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## Section 2. How we change 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

- Your share of the non-Postal premium will increase by 32.6% for Self Only coverage and 25.1% for Self and Family coverage.
- Your copayment for office visits to or home visits by a physician will be \$15 for each visit. See Section 5(a) and 5(e).
- Your copayment for chiropractic care when you see a chiropractor in the American Specialty Health Plans network will be \$15 for each visit. See Section 5(a).
- Your copayment for visits to an urgent care center will be \$15 for each visit. See Section 5(a) and 5(d).
- Your copayment for emergency care at a physician's office will be \$15 for each visit. See Section 5(d).
- Your copayment for emergency room care (emergency care on an outpatient basis at a hospital) will be \$50 for each visit. See Section 5(d).
- Your copayment for all inpatient hospital stays will be \$100 per day for the first 3 days of hospitalization (a maximum of \$300 per stay). See Section 5(c) and 5(e).
- For outpatient surgery at a hospital or an ambulatory surgical center, the copayment will be \$100 each time you have surgery. See Section 5(c).
- For outpatient facility-based care when you are in an approved day treatment program, for a mental health or substance abuse condition, your copayment will be \$15 per day. Outpatient Facility-based care is care provided by a hospital, psychiatric health facility, or residential treatment center. See Section 5(e)
- Your copayments for outpatient prescription drugs are changed as follows: See Section 5(f)
  - For Network pharmacies you pay \$10 per preferred generic drug and \$20 per preferred brand name drug and per generic non-preferred drug if the physician writes "dispense as written".
  - For Non-Network pharmacies you pay \$10 plus 50% of the drug limited fee per generic drug and \$20 plus 50% of the drug limited fee per brand name drug.
  - For drugs purchased through the Mail Order Program you pay \$20 per preferred generic drug and \$40 per preferred brand name drug and per generic non-preferred drug if the physician writes "dispense as written".