

HealthBenefitPlanner

Nationwide Coverage...

Savings...

Peace of Mind.

*MHBP is right
there with **you.***

The Mail Handlers
Benefit Plan



Inside: Your 2008 Mail Handlers Benefit Plan

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The Mail Handlers Benefit Plan is... right there with you in 2008!

Count on MHBP Standard Option for the coverage, savings and peace of mind you deserve.

Right there with the coverage you want...

With health care costs continuing to rise, having a health plan you can trust is more important than ever. You can feel confident your MHBP coverage will be there when you need it. With nationwide PPO coverage, MHBP Standard Option is right there for you at home and when you travel. You'll continue to have the money-saving advantages you've enjoyed in 2007. Plus, for 2008 we've enhanced your preventive care benefits so you can get even more from your coverage:

- Routine mammogram screenings are covered 100% for one every year (increased from one every two years) for women age 40 and older
- A new benefit for one routine hearing exam per year will be added for all members of all ages
- Coverage for preventive care for PPO well-child office visits is increased to 100% (previously a copay of \$10)
- Preventive care for covered PPO children's routine screenings will be payable at 100% (no longer subject to deductible or coinsurance)

*See page 4 for a more detailed
summary of your 2008
Standard Option benefits.*

...and the savings you expect.

You'll pay nothing or just a low copay for many PPO services. MHBP Standard Option is designed to keep your out-of-pocket costs under control while providing the benefits you value most. As always, you'll save with advantages that include:

- \$20 copay for adult annual physical exam
- 100% coverage for preventive screenings
- 100% coverage for well-child office visits
- 100% coverage for lab tests with the Lab Savings Program
- 100% coverage for maternity care
- \$20 copay for doctor's office visits
- \$15 copay for chiropractic visits
- \$10 copay for generic drugs at network retail pharmacies
- \$15 copay for 90-day supply of generic drugs through our mail order program





Our vast nationwide PPO network is always right there with you.

One of the most significant advantages of MHBP membership is your access to PPO doctors and hospitals. We know that you count on your PPO benefits to keep your out-of-pocket costs as low as possible and we make access a priority for our members nationwide. That's why you'll be pleased that your PPO network is still one of the largest in the country.

Your MHBP membership card is welcomed by more than 600,000 physicians and allied professionals and 4,500 hospitals when you're traveling in any of the 50 states, D.C., or Puerto Rico. You have control over your health care — no need to choose a primary care physician or get referrals to see specialists. Of course, you can still receive benefits for care outside of the network. And when you're traveling outside the United States, you still have the comfort of knowing that we pay benefits for covered services at PPO levels.

All MHBP members recently received details on PPO network changes in Ohio and New Jersey.

The change occurs January 1, 2008, and involves a transition to the leading networks in those states — highly recognized by physicians and of equal or better size than the current networks. Details on this change were provided in a recent mailing along with your new ID cards for 2008.

We'll be right there with the affordable rates you need...

Standard Option is one of FEHBP's most popular plans, giving you a great combination of comprehensive coverage with predictable low copayments and affordable rates. In 2008, we'll continue to help you keep your out-of-pocket costs down with these affordable rates.

Our vast nationwide PPO network is always right there with you.

2008 Standard Option Rates

	Federal (Biweekly)	Postal Employee (Category 1 Biweekly)	Postal Employee (Category 2 Biweekly)	Annuitants (Monthly)
Self Only	\$52.23	\$28.05	\$26.04	\$113.17
Self and Family	\$111.17	\$56.29	\$51.71	\$240.87

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to your special Guide to Federal Benefits or contact the agency that maintains your health benefits enrollment.

