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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

- Your share of the non-Postal premium will increase by 1.4% for Self Only or 1.3% for Self and Family.
- You now have coverage **annually** for routine eye exams and eyewear; \$20 copay per office visit, \$60 dollar annual allowance for glasses/contacts
- You pay a \$100 copayment per admission for inpatient medical hospital care, inpatient acute psychiatric care, and inpatient chemical dependence care. Previously there was no member copayment.
- You pay a \$100 copayment per admission for inpatient rehabilitation up to 60 days per calendar year.
- You pay a \$100 copayment per admission for up to 120 days in a skilled nursing facility.
- You pay \$20 per visit for primary care physician (PCP) visits and treatment for sick children to age 5.
- You pay 50% of the cost of standard durable medical equipment when purchased at a participating provider. No coverage is available if purchased from a non-participating provider.
- You pay 50% of the cost for external prosthetics, orthopedic braces and supports, and standard equipment.
- You pay 20% coinsurance or a \$100 copayment, whichever is less, for inpatient physician surgical care including maternity.
- You pay \$50 per visit for hospital outpatient surgical care.
- You pay \$50 for local professional ambulance service when medically appropriate.
- You pay \$20 per 30 day supply for diabetic supplies, insulin, oral diabetic agents and diabetic durable medical equipment.
- You pay \$20 per office visit for primary care physicians (PCP's), specialists and other providers.