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## Section 2 How we change for 2006

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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.

### Program-wide changes

- In Section 3, under **Covered providers**, Arizona and West Virginia are designated as medically underserved areas in 2006. Texas is no longer designated as a medically underserved area in 2006.

### Changes to this Plan

- Urgent Care Facilities are now covered for medically necessary treatment.
- Specialty Pharmacy Benefits are now available through Medco. Members who require prescription drugs included in the Specialty Pharmacy Benefit may receive them through Medco at the coinsurance rates described in the Prescription Drug Sections.
- Members in High and Standard Option who receive medications included in the Specialty Pharmacy Benefit from any other source, such as a doctor's office, home health agency or outpatient hospital, will pay a copayment of \$300 (High Option) and \$500 (Standard Option) in addition to the PPO or Non-PPO coinsurance.

### Changes to High Option only

- Your share of the non-Postal premium will increase by 5.7% for Self Only or 6% for Self and Family.
- The per admission deductible is no longer limited to two in a calendar year. Each inpatient admission is now subject to the per admission deductible.
- The out-of-pocket maximum is now \$4,000 for PPO providers and \$6,000 for combined expenses from PPO and Non-PPO providers.
- For single-source brand name drugs, non-Medicare members will now pay 25% of the cost, up to a maximum of \$150, for a 30-day supply at network retail pharmacies and up to a maximum of \$350 for a 90-day supply at Medco By Mail.
- For multi-source brand name drugs, non-Medicare members will now pay \$5 plus the difference in the cost of the generic and the brand name drug at network retail pharmacies and \$15 plus the difference in the cost of the generic drug and the brand name drug at Medco By Mail.
- For single-source brand name drugs, Medicare members will now pay 20% of the cost up to a maximum of \$150 for a 30-day supply at network retail pharmacies and 15% up to a maximum of \$350 for a 90-day supply at Medco By Mail.
- For multi-source brand name drugs, Medicare members will now pay \$5 plus the difference in the cost of the generic drug and brand name drug at network retail pharmacies and \$10 plus the difference in the cost of the generic and brand name drug at Medco By Mail.
- Member's copayments and coinsurance for prescription drugs dispensed by Medco go toward a \$4,000 annual prescription out-of-pocket limit (for Self Only or for Self and Family enrollments) except for the difference between the costs of the generic and brand multi-source drugs and the 50% coinsurance for retail drugs after the first two fills.

### Changes to Standard Option only

- Your share of the non-Postal premium will not increase for Self Only or for Self and Family.
- The out-of-pocket maximum is now \$5,000 for PPO providers and \$7,000 for combined expenses from PPO and Non-PPO providers.

### Changes to High Deductible Health Plan

- Your share of the non-Postal premium will decrease by 1.7% for Self Only or 2.8% for Self and Family.

**We have clarified the following:**

- We have clarified that pre-implantation genetic diagnosis (PGD) is not covered.
- We have clarified that hot and cold packs are not covered.
- We have clarified that topical hyperbaric oxygen therapy is not covered.
- We have clarified the criteria used to approve bariatric surgery.
- We have clarified that charges for photographs to document physical conditions are not covered.
- We have clarified that marriage counseling is not covered.
- We have clarified that Home Test Kits including but not limited to HIV and Drug Home Test Kits are not covered.
- We have clarified that Weight Loss Programs are not covered.
- We have clarified that telephone consultations are not covered.
- We have clarified the member's responsibility and GEHA rights on claims when a third party is responsible for the charge.
- We have clarified the definition of Intensive Day Treatment.
- We have deleted the language "If the cost of the medication is less than the applicable copayment, you are only responsible for the cost of the medication".