2008 Mail Handlers Benefit Plan Standard Option Benefits

Medical Coverage	You Pay	
	PPO	Non-PPO
Calendar-Year Deductible	\$350 per person, limited to \$700 per family	\$450 per person, limited to \$1,125 per family
<i>We added "(No deductible)" to show when the calendar-year deductible does not apply.</i>		
Annual Physical Exam for Adults <i>(age 18 and over)</i>	\$20 copayment (No deductible)	Not covered
Well-Child Care	Nothing (No deductible)	All charges after the Plan has paid \$75 per child per calendar year (No deductible)
Preventive Screenings <i>Includes cholesterol screenings, mammograms, Pap tests, PSA tests, urinalysis, bone density screenings, colon cancer screenings, and more</i>	Nothing (No deductible)	30% of the Plan's allowance and any difference between our allowance and the billed amount
Maternity Care	Nothing (No deductible)	30% of the Plan's allowance and any difference between our allowance and the billed amount
Doctor's Office Visits	\$20 copayment per office visit for adults, \$10 copayment for dependent children under age 22 (No deductible)	30% of the Plan's allowance and any difference between our allowance and the billed amount (No deductible)
Lab, X-ray and Diagnostic Tests	10% of the Plan's allowance	30% of the Plan's allowance and any difference between our allowance and the billed amount
Lab Savings Program	Nothing for covered lab tests with the Lab Savings Program with Quest® Diagnostics (No deductible)	
Chiropractic Care	\$15 copayment per office visit, and all charges after the Plan has paid the \$2,500 combined alternative, chiropractic and rehabilitative therapies maximum (No deductible)	30% of the Plan's allowance and any difference between our allowance and the billed amount, and all charges after the Plan has paid the \$2,500 combined alternative, chiropractic and rehabilitative therapies maximum (No deductible)
Hospitalization <i>Maternity</i>	\$200 per-admission copayment, nothing for covered room and board and 15% of the Plan's allowance for hospital ancillary services (No deductible) Nothing (No deductible)	\$400 per-admission copayment, 30% of the Plan's allowance and any difference between our allowance and the billed amount (No deductible)
Surgery and Anesthesia	10% of the Plan's allowance	30% of the Plan's allowance and any difference between our allowance and the billed amount
Emergency Treatment	\$50 copayment at an urgent care center, \$150 copayment at a hospital emergency room. Hospital ER copayment waived if admitted. No deductible for accidental injury.	30% of the Plan's allowance and any difference between our allowance and the billed amount
Overseas Medical Expenses	PPO-level benefits for covered care received outside the United States	
Catastrophic Protection <i>(Some costs do not count toward this protection)</i>	Nothing after your out-of-pocket expenses for covered services from PPO providers totals \$4,500 per calendar year.	Nothing after your out-of-pocket expenses for covered services from PPO providers and non-PPO providers combined totals \$9,000 per calendar year

Prescription Drug Coverage	You Pay	
	Network Pharmacy and Electronic Claims	Non-Network Pharmacies and Paper Claims
Retail Pharmacy – Up to a 30-day supply	No deductible	
Generic	\$10 copayment	50% of the Plan's allowance and any difference between our allowance and the billed amount
Preferred brand name	\$40 copayment	
Non-Preferred brand name	\$60 copayment	
Specialty ¹	\$100 copayment	
Mail Order Pharmacy – Up to a 90-day supply	No deductible	
Generic	\$15 copayment	Not covered
Preferred brand name	\$65 copayment	
Non-Preferred brand name	\$90 copayment	
Specialty ¹	\$300 copayment	

Special Member Benefits*

Vision care discounts and savings from EyeMed Vision Care providers, laser vision correction savings from the U.S. Laser Network and Amerisight, and a hearing aid discount program from HearPO.

*These benefits are neither offered nor guaranteed under contract with the FEHBP, but are made available to all FEHBP participants and their covered family members. You cannot file a FEHBP disputed claim about them. The fees you pay for these services do not count toward the FEHBP deductibles or out-of-pocket maximums. See Certificate of Insurance for full coverage details, exclusions and limitations.

This is a summary of the Mail Handlers Benefit Plan Standard Option. Before making a final decision, please read the 2008 official Plan brochure (RI71-007). All benefits are subject to the definitions, limitations and exclusions set forth in the 2008 official Plan brochure.

