

2025

FEDERAL

**MHBP**  
**HEALTH PLANS**

**THREE PLANS, ONE MISSION.**  
**A HEALTHIER YOU.**





“

**They've treated us like family.  
It's just been the right fit for us.”**

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**John G., MHBP member**

# PLANS THAT FIT YOU

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That's you, federal employees. Regardless of what job you do in the service of the U.S. public, this plan is your plan.

## MHBP provides plans with:



Outstanding plan satisfaction, per **OPM.gov** Consumer Satisfaction Survey Results.

**If you aren't happy, we aren't happy.**



A large, nationwide network of over 1.9 million capable care providers and hospitals.

**When you need care, it's never too far.**



No referrals required to see a specialist.

**No jumping through hoops to see the right doctor.**



Even more, MHBP is backed by Aetna®, a CVS Health® company — **a name you know and trust.**

## CONNECT WITH MHBP

To attend or register for a webinar or to schedule a one-on-one appointment, go to **MHBP.com** and select 'Connect with Us' at the top of the page.



# STANDARD OPTION



## OVERVIEW

Low rates,  
rich benefits.



SCAN ME

If you are retired and have Medicare parts A and/or B, please visit [MHBP.com/Retiree](https://www.mhbp.com/Retiree) or scan the QR code for your benefit information.

## BENEFITS

- **No additional cost** MinuteClinic<sup>®</sup> visits at a CVS Pharmacy<sup>®</sup>
- **No additional cost** for telehealth services through Teladoc Health
- **No additional cost** for Lab Savings Program
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **No out-of-pocket costs** for maternity care
- Up to **\$350** in wellness rewards

# STANDARD OPTION

## BENEFITS AT-A-GLANCE

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

PLAN TYPES	FEDERAL EMPLOYEES (biweekly)	ANNUITANTS (monthly)
<b>Self Only</b> CODE 454	<b>\$83.83</b>	<b>\$181.64</b>
<b>Self Plus One</b> CODE 456	<b>\$192.97</b>	<b>\$418.10</b>
<b>Self and Family</b> CODE 455	<b>\$194.82</b>	<b>\$422.11</b>

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-007).

NETWORK BENEFITS	YOU PAY
<b>Calendar year deductible</b>	<b>\$350</b> per person, limited to <b>\$700</b> for Self Plus One or Self and Family enrollment
<b>Out-of-pocket limits</b> There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,000</b> per person, limited to <b>\$12,000</b> for Self Plus One or Self and Family enrollment
<b>Preventive Care</b> Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>\$0</b>
<b>Primary Care doctor office visits</b>	<b>\$20</b> copay ( <b>\$10</b> copay for dependents through age 21)
<b>Specialist visits</b>	<b>\$30</b> copay
<b>Walk-in clinic visits</b>	<b>\$5</b> copay
<b>MinuteClinic® visits</b>	<b>\$0<sup>++</sup></b>
<b>Alternative Care</b> (up to 40-visit combined maximum)	
<b>Chiropractic care</b>	<b>\$20</b> copay per visit
<b>Acupuncture services</b>	<b>10%</b> of Plan allowance
<b>Emergency room visits</b>	<b>\$200</b> copay* No deductible for accidental injury. Copay is waived if admitted to the hospital
<b>Urgent care center visits</b>	<b>\$50</b> copay per visit
<b>Hospital inpatient</b>	<b>\$200</b> copay per admission and <b>10%</b> of Plan allowance for ancillary services
<b>Maternity</b>	<b>\$0</b>

### FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT [MHBP.COM/RETIREE](http://MHBP.COM/RETIREE)

		30-day supply	90-day supply
Prescription drugs	<b>Generic</b>	<b>\$5</b>	<b>\$10</b>
	<b>Preferred brand<sup>†</sup></b>	<b>30%</b> up to <b>\$200</b>	<b>\$80</b>
	<b>Non-preferred brand<sup>†</sup></b>	<b>50%</b> up to <b>\$200</b>	<b>\$120</b>

\* The calendar year deductible applies and must be met before benefits begin.

† Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. This benefit is not available in all states.

# CONSUMER OPTION (HDHP)



## OVERVIEW

A high deductible health plan (HDHP) with a health savings account (HSA) that's there when you need it.



SCAN ME

If you are retired and have Medicare parts A and/or B, please visit [MHBP.com/Retiree](https://www.mhbp.com/Retiree) or scan the QR code for your benefit information.

