
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 be 5.9% for Self Only and 5.9% for Self and Family. See page 67.
- In Section 3, we added prior notification required for Non Emergency MRI of Lower Extremity, Upper Extremity, Spine, Abdomen, Non Emergency CT of Abdominal, Upper Extremity, Pelvis/Abdomen, Lower Extremity, and Pelvis, Non Emergency Arthroscopy, Arthrocentesis, Colonoscopy, Cystoscopy, Excision/Destruction Lesions, Laparoscopic Inguinal Hernia Repair, Lithotripsy, Nasal/Sinus Endoscopies, UGI Endoscopies at a outpatient hospital setting, and Non Emergency Ambulance Services. See page 11.
- In Section 3, we removed self injectables from the prior notification list. See page 11.
- In Section 5(a), we added a \$0 copayment for services at a plan-preferred laboratory and a \$10 copayment for services received at a plan non-preferred laboratory for Lab, X-ray, and other diagnostic tests. See page 17.
- In Section 5(a), we added Abdominal Aortic Aneurysm screening to Preventative Care, Adult. See page 17.
- In Section 5(a), we changed the copayment to \$20 per visit to a primary care physician and \$30 per visit to a specialist for maternity care. See page 19.
- In Section 5(a), we added genetic testing as a benefit under Family Planning with a 50% copayment per test. See page 19.
- In Section 5(a), we changed the copayment amount to \$20 per visit to a primary care physician and \$30 per visit to a specialist for Infertility Services, Allergy Care, Treatment Therapies, Hearing Services, Vision Services, and Foot Care. See pages 20, 21, 22, and 23.
- In Section 5(a), we removed Cardiac Rehabilitation from Not Covered under physical and occupational therapies. See page 21.
- In Section 5(a), we changed the limits for speech therapy to 60 visit limits for each of the following: speech, physical therapy, and occupational therapy. See page 21.
- In Section 5(a), we revised first hearing aid and testing only when necessitated by accidental injury to Initial testing only when necessitated by accidental injury. See page 22.
- In Section 5(a), we removed ostomy supplies from Not Covered under Durable Medical Equipment. See page 24.
- In Section 5(a), we changed the Copayment for Educational classes to \$20 per visit to a primary care physician, \$30 per visit to a specialist, and \$30 per outpatient visit. See page 25.
- In Section 5 (b), we changed the Copayment to \$20 per visit to a primary care physician and \$30 per visit to a specialist for Surgical Procedures, Reconstructive Surgery, Oral & Maxillofacial Surgery, and Organ/Tissue Transplants, and deleted the \$100 per outpatient surgery and procedures. See pages 26, 28, and 29.
- In Section 5 (d) Emergency care within or outside of our service, we changed the Copayment amount for emergency care as an outpatient at a hospital, including doctor's services changes to \$75. We changed Copayment for emergency care at an urgent care center to \$75. See page 35.
- In Section 5 (e), we changed the Copayment for professional services to \$20 per visit to a primary care physician and \$30 per visit to a specialist. We added \$0 copayment if you receive diagnostic tests from a plan preferred laboratory and a \$10 copayment if you receive tests from a plan non-preferred laboratory. See page 36.
- In Section 5 Non-FEHB benefits available to plan members, we added a discount program to Gold's Gym. See page 46.