
Section 2. How we change for 2007

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 All Options (High Option, Standard Option, and High Deductible Health Plan (HDHP))

- We have expanded our service area to include the following Kansas counties : Doniphan and Marshall.
- The orthopedic and prosthetic device annual maximum Plan benefit has been increased to \$3,000 from \$1,000.
- The durable medical equipment annual maximum Plan benefit has been increased to \$3,000 from \$1,000.
- The benefit limitation for physical, speech and occupational is now 60 visits per condition instead of 60 days per condition.
- Under Prosthetic and Orthopedic devices, Foot Orthotics and Ankle Foot Orthotics are now covered for members who have diabetes with demonstrated peripheral neuropathy or the insert is needed for a shoe that is part of a covered brace.
- Coventry must authorize benefits for the administration of general anesthesia and for hospital services related to dental care, when the following members receive these services:
 - A dependent child age five and under;
 - A member who is severely disabled; or
 - A member who has a medical behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

A participating provider must administer the general anesthesia whether or not the dental services are provided in a hospital, surgical center or office.

Changes to High Option only

- Your share of the non-Postal premium will increase by 3.3% for Self Only or 3.3% for Self and Family.

Changes to Standard Option only

Your share of the non-Postal premium will increase by 7% for Self Only or 7% for Self and Family.

- The retail prescription drug copayments for up to a 31-day supply are now \$35 per brand name formulary drug and \$60 per non-formulary drug. Previously, you paid \$30 per brand name formulary drug and \$55 per non-formulary drug. The generic formulary copayment will remain \$10.
- The Mail Order prescription drug copayment for up to a 93-day supply is now \$105 per brand name formulary drug. Previously, you paid \$90 per brand name formulary drug. The generic formulary copayment will remain \$30.

Changes to both High and Standard Options

- Ground or air ambulance is now covered subject to a member copayment of \$100 per trip. Previously, you paid 30% of covered charges per trip.

Changes to High Deductible Health Plan Option Only

Your share of the non-Postal premium will increase by 13% for Self Only or 13 % for Self and Family