## BENEFITS

- **No additional cost** MinuteClinic<sup>®</sup> visits at a CVS Pharmacy<sup>®</sup>\*
- **No additional cost** for telehealth through Teladoc Health\*
- **No additional cost** for Lab Savings Program\*
- **40** alternative care visits per year for chiropractic care and acupuncture combined\*
- **Low copays** for most services after deductible is met

# CONSUMER OPTION (HDHP)

## BENEFITS AT-A-GLANCE

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

PLAN TYPES	FEDERAL EMPLOYEES (biweekly)	ANNUITANTS (monthly)
<b>Self Only</b> CODE 481	<b>\$84.20</b>	<b>\$182.43</b>
<b>Self Plus One</b> CODE 483	<b>\$186.33</b>	<b>\$403.72</b>
<b>Self and Family</b> CODE 482	<b>\$195.65</b>	<b>\$423.90</b>

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-016).

Plan contribution to your HSA	<b>\$1,200</b> Self Only; <b>\$2,400</b> Self Plus One or Self and Family
<b>NETWORK BENEFITS</b>	<b>YOU PAY</b>
Calendar year deductible	<b>\$2,000</b> for Self Only enrollment; <b>\$4,000</b> for Self Plus One or Self and Family enrollment
Out-of-pocket limits There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,000</b> per person, limited to <b>\$12,000</b> for Self Plus One or Self and Family enrollment
Preventive care Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>\$0</b>
Primary Care doctor office visits	<b>\$15</b> copay*
Specialist Visits	<b>\$15</b> copay*
Walk-in clinic visits	<b>\$5</b> copay*
MinuteClinic® visits	<b>\$0**</b>
<b>Alternative Care</b> (up to 40-visit combined maximum)	
Chiropractic care	<b>\$15</b> copay per visit*
Acupuncture services	<b>\$15</b> copay per visit*
Lab Savings Program	<b>\$0*</b> for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing*
Emergency room visits	<b>\$50</b> copay*, copay is waived if you are admitted to the hospital
Urgent care center visits	<b>\$50</b> copay*
Hospital inpatient	<b>\$75</b> copay per day up to \$750 maximum per admission*
Maternity	<b>\$0*</b>

### FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT [MHBP.COM/RETIREE](http://MHBP.COM/RETIREE)

Prescription drugs		30-day supply	90-day supply
		<b>Generic</b>	<b>\$10</b>
	<b>Preferred brand<sup>†</sup></b>	<b>30%</b> up to <b>\$200</b>	<b>\$80</b>
	<b>Non-preferred brand<sup>†</sup></b>	<b>50%</b> up to <b>\$200</b>	<b>\$120</b>

\* The calendar year deductible applies and must be met before benefits begin.

† Plus any difference between our allowance and the cost of a generic equivalent, unless a brand exception is obtained.

\*\* Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states.

# VALUE PLAN



## OVERVIEW

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Simple, affordable coverage to protect you from the unexpected.

## BENEFITS

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- **No additional cost** MinuteClinic® visits at a CVS Pharmacy®
- **No additional cost** for telehealth through Teladoc Health
- **No additional cost** for Lab Savings Program
- **40** alternative care visits per year for chiropractic care and acupuncture combined
- **No out-of-pocket costs** for maternity care
- Up to **\$300** in wellness rewards



# VALUE PLAN

## BENEFITS AT-A-GLANCE

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

PLAN TYPES	FEDERAL EMPLOYEES (biweekly)	ANNUITANTS (monthly)
<b>Self Only</b> CODE 414	<b>\$60.53</b>	<b>\$131.15</b>
<b>Self Plus One</b> CODE 416	<b>\$143.43</b>	<b>\$310.76</b>
<b>Self and Family</b> CODE 415	<b>\$146.29</b>	<b>\$316.97</b>

DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the official Plan Brochure (RI 71-007).

