



MHBPSM

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MHBP and Medicare

Working together
for your benefit





You've Earned It

You'll be eligible for Medicare soon. You owe it to yourself to take full advantage of these long-awaited benefits. Medicare Part A is yours for the taking, and you can enroll in Medicare Part B now, too! This is an enrollment opportunity that's not to be missed when you turn age 65 and you qualify for Medicare. Don't leave these important benefits on the table. Add Medicare Parts A and B (called "Original Medicare") to MHBP Standard Option coverage, and experience nearly complete medical coverage for the first time when you have both. You'll have virtually zero out-of-pocket expenses, except for your prescription drug costs.

As you read through this guide, you will learn more about Medicare and how these new benefits work with MHBP Standard Option coverage. You will also learn about steps you may need to take to ensure these plans can work together seamlessly for your greatest benefit.

Important – The benefits described in this booklet assume that Medicare will become your primary coverage, which usually means that you or the person through whom you have your FEHBP coverage (the "enrollee") is an annuitant. It further assumes you are enrolled in the MHBP Standard Option at the time you begin receiving your Medicare benefits. If you or the enrollee will remain actively employed and/or enrolled in a plan other than the MHBP Standard Option, the Medicare coordination of benefits described in this booklet may not apply to you. Please call us at 1-800-410-7778 with any questions that you may have.

About Medicare

Medicare is a federal health insurance program for people age 65 and older, as well as some people with disabilities (under 65 years old) and people with end-stage renal disease (kidney failure).

When you have Medicare, your doctor or hospital will send a claim to Medicare for services provided, and Medicare will pay benefits to the doctor or hospital. Then, you pay the balance if you don't have other coverage.

We recommend that you keep your MHBP coverage to minimize your out-of-pocket expenses for health care.

Many federal retirees question the necessity of enrolling for Medicare when they already have great benefits. Here are some important considerations:



Medicare has some coverage gaps and limits that are filled by having your MHBP benefits and vice versa. Without the dual coverage, you can expect to pay for some services that would be fully covered if you had both MHBP and Medicare.



All U.S. health care providers are required to file claims for you when you have Medicare Part B as your primary coverage. MHBP will coordinate your benefits directly with Medicare so there is nothing you need to do. Just present your Medicare and MHBP ID cards each time you receive medical care, and we'll handle the rest.



Medicare coverage adds to your financial security by keeping your health care expenses predictable. You can be pretty certain when you receive covered medical care from a provider that accepts Medicare assignment that you'll likely have a zero balance.



If you don't enroll for Part B coverage when you first become eligible (assuming you are retired) and you decide to enroll later, your Medicare Part B premium may be higher by 10% for every 12-month period beyond your initial eligibility — this can add up!



Most people don't elect Medicare Part D when they retire and keep their MHBP coverage. But if you enroll for Part D, we'll coordinate your MHBP prescription drug benefits with your Part D plan.



In retirement you don't want to spend time agonizing over medical bills—you've got better things to do. When your coverage is as simple as what's shown on Page 7, you'll have one less worry.



The Four Parts of Medicare

At age 65 you can reap the benefits of Medicare if you qualify for this coverage. Here's a summary of the four parts of Medicare:

Part A is hospital insurance. Most people do not have to pay for Part A. If you or your spouse paid Medicare taxes for at least 10 years, you should qualify for Part A without having to pay a premium. Otherwise, you may be able to buy it. Most federal employees and annuitants are entitled to Medicare Part A at no cost.

If you can get premium-free Part A coverage, we recommend that you take it.

Part B is medical insurance, covering such expenses as doctor's office visits and outpatient hospital care. Most people pay a monthly premium for Part B and choose to have it withheld from their monthly Social Security check.

We recommend enrolling in Part B as a way to maximize your MHBP and Medicare benefits.

Part C, also called Medicare Advantage, includes health plan options (like an HMO or PPO) approved by Medicare and offered by private companies. You enroll in a Medicare Advantage plan instead of Original Medicare (Parts A and B). These plans provide your health coverage and possibly your prescription drug coverage. Medicare Advantage is not a Medicare supplement plan.

When you enroll in a Medicare Advantage plan, we will coordinate our benefits with your Medicare Advantage benefits.

