
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 this Plan

- Your share of the non-Postal premium will decrease by 11.8% for Self Only or by 12% for Self and Family.
- You will pay 25% coinsurance for specialty drugs up to a maximum of \$250 per prescription per month. The out-of-pocket maximum for specialty drugs is \$2,500 per person per calendar year for specialty drugs. This out-of-pocket maximum is separate from the medical out-of-pocket maximum. Previously, we applied the applicable prescription drug copay to all specialty medication. See page 38.
- The lifetime maximum for custom molded foot orthotics has increased from \$200 to \$500 per lifetime. See page 21.
- We have combined the annual maximum payable limit for durable medical equipment and ostomy supplies. The new combined annual maximum payable limit is \$5,000 per person per calendar year. Previously, the annual maximum limit was \$5,000 for durable medical equipment and \$500 for ostomy supplies. Please note that the annual maximum for durable medical equipment to treat sexual dysfunction has not changed and remains \$1,000 per member per calendar year. See page 21.
- Ambulance services will be subject to the annual deductible. Previously, these services were not subject to the annual deductible of \$250 per individual or \$500 per family. See page 32.
- We will no longer cover accidental injury dental services that you receive within 12 months of the date of an accidental injury to sound natural teeth. We will cover only those services that you receive within 24 hours to relieve pain and stop bleeding as a result of the accidental injury. See page 41.