
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 23% for Self Only coverage and increase 20.1% for Self and Family coverage.
- **Prescription drugs** – You now pay a \$30 copayment for brand formulary drugs. You pay two copayments per 90-day supply through the mail order program.
- **Inpatient hospitalization** - You now pay a \$250 copayment per day up to 5 days per admission.
- **Outpatient hospital or ambulatory surgical center** - The Plan will decrease the copay for outpatient surgery or procedure performed in an outpatient hospital or ambulatory surgical center to \$125. The copayment for non-surgical services or 23 hour observation in these facilities will also decrease to \$125.
- **Extended care / Skilled nursing facility** - You now pay a \$125 copayment per day up to 5 days per admission.
- **Emergency services** – You now pay a \$150 copayment per emergency room visit. This Plan will also waive the emergency room copay if the member is admitted into the hospital.