
Section 2. How we change for 2006

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 20.8% for Self Only coverage and 62.1% for Self and Family coverage.
- We have expanded our continuity of care coverage for qualifying medical conditions and situations. Please contact us at 800-235-8631 should you have any questions. (See Section 3)
- We have clarified that pediatric asthma equipment and supplies such as nebulizers (including face masks and tubing) are covered under the durable medical equipment (DME) benefit but are not subject to the \$2,000 DME calendar year maximum. See Section 5(a).
- We have clarified that inhaler spacers and peak flow meters for the treatment of pediatric asthma are covered under the prescription drug benefit and are subject to the copay for preferred brand name drugs. See Section 5(f).