

# Postal service employees, retirees and second term appointment MHAs can count on MHBP



### Your union-sponsored health plans

MHBP has been trusted by federal and postal service employees and retirees for **over 60 years**. With our three nationwide health plans, we offer something for everyone.

We are proud to be known for our highly-rated customer service. We have dedicated MHBP representatives available to answer your questions **24** hours a day, **7** days a week (except certain holidays). In the United States, we are backed by the strength of the Aetna® network, with over **two million** providers.

MHBP also offers coverage outside of the United States. All MHBP plans offer both in- and out-of-network coverage. At MHBP, our mission is to provide plans for a healthier you — because we believe it's what all federal and postal service employees deserve!

#### Who is eligible and when:

- 1. All existing career Mail Handlers may make any one, or a combination of, the following changes to their health insurance during Open Season:
  - enroll if not enrolled
  - cancel enrollment
  - change from one plan to another or from one option to another
  - change from Self to Self and Family, or from Self and Family to Self
- 2. For those Mail Handlers converting to full time regular (FTR), you have **60 days** from the date of conversion to enroll in a PSHB Plan.
- 3. 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. You have **60 days** from the date of your newly acquired eligibility to enroll in MHBP.

#### 2026 Plan Features

| Plan Features                     | Standard Option   | <b>Consumer Option</b>                           | Value Plan<br>\$600 per person limited<br>to \$1,200 self plus one<br>and family |  |
|-----------------------------------|---|--|--|--|
| Deductible (in-network)           | \$350 self/\$700 self plus<br>one and family                | \$2,000 self/\$4,000 self plus one and family*   |  |  |
| HSA Contributions                 | N/A   | \$1,200 self/\$2,400 self<br>plus one and family | N/A  |  |
| Network Benefits                  |   |  |  |  |
| PCP visit                         | \$20 copay (\$10 copay<br>for dependents through<br>age 21) | \$15 copay*                                      | \$30 copay (\$10 copay<br>for dependents through<br>age 21)                      |  |
| Specialist visit                  | \$30 copay  | \$15 copay*                                      | \$50 copay*  |  |
| Maternity care                    | No additional cost  | No additional cost*                              | No additional cost   |  |
| Telehealth through Teladoc Health | No additional cost  | No additional cost*                              | No additional cost   |  |
| Lab Savings Program               | No additional cost  | No additional cost*                              | No additional cost   |  |
| Generic prescription              | \$5 copay   | \$10 copay*                                      | \$10 copay   |  |

<sup>\*</sup>Deductible must be met first

#### 2026 Plan Rates

| Postal Service<br>employees*<br>(biweekly) |                 | Standard<br>Option<br>Codes 73 D, F, E |        | Consumer<br>Option<br>Codes 74 A, C, B |        | Value Plan<br>Codes 73 A, C, B |        |
|--|-----------------|--|--------|--|--------|--------------------------------|--------|
|  | Self only       | \$                                     | 92.09  | \$                                     | 133.53 | \$                             | 70.40  |
|  | Self plus one   | \$                                     | 211.97 | \$                                     | 312.13 | \$                             | 166.81 |
|  | Self and family | \$                                     | 214.00 | \$                                     | 305.80 | \$                             | 170.15 |
| Second-term<br>MHAs***<br>(biweekly)       |                 | Standard<br>Option                     |        | Consumer<br>Option                     |        | Value Plan                     |        |
|  | Self only       |  |        | \$                                     | 313.17 | \$                             | 156.62 |
|  | Self plus one   | N/A                                    | \$     | 613.38                                 | \$     | 311.01                         |        |
|  | Self and family |  | \$     | 514.10                                 | \$     | 176.59                         |        |

## Scan for more information!



This is a brief description of the features of MHBP. Before making a decision, please read the plan's applicable Official Plan brochure(s). All benefits are subject to the definitions, limitations and exclusions set forth in the Official Plan brochures.



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<sup>\*</sup> These rates do not apply to all Enrollees. If you are in a special enrollment category, please refer to the PSHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

<sup>\*\*\*</sup>These rates apply upon appointment to second term.