Part D is prescription drug coverage offered by private companies approved by Medicare. You pay a monthly premium if you decide to enroll. Your MHBP prescription drug benefits are considered to be "creditable coverage" which eliminates the need for you to enroll in a Part D plan now to avoid the late enrollment penalty if you decide to enroll later on.

You don't have to enroll in Part D, but if you do we'll coordinate your benefits.


When can you enroll?

If you're already collecting Railroad Retirement Board or Social Security retirement benefits when you turn 65, you will automatically be enrolled Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) if you sign up for Medicare Part B at the time you sign up for retirement benefits. If you don't want Part B, you have the option to turn it down. If you are a resident of Puerto Rico or a foreign country, you are not automatically enrolled and you must elect Part B coverage if you want it.

You are not automatically enrolled for Medicare and must apply for it if you do not yet receive Social Security benefits and/or are continuing to work. If you are age 65 or older and employed, you are not required to enroll in Medicare Part B because your MHBP benefits are still primary.

If you are not automatically enrolled

You can enroll in Medicare from three months before until three months after your 65th birthday. Use the calendar on Page 10 to mark your Medicare enrollment period, and see the chart below from the Social Security Administration to determine the effective date of your Medicare coverage based on when you enroll.

If you enroll in Medicare:		Then your Medicare coverage starts:
One to three months before you reach age 65		The month you reach age 65
The month you reach age 65		One month after the month you reach age 65
One month after you reach age 65		Two months after the month of enrollment
Two or three months after you reach age 65		Three months after the month of enrollment

How do you enroll?

In general, you can apply for Medicare through your local Social Security office, online (if you qualify) or by calling 1-800-772-1213. If you are retiring around the time of your 65th birthday, you can apply for Medicare and Social Security benefits at the same time.

After you have enrolled

Notify us so that we are aware of your Medicare elections and your employment status. Just call 1-800-410-7778 and we'll take it from there.

Your MHBP benefits and Medicare

You want your Medicare benefits and you don't have to change health plans to get them. MHBP, like all FEHBP plans, will coordinate your benefits with Medicare.

When you are retired and have Original Medicare (both Part A and Part B) paired with MHBP Standard Option, you have optimal protection against out-of-pocket medical expenses. Medicare pays your claims first (as the "primary" payor) and then MHBP also pays benefits. And when Medicare is the primary payor, MHBP Standard Option has a special feature just for you:

Your coverage is enhanced because MHBP will cover or waive*:

- 100% of your Medicare Part A deductible
- 100% of your Medicare Part B deductible
- Our calendar year medical deductible
- Our medical copayments and coinsurance for care that's covered by both MHBP and Original Medicare
- Medicare's coinsurance that applies to physician and other outpatient services

These costs can add up quickly and impact your household budget.

You can travel freely because your MHBP benefits go wherever you go.

- Medicare does not typically cover your medical care received outside of the United States, but MHBP does.
- You can see any provider you want, even those who are not in our Network.

You're protected with MHBP and Original Medicare!

* When Original Medicare is your primary coverage and you are enrolled in Standard Option, MHBP will waive applicable deductibles, copayments and coinsurance for most medical, surgical and mental health and substance abuse services. Prescription drug copayments and coinsurance are not waived. All other MHBP exclusions and benefit limitations apply. MHBP does not pay 100% if the member uses a doctor under a private contract that provides for direct billing and no Medicare coverage. When you are enrolled in MHBP's Value Plan, MHBP does not waive deductibles, copayments or coinsurance, but will still coordinate benefits with Medicare, which may reduce or eliminate your out-of-pocket expenses.

MHBP Standard Option with Medicare 2017 Benefit Summary*

This is a summary of the MHBP Standard Option when Medicare Parts A and B are your primary coverage. MHBP waives your calendar year deductible and most copayments and coinsurance, except for prescription drugs, and pays Medicare's deductible and coinsurance for services covered by both Medicare and MHBP. DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-007).

