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## Section 2 How we change for 2007

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Do not rely only 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.

### Program-wide changes

- Texas has been added to the list of medically underserved areas for 2007; Alaska has been removed from the list. (See page 10, **Section 3, *How you receive benefits, Covered professional providers, Medically underserved areas.***)

### Changes to this Plan

#### Changes to our Standard Option only

- Your share of the non-Postal premium will decrease by 1.3% for Self Only or 1.0% for Self and Family.
- We now provide benefits for 12 chiropractic manipulations per calendar year when provided by licensed chiropractors. Previously, benefits were limited to 10 manipulations per year. (See page 45.)
- We now provide benefits for 24 visits for acupuncture per calendar year when performed and billed by a physician or licensed acupuncturist. Previously, benefits were limited to 10 visits per year. (See page 45.)
- We now provide benefits in full for ambulance transport services related to a medical emergency after you pay a \$50 copayment per trip (no deductible). Previously, benefits were provided at 90% of the Plan allowance. In addition, we now provide benefits in full for Non-participating or Non-member ambulance transport services related to an accidental injury. Previously, you were responsible to pay any difference between the Plan allowance and the billed amount. (See pages 70 and 75.)
- Benefits for outpatient visits for psychotherapy to treat mental health and substance abuse conditions are no longer limited to 2 hours per visit. (See benefit information beginning on page 76.)
- We clarified how we determine when your treatment plan for outpatient psychotherapy visits must be submitted. (See page 79.)

#### Changes to our Basic Option only

- Your share of the non-Postal premium will not change for Self Only or for Self and Family.
- We now provide benefits in full for diagnostic or psychological tests billed for by the outpatient department of a Preferred, Member, or Non-member facility when related to the treatment of a mental health or substance abuse condition. Previously, these services were subject to a \$40 copayment. (See pages 78 and 81.)

#### Changes to both our Standard and Basic Options

- The Blue Quality Centers for Transplant (BQCT) are now Blue Distinction Centers for Transplants<sup>SM</sup>. In addition, certain Preferred facilities have now been selected to be Blue Distinction Centers for Bariatric Surgery<sup>SM</sup> and/or Blue Distinction Centers for Cardiac Care<sup>SM</sup>. More information about these centers appears on page 11.
- We now provide Preventive care benefits for Herpes Zoster (shingles) and Human Papillomavirus (HPV) vaccines as licensed by the U.S. Food and Drug Administration for adults. In addition, we now provide Preventive care benefits for children who receive Rotavirus vaccines and Human Papillomavirus (HPV) vaccines. (See page 32.)
- We clarified that Preventive care benefits are available for one flu vaccine each flu season. (See page 32.)
- We clarified that we provide Maternity care benefits for ultrasound tests provided as part of obstetrical care. (See page 33.)
- We clarified that benefits are not provided for INTACS. (See pages 40 and 49.)
- We now provide benefits for surgically implanted penile prostheses to treat erectile dysfunction regardless of its physiological cause. Previously, benefits for penile prostheses to treat erectile dysfunction were provided under limited circumstances. (See pages 41 and 50.)

- We now provide benefits for additional surgical gastric procedures to treat morbid obesity. (See page 48.)
- We expanded our coverage for organ/tissue transplants to include coverage for additional diagnoses. (See pages 52 to 59.)
- We clarified that benefits are not provided for implants of artificial organs. (See page 59.)
- We clarified the three benefit levels for drugs purchased through the Retail Pharmacy Program. (See page 84.)
- We now provide Prescription drug benefits for clotting factors and anti-inhibitor complexes to treat hemophilia. (See page 85.)
- We clarified that when a therapeutically equivalent generic drug becomes available, we may classify the brand-name product as a non-formulary brand-name drug. (See page 86.)
- We clarified the types of situations where your responsibility for the difference between our allowance and the billed amount for services performed by Non-participating professional providers may be limited to \$5,000. (See page 118.)