
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

- Your share of the non-Postal premium will increase by 10.9% for Self Only or 13.9% for Self and Family.
- We will eliminate the Lab, X-ray and other diagnostic test \$10 copayment in an outpatient hospital setting .
- We will increase the Chemotherapy and radiation therapy copayment from \$15 per office visit to \$30 per office visit and decrease the copayment from \$100 at an outpatient hospital setting to \$30 at an outpatient hospital setting.
- We will eliminate the \$100 facility copayment for surgical services at an outpatient hospital or ambulatory surgical center.
- We will limit to 100 days per calendar year the Extended care benefits/Skilled nursing care facility benefit.
- We will decrease the copayment from \$100 per visit to \$30 per visit for the Mental health and substance abuse services in an approved alternative care setting.
- We will decrease the Retail Prescription drug copayment from \$15 for generic, to \$10 for generic.
- We will decrease the Mail Order Prescription drug copayment from 2.5 times the retail copayment to 2.0 times the retail copayment for a 93 day supply.