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## Section 2 How we change for 2006

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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

- Your share of the non-Postal premium will increase by 8.9% for Self only and 7.4% for Self and family.
- We added language for out-of-area care. See page 15.
- We changed the schedule for mammograms for women over the age of 65. See page 16.
- We changed the method of payment for Diabetic supplies from a 'copay' to a 'coinsurance.' See page 35.
- We removed the office visit copay for mental health and substance abuse outpatient visits. See page 33.
- We added an exclusion for Tongue Thrust under the Speech Therapy benefit. See page 19.
- We added the drug Progesterone to the list of medications covered for infertility services. See page 18.
- We added a \$2500 per member per calendar year maximum out-of-pocket expense under the DME benefit. See page 22.
- We expanded the list of services covered by the Oral and Maxillofacial Surgery benefit. See page 26.
- We removed the office visit copay for the following services: Treatment Therapies, Physical and Occupational Therapies, and Speech Therapy. See page 19.
- We will cover dental related hospital and anesthetic services for children under age 5 and for members with specific chronic disability or medical conditions. See page 37.