
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

- We have added a High Deductible Health Plan (HDHP), codes L14 and L15 that provides for a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). The HDHP offers benefits for the same services, supplies, drugs and devices as the Plan's High and Standard Option but with separate benefit levels for In-network and Out-of-Network providers. Like High and Standard Option, all HDHP benefits are subject to the definitions, limitations, and exclusions in this brochure and services are payable only when we determine they are medically necessary. See page 73.
- The HDHP will have:
 - An annual deductible of \$1,500 for Self Only or \$3,000 for Self and Family enrollment for In-network and Out-of-network providers;
 - An annual out-of-pocket maximum of \$5,000 for Self Only or \$10,000 for Self and Family enrollment for In-network and Out-of-network providers;
 - Preventive care services (including dental) up to an annual maximum of \$400 not subject to the deductible rendered by In-network providers only.
- For an HSA/HRA, we will contribute up to \$600 for Self Only or \$1,200 for Self and Family enrollment based on your effective date of enrollment.

Changes to High Option only

- **For High Option Enrollees, codes VT1 and VT2**, your share of the non-Postal premium will **increase** by 24.3% for Self Only or by 26.7% for Self and Family.
- We have expanded the High Option dental benefit to include major dental care procedures. See page 53.
- We have removed excision of bone tissue/removal of exostosis-per site (code D7471) and surgical incision/incision and drainage of abscess-intraoral soft tissue (code D7510) from the dental benefit fee schedule because they are surgical procedures that are covered under medical benefits.
- We have revised the list of services/treatments not covered under the dental benefit. See page 67.
- We have added a list of limitations for certain major dental care procedures. See page 68.

Changes to Standard Option only

- **For Standard Option enrollees, codes L11 and L12**, your share of the non-Postal premium will **increase** by 11.6% for Self Only or by 11.6% for Self and Family.
- We have changed the *Preventive care, children* benefit for childhood immunizations and well-child care up to age 22 to show you pay nothing. See page 24.
- We have changed the *Hearing services (testing, treatment, and supplies)* benefit for hearing tests for children through age 17 to be subject to the deductible. See page 28.
- We have changed the *Vision services (testing, treatment, and supplies)* benefit for eye exams to determine the need for vision correction through age 17 to be subject to the deductible. See page 28.
- We have added language under Dental Benefits to clarify that the Standard Option preventive care benefit only covers those procedures that are part of a routine dental exam. See page 53.

Changes to both High and Standard Options

- We have added abdominal aortic aneurysm screening, ultrasonography to our adult preventive care benefit for men with a history of smoking. See page 22.
- We have added language to the *Hearing services (testing, treatment, and supplies)* benefit to make it clear that routine screening hearing exams for children through age 17 are paid under the *Preventive care, children* benefit. See page 28.

- We have added language to the *Vision services (testing, treatment, and supplies)* benefit to make it clear that routine screening eye exams for children through age 17 are paid under the *Preventive care, children* benefit. See page 28.
- We no longer limit diabetic equipment and supplies to the durable medical equipment \$2,500 annual maximum and \$10,000 lifetime maximum. See page 30.
- We have added obesity to the list of conditions covered under *Educational classes and programs – Outpatient nutritional guidance counseling*. See page 33.
- We no longer limit diabetes to the \$400 annual maximum for *Educational classes and programs*. See page 33.
- We have expanded the information regarding who can write a prescription to include podiatrists, advanced registered nurse practitioners (ARNPs), physician assistants (PAs) and midwives. See page 48.
- We have added durable medical equipment to “What is not covered” under our Point-of-Service benefit. See page 69.
- We have added “specialist” to the heading and text of each office visit example in the Point-of-Service benefit section to make it clear that the examples apply to either a primary care physician or specialist office visit. See page 69.