NETWORK BENEFITS	YOU PAY
<b>Calendar year deductible</b>	<b>\$600</b> per person, limited to <b>\$1,200</b> per Self Plus One or Self and Family enrollment
<b>Out-of-pocket limits</b> There are separate limits for Non-Network out-of-pocket expenses	<b>\$6,600</b> Self Only, <b>\$13,200</b> Self Plus One or Self and Family enrollment
<b>Preventive care</b> Annual physical exam, routine screenings, well-child care, women's preventive care, immunizations and more	<b>\$0</b>
<b>Primary Care doctor office visits</b>	<b>\$30</b> copay ( <b>\$10</b> copay for dependents through age 21)
<b>Specialist visits</b>	<b>\$50</b> copay*
<b>Walk-in clinic visits</b>	<b>\$15</b> copay ( <b>\$5</b> copay for dependents through age 21)
<b>MinuteClinic® visits</b>	<b>\$0<sup>††</sup></b>
<b>Alternative Care</b> (up to 40-visit combined maximum)	
<b>Chiropractic care</b>	<b>20%</b> of Plan allowance
<b>Acupuncture services</b>	<b>20%</b> of Plan allowance
<b>Lab Savings Program</b>	<b>\$0</b> for covered lab tests when Labcorp® or Quest Diagnostics® performs the testing
<b>Emergency room visits</b>	<b>20%</b> of Plan allowance*
<b>Urgent care center visits</b>	<b>20%</b> of Plan allowance
<b>Hospital inpatient</b>	<b>20%</b> of Plan allowance*
<b>Maternity</b>	<b>\$0</b>

### FOR RETIREE PRESCRIPTION DRUG INFORMATION, VISIT [MHBP.COM/RETIREE](http://MHBP.COM/RETIREE)

Prescription drugs		30-day supply	90-day supply
		<b>Generic</b>	<b>\$10</b>
	<b>Preferred brand<sup>†</sup></b>	<b>45% up to \$300</b>	<b>45% up to \$300</b>
	<b>Non-preferred brand<sup>†</sup></b>	<b>75% up to \$500</b>	<b>75% up to \$700</b>

\* The calendar year deductible applies and must be met before benefits begin.

† You will pay the copayment or coinsurance amount and the difference in cost between our allowance for the generic and brand-name drugs when a generic is available, unless a brand exception is obtained.

†† Includes select MinuteClinic services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states and on indemnity plans.

# MHBP DENTAL AND VISION PLANS

It's easy to enhance your medical coverage with a dental and/or vision plan. All FEHB Program members are eligible to add this optional coverage at affordable group rates.\* In fact, you can add a Dental and/or Vision plan even if you're not enrolled in an MHBP health plan. Enroll anytime — not just during Open Season.

## MHBP DENTAL PLAN

### Your dental benefits include:

- Preventive Care covered 100% twice a year
- Basic Services,\*\* such as fillings and extractions, covered at 70% for the first 12 months and 80% thereafter.
- Major Services,\*\* such as root canals and crowns, covered at 50% starting at the 13th month.
- Orthodontic benefits\*\* for members age 18 and under begin the 25th month of coverage.
- Coverage for dependent children up to age 26

## MHBP VISION PLAN

### Get affordable vision coverage for low monthly premiums: **\$8.60 for Self Only and \$16.00 for Self and Family.**

- Eye exams and lenses every 12 months for just a \$10 copay each.
- \$120 for frames (every 24 months) or contact lenses (every 12 months).
- Nationwide coverage for eye exams, frames and lenses, contacts, laser vision correction discounts and more.

Call **1-800-254-0227 (TTY: 711)** or visit **MHBP.com** to learn more and enroll.

## **ENROLL IN DENTAL AND VISION PLANS ANYTIME!**

**You don't need MHBP medical coverage to sign up.**

**Learn more at [MHBP.com](https://www.mhbp.com)**

\* MHBP Dental and Vision Plans are available to U.S. residents only. Dental and vision coverage provided by First Health Life & Health Insurance Company, Cambridge Life Insurance Company or Vision Service Plan, Inc. These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all FEHB Program enrollees and their covered family members. You cannot file an FEHB Program disputed claim about them. The premiums and fees you pay for these services do not count toward FEHB Program deductibles or out-of-pocket maximums.

\*\* For dental coverage, the annual deductible applies (\$50 per person, \$150 per family) and the annual benefit maximum is \$2,000 per person per calendar year. Orthodontic benefits are limited to \$1,000 per person per lifetime. After the first year, premiums are subject to change with 60 days' notice. Coverage will not begin without payment of premium, and it is renewable as long as your premiums are paid, the Master Group Policy remains in force, and you remain eligible for this coverage. The dental PPO network is made available by Guardian Life Insurance Company of America. Benefits are not provided for services rendered outside the 50 United States and the District of Columbia.

# BENEFITS YOU'LL ACTUALLY USE

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We're raising quality standards, while keeping comparably low rates. It's what federal employees deserve, after all.

