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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 High Option only

Your share of the non-Postal premium will increase by 100.3% for Self Only or 134.1% for Self and Family.

- Members Home doctor's visits copayments is now \$15 per primary doctor's visit and \$30 per specialist. Previously, the copayment was \$25 per primary doctor's or specialist's visit.
- Chemotherapy and radiation therapy are now \$30 per office visit or 10% of our allowance for outpatient test. Previously, the copayments were \$15 per primary care doctor's visit, \$30 per specialist visit and nothing for outpatient test.
- Intravenous therapy is now \$30 per office visit. Previously, the copayments were \$15 per primary care doctor's visit and \$30 per specialist visit.
- Annual eye refraction is now \$15 per exam instead of \$10.

### Changes to Standard Option only

Your share of the non-Postal premium will increase by 68.4% for Self Only or 115.7% for Self and Family.

- Home doctor's visits copayments are now \$20 per primary doctor's visit and \$35 per specialist. Previously, the copayment was \$25 per primary doctor's or specialist's visit.
- Chemotherapy and radiation therapy are now \$35 per office visit or \$100 for outpatient. Previously, the copayments were \$20 per primary care doctor's visit and \$35 per specialist visit and \$100 for outpatient test.
- Intravenous therapy is now \$35 per office visit. Previously, the copayments were \$20 per primary care doctor's visit and \$35 per specialist visit.

### Changes to both High and Standard Options

- We clarified our brochure to show that we do not cover physical exams for obtaining or continuing employment or insurance, attending schools or camp or travel.
- We have clarified our brochure to show that we do not cover fertility drugs.
- We limited outpatient respiratory and inhalation therapy to 60 visits per condition per calendar year. Previously, these benefits had no day limit.
- We cover growth hormone therapy under prescription drug benefits instead of medical benefits.
- We do not require copayments for childhood immunizations recommended by the American Academy of Pediatrics.
- We no longer require you to select a primary care doctor or obtain a referral to participating specialist. You now have direct access to any HMO participating or Plan provider.
- We cover an initial blood glucose monitor. You pay nothing, if you obtain our preferred brand. You pay 20% of our allowance if you receive a non-preferred brand or replacement device. Previously, you paid nothing for the monitor.
- We have expanded the list of covered items under durable medical equipment.

## **Changes to High Deductible Health Plan Option**

Your share of the non-Postal premium will increase 0 % for Self Only or 0 %for Self and Family.

- The individual deductible is \$1,100 instead of \$1,050.
- The family deductible is \$2,200 instead of \$2,100.

## **Changes to All Options (High Option, Standard Option and High Deductible Health Plan)**

- We now limit Extended care/skilled nursing benefits to 60 visits per year.
- We added the Enteral feeding pump to our the list of covered durable medical equipment.
- We have added coverage for one nutritional counseling visit with a registered dietician to Educational Classes and Programs.
- We have expanded the list of covered providers for home health services.
- We no longer cover Take home items under inpatient hospital benefits.
- We limit External prosthetic devices, except those associated with reconstructive surgery after a mastectomy to two per member per calendar year. Previously, our benefit limit was one per lifetime.
- We have added special duty nursing to the list of covered services under inpatient hospital benefits.
- Under the retail pharmacy benefit, can obtain up to a 3 month supply of the following items for three times the applicable High or Standard Option or HDHP copayments:
  - (a) Insulin
  - (b) Diabetic supplies
  - (c) Contraceptive drugs
  - (d) Injectable contraceptive drugs