



MHBP AND MEDICARE.

DOES MHBP WORK ALONGSIDE MEDICARE TO
GIVE YOU OPTIMAL COVERAGE?
IT'S CERTAIN.

Open to Everyone

MHBPSM

Brought to you by Aetna

YOU'VE EARNED IT.

YOU'LL BE ELIGIBLE FOR MEDICARE SOON

Medicare Part A and Part B are yours for the taking. 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. You'll have virtually zero out-of-pocket expenses on covered services, except for your prescription drug costs.

With this guide, you'll learn more about Medicare, how these new benefits work with MHBP Standard Option and how you can ensure these plans work together seamlessly.

Note: 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 800-410-7778 with any questions that you may have.

WHAT'S MEDICARE?

Medicare is a federal health insurance program for people age 65 and older, as well as some people under age 65 (with disabilities) 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.

Enrolling in Medicare in addition to your current benefits offers more thorough coverage.

Some 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 services that have been fully covered with dual coverage.



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 you can simply present your Medicare and MHBP ID cards each time you receive medical care. We'll handle the rest.



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



If you enroll for Part D, we'll coordinate your MHBP prescription drug benefits with your Part D plan.



Having dual coverage with MHBP makes your care simple and coordinated, so you have more time to enjoy retirement.



COVERAGE THAT FITS YOU.

PARTS OF MEDICARE

You're eligible for benefits at age 65 if you qualify for this coverage.

PART A

This is hospital insurance. If you or your spouse paid Medicare taxes for at least 10 years, you should qualify 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.

PART B

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.

PART C

This is also called Medicare Advantage and includes health plan options (like an HMO or PPO) approved by Medicare and offered by private companies. You enroll in a Medicare Advantage plan. These plans provide your health coverage and possibly your prescription drug coverage. Medicare Advantage is not a Medicare supplement plan.

PART D

This is prescription drug coverage offered by private companies approved by Medicare. 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 and to avoid the late enrollment penalty if you decide to enroll later on.

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 in Medicare Part A and Medicare Part B if you sign up for Medicare Part B at the time you sign up for retirement benefits. You can turn down Part B. If you are a resident of Puerto Rico or a foreign country, you are not automatically enrolled and must elect Part B coverage if you want it.

You aren't automatically enrolled for Medicare if you don't receive Social Security benefits and/or are continuing to work. If you are 65 or older and employed, you don't need to enroll in Part B because your MHBP benefits are still primary. If you aren't automatically enrolled, you can enroll in Medicare from three months before until three months after your 65th birthday.

How do you enroll?



**Local Social
Security office**



**Online
(if you qualify)**



**Call
800-722-1213**

After enrollment, update us on your Medicare elections and employment status. Just call 800-410-7778.

Note: if you're retiring near when you turn 65, you can apply for Medicare and Social Security benefits at the same time.

To determine the effective date of your Medicare use this chart:

If you enroll in Medicare:	Then your Medicare coverage starts:
1 to 3 months before you reach age 65	→ The month you reach age 65
The month you reach age 65	→ 1 month after the month you reach age 65
1 month after you reach age 65	→ 2 months after the month of enrollment
2 or 3 months after you reach age 65	→ 3 months after the month of enrollment

MEDICARE ENROLLMENT CALENDAR

Use this calendar to keep on track with enrollment.

1. Find and circle your birthday. Happy Birthday!
2. Circle the date three months before the first day of your birthday month. This marks the start of your initial enrollment period. (For example: if your birthday is April 7, January 1 is the first day you can enroll for Medicare.)
3. Circle the date three months after the last day of your birthday month. This marks the end of your initial enrollment period. So if your birthday is April 7, July 31 is the last day for you to enroll.

2020			2021
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WILL WE COORDINATE WITH MEDICARE? IT'S CERTAIN.

You don't have to change health plans to get Medicare benefits. We'll 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%

Part A deductible

100%

Part D deductible

CALENDAR YEAR

MHBP medical deductible

**COINSURANCE
AND COPAYMENTS**

for care that's covered by MHBP
and Original Medicare

**MEDICARE'S
COINSURANCE**

that applies to physician and
other outpatient services

**YOU'RE
PROTECTED
WITH MHBP AND
MEDICARE**



Although Medicare doesn't typically cover care received outside of the United States, MHBP does. You can get care from any provider you want, even those outside our network.

* 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.

IS MHBP THERE TO HELP? IT'S CERTAIN.

Here are some common questions and answers that may help. Read these Q&A 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.

