
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.

Program-wide changes

- In Section 3, under **Covered providers**, Arizona and West Virginia are designated as medically underserved areas in 2006. Texas is no longer designated as a medically underserved area in 2006.

Changes to this Plan

- We added benefits under Preventive care for one abdominal aortic aneurysm screening per lifetime for men age 65 to 75 years old. Previously, the Plan had no benefit for this service.
- We increased the age range under Preventive care for osteoporosis screenings to include coverage for members age 60-64 years old. The benefit levels did not change. Previously, benefits were available only for members age 65 and over.
- Member out-of-pocket costs resulting from application of the blended rate fee schedule will be limited to \$5,000 per occurrence only for inpatient and outpatient hospital services and surgical fees. Previously, this limitation applied only to inpatient and outpatient hospital services.
- We changed the reimbursement level for co-surgeons to 62.5% of the allowance for the surgical procedure. Previously, the reimbursement level was 50%.
- We changed the reimbursement level for assistant surgeons to 16% of the allowance for the surgical procedure. Previously, the reimbursement level was 20%.

Changes to our High Option Only

- Your share of the non-Postal High Option Self Only premium will increase by 4%. For High Option Self and Family your share will increase by 4%.

Changes to our Standard Option Only

- Your share of the non-Postal Standard Option Self Only premium will increase by 2.4%. For Standard Option Self and Family your share will increase by 8%.
- We increased the benefit for treatment of medical emergencies and accidental injuries at PPO urgent care centers. Benefits will be payable at 100% after a \$50 copayment per visit, after the calendar year deductible has been met. Previously, the copayment for these services was \$150. The non-PPO benefit has not changed.

Changes to our Consumer Option Only

- Your share of the non-Postal Consumer Option Self Only premium will increase by less than 0.01%. For Consumer Option Self and Family your share will increase by less than 0.01%.
- The Consumer Option calendar year deductible will be reduced to \$2,000 for a Self Only enrollment and \$4,000 for a Self and Family enrollment. Previously, the deductibles were \$2,250 for a Self Only enrollment and \$4,500 for a Self and Family enrollment.

Other Changes

- The address for the administrative office has changed. See the Introduction.
- The address for filing medical and dental benefits has changed. See Section 7.
- We added respiratory therapist to the list of covered providers. See page 11.
- We clarified that expenses related to topical hyperbaric oxygen therapy are not covered. See Section 5(a).
- We clarified the medical protocols used to determine coverage for surgical treatment of morbid obesity. See Section 5(b).