you)			

\* Other rates available at MHBP.com

\*\* The calendar year deductible applies and must be met before benefits begin.

PLANS THAT  
FIT YOU.



## MHBP DENTAL AND VISION PLANS

It's easy to enhance your medical coverage with a Dental and/or Vision plan. All FEHBP members are eligible to add this optional coverage at affordable group rates. And you don't need to be an MHBP member to take advantage of these great plans. Enroll anytime, not just during Open Season.\*\*



### MHBP Dental Plan

Your comprehensive 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% thereafter
- Major services,\* such as root canals and crowns, covered at 50% starting the 13th month
- Orthodontic benefits\* for members age 18 and under begin the 25th month of coverage

**Call 800-254-0227 or visit [MHBP.com](https://www.mhbp.com) for low monthly rates in your area and to enroll.**



### MHBP Vision Plan

Get affordable vision coverage for low monthly premiums: \$8.60 for Self Only and \$16.00 for Self and Family.

- Eye exams and lenses every 12 months for just a \$10 copay each
- Up to \$120 for frames (every 24 months) or contact lenses (every 12 months)
- Nationwide coverage for eye exams, frames and lenses, contacts, laser vision correction discounts and more

**Call 800-254-0227 or visit [MHBP.com](https://www.mhbp.com) to learn more and enroll.**



## Notice of Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aid/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 800-410-7778. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator

P.O. Box 14462, Lexington, KY 40512

800-648-7817, TTY: 711

Fax: 859-425-3379

CRCoordinator@aetna.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, or at 800-368-1019, 800-537-7697 (TDD). Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Language Assistance Services for Individuals With Limited English Proficiency TTY: 711

To access language services at no cost to you, call 800-410-7778 .

Para acceder a los servicios de idiomas sin costo, llame al 800-410-7778 (Spanish)

如欲使用免費語言服務，請致電 800-410-7778。(Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 800-410-7778 (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 800-410-7778 (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 800-410-7778 an. (German)

T'áá shí shizaad k'ehjí bee shiká a' doowoł ninizingo Diné k'ehjí kojí' t'áá jíik'e hólné' 800-410-7778 (Navajo)

لمقرنا ىلع لاصت لاء اجردا، ةفلكت ي نود ةيوع لل تامدخ لل ىلع لوصح ل 800-410-7778 (Arabic)

Pou jwenn sèvis lang gratis, rele 800-410-7778 (French Creole)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 800-410-7778. (Italian)

言語サービスを無料でご利用いただくには、800-410-7778 までお電話ください。(Japanese)

무료 언어 서비스를 이용하려면 800-410-7778 번으로 전화해 주십시오 (Korean)

ديري گب سامت 800-410-7778 هرامش اب، ناگيار روط هب نابز تامدخ هب ىسرتسد ىارب (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 800-410-7778. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 800-410-7778 (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 800-410-7778. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 800-410-7778. (Vietnamese)



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