



It Just Got Easier to Smile!

The Mail Handlers Benefit Plan offers federal and postal employees and annuitants dental and vision supplemental benefits. Expand your health coverage when you add one or both of our affordable options. You can enroll in these plans year round!

MHBP Supplemental Vision Plan

- Eye exams & lenses every 12 months for just a \$10 copayment each
- Up to \$120 for frames (every 24 months) or contact lenses (every 12 months)
- Discounted rates for laser vision correction
- Access to more than 26,000 VSP network providers nationwide
- No ID card necessary and no claim forms required
- Out-of-network benefits too

Low Monthly Rates!
\$8.60 Self Only
\$16.00 Self and Family

Enroll online anytime at www.mhbp.com or call 1-800-254-0227.

MHBP Supplemental Dental Plan (rates on back)

- Vast provider selection—over 120,000 dental PPO locations nationwide
- No claim forms to file—PPO dentists do it for you!
- Benefits that increase the longer you are enrolled

Summary of PPO Dental Benefits				
Benefit Category	Calendar Year Deductible	First Year [1 st -12 th month of coverage]	Second Year [13 th -24 th month of coverage]	Third Year [25 th month of coverage]
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 Roots canals, crowns and bridges		Benefits begin in second year	50%	50%
Orthodontia (children 18 and under, \$1,000 lifetime benefit maximum)		Benefits begin in third year		50%

For dental coverage, annual deductible (\$50 per person, \$150 per family) applies to Basic and Major services. Annual benefit maximum for dental coverage: \$1,000 per person, \$3,000 per family. Coverage will not begin without payment of premium.

Enroll today to get your coverage started!
Call us at 1-800-254-0227 or enroll online at www.mhbp.com

The MHBP Supplemental Dental Plan 2010 Monthly Rates*¹

State—Numbers refer to first three numbers of enrollee's residential zip code.	Single	Enrollee Plus One	Family
Alabama, Arkansas, Indiana, North Dakota, Oklahoma, South Carolina, Tennessee	\$31.75	\$63.50	\$95.25
Colorado (except 800-806)	\$34.32	\$68.64	\$102.96
Florida (except 330-334), Illinois (except 600-608), Iowa, Kansas, Louisiana, Minnesota (except 550, 551, 553), Mississippi, Missouri, Montana, Nebraska, New Mexico, North Carolina, Oklahoma, South Dakota, Vermont, Virginia (except 220-223), West Virginia, Wisconsin, Wyoming	\$34.90	\$69.80	\$104.70
Kentucky, Maryland, Ohio, Pennsylvania, Texas (except 750-753, 760-762, 773-775)	\$36.93	\$73.86	\$110.79
Georgia (except 300-303), Maine, Utah	\$37.77	\$75.54	\$113.31
Colorado (800-806)	\$38.13	\$76.26	\$114.39
Florida (330-334), Idaho, Illinois (600-608), Michigan (except 480-483), New Hampshire,	\$39.25	\$78.50	\$117.75
Arizona, Minnesota (550, 551, 553), New York (except 100-104, 110-119), Oregon, Rhode Island, Texas (750-753, 760-762, 773-775)	\$41.40	\$82.80	\$124.20
District of Columbia	\$41.95	\$83.90	\$125.85
Delaware, Georgia (300-303), Hawaii, Massachusetts, Michigan (480-483), New Jersey, Nevada	\$43.60	\$87.20	\$130.80
California (except 900-904, 913-916, 940-941, 943-951), Virginia (220-223), Washington (except 980-985)	\$45.78	\$91.56	\$137.34
California (900-904, 913-916, 940-941, 943-951), Connecticut, New York (100-104, 110-119), Washington (980-985)	\$50.15	\$100.30	\$150.45
Alaska	\$56.68	\$113.36	\$170.04

*A single annual \$42 Mail Handlers Benefit Plan associate membership fee makes both plans available to you.

¹After the first year, premiums are subject to change with 60 days notice.



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