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 decrease by 32.4% for Self Only or by 32.9% for Self and Family.
- We have combined the annual catastrophic protection out-of-pocket maximums for medical treatment and mental health/substance abuse treatment. The new combined out-of-pocket maximum is $2,500 per person or $5,000 per family. Previously, the out-of-pocket maximum for medical treatment was separate from the one for mental health and substance abuse treatment. Each maximum was $1,000 per person or $2,000 per family. See page 12.
- We have combined the annual deductible for medical services with the annual deductible for mental health and substance abuse treatment. The combined annual deductible will be $250 under Self Only and $500 under Self and Family. Previously, the deductible for medical treatment was separate from the one for mental health/substance abuse treatment. See page 12.
- General durable medical equipment will have a maximum plan payable of $5,000 per person per calendar year. See page 22.
- Orthopedic and prosthetic devices are not subject to deductible. See page 22.
- You will be responsible for the deductible and 20% for Home Health Services. Previously, this was covered at 100% and was not subject to the deductible. See page 25.
- You will be responsible for the deductible and 20% for Hospice Services. Previously, this was covered at 100% and was not subject to the deductible. See page 32.
- You will be responsible for the deductible and 20% for Extended Care/Skilled Nursing Services. Previously, this was covered at 100% and was not subject to the deductible. See page 32.
- The prescription drug mail order pharmacy copays have increased from $40 name brand formulary and $80 non-formulary to $50 name brand formulary and $120 non-formulary for up to a 90-day supply. See page 40.
- Supplemental feedings are covered for metabolic conditions such as Phenylketonuria (PKU) and Tyrosanemia. See page 39.
- Observation stays do not require pre-authorization.
- Xolair, Thyrogen, Amevive, Sandostatin all require pre-authorization. See page 11.
- You will now pay 20% for physical or occupational therapy. Previously, members paid $15 per office visit for therapy rendered in an office setting. See page 20.
- We have defined how we handle certain prescription medications through Step Therapy prior authorization program. Certain prescription drugs that are identified as only available for coverage under the Plan when other prescription drugs identified by the Plan as appropriate for use have first been utilized by the member, within the prior specified number of days. The identified prescription drug products and the process are subject to periodic review and modification. Currently, asthmatic, anti-inflammatory and anti-depressant medications must be prior authorized through the Step Therapy program. See page 39.