



# MHBP Consumer Option

## Part health plan, part health savings account

### A different kind of health plan

You may consider it rather unusual that a health plan would give a portion of your premium back to you to help you pay for your health care expenses. But think about it: Who knows better than you how you prefer to manage your health care?

MHBP Consumer Option is all about empowering you and allowing you to reap the benefits for responsibly managing your care. That's why this health plan comes with a free Health Savings Account (HSA) that you will open, own and control. Any of the funds we contribute to your HSA that you don't use are yours to keep for future health expenses. This feature, coupled with affordable, comprehensive

coverage, is motivation enough for you to take good care of yourself. Because that's what it's all about!

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**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**



## Understanding MHBP Consumer Option

MHBP Consumer Option is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Don't let "high deductible" scare you. This simply means that the deductible is higher than most traditional health plans. The laws governing HSAs require the health plan's deductible to be at least a certain amount to enable plan members to have a tax-advantaged HSA.

The good news is that MHBP returns a portion of your premium back to you in the form of contributions to your HSA. MHBP contributes up to \$900 for Self Only coverage and \$1,800 for Self Plus One or Self and Family coverage each year. The law also allows you to make optional, federal tax-free contributions to your HSA up to an amount determined by the Internal Revenue Service (IRS).

Think of MHBP Consumer Option the same as you would any other health plan. The major differences are that this plan gives you money, and your deductible is higher. Like most health plans, your Network preventive care is covered at 100%, and your traditional plan benefits with member cost-sharing begin after you meet your deductible. To help meet your deductible or pay other out-of-pocket expenses, you may use the funds in your HSA.

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## HSA Basics

An HSA is a special type of savings account that MHBP makes available to you when you enroll in Consumer Option. Your HSA is administered by HealthEquity, our HSA banking partner. To open your account, you must complete the HSA Enrollment form and return it to us. Once the account is opened, we will begin making monthly contributions. You own the account and may use the funds in it to pay for qualified health expenses.

## Qualifying for an HSA

Not everyone qualifies for a Health Savings Account. Before you complete the application, let's make sure that you are eligible to open an HSA.

You are not eligible for an HSA if:

- You are claimed as a dependent on anyone's tax return
- You are enrolled in Medicare or covered by TRICARE
- You are covered by another health plan, other than permitted insurance as defined by the IRS
- You are covered by your own or someone else's Health Care Flexible Spending Account — excludes a Limited Expense Health Care Flexible Spending Account (LEX HCFSA), which is used for dental and vision expenses only
- You received VA and/or IHS benefits in the past three months

If you do not qualify for an HSA, please contact us and we will establish a Health Reimbursement Arrangement (HRA) for you instead.

## Health Reimbursement Arrangement (HRA)

We will establish an HRA for you if you don't qualify for an HSA. An HRA is similar to an HSA in many respects. For example, we will still contribute up to \$900 per year for a Self Only enrollment or \$1,800 per year for a Self Plus One or Self and Family enrollment. You can use those funds to pay for qualified medical expenses, including Medicare Part B premiums. And any unused funds roll over from year to year as long as you remain enrolled in MHBP Consumer Option. But there are some important differences that you should be aware of:

- An HRA is a tax-free credit that the Plan administers for you — it is not a bank account
- Your entire HRA credit is available to you from the effective date of your enrollment (prorated for mid-year enrollment)
- You cannot contribute additional funds to your HRA
- You may not use your HRA funds for anything except qualified medical expenses
- You cannot invest or earn interest on unused HRA funds
- If you leave the Plan, you do not keep your unused HRA funds

## We're Here to Help

As always, if you have questions about whether you're eligible for an HSA, how it works, how to open your account or others questions, call us at 1-800-694-9901 and we'll be happy to help.

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](https://www.mhbp.com).**



## Your Benefits

### Benefit Highlights

When you use Network health care providers, your comprehensive MHBP Consumer Option health benefits include:

- 100% coverage for your preventive care — with no deductible:
  - Annual physical exams
  - Adult routine screenings, including cholesterol screenings, mammograms, Pap and HPV tests, PSA tests, bone density screening, urinalysis, colon cancer screenings and more
  - Well-child care (routine office visits, immunizations and certain screenings)
  - Immunizations and flu vaccinations obtained from a Network physician or a Vaccine Network pharmacy
  - Women's preventive care — includes coverage for various services in accordance with the Affordable Care Act
  - Routine hearing exams annually for all members
  - QuitPower® tobacco cessation program — up to two quit attempts per year, with four counseling sessions per attempt
  - Physician-prescribed OTC and prescription drugs approved by the FDA to treat tobacco dependence
- Predictable low copayments or coinsurance for all other covered medical care and prescription drugs after your deductible is met

Benefits for care received from Non-Network providers are also available, except that Non-Network preventive care and prescriptions from a Non-Network pharmacy are not covered.

