MHBP Consumer Option 2017 Benefit Summary

This is a summary of the MHBP Consumer Option. DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-016).

Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA, only applies if you are not eligible for an HSA)		
Annual Contribution	**HSA**	**HRA**
MHBP: *(up to)*	$900 Self Only; $1,800 Self Plus One or Self and Family	$900 Self Only; $1,800 Self Plus One or Self and Family
Member, *Optional: (up to)*	$2,500 Self Only; $4,950 Self Plus One or Self and Family	You cannot contribute to an HRA
Calendar Year Deductible	**Self Only**	**Self Plus One or Self and Family**
Deductible	$2,000 Network; $2,000 Non-network	$4,000 Network; $4,000 Non-network
PREVENTIVE CARE/WELLNESS (calendar year deductible does not apply to Network preventive care)	**Network Benefits — You Pay**	**Non-Network Benefits — You Pay**
Adult annual physical exam (office visit)	Nothing	All charges
Adult routine screenings and immunizations (including cholesterol screenings, mammograms, Pap and HPV tests, PSA tests, bone density screening, urinalysis, colon cancer screenings and more)	Nothing	All charges
Women's preventive care (see official Plan Brochure for covered services)	Nothing	All charges
Well-child care (routine office visits, immunizations and certain screenings)	Nothing	All charges
QuitPower® tobacco cessation program (up to two quit attempts per year, with five counseling sessions per attempt)	Nothing	Nothing
Physician-prescribed OTC and prescription drugs approved by the FDA to treat tobacco dependence	Nothing	All charges
TRADITIONAL MEDICAL COVERAGE (calendar year deductible applies to all benefits)	**Network Benefits — You Pay**	**Non-Network Benefits — You Pay**
Physician Care		
Doctor's office visits (primary care physicians and specialists)	$15 copay	40% of the Plan's allowance and any difference between our allowance and the billed amount
Convenient care clinic visits (such as MinuteClinic® or Take Care Clinic℠)	$5 copay	
Maternity	Nothing	
Surgery – inpatient	Nothing	
Surgery – outpatient (at a hospital or ambulatory surgical center)	Nothing	
Hospital/Facility Care		
Inpatient hospital (room, board and ancillary services; precertification required)	$75 copay per day, up to $750 maximum per admission	40% of the Plan's allowance and any difference between our allowance and the billed amount
Inpatient maternity		
Outpatient hospital or ambulatory surgical facility – surgical	$150 copay per occurrence	
Outpatient hospital or ambulatory surgical facility – non-surgical	$75 copay per occurrence	
Emergency Services		
Emergency room visits	$50 copay (waived if admitted to the hospital)	$50 copay and any difference between our allowance and the billed amount (copay waived if admitted to the hospital)
Urgent care center visits		
Ambulance	Nothing	40% of the Plan's allowance and any difference between our allowance and the billed amount
Lab, X-ray and Other Diagnostics		
Non-routine lab, X-ray and other diagnostic tests (non-hospital setting)	$15 copay	40% of the Plan's allowance and any difference between our allowance and the billed amount
Specialized imaging procedures (such as CT/CAT scans, MRI and PET) Preauthorization is required		40% of the Plan's allowance and any difference between our allowance and the billed amount
Provided in a hospital outpatient setting	$75 copay	
Provided in a stand-alone imaging center or clinic	Nothing	
Lab Savings Program	You pay nothing for covered lab tests with the Lab Savings Program with Quest Diagnostics®	
Alternative Treatments		
Chiropractic and acupuncture	$15 copay per visit up to the 26-visit combined alternative therapies annual maximum, per person, per calendar year; all charges after 26 visits	40% of the Plan's allowance and any difference between our allowance and the billed amount up to the 26-visit combined alternative therapies annual maximum, per person per, calendar year; all charges after 26 visits
Catastrophic Protection Out-of-Pocket Maximum		
You pay nothing for the rest of the calendar year after your out-of-pocket expenses for covered medical services totals this amount	$6,000 per person, limited to $12,000 per Self Plus One or Self and Family enrollment	$7,500 per person, limited to $15,000 per Self Plus One or Self and Family enrollment
PRESCRIPTION DRUG COVERAGE (calendar year deductible applies to all benefits)	**Network Benefits - You Pay**	**Non-Network Benefits - You Pay**
Network Retail Pharmacy (up to a 30-day supply)		
Generic	$10 copay	All charges
Preferred Brand*	30% of the Plan's allowance, limited to $200 per prescription	
Non-Preferred Brand*	50% of the Plan's allowance, limited to $200 per prescription	
Mail-Order Drug Program (up to a 90-day supply)		
Generic	$20 copay	All charges
Preferred Brand*	$80 copay	
Non-Preferred Brand*	$120 copay	
*You will pay the copayment or coinsurance amount and the difference in cost between the generic and brand-name drugs when a generic is available, unless a brand exception is obtained.		
Specialty Drugs		
Specialty drugs are used to treat chronic, complex conditions and typically require special handling and close monitoring. Only available through CVS/Caremark Specialty Pharmacy. Preauthorization is required.	30-day supply: 20% of the Plan's allowance, limited to $200 per prescription 90-day supply: 20% of the Plan's allowance, limited to $425 per prescription	All charges

This is a summary of the Mail Handlers Benefit Plan (MHBP) Consumer Option. Before making a final decision, please read the 2017 official Plan Brochure (RI 71-016). All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan Brochure (RI 71-016). A single annual $42 associate membership fee makes all MHBP plans available to you.

2017 MHBP Consumer Option Rates

Enrollment Type	Federal Biweekly	Postal Biweekly		Annuitants Monthly
		Category 1	Category 2	
Self Only – 481	$66.16	$57.56	$54.92	$143.36
Self Plus One – 483	$146.43	$127.39	$121.53	$317.26
Self and Family – 482	$153.74	$133.76	$127.61	$333.11

MHBP℠

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These rates do not apply to all enrollees. If you are in a special enrollment category, please contact the agency that maintains your health benefits enrollment.