
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 new High Deductible Plan.

High Option only

- Your share of the non-Postal premium will increase by 9.5% for Self Only or increase by 9.5% for Self and Family
- We have added a primary care provider and specialist copayment differential. We decreased the primary care provider copayment to \$10 and increased the specialist copayment to \$20 per office visit.
- We have decreased the Plan After-Hours Care Center copayment to \$20 from \$30 per office visit.
- We have decreased the copayment for a double contrast barium enema. You pay nothing per visit.
- We have increased your copayment for outpatient hospital or ambulatory surgical centers to \$75 per visit.

Standard Option only

- Your share of the non-Postal premium will increase by 9.5% for Self Only or increase by 9.5% for Self and Family

Both High and Standard Options

- We have added a copayment of \$10 per visit for injections
- We have increased the benefit for outpatient physical and occupational therapy to 20 visits per condition per year, renewable annually. We have also increased the benefit for comprehensive outpatient rehabilitation facility services to provide coverage without day or visit limits, subject to preauthorization.
- We have increased the benefit for speech therapy to 20 visits per condition per year, renewable annually.
- We now exclude coverage of private duty nursing services under Home health services.
- We now exclude coverage of spacer devices under Prescription drug benefits.
- We have increased your prescription drug copayments for disposable needles and syringes. Under Standard Option, you pay \$15 at a Plan medical office pharmacy or \$21 at a Plan participating community pharmacy for generic; you pay \$25 at a Plan medical office pharmacy or \$31 at a Plan participating community pharmacy for brand name. Under High Option, you pay \$10 at a Plan medical office pharmacy or \$16 at a Plan participating community pharmacy for generic; you pay \$20 at a Plan medical office pharmacy or \$26 at a Plan participating community pharmacy for brand name.
- We will charge the appropriate brand name or generic copayment for implanted, time-release, injectable and topical contraceptives. The Plan now charges the generic prescription drug copayment for these drugs.