
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 are offering a High Deductible Health Plan (HDHP) option for the first time under the Federal Employees Health Benefits Program during the 2005 Open Season. See Section 5 for details. (Please note: We now refer to our existing plan option as “High Option.”)
- Under the High Option, your share of the non-Postal premium will increase by 18.8% for Self Only or 20.2% for Self and Family.
- Most injectable and intravenous (IV) therapy drugs you receive in a physician’s office, in an urgent care center, through a home health provider, or through a pharmacy or a pharmaceutical vendor are now subject to a 10% coinsurance for preferred drugs and 20% for non-preferred drugs. See sections 5(a), 5(d), and 5(f) for details. Injectable and IV drugs administered in conjunction with a surgical procedure performed in a physician’s office or in an urgent care center are now subject to a 10% coinsurance. See Section 5(b). The coinsurance you pay for injectable and IV therapy drugs will count toward your catastrophic protection out-of-pocket maximum. See Section 4.
- We have changed and clarified that certain injectable and intravenous (IV) therapy drugs, including those that are administered by a medical professional, are covered only when they are purchased through designated pharmacy vendors. For details, see *Diagnostic and treatment services*, *Treatment therapies*, and *Home health services* in Section 5(a), and *Direct Source Injectables* in Section 5(f).
- Under the High Option, you now pay \$15 per visit for physical therapy, occupational therapy, speech therapy, and cardiac rehabilitation provided in a rehabilitation center, surgical center, or outpatient hospital. See *Physical and occupational therapies* and *Speech therapy* in Section 5(a).
- If you receive a brand-name drug when a preferred generic equivalent can be substituted, and your physician has not specified “Dispense as Written” for the brand-name drug, you will now pay the generic copayment plus the difference in cost between the brand-name drug and the generic. See the dispensing limitations in Section 5(f) for details.
- We have clarified our list of services requiring prior approval. See Section 3.
- We have clarified our list of major diagnostic lab and radiology tests. See sections 5(a) and 5(c).
- We have clarified that we cover routine immunizations according to the guidelines of the Centers for Disease Control, the American Academy of Pediatrics, and local government public health authorities. See *Preventive services, adult* and *Preventive services, children* in Section 5(a).
- We have clarified that ultrasounds and lab tests related to pregnancy are covered as minor diagnostic services. We have also clarified that complications of pregnancy are covered the same as any other illness. See *Maternity care* in Section 5(a).
- We have clarified that we cover health education classes and programs when closely related to the treatment of an illness or injury. See *Education classes and programs* in Section 5(a).
- Our mental health and substance abuse benefits administrator has changed from Horizon Behavioral Services to Mental Health Network (MHNet). See *Prior authorization* in Section 5(e).
- We have clarified that you may be required to pay an additional prescription drug copayment if we authorize any amount of your prescription that exceeds our quantity level limits. See the dispensing limitations in Section 5(f) for details.
- We have clarified that when one dose or single use of a covered drug or pharmaceutical product lasts longer than 30 days, you may be required to pay one copayment for each month of the anticipated duration of the medication. See the dispensing limitations in Section 5(f) for details.
- We have clarified that if the Plan allowance for a prescription drug is less than the copay, you will pay the Plan allowance. See Section 5(f).
- We have clarified that we cover insulin pens. See Section 5(f).

- We have clarified that medications and nutritional supplements for weight loss are not covered. We have also clarified that medications for the treatment of nail fungus are not covered. See Section 5(f).
- Under the High Option Section 5(h) *Dental benefits*, we have changed and/or clarified the following:
 - We have increased dental copayments.
 - We now cover resin-based composite for posterior teeth.
 - We have changed the procedure description for several dental services to more closely match the descriptions used by the American Dental Association (ADA).
 - We have listed a few more dental services that we cover. We have also clarified that we do not list all covered dental services.
 - We have clarified that limits apply to the following dental services: periodic dental exams and prophylaxis, full series and panoramic x-rays, sealant, and crowns.
 - We have clarified that adult fluoride treatment is not covered.