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## Section 2 How we change for 2007

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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 decrease by 9.3% for Self Only or 9.3% for Self and Family. See Back Cover.
- We have reduced the Primary Care Physician office visit copay from \$20 to \$15. See Section 5 Benefits.
- Your facility copay for outpatient surgical procedures in a hospital setting has increased from \$50 to \$100, after you have satisfied an annual deductible of \$250 for hospital services. See page 28.
- We have added a 4th tier to the prescription drug benefits and you must pay 20% coinsurance up to the \$100 out-of-pocket maximum per member per month for drugs that fall into this tier. The annual out-of-pocket maximum is \$1,200 for Tier 4 medication per member. See Section 5(f) Prescription Drug Benefits for information.