MEDICAL COVERAGE

	You pay	
Preventive Care/Wellness (Network provider required)		
Adult annual physical exam (office visit)	Nothing	
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	
Women's preventive care (see official Plan Brochure for covered services)	Nothing	
QuitPower® tobacco cessation program – up to two quit attempts per year, with five counseling sessions per attempt	Nothing	
Physician-prescribed OTC and prescription drugs approved by the FDA to treat tobacco dependence	Nothing	
Physician Care		
Primary care physician visits	Nothing	
Specialist visits	Nothing	
Convenient care clinic visits (such as MinuteClinic® or Take Care Clinic®)	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 only if the Medicare Part A benefit is exhausted)	Nothing	
Outpatient hospital or ambulatory surgical facility	Nothing	
Emergency Services		
Emergency room visits	Nothing	
Urgent care center visits	Nothing	
Ambulance	Nothing	
Lab, X-ray and other Diagnostics		
Non-routine lab, X-ray and other diagnostic tests	Nothing	
Specialized imaging procedures (such as CT/CAT scans, MRI and PET); Preauthorization is required	Nothing	
Lab Savings Program	You pay nothing for covered lab tests with the Lab Savings Program with Quest Diagnostics®	
Alternative Treatments		
Chiropractic and acupuncture	You pay nothing up to the 26-visit alternative care therapies annual maximum; all charges after 26 visits	
Calendar Year Deductible		
	Network	Non-Network
When the calendar year deductible applies, you pay these amounts before benefits begin	\$350 per person, limited to \$700 per Self Plus One or Self and Family enrollment (waived)	\$600 per person, limited to \$1,200 per Self Plus One or \$1,500 per Self and Family enrollment (waived)
Catastrophic Protection Out-of-Pocket Maximum		
You pay nothing for the rest of the calendar year after your out-of-pocket expenses for covered services, drugs and supplies total this amount	\$6,000 per person, limited to \$12,000 per Self Plus One or Self and Family enrollment	\$9,000 per person, limited to \$18,000 per Self Plus One or Self and Family enrollment
PRESCRIPTION DRUG COVERAGE		
Retail Pharmacy (up to a 30-day supply)		
Generic	\$5 copay	\$5 copay and any difference between our allowance and the billed amount
Preferred Brand †	25% of the Plan's allowance, limited to \$200 per prescription	25% of the Plan's allowance, limited to \$200 per prescription
Non-Preferred Brand †	50% of the Plan's allowance, limited to \$200 per prescription	50% of the Plan's allowance, limited to \$200 per prescription
Mail Order Pharmacy (up to a 90-day supply)		
Generic	\$10 copay	All charges
Preferred Brand †	\$60 copay	
Non-Preferred Brand †	\$120 copay	
† You will pay the 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: 15% of the Plan's allowance, limited to \$200 per prescription 90-day supply: 15% of the Plan's allowance, limited to \$425 per prescription	All charges

*This chart assumes Medicare Parts A and B are primary and that covered services are provided by doctors and facilities that participate with Medicare. MHBP does not pay 100% when services are provided by a doctor under a private contract that provides for direct billing and no Medicare coverage. This is also a summary of Medicare features. For more information on Medicare call 1-800-MEDICARE or visit www.Medicare.gov.

This is a summary of the Mail Handlers Benefit Plan (MHBP) Standard Option. Before making a final decision, please read the 2017 official Plan Brochure (RI 71-007). A single annual \$42 associate membership fee makes all MHBP plans available to you. All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan Brochure.



We Can Help

You likely have more questions than this little booklet can answer, but here are some common questions and answers that may help. Read these Q&A's and call us if you have other questions or concerns. Our team of experts is ready to assist you.

What does “primary” and “secondary” payor mean?

When you have MHBP Standard Option and Medicare, both plans will provide benefits. Which plan pays first (“primary”) and which pays second (“secondary”) largely depends on your employment status. Generally, if you are retired or receive annuitant benefits, Medicare will be your primary coverage and MHBP will be secondary. If you remain actively employed, MHBP will be your primary coverage and Medicare will be secondary.

If I am not yet retiring, but am eligible for Medicare, do I still need my MHBP coverage?

Yes. When you are actively employed, your MHBP benefits are your primary coverage and Medicare is secondary. Also, government regulations generally require FEHBP enrollees to maintain coverage for at least five continuous years prior to retirement in order to carry health benefits into retirement.

Once I am eligible for Medicare, do I need to change from MHBP to another health plan to receive my Medicare benefits?

No. When you become eligible for Medicare, you can change your FEHB health plan if you want to, but a change in coverage is not necessary. MHBP will coordinate benefits with Medicare. All you have to do is enroll in Medicare and leave the rest to us. Contact us with any questions about how your benefits will coordinate with Medicare.

Please refer to Section 9 of the official Plan brochure for complete details on how your benefits coordinate with Medicare, or call us at 1-800-410-7778 and we'll be glad to help you.

