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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 both our High and Standard Options

- The Plan has contracted with CareFirst BlueCross BlueShield (CareFirst), Beech Street and CCN to offer PPO networks for our entire membership based on their geographic area. (See page 6.) Previously, Blue Cross and Blue Shield was the Plan's nationwide PPO network.
- The Plan has contracted with ENCOMPASS Health Management Systems (ENCOMPASS) to provide preauthorization and case management services. (See page 11.) Previously, these services were performed nationally by Blue Cross and Blue Shield.
- Rental or purchase of covered durable medical equipment (DME) no longer requires a preauthorization.
- The 20% penalty for failure to obtain preauthorization for covered private duty nursing services, hospice care and extended care/skilled nursing facility care no longer applies.
- The Plan allowance for non-PPO benefits will be based on the reasonable and customary charge which is established at the 75<sup>th</sup> percentile of claims and fee data compiled by Medical Data Research (MDR). (See page 70.) Previously, the average PPO negotiated rate was used.
- The Plan will now pay all anesthesia services by a non-PPO anesthesiologist at the PPO in-network benefit when a PPO facility is used. (See page 37.)
- The Plan will now consider out-of-network charges for covered services rendered outside the United States and Puerto Rico at the Plan's reasonable and customary charge established for the District of Columbia. (See page 53.)

### Changes to our High Option only

- Your share of the non-Postal premium will increase by 24.9% for Self Only or 24.1% for Self and Family.
- The hospice care benefits have been combined for both inpatient and outpatient services and are now limited to \$10,000 per calendar year under the High Option. (See page 41.) Previously, regular Plan benefits for the High Option had no maximum.

### Changes to our Standard Option only

- Your share of the non-Postal premium will increase by 10% for Self Only or 6% for Self and Family.
- The Plan's hospice care benefits have been combined for both inpatient and outpatient services and are now limited to \$5,000 per calendar year under the Standard Option. (See page 41.) Previously, benefits were limited to 60 days of care.
- Rental or purchase of covered durable medical equipment (DME) is limited to \$25,000 per person, per lifetime under the Standard Option. (See page 29.) Previously, regular Plan benefits applied.

### Other Changes

- Open enrollment in the SAMBA Health Benefit Plan has been extended to include civilian employees of the United States Army Criminal Investigation Command (USACIDC).

### Clarifications

- The Plan's telephone number for claims services and/or questions has been changed to 1-800/638-6589 or 301/984-1440.
- Ambulance benefits in Section 5(c) have been updated to clarify our coverage of air ambulance services. Also, ambulance transportation for the patient's and/or the family's convenience is now specifically excluded.
- Osteoporosis screening is now specifically listed as covered under *Preventive care, adult* in Section 5(a).