## NO ADDITIONAL COST\*

Telehealth visits through Teladoc Health

**\$300-\$350\*\***

in wellness rewards

## NO ADDITIONAL COST\*

lab work with Quest Diagnostics® or Labcorp®

## ADDITIONAL ALTERNATIVE CARE VISITS\*

40 chiropractic and acupuncture visits combined

## READY TO TALK?

visit [MHBP.com/Live](https://www.mhbp.com/Live) to schedule your one-on-one appointment or call **1-800-410-7778** (TTY: 711)

## WORLDWIDE COVERAGE

Access to care with providers all over the globe

## NO ADDITIONAL COST

Nurseline services

**100%\***

coverage for network maternity care

## DEDICATED CUSTOMER SERVICE TEAM

exclusively to MHBP members

\* Consumer Option must meet their deductible first.

\*\* Does not apply to Consumer Option.



## EVALUATING A HEALTH PLAN

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As you research health plans, it's important to look for the best value. Don't get caught up on the plan name (such as High or Standard Option). Value is a balance of many factors, including your choice of health care providers, benefit levels for services that are most important to you, the premiums and other costs you pay and what's convenient for you.

### PROVIDER CHOICE

*Is my doctor in the network?*

*Is access available where I need it?*

Determine if you need a plan with local or national coverage. If you travel frequently or have children away in college, you may want a national/international health plan.

Confirm your doctor's participation in the

network by calling the health plan and the provider before you enroll.

Review any requirements the plan may have for getting care through a specialist, such as getting a referral.

Choose providers that participate in your health plan's network. You will maximize your benefits and save money.

## COVERAGE

### *What services/expenses do my benefits cover, and what do I need?*

Read the health plan information and benefit descriptions (official Plan Brochure) to learn what medical expenses and services are covered by the plans you are considering.

Check coverage for any primary care provider or specialist services you may need.

Consider how often you expect to use the services that are most important to you. Review any limitations or exclusions for the services you may need. Plan exclusions are listed in the official Plan Brochure.

Review the plan's drug formulary to determine if the medications you take are covered and how much they will cost you. A formulary is a list of prescription drugs that are preferred by your health plan based on safety, effectiveness and cost.

If you have Medicare, TRICARE or any other health plan coverage, learn how the plans coordinate benefits.

Make a list of the medical services you use or will need and call the plan(s) you are considering to confirm what is covered. It's important to select a plan with benefits that best meet your needs.

## COST

### *How much will I have to pay?*

When trying to predict your annual health care costs, you want to look at five key elements: premium, deductible, copayment, coinsurance and the catastrophic protection limit.

**Premium** — The amount you pay for your coverage, deducted from your biweekly paycheck. Premiums can vary across the benefit plans offered to you.

**Deductible** — The amount you must pay for health care before your health plan begins to pay. Deductibles typically apply on a per-calendar-year basis and can change from year to year.

**Copayment** — A fixed dollar amount that you pay as your share of the cost of medical services you receive (for example, \$20 for a doctor's office visit).

**Coinsurance** — A percentage of the cost you pay as your share of the medical services you receive (for example, 20% of the cost of a lab test).

**Catastrophic protection limit** — The maximum amount for certain covered charges you have to pay out of your pocket during the year. Setting a maximum amount protects you. Separate limits are usually applied on a per-person and per-family basis.

As you consider cost, keep in mind the services you use most often and the services that you have or want. Also consider any other coverage you may have that provides medical, mental health and prescription drug benefits. This will give you a good indication of your potential out-of-pocket costs.

## SERVICE

### *Will this health plan be there for me?*

Contact the plan you are considering before you become a member to experience their customer service. When you call, you can assess how easy it is to reach a real person and get answers to your questions. If your co-workers are enrolled in the health plan you are considering, ask them about their experience. Tools to help you evaluate health plan quality and service are available at

**OPM.gov/Healthcare-Insurance**



**Good service is an essential element of your health plan experience.**

Choose a plan that has knowledgeable service representatives who are able to answer your questions.



# SHOP. COMPARE. CHOOSE MHBP.

How do you select the best plan for you and your family? Choice is good a thing, but choosing isn't always easy. And you want to make the best decision. So start by determining what's most important to you:

- What kinds of medical services will I need this year?
- Do my current benefits meet my medical needs?
- Are there upcoming life events that could impact my coverage?
- Does my plan's selection of Network providers meet my needs?
- Are my total out-of-pocket costs (premium, deductibles, copayments and coinsurance) manageable?
- Does my plan's customer service meet my expectations?

