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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.

### Changes to this Plan

#### Changes to High Option only

- Your share of the non-Postal premium will increase by 12.2% for Self Only or 15.1% for Self and Family.

#### Changes to Standard Option only

- Your share of the non-Postal premium will decrease by 16.4% for Self Only or 16.4% for Self and Family.
- We increased the copayment for care you receive in a specialty care department to \$40 per office visit (see page 20).
- We removed the \$100 deductible for prescription drugs.
- We increased the copayment to \$40 per office visit for outpatient physical and occupational therapy and outpatient speech therapy (see page 27).
- We now cover chiropractic services at a \$40 copayment per visit, up to 20 visits per calendar year (see page 35).
- We now cover acupuncture services at a \$40 copayment per visit, up to 20 visits per calendar year (see page 35).
- We increased the copayment to \$40 per office visit for emergency care you receive at a Plan urgent care department (see page 49).
- We increased the copayment to \$40 per office visit for mental health and substance abuse services you receive in a specialty care department (see page 51).
- We added affiliated pharmacies to our pharmacy network. You pay \$25 per prescription or refill for generic drugs; or \$45 per prescription or refill for preferred brand-name drugs; or \$60 per prescription or refill for non-preferred brand-name drugs (see page 54).
- We added a Discounted Dental plan (see page 64).

#### Changes to both High and Standard Options

- We raised the age limit for dependent children from infancy through age 21 for preventive care in a primary care department. There is no copayment (see page 23).
- We decreased the member coinsurance responsibility to 75% of our allowance for total contact lens package you purchase and service you receive at a Plan facility (see page 29).
- We changed the member payment for asthma-related equipment to 50% of our allowance from a dollar amount (see page 31).
- We no longer cover general health education classes under Plan benefits (see Non-FEHB benefits available to Plan members page 66).
- We have changed the cost of prescription smoking cessation therapy. Now you receive two courses per year (see page 57).