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## What to Expect

For care you receive before you meet your annual deductible, you can use your HSA funds to pay the bill, or you can use another form of payment. We recommend that you wait until a claim has been submitted and we have sent you an Explanation of Benefits (EOB) before you pay the bill. That way, you'll know the actual cost of your care after we have applied our Network rate.

Once you meet your annual deductible, you only pay your copayments for services from Network providers or coinsurance for services from Non-Network providers.

A summary of benefits is provided on page 6. Please refer to the official Plan brochure (RI 71-016) for complete benefits, limitations and exclusions for MHBP Consumer Option.

To help you understand how your MHBP Consumer Option benefits work, refer to the example below. This illustration shows when you will have out-of-pocket expenses based on using a Network provider and whether or not you have met your deductible. In the chart below, "All charges" means your cost after we have applied our Network rate, not the billed charges. This also saves you money!

Type of care	You pay (Network benefit)	
	Until deductible is met	After deductible is met
Annual physical exam	Nothing	Nothing
Preventive screenings	Nothing	Nothing
Immunizations	Nothing	Nothing
Doctor's office visit	All charges	\$15 copayment
Convenient care clinic visit	All charges	\$5 copayment
Generic prescription	All charges	\$10 copayment
Emergency room visit	All charges	\$50 copayment

## When You Have an HRA

The Plan will automatically use funds from your HRA to cover your cost-sharing amounts when claims for qualified medical expenses are processed. When you have qualified medical expenses that the Plan doesn't cover, such as dental or vision care, you can request reimbursement from your HRA by completing an HRA Reimbursement form and attaching appropriate documentation. The form and instructions can be found in the Forms and Documents Library on the MHBP website:

[www.MHBP.com](http://www.MHBP.com)

> Member Resources

> Forms and Document Library

> HRA Reimbursement

**As always, if you have any questions about your benefits, your HRA, or how to get reimbursed, call us at 1-800-694-9901 and we'll be happy to help.**

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**

## 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 <sup>SM</sup> )	\$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	\$75 copay <i>Provided in a hospital outpatient setting</i> Nothing <i>Provided in a stand-alone imaging center or clinic</i>	40% of the Plan's allowance and any difference between our allowance and the billed amount
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



## Your Money

With a plan like Consumer Option, it's important to understand all the costs for your health care. First, there's the health plan premium, which most people pay either biweekly or monthly. Then, there's your health savings account (HSA), into which MHBP will make contributions; you may also contribute if you choose. Lastly, you have cost-sharing for non-preventive care services. This is your out-of-pocket costs, such as deductibles, copayments and coinsurance, for the covered care you receive.

### Affordable Coverage

You save right from the start with these affordable premiums:

MHBP Consumer Option 2017 Rates	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

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

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**

## Take Control With Your Health Savings Account (HSA)

You control your health care spending with this special tax-advantaged savings account. And here's what you can expect:

### When you have Self Only coverage:

- An annual HSA contribution from MHBP up to \$900 (\$75 per month) to either pay for qualified medical expenses or save.
- An opportunity to contribute more funds, which can help bridge the gap between our contribution and the annual deductible of \$2,000. You may contribute an additional \$2,500 in 2017. An extra \$1,000 may be contributed each year if you are age 55 or older and not enrolled in Medicare.

*Note: The IRS-defined total contribution limit for 2017 is \$3,400. This includes all contributions made by MHBP and you, combined.*

### When you have Self Plus One or Self and Family coverage:

- An annual HSA contribution from MHBP up to \$1,800 (\$150 per month) to either pay for qualified medical expenses or save.
- An opportunity to contribute more funds, which can help bridge the gap between our contribution and the annual deductible of \$4,000. You may contribute an additional \$4,950 in 2017. An extra \$1,000 may be contributed each year if you are age 55 or older and not enrolled in Medicare.

*Note: The IRS-defined total contribution limit for 2017 is \$6,750. This includes all contributions made by MHBP and you, combined.*

### All coverage types

- A convenient debit card to pay your cost-sharing for doctor visits, prescription drugs or other IRS-qualified medical expenses and an online system to help you manage your account.
- Tax benefits — all of the funds we deposit into your HSA are federal tax-free. Any money you contribute to your account is also tax-free, up to the IRS-defined limits.
- The opportunity to invest funds from your HSA over \$2,000.
- Keep your funds when you don't use them. Your HSA money rolls over from year to year. You can use it or save it, but you'll never lose it.
- Take your HSA funds with you if you retire, change jobs or leave federal service. The money is always yours to keep.

