
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

- Your share of the non-Postal premium will increase by 29.4% for Self Only or 20.0% for Self and Family.
- Members are required to select a primary care physician. However, members may self-refer within the BlueCHOICE network. Unless it is an emergency, to receive benefits, members must obtain care from Plan providers. To receive benefits for care from non-Plan providers, when the care is not available from Plan providers, BlueCHOICE must pre-approve such care. (Section 3)
- The catastrophic protection out-of-pocket maximum has been increased from 100% to 200%. (Section 4)
- Coverage for meningitis vaccines will be covered under adult preventive care. (Section 5(a))
- Coverage for abdominal aortic aneurysm screening – ultrasonography, one between the age of 65 and 75, for men with a history of smoking will be covered under adult preventive care. (Section 5(a))
- We will coverage over-the-counter drugs that are designated as Tier 1 or Tier 2 prescription drugs when a prescription is written for them. Currently only Loratadine tablets (generic Claritin) are covered and are considered at the Tier 1 copay. (Section 5(f))
- We have added our free, 24-hour NurseAssist Line phone service to provide non-emergency health information from a registered nurse or to access more than 250 tapes on health care topics. (Section 5(g))
- Certain types of outpatient diagnostic services, including all CT (Computed Tomography) scans, including Computed Tomographic Angiography (CTA), Nuclear Cardiology; PET (Positron Emission Tomography) and all MRIs (Magnetic Resonance Imaging), including Magnetic Resonance Angiography (MRA) and Magnetic Resonance Spectroscopy (MRS), require our prior approval. (Section 3 and 5(a))
- Coverage for GenericSelectSM Drugs has been changed. If you have a new prescription or switch to one of the GenericSelect drugs, you can have your first retail prescription, and subsequent refills, filled free at network pharmacies for up to 180 days from the first fill. You can refill your prescriptions at a retail pharmacy (up to a 30-day supply) or order a 90-day supply each time through mail order. (Section 5(f))
- We have updated the GenericSelect Drugs list to add a new drug: Citalopram. We've also updated the brands that are equivalent to those generic drugs covered under the program. (Section 5(f))
- We have clarified that members can receive up to a 90-day supply of maintenance medications at retail pharmacies that have agreed to participate in the mail order network and only pay the mail order copay. (Section 5(f))
- We have clarified how certain Durable Medical Equipment (DME) is covered under the DME List. (Section 5(a))
- We have clarified that, under the Mental Health and Substance Abuse benefits, marital, family, education, or training services are not covered unless they are considered medically necessary. (Section 5(e))
- We have clarified that one wig, when necessitated by hair loss due to covered radiation therapy or chemotherapy, is covered at 100% up to a maximum of \$125. (Section 5(a))
- We have clarified how epidural or intrathecal anesthesia is excluded unless to control either post-operative pain after certain procedures or for pain associated with terminal cancer patients. (Section 5(b))
- We have clarified how we recover overpayments. (Section 4)
- We have clarified "When Others are Responsible for Injuries." (Section 9)
- The name Baby Connection, a special feature that strives to help mothers-to-be avoid potential problems during pregnancy, is changed to TakeCharge Baby Connection. (Section 5(g))