Now that you have a feel for what you need for the coming year, use this guide to compare MHBP Standard Option to your current plan or to another health plan. Fill in the blanks for your current health plan — and for any other plans you may be considering. Add in other features that are important to you. Then compare the results. See which plan is the best fit for your health needs.

## RETIRING SOON?

Check out how MHBP can work for retirees at [MHBP.com/Retiree](https://MHBP.com/Retiree)

If you have questions about MHBP, call **1-800-410-7778 (TTY: 711)**, 24 hours a day, 7 days a week except major holidays.



SCAN ME

# STANDARD OPTION

## COMPARISON CHART

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

PLAN FEATURES TO COMPARE		MHBP PLAN	YOUR CURRENT PLAN
<b>2025 Premium</b> (Biweekly)*	Self Only <sup>(454)</sup>	<b>\$83.83</b>	
	Self Plus One <sup>(456)</sup>	<b>\$192.97</b>	
	Self and Family <sup>(455)</sup>	<b>\$194.82</b>	
<b>Deductible</b>		<b>\$350</b> per person, limited to <b>\$700</b> for Self Plus One or Self and Family enrollment	
<b>NETWORK BENEFITS</b>			
<b>Primary Care Visits</b>		<b>\$20</b> copay ( <b>\$10</b> copay for dependents through age 21)	
<b>Specialist Visits</b>		<b>\$30</b> copay	
<b>Referral needed for Specialist Visit</b>		<b>No</b>	
<b>Preventive Care</b>		<b>You pay nothing</b>	
<b>Maternity Care</b>		<b>You pay nothing</b>	
<b>Walk-In Clinic Visits</b>		<b>\$5</b> copay	
<b>MinuteClinic® Visits</b>		<b>You pay nothing</b>	
<b>Surgical Procedures</b>		<b>10%</b> of the Plan's allowance**	
<b>SERVICE AND SPECIAL FEATURES</b>			
<b>Wellness Rewards</b>		Up to <b>\$350</b> /year	
<b>Nationwide network with the doctors and hospitals I need</b>		Over <b>1.9 million</b> providers nationwide plus worldwide coverage	
<b>Non-Network benefits also available</b>		<b>Yes</b>	
<b>Customer Service available 24 hours a day, 7 days a week except major holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\* Other rates available at [MHBP.com](https://www.mhbp.com)

\*\* The calendar year deductible applies and must be met before benefits begin.

# CONSUMER OPTION (HDHP)

## COMPARISON CHART

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

PLAN FEATURES TO COMPARE		MHBP PLAN	YOUR CURRENT PLAN
<b>2025 Premium</b> (Biweekly)*	Self Only <sup>(481)</sup>	<b>\$84.20</b>	
	Self Plus One <sup>(483)</sup>	<b>\$186.33</b>	
	Self and Family <sup>(482)</sup>	<b>\$195.65</b>	
<b>Plan contribution to HSA</b>		<b>\$1,200</b> Self Only, <b>\$2,400</b> Self Plus One and Self Plus Family	
<b>Deductible</b>		<b>\$2,000</b> Self and <b>\$4,000</b> Self Plus One or Self Plus Family	
<b>NETWORK BENEFITS**</b>			
<b>Primary Care Visits</b>		<b>\$15</b> copay	
<b>Specialist Visits</b>		<b>\$15</b> copay	
<b>Referral needed for Specialist Visit</b>		<b>No</b>	
<b>Preventive Care</b> (not subject to deductible)		<b>You pay nothing</b>	
<b>Maternity Care</b>		<b>You pay nothing</b>	
<b>Walk-In Clinic Visits</b>		<b>\$5</b> copay	
<b>MinuteClinic® Visits</b>		<b>You pay nothing</b>	
<b>Surgical Procedures</b>		<b>\$150</b> copay per occurrence	
<b>SERVICE AND SPECIAL FEATURES</b>			
<b>Diabetic Incentive Program</b>		<b>\$75</b>	
<b>Nationwide network with the doctors and hospitals I need</b>		Over <b>1.9 million</b> providers nationwide plus worldwide coverage	
<b>Non-Network benefits also available</b>		<b>Yes</b>	
<b>Customer Service available 24 hours a day, 7 days a week except major holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\* Other rates available at [MHBP.com](https://www.mhbp.com)

\*\* The calendar year deductible applies and must be met before benefits begin.



