
Section 2. How we change for 2006

Do not rely on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 Benefits. Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to this Plan

Changes to both our High Option and Standard Options:

- Kauai is part of our service area (see page 8).
- We deleted the two month limit on physical therapy and occupational therapy. However, therapy must be short-term and is covered in accord with Plan clinical guidelines (see page 26).
- We no longer cover physical or occupational therapy for deficits due to developmental delay (see page 26).
- We no longer cover blood pressure check, gonorrhea culture and HIV screening under the preventive care adult benefit (see page 19).
- We no longer cover anemia and lead screening for children and newborn metabolic screening under the lab, x-ray and other diagnostic tests benefit (see page 21).

Changes to High Option only:

- Your share of the non-Postal premium will increase by 2.1% for Self Only or increase 2.1% for Self and Family under the High Option.
- Blood pressure check is now covered under the office visit benefit (see page 18). You continue to pay your \$12 office visit copay.
- Gonorrhea culture and HIV screening are now covered under the lab, x-ray and other diagnostic tests benefit (see page 19). You pay 10% of our allowance.
- Anemia and lead screening for children and newborn metabolic screening are now covered under the preventive care children benefit (see page 21). You pay nothing after your office visit copay of \$12.

Changes to Standard Option only:

- Your share of the non-Postal premium will decrease by 7.7% for Self Only or 7.7% for Self and Family under the Standard Option.
- Blood pressure check is now covered under the office visit benefit (see page 18). You continue to pay your \$20 office visit copay.
- Gonorrhea culture and HIV screening are now covered under the lab, x-ray and other diagnostic tests benefit (see page 19). You pay 50% of our allowance.
- Anemia and lead screening for children and newborn metabolic screening are now covered under the preventive care children benefit (see page 21). You pay nothing after your office visit copay of \$20.