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 5.1% for Self-Only and 5.1% for Self and Family.
- We have expanded our continuity of care coverage for qualifying medical conditions and situations. Please contact us at 800-880-8086 should you have any questions. See Section 3.
- We have clarified what is your responsibility for determining when your catastrophic protection out-of-pocket maximum has been reached and how to inform us of this status. See Section 4.
- We now cover asthma self-management training provided by the physician as an office visit. Also, under the durable medical equipment benefit, we now cover nebulizers (including face masks and tubing), in addition to peak flow meters, for the management and treatment asthma. See Section 5(a).
- Coverage for artificial insemination is limited to six cycles per pregnancy. See Section 5(a).
- Blom-Singer and artificial larynx prostheses following a laryngectomy are provided at no charge. See Section 5(a), Orthopedic and prosthetic devices.
- Under the hospice care benefit, we now cover a pre-hospice visit for pain and symptom management, hospice and other care options including hospice and other care options including care planning. You do not have to be enrolled in the hospice program to receive this benefit. See Section 5c.
- We now cover inhalers and inhaler spacers for the management and treatment of asthma under the prescription drug benefit. See Section 5(f).
- Prescriptions for home self-administered injectables will now be filled by selected Specialty plan pharmacy providers and not the plan retail pharmacy. The Specialty Pharmacy will deliver to your home or location of your choice through next day or two day Federal Express mail. See Section 5(f).
- Under Orthopedic and prosthetic devices in Section 5(a), we have clarified that we cover foot orthoses that are custom-made and demonstrated to have therapeutic effect. In addition, we have clarified that non-custom-made or over-the-counter shoe inserts or arch supports are not covered. See Section 5(a).
- Under Home health services in Section 5(a), we have clarified that the following items are excluded: drugs or supplies that do not require a physician's prescription, even if a physician prescribes them unless they are listed as covered.
- We have clarified surgical treatment of morbid obesity. See Section 5(b).
- We have clarified that we cover pancreas only transplants as well as combination kidney/pancreas transplants. See Section 5(b).
- We have clarified that if the Plan allowance for a prescription at a plan pharmacy is less than the copay, you will pay the lesser amount. See Section 5(f)
- We have changed the name of our non-FEHB benefit for medical care for vacations, business travel and college students from “Guest membership” to “Away from Home Care”. See Section 5(i).