
Section 2 How we change for 2006

Do not rely on these change descriptions; this page 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 4% for Self Only or 4% for Self and Family.

- Under Educational classes and programs, we cover Diabetic education. You pay nothing.
- Under Educational classes we added a Disease Management program.
- We cover one complete eye exam every calendar year subject to a \$5 copayment per visit. Previously, we covered the exam every 24 months subject to a copayment of \$15 for Primary Care doctor visit and \$25 per Specialist visit.
- We limit our coverage period for contacts lenses, frames, and lenses to once every calendar year instead of every 24 months.
- If you request a name brand drug and a federally- approved generic drug is available, you must pay the highest non-formulary copayment at \$35 per prescription or refill.
- We cover surgery for the treatment for modid obesity (Bariatric Surgery) in full. You pay nothing. Previously, you paid 50% of covered charges.
- We now waive copayments, coinsurance and deductibles when a member enrolls in our Medicare Advantage plan and also remains enrolled in FEHB plan.