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## Section 2 How we change for 2007

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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 20.3% for Self Only or 20.4% for Self and Family
- Inpatient hospital services now include a \$200 copay per admission. Previously, there was no copay for inpatient hospital services. ( Section 5(c) )
- Outpatient hospital facility charges will now include a \$100 copay. Previously, there was no copay for outpatient facility services. ( Section 5(c) )
- The office visit copay for professional services by a physician is now \$15. Previously, the copay was \$10. ( Section 5(a) )
- The office visit copay for professional services by a specialist is now \$15. Previously, the copay was \$10. Maternity visits will remain covered in full. ( Section 5(a) )
- The office visit copay for professional services by a chiropractor is now \$15. Previously, the copay was \$10. ( Section 5(a) )
- The Emergency room copay is now \$75. Previously, the copay was \$50. ( Section 5(d) )
- The prescription drug copayments for a 30-day supply will increase from \$20 copay for formulary name brand and \$30 copay for non-formulary name brand to \$25 copay for formulary name brand and \$40 copay for non-formulary name brand. ( Section 5(f) )
- The prescription drug copayments for a 90-day supply will increase from \$40 copay for formulary name brand and \$60 copay for non-formulary name brand to \$50 copay for formulary name brand and \$80 copay for non-formulary name brand. ( Section 5(f) )

### Clarifications to this Plan

- We updated the criteria for Surgical treatment of morbid obesity to reflect a Body Mass Index (BMI) of 35 or greater. ( Section 5(b) )
- We updated the Inpatient hospital exclusions to remove *Inpatient hospital stays when the patient checks out Against Medical Advice (A.M.A.)*. ( Section 5(c) and 5(e) )
- We updated the Prescription drug section to clarify the applicable copays for off-label use of covered medications. ( Section 5(f) )
- We added automatic blood pressure monitors to the list of covered Durable medical equipment (DME). ( Section 5(a) )
- We updated the Emergency services section to clarify the applicable copays by adding: Note: Emergency Care-Observation setting without an inpatient admission – member emergency room copay applies. ( Section 5(d) )
- We updated General exclusions to include; Telephone consultations or consultations via electronic mail or internet/web, except as required by law or authorized by us. ( Section 6 )