Use Your Resources

Don't rack your brain about what to do. We can help you. Call us anytime, and contact Medicare, if necessary. Here's how:

Find out more about MHBP

If you have any questions about your MHBP benefits or how they coordinate with Medicare, call us at 1-800-410-7778, or visit our website: www.MHBP.com.

You will also find more information about coordinating your Medicare and MHBP benefits in the official Plan brochures (RI 71-007 or RI 71-016). To obtain a copy of the brochure, you can call 1-800-410-7778, download it from our website, or visit the U.S. Office of Personnel Management website at www.opm.gov/healthcare-insurance/healthcare.

Find out more about Medicare

If you are unsure about your Medicare eligibility, how to enroll in Medicare, or what it covers, call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov. You can also request a copy of the Medicare & You brochure when you call, or download it from Medicare's website.

To contact Social Security, you can call 1-800-772-1213 or visit www.ssa.gov.



Medicare Enrollment Calendar

Use the calendar on the facing page to help keep you on track with enrolling for Medicare.

1. Find and circle your birthday. Happy Birthday!!
2. Count three months before your birthday and circle the date. This marks the start of your initial enrollment period.
3. Count three months after your birthday and circle the date. This marks the end of your initial enrollment period.

Medicare Enrollment Calendar

2016																							
OCTOBER							NOVEMBER							DECEMBER									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
						1			1	2	3	4	5						1	2	3		
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10			
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17			
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24			
²³ / ₃₀	²⁴ / ₃₁	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31			
2017																							
JANUARY							FEBRUARY							MARCH									
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1	2	3	4	5	6	7	5	6	7	8	9	10	11	5	6	7	8	9	10	11			
8	9	10	11	12	13	14	12	13	14	15	16	17	18	12	13	14	15	16	17	18			
15	16	17	18	19	20	21	19	20	21	22	23	24	25	19	20	21	22	23	24	25			
22	23	24	25	26	27	28	26	27	28					26	27	28	29	30	31				
29	30	31																					
APRIL							MAY							JUNE									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
						1	1	2	3	4	5	6						1	2	3			
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10			
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17			
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24			
²³ / ₃₀	²⁴ / ₃₁	24	25	26	27	28	29	28	29	30	31			25	26	27	28	29	30				
JULY							AUGUST							SEPTEMBER									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
						1			1	2	3	4	5						1	2			
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9			
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16			
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23			
²³ / ₃₀	²⁴ / ₃₁	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30			
OCTOBER							NOVEMBER							DECEMBER									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
1	2	3	4	5	6	7				1	2	3	4						1	2			
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9			
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16			
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23			
29	30	31					26	27	28	29	30			²⁴ / ₃₁	25	26	27	28	29	30			
2018																							
JANUARY							FEBRUARY							MARCH									
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
1	2	3	4	5	6							1	2	3						1	2	3	
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10			
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17			
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24			
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31			

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 services at no cost 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 1-800-410-7778.

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 1-800-648-7817, 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 1-800-368-1019, 800-537-7697 (TDD).

Language Assistance Services for Individuals with Limited English Proficiency

For language assistance in your language call 1-800-410-7778 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 1-800-410-7778. (Spanish)

欲取得繁體中文語言協助，請撥打1-800-410-7778，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 1-800-410-7778 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-800-410-7778 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-800-410-7778 an. (German)

للحصول على مساعدة لفظية (اللغة العربية)، الرجاء الاتصال على الرقم المجمع اني 1-800-410-7778 (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-800-410-7778 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-800-410-7778. (Italian)

日本語で援助をご希望の方は、1-800-410-7778 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-800-410-7778 번으로 전화해 주십시오. (Korean)

بدون هیچ هزینه ای تماس بگیرید. انگلیسی 1-800-410-7778 برای راهنمایی به زبان فارسی باشد. (Persian)

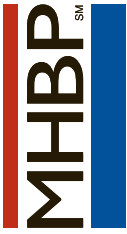
Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-800-410-7778. (Polish)

Para obter assistência linguística em português ligue para o 1-800-410-7778 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-800-410-7778. (Russian)

Đề được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-800-410-7778. (Vietnamese)

T'áa shí shizaad k'ehjí bee shíká a'doowoł nínízingo Diné k'ehjí kojí' t'áa jíík'e hólné' 1-800-410-7778. (Navajo)



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