¹ Specialty drugs are used to treat chronic, complex conditions and typically require special handling and close monitoring.

MHBP offers Supplemental Vision and Dental Plans to help you cover costs that your regular health plan can't.

You already get comprehensive coverage as a member of the Mail Handlers Benefit Plan, but complete health coverage means covering all of your bases — and that includes dental and vision care.

The MHBP Supplemental Dental Plan – Your benefits grow, your teeth stay healthy.

Maintaining your dental health has never been easier. Our Supplemental Plan allows you to choose from 100,000 dental PPO locations nationwide, and you'll have no claim forms to file. You will also be covered 100% for basic care. Your coverage grows the longer you stay enrolled in the Plan. **Here's how it works:**

Summary of Dental PPO Benefits				
Benefit Category (Examples)	Calendar-Year Deductible	First Year [1st – 12th month of coverage]	Second Year [13th – 24th month of coverage]	Third Year [25th month of coverage and beyond]
Preventive Care Exams, cleanings and bitewing X-rays	No deductible	100%	100%	100%
Basic Services Fillings, extractions and other X-rays	\$50 per person, up to \$150 per family	70%	80%	80%
Major Services Root canals, crowns and bridges		Benefits begin in second year	50%	50%
Orthodontics Up to \$1,000 per person per lifetime for dependents up to age 18		Benefits begin in second year	Benefits begin in third year	50%

The MHBP Supplemental Vision Plan – It's easy to see the benefits.

Save yourself the expense of glasses, contact lenses, or laser vision correction. The MHBP Supplemental Vision Plan features low copays for annual eye exams and reduced rates for other services, including laser vision correction.

You'll get all these benefits, plus access to the nation's largest eye care network — more than 26,800 providers nationwide. Give your eyes the attention they deserve with the affordable MHBP Supplemental Vision Plan. **Call now!**

Summary of Vision PPO Benefits			
Benefit Category	Frequency (based on calendar year)	Copayment	Coverage from a VSP Network Doctor
Eye Care Wellness	Regular exams help protect your eyes and your health.		
Exam	12 months	\$10	Covered in full
Prescription Eyewear	You may choose between glasses and contacts.		
Lenses	12 months	\$10 (applied to lenses & frame)	Single vision, lined bifocal and lined trifocal lenses covered in full
Frames	24 months		Frame of your choice covered up to \$120
Contact Lenses	12 months	None	\$120 allowance

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contact lens exam and contact lens material. This exam is in addition to your vision exam to ensure proper fit of contacts.

VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK, LASIK and Custom LASIK surgeries, available through contracted laser centers. Call 1-800-254-0227 to find a center near you.



Call 1.800.254.0227 or visit www.mhbp.com to add supplemental Dental and Vision benefits to your coverage.



MHBP Introduces Value Option for Low-cost PPO Benefits

We've always believed that everyone should have access to the advantages of nationwide PPO coverage regardless of their budget. Now we're making it possible with the addition of **Value Option** — the most affordable PPO plan available in the FEHBP. Value Option offers benefits like:

- Lowest-cost premium for a nationwide PPO plan offered in FEHBP
- 100% PPO benefit for routine preventive care
- 100% PPO benefit for maternity and well-child care
- 100% Lab benefit

Of course, compared to Standard Option there are tradeoffs that allow Value option to offer the lowest possible premium. For instance, it comes with a higher annual deductible and other out-of-pocket costs. And, unlike Standard Option, Value Option does not waive deductibles for enrollees with Medicare.

For more information visit www.mhbp.com or contact us at **1.800.410.7778**.



Got Medicare? Standard Option is right there to coordinate with your Part A and Part B coverage.

MHBP is there for you with comprehensive benefits that work seamlessly with Medicare.

When Medicare Parts A & B are your primary coverage, MHBP Standard Option reduces your out-of-pocket costs for many services to zero. You'll generally enjoy benefits for 100% of the difference between what Medicare pays and the allowed amounts for covered services.¹ That includes...

