
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 12.2% for Self Only coverage or increase by 12.6% for Self and Family coverage.
- **Prescriptions drugs** – You now pay a \$30 copayment for brand name formulary drugs per 30 day supply.
- **Inpatient hospital** – You now pay a \$150 copayment per day up to 5 days per admission.
- **Outpatient hospital or ambulatory surgical center or 23 hour observation** – You now pay a \$75 copayment per outpatient surgery or medical, non-surgical services performed in these settings.
- **Extended care/skilled nursing facility** - You now pay a \$75 copayment per day up to 5 days per admission.
- **Emergency services** - The Plan will waive the emergency room copayment if the member is admitted into the hospital.