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## Section 2. How we change for 2006

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Do not rely on these change descriptions; this page 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

- We added a new standard option for 2006.
- We added Bossier, Cado, DeSoto, Red River and Webster parishes to our service area for 2006.

### Changes to High Option only

- Baton Rouge Area – Your share of the non-Postal premium will increase by 131.8% for Self-Only or 139.4% for Self and Family.
- New Orleans Area – Your share of the non-Postal premium will increase by 11.7% for Self-Only or 11.7% for Self and Family.
- The inpatient hospital admission copayment is now \$150 per day up to \$450 maximum per admission. Previously, the copayment was \$100 per day up to a \$300 maximum per admission.
- The outpatient hospital copayment is now \$100 per facility use. Previously, the copayment was \$50 for facility use.
- The hospital emergency room copayment is now \$100 per visit. Previously, the copayment was \$50 per visit.
- The ambulance copayment is now \$100 per trip. Previously, the copayment was \$50 per trip.
- The retail prescription drug copayments are now \$10 per generic formulary, \$25 per formulary drugs, and \$50 per non-formulary drugs. Previously, the copayments were \$10 per generic formulary, \$20 per formulary drugs, and \$45 per non-formulary drugs.
- The mail-order prescription drug copayments are now \$20 per generic formulary, \$50 per formulary drugs, and \$100 per non-formulary drugs. Previously, the copayments were \$20 per generic formulary, \$40 per formulary drugs, and \$90 per non-formulary drugs.

### Changes to High Deductible Health Plan only

- Baton Rouge Area – Your share of the non-Postal premium will increase by 105.6% for Self-Only or 115% per Self and Family.
- New Orleans Area – Your share of the non-Postal premium will increase by 23.6% for Self-Only or 23.6% for Self and Family.

### In-network

- The individual deductible is \$1,100 instead of \$1,050.
- The family deductible is \$2,200 instead of \$2,100.