
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 12.14% for Self Only or 16.95% for Self and Family.
- Adult routine physical exams have a \$5 copayment per visit.
- Pediatric routine physical exams have a \$5 copayment per visit.
- Well baby visits have a \$5 copayment per visit.
- Physician office visits for illness or injury have a \$15 copayment per visit.
- Specialist office visits, including OB/GYN, have a \$15 copayment per visit, if referred by PCP.
- Self-directed specialist office visits, including OB/GYN, have a \$35 copayment per visit, if not referred by PCP.
- Women's routine gynecological exams have a \$5 copayment.
- Physical, speech, and occupational therapy have a \$15 copayment per visit.
- Therapeutic manipulation (Chiropractic) visits have a \$15 copayment per visit.
- Retail prescription drug coverage for generic drugs has a \$10 copayment for a 30-day supply.
- Retail prescription drug coverage for preferred brand drugs has a \$20 copayment for a 30-day supply.
- Retail prescription drug coverage for non-preferred brand drugs has a \$40 copayment for a 30-day supply.
- Mail order prescription drug coverage for generic drugs has a \$20 copayment for a 90-day supply. You pay two copayments.
- Mail order prescription drug coverage for preferred brand drugs has a \$40 copayment for a 90-day supply. You pay two copayments.
- Mail order prescription drug coverage for non-preferred brand drugs has an \$80 copayment for a 90-day supply. You pay two copayments.