

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
2026 Premium (Biweekly)*	Self Only ⁽⁴⁵⁴⁾	\$93.89	
	Self Plus One ⁽⁴⁵⁶⁾	\$216.12	
	Self and Family ⁽⁴⁵⁵⁾	\$218.20	
Deductible (Only applies to certain services)		\$350 per person, limited to \$700 for Self Plus One or Self and Family enrollment	
NETWORK BENEFITS			
Primary Care Visits		\$20 copay (\$10 copay for dependents through age 21)	
Specialist Visits		\$30 copay	
Referral needed for Specialist Visit		No	
Preventive Care		You pay nothing	
Maternity Care		You pay nothing	
Mental health specialist visits		\$20 copay	
Surgical Procedures		10% of the Plan's allowance**	
SERVICE AND SPECIAL FEATURES			
Wellness Rewards		Up to \$350/year	
Nationwide network with the doctors and hospitals I need		Over two million providers nationwide plus worldwide coverage	
Non-Network benefits also available		Yes	
Customer Service available 24 hours a day, 7 days a week except certain holidays		Yes	
OTHER FEATURES (add what's important to you)			

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