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## Section 2 How we change for 2006

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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

- If you are in enrollment code 3N (South Florida), your share of the non-Postal premium will increase by 16.2% for Self Only or 13.3% for Self and Family.
- If you are in enrollment code UL (Gainesville area), your share of the non-Postal premium will increase by 77.2 % for Self Only or 97.3 % for Self and Family.
- If you are in enrollment code Y9 (Tallahassee area), your share of the non-Postal premium will increase by 18.4 % for Self Only or 18.4% for Self and Family.
- Each member must satisfy an annual deductible of \$250 for all services provided in a hospital setting; except emergency room services.
- The office visit copay for primary care physician office visits has increased from \$15 to \$20. See Section 5 Benefits.
- The office visit copay for visits to a specialist has increased from \$25 to \$30. See Section 5 Benefits.
- The prescription drug copay for generic formulary medication has increased from \$10 to \$15 for up to a 30-day supply from a participating retail pharmacy. See Section 5(f) Prescription Drug Benefits.
- The prescription drug copay for brand formulary medication has increased from \$25 to \$30 for up to a 30-day supply from a participating retail pharmacy. See Section 5 (f) Prescription Drug Benefits.
- The prescription drug copay for drugs to treat sexual dysfunction has increased from \$15 to the applicable copay from a participating retail pharmacy. See Section 5 (f) Prescription Drug Benefits.
- Members may obtain up to a 90-day supply of certain maintenance medication for three times the retail pharmacy copay. Previously, members paid two times the retail copay. See Section 5 (f) Prescription Drug Benefits.
- The plan will provide up to a \$300 allowance for the purchase of a hearing aid from a participating provider. Previously, Vista Healthplan did not cover hearing aids. See Section 5 (a) Medical Services and Supplies provided by physicians and other health care professionals.
- The hospital emergency room copay has increased from \$50 to \$100 per visit. See Section 5 (d) Emergencies.
- The urgent care center copay will increase from \$25 to \$30 per visit. See Section 5 (d) Emergencies.
- No referral necessary to gynecologist and ob/gyns for unlimited visits.