- 100% coverage for hospitalization, surgery and anesthesia — no deductible
- 100% coverage for visits to a doctor or specialist — no deductible
- 100% coverage for PPO annual physical exams, not covered by Medicare — no deductible
- 100% coverage for PPO preventive screenings such as mammograms, Pap tests, bone density tests, PSA and cholesterol tests — no deductible

- Chiropractic and acupuncture benefits, not covered by Medicare
- PPO benefits for covered medical services you receive outside the United States, which Medicare does not cover
- Extra discounts with MHBP special hearing and vision programs at no additional premium

And we make it easy for you. We will automatically retrieve your paid claims from Medicare and process remaining balances for covered expenses.

You'll also have 24-hour toll-free help for answers to your questions about MHBP and Medicare.

Medicare and your **Standard Option Benefits**

Medical Coverage		MHBP Standard Option with Medicare Parts A & B Primary ¹
		You Pay
<i>No deductible applies when Medicare Parts A & B are primary.</i>		
Calendar Year Deductible	Nothing. MHBP waives most medical deductibles and most copayments and coinsurance, and pays Medicare's deductibles and coinsurance.	
Annual Physical Exam (PPO)	Nothing	
Preventive Screenings <i>Includes cholesterol screenings, mammograms, Pap tests, PSA tests, urinalysis, bone density screenings, colon cancer screenings and more</i>	Nothing	
Doctor's Office Visits	Nothing	
Lab, X-ray and Diagnostic Tests	Nothing	
Lab Savings Program	Nothing for covered lab tests with the Lab Savings Program with Quest® Diagnostics.	
Chiropractic Care (PPO)	Nothing (up to the \$2,500 combined alternative, chiropractic and rehabilitative therapies maximum)	
Hospitalization	Nothing	
Outpatient Surgical Facility	Nothing	
Surgery and Anesthesia	Nothing	
Emergency Treatment	Nothing	
Overseas Medical Expenses	PPO-level benefits for services received outside the United States. (Medicare alone usually does not provide any benefits for services received outside the United States.)	

Prescription Drug Coverage		You Pay
Retail Network Pharmacy and Electronic Claims — Up to a 30-day supply — No deductible applies		
Generic	\$10 copayment	
Preferred brand name	\$40 copayment	
Non-Preferred brand name	\$60 copayment	
Specialty [†]	\$100 copayment	
Mail Order Pharmacy — Up to a 90-day supply — No deductible applies		
Generic	\$15 copayment	
Preferred brand name	\$65 copayment	
Non-Preferred brand name	\$90 copayment	
Specialty [†]	\$300 copayment	

Special Member Benefits
Vision care discounts and savings from EyeMed Vision Care providers, laser vision correction savings from the U.S. Laser Network and Amerisight, and a hearing aid discount program from HearPO.*

¹ This chart assumes that Medicare is the primary payer 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 a summary of the Mail Handlers Benefit Plan Standard Option. Before making a final decision, please read the 2008 official Plan brochure (R171-007). All benefits are subject to the definitions, limitations and exclusions set forth in the 2008 official Plan brochure. This also is a summary of Medicare features. For more information on Medicare, call 1-800-MEDICARE or visit www.medicare.gov.

* These benefits are neither offered nor guaranteed under contract with the FEHBP, but are made available to all FEHBP participants and their covered family members. You cannot file a FEHBP disputed claim about them. The fees you pay for these services do not count toward the FEHBP deductibles or out-of-pocket maximums.

[†] Specialty drugs are used to treat chronic, complex conditions and typically require special handling and close monitoring.



Contact Us

Call or contact us **24 hours** a day,
7 days a week, including holidays!

1.800.410.7778 • www.mhbp.com

Mail Handlers Benefit Plan member services.....	1.800.410.7778
TTY/TDD for the hearing-impaired	1.800.852.7195
MHBP Supplemental Dental Plan and Vision Plan information.....	1.800.254.0227
Mail order pharmacy refill service	1.866.623.1441
Overseas Enrollee Services.....	1.480.445.5106