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## Section 2 How we changed for 2007

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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 both High and Standard Options

- We have added Bucks, Montgomery, and Philadelphia County to enrollment code PN. Please see page 6 for a complete description of our service area.
- Under the Prescription Drug Benefits, we have reduced your copay for generic formulary drugs from \$8 to \$5 for up to a 31-day or 100 unit supply (whichever is less) of covered medication. You may obtain up to a 90-day supply of covered generic formulary medication for \$10. See page 42.

#### Changes to High Option only

- For enrollment code 26, your share of the High Option non-Postal premium will increase by 16.9% for Self Only or 13.7% for Self and Family.
- For enrollment code SW, your share of the High Option non-Postal premium will increase by 22.2% for Self Only coverage and 22% for Self and Family coverage.
- For enrollment code 4N, your share of the High Option non-Postal premium will increase by 59.3% for Self Only coverage and 58.5% for Self and Family coverage.
- For enrollment code PN, your share of the High Option non-Postal premium will increase by 46.2% for Self Only coverage and 45.5% for Self and Family coverage.

#### Changes to Standard Option only

- For enrollment code 26, your share of the Standard Option non-Postal premium will decrease by 5.7% for Self Only or 22.3% for Self and Family.
- For enrollment code SW, your share of the Standard Option non-Postal premium will increase by 15.2% for Self Only or 15.1% for Self and Family.
- For enrollment code 4N, your share of the Standard Option non-Postal premium will increase by 7.2% for Self Only and 7.3% for Self and Family.
- For enrollment code PN, your share of the Standard Option non-Postal premium will increase by 40.6% for Self Only and 44.4% for Self and Family.
- You must satisfy an annual deductible of \$200 for Self only enrollment and \$400 for Self and Family enrollment before we provide benefits for covered services such as outpatient hospital services, inpatient hospitalization, and surgery. See Section 4 *Your cost for covered services* on page 12.
- After you have satisfied the annual deduction, you are responsible for paying 10% coinsurance for covered services provided by participating facilities and providers. See Section 5.
- We limit your out of pocket cost (excluding the deductible) for covered services to \$1,000 for Self Only enrollment and \$2,000 for Self and Family enrollment. See Section 4 *Your cost for covered services* on page 12.