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**





## Your Choice

MHBP Consumer Option empowers you to make informed choices that lead to better health. You decide what's best for you, and we make that easy to do with:

- 24/7 customer service from real people, except on major holidays
- An expansive network of doctors and hospitals — where you live, work or travel
- Network and Non-Network benefits for most covered care
- No requirement to choose a primary care doctor
- No referrals needed to see specialists
- Claims filed for you when you use Network providers
- Freedom to direct your care and your HSA funds
- Secure online access to manage your HSA and health benefits

### Maximizing Your Benefits and HSA

You can get the most out of your benefits and stretch your HSA dollars further when you:

- Take advantage of your Network preventive care benefits — early detection is your best defense.
- Use Network providers when you need care — our Network rates can save you money.
- Try alternate sites of care — use convenient care clinics or urgent care centers instead of the doctor's office or emergency room for minor and nonlife-threatening illnesses or injuries.
- Make optional contributions to your HSA — funds you contribute up to the IRS-defined limits are federal tax-free and may be state tax-free, too. Check with your financial adviser.
- Monitor your HSA account balance — MHBP and our banking partner, HealthEquity, provide a host of helpful tools.

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## Special Feature for Members With Medicare

When you are enrolled in Medicare Parts A and B (Original Medicare), and Medicare is your primary coverage for health benefits, MHBP will waive your cost-sharing (deductible, copays and coinsurance, except for prescription drugs) and will cover your Medicare deductible and coinsurance. You pay nothing for services covered by both MHBP and Medicare.

The cost-sharing waiver applies to services and supplies that are covered by both Original Medicare and MHBP when:

- You have Original Medicare (both Part A and part B), and
- Medicare is your primary coverage for health benefits.
- Your Consumer Option enrollment is accompanied by an HRA

*The cost-sharing waiver does not apply to prescription drugs.*

Not only will you enjoy 100% coverage for services and supplies covered by both Medicare and MHBP but you can use the funds in your Health Reimbursement Arrangement (HRA) to help pay your Medicare premiums.

When you are enrolled in Medicare, you are not eligible to have an HSA. Instead, we will establish an HRA for you.

We contribute up to \$900 (Self Only) or \$1,800 (Self Plus One or Self and Family) to your HRA each year (prorated for mid-year enrollment). The funds in your HRA can be used to pay for qualified medical expenses, which include your Medicare Part B monthly premium.

To get reimbursed for the cost of your Part B premium, simply complete the MHBP Consumer Option HRA Reimbursement Request and attach your Notice of Medicare Premium Payment Due or Notice of Annuity Adjustment that indicates your Medicare Part B premium amount and send it to the address on the form. We'll process your request and reimburse you for your Part B premium. You can find the form on our website:

**[www.MHBP.com](http://www.MHBP.com)**

**> Member Resources**

**> Forms and Documents Library**

**> HRA Reimbursement**

We hope you'll be as excited about taking advantage of this special feature as we are to offer it.

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**

# What's Next

## How to Enroll

MHBP Consumer Option is an excellent choice if you like being in control, want to have up to \$1,800 put into an HSA for you to spend or save, have your preventive care entirely paid for, and can handle paying for your other health care until you meet your deductible. Enrolling in Consumer Option is easy, too!

- 1 **Start by selecting the enrollment code for the level of coverage you need.**

Enrollment Type	Enrollment Code
Self Only	481
Self Plus One	483
Self and Family	482

- 2 **Enroll using the method preferred by your agency**

Federal and Postal Employees — your enrollment options outside of Open Season include, but are not limited to:

- Employee Express — actively employed non-postal employees may use this website to enroll if your agency uses this tool.
- PostalEASE — U.S. Postal Service employees may securely make enrollment changes using this tool.
- Paper Enrollment — If your agency doesn't offer online enrollment, complete an SF 2809 Employee Health Benefits Election form and return it to the designated individual for your agency.

Annuitants—use these steps to enroll outside of Open Season.

- Telephonic Enrollment — Call OPM's Retirement Information Center at 1-888-767-6738 (or 1-800-878-5707 for a TDD for the hearing impaired). Annuitants in the Washington DC local calling area should dial 202-606-0551 for a TDD for the hearing impaired.
- Email Enrollment — Send an email to [retire@opm.gov](mailto:retire@opm.gov).

*Please note: You are not eligible to have an HSA if you have Medicare. We will establish an HRA for you.*

- 3 **Enrollment Confirmation**

As confirmation of your enrollment in MHBP Consumer Option, we will send you a welcome package that will include your health plan ID card, HSA Enrollment form (which must be completed to open your account), the official Plan brochure and other information to help you successfully manage your new coverage.

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**

# Frequently Asked Questions

## What happens when I go to my first doctor visit?

When you use a Network doctor, he/she will submit a claim to us on your behalf. If the visit was for covered preventive care, you will owe nothing. If the visit was not for preventive care, you may be asked to pay your copayment. You can pay it with your Consumer Option Visa debit card if you have funds available in your HSA, or you can choose to pay out-of-pocket.

