
Section 2 How we change 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

- Your share of the non-postal premium will increase by 14.7% for Self Only or 12.4% for self and family.
- We lowered your in-network deductible to \$250 self and \$500 family. See page 14.
- We lowered your coinsurance to 20%. See page 14.
- We lowered your in-network catastrophic protection out-of-pocket maximum to \$1,500 self and \$3,000 family. See page 15.
- Your copay for diagnostic and treatment services at an urgent care center increased to \$15. See page 17.
- The newborn benefit provides 100% coverage for the well child exam only. See page 19.
- We now cover routine sonograms to determine fetal age, size or sex was removed. See page 19.
- The following services are non-covered maternity benefits (See page 19.):
 - Amniocentesis, ultrasound or any other procedure intended solely for gender determination.
 - Birth classes and/or services.
 - Lactation classes and/or services, including breast pumps.
 - Genetic selection services.
- Authorization requirements are added for a second and any subsequent ultrasounds. See page 19.
- A benefit limit is added for non-routine office visits or office visits not directly related to prenatal care are subject to all applicable copay, deductibles and/or coinsurance. See page 19.
- The voluntary sterilization benefit has changed. You pay nothing for the first \$300 of allowed charges, and after that 20% coinsurance (Calendar year deductible applies.) See page 20.
- The artificial insemination benefit is modified to exclude coverage for fertility medications (drug therapy). See page 20.
- For allergy injections, you now pay 20% coinsurance (Calendar year deductible applies). See page 21.
- The benefit maximum for Physical Therapies has changed to 60 visits (not combined) and now requires you to pay 20% coinsurance (Calendar year deductible applies). See page 21 and 22.
- The benefit maximum for Occupational Therapies has changed to 60 visits (not combined) and now requires you to pay 20% coinsurance (Calendar year deductible applies). See page 21 and 22.
- A benefit maximum for Pulmonary and Cardiac Rehabilitation therapy is 15 visits per year combined and requires that you pay 20% coinsurance (Calendar year deductible applies). See page 20.
- The hearing services benefit has reduced by eliminated coverage for Cochlear Implants. See page 22.
- Audiology screenings benefit has changed. It requires you to pay 20% coinsurance (Calendar year deductible applies). See page 22.
- We increased the coverage for cataract related benefits. See page 22.
- The benefit maximum for speech therapy has changed to 60 visits (not combined) and now requires you to pay 20% coinsurance (Calendar year deductible applies). See page 22.
- Prosthetics and Orthotics will no longer apply to the Out-of-Pocket Maximum. See page 23.
- The foot care benefit payment was changed. You pay 20% coinsurance (Calendar year deductible applies). See page 23.
- Penile prosthesis and cochlear implants are not covered; however, medically necessary surgery is covered. See page 23.

- Oral devices for sleep apnea is added under durable medical equipment with a \$500 annual benefit maximum. See page 24.
- Durable Medical Equipment will no longer apply to the Out-of-Pocket Maximum. See page 24.
- Insulin Pumps no longer apply to the durable medical equipment annual benefit limit. You pay 20% coinsurance (Calendar year deductible applies). See page 24 and 25.
- The Chiropractic visit limit has changed to a \$500 annual benefit maximum. Procedures, lab and x-ray services are subject to the annual deductible and 20% coinsurance. See page 26.
- You now pay 20% coinsurance (Calendar year deductible applies) for Home Health Services. See page 26.
- Under Reconstructive Surgery, a Breast Reduction is added. You pay 20% coinsurance. The calendar year deductible applies. See page 28.
- Physician and other health care professional services fees related to reconstructive surgery requires you to pay 20% coinsurance (Calendar year deductible applies). See page 28.
- For oral and maxillofacial surgery you now pay 20% coinsurance (Calendar year deductible applies.). See page 29.
- For anesthesia, you now pay 20% coinsurance (Calendar year deductible applies) for professional services in a hospital (outpatient department), a skilled nursing facility and ambulatory surgical center. See page 31.
- A 30-day limit applies to Extended Care benefits/Nursing Care facility benefits. See page 33.
- Hospice care now requires a treatment plan and you will be responsible for 20% coinsurance (Calendar year deductible applies). See page 34.
- Five new Hospice care exclusions were added. See page 34.
- The ambulance benefit was modified to require prior authorization for (see page 35):
 - Non-emergency care air ambulance service (including related ground ambulance service).
 - Ground ambulance for a non-emergency care transfer from one facility to another facility.
- You will now pay a \$100 copay for ambulance travel, per trip. See page 35.
- Deductible is no longer required for Emergency care at a doctor's office. See page 37.
- You now pay a \$15 copay for emergency care at an Urgent care center, deductible is no longer required. See page 37.
- Deductible is no longer required for Emergency care at an urgent care center. See page 37.
- Under Mental Health and Substance Abuse benefits neuropsychiatric and neuropsychological testing is added as a covered benefit with limitations. See page 38.