
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

- If you are enrolled in code 7Z, PacifiCare of Oregon, your share of the non-Postal premium will increase by 1.2% for Self Only or increase by 1.5% for Self and Family.
- If you are enrolled in code SA, PacifiCare of Washington, your share of the non-Postal premium will increase by 9.4% for Self Only or increase by 9.5 % for Self and Family.
- **Specialist visits** – You now pay a \$30 copayment per office visit.
- **Inpatient hospital** – You now pay a \$200 copayment per day up to 3 days for inpatient hospitalization per admission.
- **Skilled nursing facility** – You now pay a \$100 copayment per day up to 3 days per admission to a skilled nursing facility.
- **Outpatient hospital or ambulatory surgical center** – You now pay a \$100 copayment per outpatient surgery or procedure. You also pay a \$100 copayment for non-surgical medical services or 23 hour observation in these facilities.