
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 3.2% for Self Only or 3.2% for Self and Family. See Back Cover.
- The Plan will add a \$250.00 annual calendar year deductible per member for inpatient and outpatient hospital services. This deductible will not accumulate toward the out of pocket maximum.
- We changed the hospital inpatient admission copay from \$200 per admission to \$150 per day for the first 3 days of admission after annual calendar year deductible of \$250.00 per member has been met. Emergency room services are excluded from the annual calendar year deductible.
- We changed the retail prescription drug copays from \$15 generic, \$30 name brand formulary and \$50 non-formulary per 30 day supply to \$20 generic, \$40 name brand \$60 non formulary for a 30 day supply.
- We changed the mail-order prescription drug copays from twice the retail pharmacy copayment for a 90 day supply to \$60 generic and \$120 name brand and \$180 non formulary for 90 day supply. Note: There is no incentive for using the mail order pharmacy program.
- We changed the copay for prescription drugs for sexual dysfunction from \$34 per prescription or refill to the applicable prescription drug copays indicated above.
- The copay for insulin will change from \$14 per 30 day supply to the applicable prescription drug copayments indicated above.
- The copays for diabetic supplies will change from \$7 per 30 day supply to the applicable prescription drug copay indicated above.
- The copay for emergency room visits will increase from \$50 to \$100 per visit. The plan will waive the emergency room copay in the event the patient is hospitalized.