But until you meet your deductible, wait until we process the claim before paying any additional amount. That way, we can apply our Network discount, and you will know the actual amount you owe the doctor. Once you reach your deductible, your traditional benefits begin and you only owe your copayment.

## Is the money that the Plan gives me really tax-free?

The money that the Plan gives you does not count as part of your income for federal tax purposes. Any additional money that you choose to contribute to your HSA counts as an “above-the-line” federal tax deduction. In other words, you can subtract all of it from your federal taxable income, even if you don’t itemize your deductions. Please consult your financial adviser to determine if your contributions are free of state and local taxes.

## How much can I contribute to my MHBP Consumer Option HSA each year?

In 2017, you can contribute up to \$2,500 when you have Self Only coverage or \$4,950 when you have Self Plus One or Self and Family coverage. That’s in addition to the Plan’s contribution of \$900 for Self Only, or \$1,800 for Self Plus One or Self and Family. An extra \$1,000 may be contributed each year if you are age 55 or older and not enrolled in Medicare. However, if you are enrolled for less than 12 months after the year in which you first become eligible, the Plan’s contribution and the maximum amount you may contribute are prorated accordingly.

## Do I have to contribute funds to the HSA in order to get benefits from the health plan?

No. Your MHBP coverage and our contributions to your HSA are provided to you regardless of any funds you deposit in your account. However, you must meet your deductible first for all benefits except Network preventive care.

## How is an HSA different from a Flexible Spending Account (FSA)?

A traditional FSA allows you to set aside pre-tax dollars to pay for eligible medical, dental and vision care expenses, similar to an HSA. However, you may only be able to carry over up to \$500 of unspent funds to the next year. In addition, you cannot earn interest on the money in an FSA. The money in an HSA is yours to keep and your remaining balance rolls over year after year. You can save your HSA funds or spend them on qualified medical expenses. You even earn tax-free interest on money in your HSA.

## Can I have both a flexible spending account (FSA) and an HSA?

No. You can’t have a traditional FSA if you have an HSA. However, you can add a Limited Expense Health Care Flexible Spending Account (LEX HCFSAs). You may use it for eligible dental and vision expenses, but not for medical expenses. You can still carry over up to \$500 on unspent funds to the next year.

## How do I pay for services?

You simply use your MHBP Consumer Option Visa debit card, and the money will automatically be debited from your account. Remember to have your health care provider submit a claim to us first to ensure you receive the Network discounts. For pharmacy services, simply present your debit card at the pharmacy. Keep your receipts for future reference.

**Questions? Contact MHBP anytime! Call 1-800-694-9901 or visit [MHBP.com](http://MHBP.com).**

## Can I withdraw my HSA funds for non-medical expenses?

If you're under 65 and you use your HSA funds for any reason except for a qualified medical expense, you will owe income tax on the amount withdrawn plus a 20% penalty. If you're over 65, you pay only normal income tax on the HSA funds you use.

## What counts as a “qualified medical expense”?

The Internal Revenue Service has defined qualified medical expenses in a very broad way to include “the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body.” Based on that definition, qualified medical expenses include many of the services you'd expect, from doctors' visits to acupuncture, dental procedures, weight-loss programs, prescription medications and more. However, expenses that are merely beneficial to general health, such as vitamins and nutritional supplements, gym memberships, or expenses related to cosmetic surgery are not qualified medical expenses. See IRS Publication 502 ([www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)) for complete details. If you have any questions, call us at 1-800-694-9901.

## Am I eligible for an HSA if I'm enrolled in TRICARE or Medicare?

No. According to the IRS, you cannot be covered by TRICARE, enrolled in Medicare, covered by your own or someone else's Health Care Flexible Spending Account (HCFSA) or another traditional health plan and be eligible for an HSA. However, you may have any of the following types of coverage and remain eligible for an HSA: insurance for a specified disease or illness, insurance that pays a fixed amount per day for hospitalization, dental or vision care, long-term care, accidents or disability.

## What if I'm not eligible for an HSA?

Under rules established by FEHBP, if you enroll in the MHBP Consumer Option and do not qualify for an HSA, the Plan will establish a Health Reimbursement Arrangement (HRA) for you. See page 3 for additional details about an HRA.

This is a summary of the Mail Handlers Benefit Plan (MHBP) Consumer Option. Before making a final decision, please read the official Plan Brochures (RI 71-016). All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan Brochure.

Plans are underwritten by First Health Life & Health Insurance Company in all states except NY. Plans are underwritten by Cambridge Insurance in NY. Information is believed to be accurate as of the production date; however, it is subject to change.

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