
Section 2 How we change for 2007

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 12.0% for Self only and 24.3% for Self and family.
- We have restated the "You Pay" for Routine physical every year to \$10 office visit copay and Routine Preventive Screenings to show that such screenings are covered at 100%. (see page 16)
- We have increased the annual number of covered visits for physical and occupational therapies to 50 visits per year. Previously the annual limit was 40 visits. (see page 19)
- We have added an annual maximum out of pocket limit of \$2500 per person to Orthopedic and Prosthetic devices combined with Durable Medical Equipment. (see page 21)
- We have added coverage for TENS units. Previously this was not a covered benefit. (see page 22)
- We have restated the annual maximum out of pocket limit for Durable Medical Equipment, now combined with Orthopedic and Prosthetic devices. (see page 22)
- We have increased the maximum annual benefit for Complementary Medicine services (Alternative Treatments) to \$750 per year. Previously it was \$500 per year. (see page 23)
- We have increased the copay for Emergency Services to \$75 per visit. Previously it was \$50 per visits (see page 33)
- We will cover Glucose Blood Monitors as Prescription Drug supplies. Previously they were covered as Durable Medical Equipment. (see page 36)