Do I need my MHBP coverage if I’m eligible for Medicare but not retired?

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, but it's not required. MHBP will coordinate benefits with Medicare. All you have to do is enroll in Medicare and leave the rest to us.

Have more questions? Refer to Section 9 of the official Plan brochure for complete details on how your benefits coordinate with Medicare, or call us at 800-410-7778, 24 hours a day, 7 days a week — we'll be glad to help you. For those who are hearing impaired, call 1-877-486-2048 (except major holidays).

YOU HAVE RESOURCES

Learn about us



Call 800-410-7778, or visit [MHBP.com](https://www.mhbp.com)

Learn about Medicare

For answers about eligibility or enrollment, call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. If you are hearing impaired, use 1-877-486-2048. You can also request a copy of the Medicare & You brochure when you call, or download it from Medicare's website: [Medicare.gov](https://www.medicare.gov).

To contact Social Security, you can call 800-772-1213 or visit [ssa.gov](https://www.ssa.gov).

Get a copy of the official Plan Brochure
by calling 800-410-7778 (24/7, except major holidays),
downloading a copy on [MHBP.com](https://www.mhbp.com) or find it on
<https://www.opm.gov/healthcare-insurance>.

2021 MHP Standard Option with Medicare Benefit Summary*

This is a summary of the MHP Standard Option when Medicare Parts A and B are your primary coverage. MHP 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 MHP. DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-007).

Calendar Year Deductible	NETWORK COST	NON-NETWORK COST
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	NETWORK COST	NON-NETWORK COST
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
MEDICAL COVERAGE	NETWORK COST - YOU PAY	NON-NETWORK COST - YOU PAY*
Preventive Care/Wellness		
Adult annual physical exam (office visit)		Nothing
Adult routine screenings and immunizations including cholesterol screenings, mammograms, Pap and HPV tests, bone density screening, colon cancer screenings and more		Nothing
Women's preventive care (see official Plan Brochure for covered services)		Nothing
Tobacco cessation – up to two quit attempts per year, with four 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® at CVS or Take Care ClinicSM)		Nothing
Surgery – inpatient		Nothing
Surgery – outpatient (at a hospital or ambulatory surgical center)		Nothing
TeleHealth		
Telemedicine visits through Teladoc®		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		
Lab, X-ray and other diagnostic tests		Nothing
Specialized imaging procedures (such as CT/CAT scans, MRI and PET); Preauthorization is required		Nothing
Alternative Treatments		
Chiropractic	Nothing, up to the 40-visit combined alternative therapies maximum, per person, per calendar year; all charges after 40-visit maximum	
Acupuncture	You pay nothing up to the 40-visit maximum per person, per calendar year; all charges after 40-visit maximum	
PRESCRIPTION DRUG COVERAGE²	NETWORK PHARMACY COST	NON-NETWORK PHARMACY COST
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, and any difference between our allowance and the billed amount
Non-Preferred Brand †	50% of the Plan's allowance, limited to \$200 per prescription	50% of the Plan's allowance, and any difference between our allowance and the billed amount
Mail-Order Pharmacy (up to a 90-day supply. Maintenance choice is mandatory)		
Generic	\$10 copay	All charges
Preferred Brand †	\$60 copay	All charges
Non-Preferred Brand †	\$120 copay	All charges
† 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	All charges
	90-day supply: 15% of the Plan's allowance, limited to \$425 per prescription	

*This chart assumes Medicare Parts A and B are primary and that covered services are provided by doctors and facilities that participate with Medicare. MHP 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 (MHP) Standard Option. Before making a final decision, please read the 2021 official Plan Brochure (RI 71-007). A single annual \$42 associate membership fee makes all MHP plans available to you. All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan Brochure. External websites links are provided for your information and convenience only and does not imply or mean that Aetna endorses the content of such linked websites or third party services. Aetna has no control over the content or materials contained therein. Aetna therefore makes no warranties or representations, express or implied, about such linked websites, the third parties they are owned and operated by, and the information and/or the suitability or quality of the products contained on them.

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 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).

Language Assistance Services for Individuals with Limited English Proficiency

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

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

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

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

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

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 800-410-7778 an. (German)
800-410-7778 an. (German)
800-410-7778 (Arabic) للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني

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

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

日本語で援助を希望の方は、800-410-7778 まで無料でお電話ください。(Japanese)
한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 800-410-7778 번으로 전화해 주십시오. (Korean)

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

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

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

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

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

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



P.O. Box 981106
El Paso, TX 79998-1106



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