
Section 2 How we changed for 2007

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

Changes to All Options (HMO and HDHP)

- **We have expanded our service area to include the following Iowa counties:**

Cerro Gordo, Chickasaw, Franklin, Hancock, Howard, Kossuth, Mitchell, Palo Alto, Sioux, Union, Winnebago, Worth, and Wright

Changes to the High Option

- Your share of the non-Postal premium will increase by 8.5% for Self Only and 19.1% for Self and Family.
- Retail prescription drug copayments for up to a 31-day supply are now \$10 per formulary generic drug and brand name insulin; \$20 per formulary brand name drug; and \$45 per non-formulary drug. Previously, the copayments were \$5 per formulary generic drug and brand name insulin; \$15 per formulary brand name drug; and \$30 per non-formulary drug.
- Mail order prescription drug copayments for up to a 93-day supply are now \$20 per formulary generic drug and brand name insulin; \$40 per formulary brand name drug; and \$90 per non-formulary drug. Previously, the copayments were \$10 per formulary generic drug and brand name insulin; \$30 per formulary brand name drug; and \$60 per non-formulary drug.

Changes to the High Deductible Health Plan (HDHP).

Your share of the non-Postal premium will increase by 9.5% for Self Only and increase by 9.7% for Self and Family.

- We have no benefit changes or clarifications.