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## Section 2 How we change for 2006

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Do not rely on these change descriptions; this page 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 5.4% for Self Only or 5.4% for Self and Family.
- \$30 copayment per visit for specialists.
- \$2000 per person and \$5000 per family for catastrophic protection maximum
- 30 percent coinsurance for durable medical equipment and prosthetic appliances
- Retail prescription drug copayment for formulary brand name will change to \$30 and non-formulary brand name to \$45 for 30 day supply; the mail order prescription copayment will change to \$60 for formulary brand name and \$90 for non-formulary brand name drugs, 90 day supply.