
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 5.3% for Self Only or 4.5% for Self and Family.
- Physical and Occupational therapies are now covered up to 60 days per contract year each. Previously, they were covered for up to two months (see page 22).
- Speech Therapy is now covered for up to 60 visits per contract year. Previously, it was covered for up to two months (see page 22).
- Ambulance service is covered with a \$50 member co-payment per service. Previously, it was covered in full (see pages 35 & 37).