
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 decrease by 22.1% for Self Only and decrease by 24.0% for Self and Family.
- We now provide coverage for low protein foods for treatment of certain inherited metabolic diseases. You pay coinsurance of 20% up to a maximum of \$200 per month. The benefit requires preauthorization, and the Plan must approve the food source prior to coverage. (See page 40)
- We now provide coverage for a hearing aid for a minor dependent under the age of 18. You pay 20% coinsurance, up to a maximum benefit of \$1,400 per hearing aid for each impaired ear not to exceed one per impaired ear every 36 months. The benefit requires preauthorization. (See page 22)
- We now provide coverage for canes, and for home ventilation equipment for treatment of chronic and acute respiratory failure under “Durable medical equipment (DME).” You pay 20% coinsurance. Coverage of DME requires preauthorization. (See page 24)
- We now provide coverage for Abdominal Aortic Aneurysm Screening – Ultrasonography, one between the age of 65 and 75 for men with smoking history. (See page 17)
- We now provide coverage for Meningococcal Conjugate Vaccine for children at risk as indicated by the American Academy of Pediatrics. (See page 18)
- We now provide coverage for Influenza Vaccine, annually, for both adults and children. (See page 18)
- We have expanded our Service Area in the Alexandria area to include the parishes of Beauregard, Catahoula, Concordia, and Vernon. (See page 6)