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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 our Consumer Driven Health Plan

- Your share of the non-Postal premium will decrease by 0.9% for Self Only and decrease by 0.9% for Self and Family.
- We now have two catastrophic protection out-of-pocket maximums – one for in-network services and one for out-of-network services. The in-network out-of-pocket maximum is \$3,000 for Self Only and \$6,000 for Self and Family; and the out-of-network out-of-pocket maximum is \$4,000 for Self Only and \$8,000 for Self and Family. (See page 21)
- We now provide coverage for Optic Nerve Imaging Methods if you have glaucoma or other retinal diseases. (See page 38)
- We now pay out-of-network outpatient hospital emergency care, including doctors' services, the same as in-network emergency care. You will be responsible for 15% of the Plan's allowance. (See page 49)
- We now provide coverage for Abdominal Aortic Aneurysm Screening – Ultrasonography, one between the age of 65 and 75 for men with smoking history. (See page 26)
- We now provide Meningococcal Vaccine for children at risk as indicated by the American Academy of Pediatrics. (See page 28)
- We now provide coverage for Osteoporosis Screening – routine screening for osteoporosis for women 65 and older and routine screening beginning at age 60 for women at increased risk. (See page 27)

### Changes to our High Deductible Health Plan

- Your share of the non-Postal premium will decrease by 2.1% for Self Only and decrease by 2.9% for Self and Family.
- We now have two catastrophic protection out-of-pocket maximums – one for in-network services and one for out-of-network services. The in-network out-of-pocket maximum is \$4,000 for Self Only and \$8,000 for Self and Family; and the out-of-network out-of-pocket maximum is \$5,000 for Self Only and \$10,000 for Self and Family. (See page 61)
- We have increased the monthly deposits made to your Health Savings Account (HSA) to \$125 for Self Only and \$250 for Self and Family. Annually, this will be \$1,500 for Self Only and \$3,000 for Self and Family. (See pages 60, 63)
- The amount of a voluntary contribution you can make to your HSA has decreased due to the corresponding increase in the monthly deposits made to your HSA. You now can contribute a voluntary contribution to your HSA of up to \$1,000 for Self Only and up to \$2,000 for Self and Family. (See page 64)
- We have increased the annual credit to your Health Reimbursement Arrangement (HRA) to \$1,500 for Self Only and \$3,000 for Self and Family. (See pages 60, 63)
- We now provide coverage for Optic Nerve Imaging Methods if you have glaucoma or other retinal diseases. (See page 78)
- We now pay out-of-network outpatient hospital emergency care, including doctors' services, the same as in-network emergency care. You will be responsible for 10% of the Plan's allowance. (See page 89)
- We now provide coverage for Abdominal Aortic Aneurysm Screening – Ultrasonography, one between the age of 65 and 75 for men with smoking history. (See page 69)
- We now provide Meningococcal vaccine for children at risk as indicated by the American Academy of Pediatrics. (See page 71)
- We now provide coverage for Osteoporosis Screening – routine screening for osteoporosis for women 65 and older and routine screening beginning at age 60 for women at increased risk. (See page 70)

## **Changes to both our Consumer Driven Health Plan and our High Deductible Health Plan**

- We reduced a portion of our Service Area for 2006. If you live or work in the Illinois counties of Alexander and Montgomery, and the Virginia city of Winchester, you should select another FEHB plan during Open Season, or you must travel to another one of the Plan's Service Areas, to continue to receive in-network and out-of-network Plan benefits. However, if you do not select another FEHB plan during Open Season, and receive care outside of one of the Plan's Service Areas, it will be considered out-of-network care and you will pay higher coinsurance. (See pages 11, 13)
- We have expanded our Service Area to include the following 4 States: Idaho, Louisiana, Maine, and West Virginia. (See Section 1 for a detailed description of the Service Areas)
- We also have expanded our existing Service Area in the following States: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, Mississippi, Missouri, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia and Washington. (See Section 1 for a detailed description of the Service Areas.)