
Section 2. How we change for 2006

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 3% for Self Only or 3% for Self and Family.
- We expanded the list of services requiring precertification. See Section 3 “Services requiring our prior approval”.
- Sigmoidoscopy screening through HealthPass will be covered every 5 years for ages 50 and above instead of every 3-5 years. See Section 5(a), “Preventive care, adult”.
- Double contrast barium enema will be covered every 5 years for ages 50 and above instead of every 5-10 years. See Section 5(a), “Preventive care, adult”.
- We now cover a one-time only ultrasound screening for abdominal aortic aneurysm for men ages 65-75. See Section 5(a), “Preventive care, adult”.
- We have changed the in vitro fertilization (IVF) benefit to include IVF procedures using donor eggs or sperm. We will continue to exclude any cost of donor eggs or donor sperm. We have clarified that we do not cover any donor-related services, including but not limited to collection, storage and processing of donor eggs and sperm. In addition, we have clarified that services of a surrogate are not covered. See Section 5(a), “Infertility Services”.
- We clarified that the diagnosis of infertility is covered. The infertility benefits have been expanded to include injectable fertility drugs under Section 5(a), “Infertility services” and oral fertility drugs under Section 5(f), “Prescription drug benefits.”
- We have expanded our Care Connection programs to include chronic renal diseases (End-Stage Renal Disease and Chronic Kidney Disease). See Section 5(a), “Educational classes and programs”.
- For prescription nicotine patches only, you are no longer limited to one treatment cycle per calendar year and you are no longer limited to two treatment cycles per lifetime. See Section 5(f), “Prescription drugs benefits”.
- We have removed the classifications of diaphragms (preferred and other brand). Your copayment at a Plan pharmacy is \$10. At a non-Plan pharmacy your copayment is \$10 plus 20% of the remaining eligible charge and any difference between the actual and eligible charge. Please see Section 5(f), “Prescription drug benefits”.
- We have clarified the definition of medical necessity. See Section 10.