# VALUE PLAN COMPARISON CHART

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

PLAN FEATURES TO COMPARE		MHBP PLAN	YOUR CURRENT PLAN
<b>2025 Premium</b> (Biweekly)*	Self Only <sup>(414)</sup>	<b>\$60.53</b>	
	Self Plus One <sup>(416)</sup>	<b>\$143.43</b>	
	Self and Family <sup>(415)</sup>	<b>\$146.29</b>	
<b>Deductible</b>		<b>\$600</b> Self Only and <b>\$1,200</b> Self Plus One or Self and Family	
<b>NETWORK BENEFITS</b>			
<b>Primary Care Visits</b>		<b>\$10</b> copay for dependents through age 21	
<b>Specialist Visits</b>		<b>\$50</b> copay**	
<b>Referral needed for Specialist Visit</b>		<b>No</b>	
<b>Preventive Care</b>		<b>You pay nothing</b>	
<b>Maternity Care</b>		<b>You pay nothing</b>	
<b>Walk-In Clinic Visits</b>		<b>\$15</b> copay for adults <b>\$5</b> copay for dependents through age 21	
<b>MinuteClinic® Visits</b>		<b>You pay nothing</b>	
<b>Surgical Procedures</b>		<b>20%</b> of the Plan's allowance**	
<b>SERVICE AND SPECIAL FEATURES</b>			
<b>Wellness Rewards</b>		up to <b>\$300</b> /year	
<b>Nationwide network with the doctors and hospitals I need</b>		Over <b>1.9 million</b> providers nationwide plus worldwide coverage	
<b>Non-Network benefits also available</b>		<b>Yes</b>	
<b>Customer Service available 24 hours a day, 7 days a week except major holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\* Other rates available at [MHBP.com](https://www.mhbp.com)

\*\* The calendar year deductible applies and must be met before benefits begin.



**YOUR PLAN  
STARTS WITH YOU.**

# ENROLLING IN FEHBP

Newly eligible employees generally have 60 days to enroll in a health plan. If you don't make an election, you are considered to have declined coverage. Your next enrollment opportunity will be Open Season unless you have a qualifying life event, such as marriage or the birth of a child, that may make you eligible to enroll or change your FEHB Program coverage outside of Federal Benefits Open Season.

During the annual Federal Benefits Open Season, anyone eligible to participate in the FEHB Program may enroll, change health plans or options or cancel their FEHB Program enrollment.

Consult your agency's human resources office or visit [OPM.gov/Healthcare-Insurance](https://www.opm.gov/Healthcare-Insurance) for more information about qualifying life events and details about Federal Benefits Open Season.

## HOW TO ENROLL

- 1 **START** by selecting the enrollment code for the level of coverage you need. For your reference, below are the enrollment codes for MHBP.
- 2 **ENROLL**
  - Most federal employees use Employee Express to enroll.
  - Go to [EmployeeExpress.gov](https://www.employeeexpress.gov). If your agency uses a different system, use that system.
  - **Paper Enrollment** — if online enrollment is not available, complete an SF 2809 Employee Health Benefits Election Form and return it to your health benefits officer. This form can be found at [OPM.gov/forms/pdf\\_fill/sf2809.pdf](https://www.opm.gov/forms/pdf_fill/sf2809.pdf)

You can find additional details, instructions and links to online enrollment systems at [OPM.gov/Healthcare-Insurance/Healthcare/Enrollment](https://www.opm.gov/Healthcare-Insurance/Healthcare/Enrollment)
- 3 **RECEIVE** confirmation of enrollment from your chosen plan. MHBP will send you a welcome package that will include your health plan ID card, the official Plan Brochure and other information to help you successfully manage your coverage.

PLAN	TYPE	CODE
STANDARD OPTION	Self Only	454
	Self Plus One	456
	Self and Family	455
CONSUMER OPTION	Self Only	481
	Self Plus One	483
	Self and Family	482
VALUE PLAN	Self Only	414
	Self Plus One	416
	Self and Family	415

## RETIRING SOON?

Check out how MHBP can work for retirees at [MHBP.com/Retiree](https://MHBP.com/Retiree)

HIGH STANDARDS.  
LOW RATES.

“

You can't put a clock on your needs for health care and for answers. So, I can reach out at any time during the day and get the service that I need.”

Michael H., MHBP member



Call **1-800-410-7778 (TTY: 711)**, or visit **MHBP.com/Live** for one-on-one consultations, live chat and webinars.

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This is a brief description of the features of the MHBP Plans. Before making a final decision, please read the official Plan Brochures. All benefits are subject to the definitions, limitations and exclusions set forth in the 2025 official Plan Brochures. A single annual \$52 associate membership fee makes all MHBP plans available to you.

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