

# 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>2026 Premium</b> (Biweekly)*	Self Only <sup>(454)</sup>	<b>\$93.89</b>	
	Self Plus One <sup>(456)</sup>	<b>\$216.12</b>	
	Self and Family <sup>(455)</sup>	<b>\$218.20</b>	
<b>Deductible</b> (Only applies to certain services)		<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>Mental health specialist visits</b>		<b>\$20</b> copay	
<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>two 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 certain holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\* Other rates available at [MHBP.com](http://MHBP.com)

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

# CONSUMER OPTION (HDHP)

## COMPARISON CHART

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PLAN FEATURES TO COMPARE		MHBP PLAN	YOUR CURRENT PLAN
<b>2026 Premium</b> (Biweekly)*	Self Only <sup>(481)</sup>	<b>\$95.99</b>	
	Self Plus One <sup>(483)</sup>	<b>\$212.42</b>	
	Self and Family <sup>(482)</sup>	<b>\$223.04</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>Mental health specialist visits</b>		<b>\$20</b> copay	
<b>Surgical Procedures</b>		<b>\$150</b> copay per occurrence	
<b>SERVICE AND SPECIAL FEATURES</b>			
<b>Nationwide network with the doctors and hospitals I need</b>		Over <b>two 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 certain holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

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# VALUE PLAN COMPARISON CHART

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PLAN FEATURES TO COMPARE		MHBP PLAN	YOUR CURRENT PLAN
<b>2026 Premium</b> (Biweekly)*	Self Only <sup>(414)</sup>	<b>\$67.80</b>	
	Self Plus One <sup>(416)</sup>	<b>\$160.64</b>	
	Self and Family <sup>(415)</sup>	<b>\$163.85</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>Mental health specialist visits</b>		<b>\$30</b> copay	
<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>two 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 certain holidays</b>		<b>Yes</b>	
<b>OTHER FEATURES (add what's important to you)</b>			

\* Other rates available at [MHBP.com](http://MHBP.com)  
 \*\* The calendar year deductible applies and must be met before benefits begin.