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## Section 2 How we change for 2007

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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.

### Program-wide changes

- In Section 3, under **Covered providers**, Texas is designated as a medically underserved area in 2007. Alaska is no longer designated as a medically underserved area in 2007.

### Changes to this Plan

- We added coverage under Children's Preventive care benefits for retinal screening exams for premature infants. See Section 5(a).
- We changed the administration of benefits for rented durable medical equipment in circumstances where the item is not available for purchase and/or when Medicare is the Primary payer and elects to continue renting the item. See Section 5(a)
- We eliminated coverage for massage therapy. See Section 5(a)
- The list of covered transplants has changed. See Section 5(b).
- We added a preauthorization requirement for coverage of surgical treatment of morbid obesity (bariatric surgery), and now limit coverage to one bariatric surgery procedure per member per lifetime. See Section 5(b).
- We added coverage under Mental health/substance abuse benefits for Vagus Nerve Stimulation (VNS) therapy when performed in accordance with FDA guidelines and deemed by the Plan to be medically necessary. Preauthorization for this service is required. See Section 5(e).
- The address for filing prescription drug claims has changed. See Section 7.

### Changes to our High Option Only

- Your share of the non-Postal High Option Self Only premium will increase by 9.6%. For High Option Self and Family your share will increase by 10.3%.
- The calendar year deductible for prescription drugs is eliminated. Expenses for prescription drugs will be payable with no deductible, subject to applicable copayments. Previously, the calendar year deductible for prescription drugs was \$200 per person, limited to \$400 per family.
- The calendar year deductible for medical services is increased to \$300 per person (\$900 per family) for services from PPO providers and \$350 per person (\$1,050 per family) for services from non-PPO providers. Previously the deductible was \$250 per person (\$750 per family) for services from PPO providers and \$300 per person (\$900 per family) for services from non-PPO providers.
- The calendar year deductible for mental health/substance abuse services is increased to \$300 per person (\$900 per family) for services from in-network providers and \$350 per person (\$1,050 per family) for services from out-of-network providers. Previously the deductible was \$250 per person (\$750 per family) for services from in-network providers and \$300 per person (\$900 per family) for services from out-of-network providers.
- The waiver of the calendar year deductible for medical services for members who did not meet that deductible in the prior year is eliminated. Previously, the Plan waived \$125 of the deductible for members who not meet the deductible in the prior year.
- We added coverage under Preventive Care benefits for one routine physical exam per calendar year for all members age 18 and older when services are received from a PPO Provider. Previously, benefits for routine physical exams were not available.
- We increased coverage of inpatient hospital ancillary services under National Transplant Program (NTP) benefits to 90% of the Plan's allowance. Previously, benefits were payable at 85% of the Plan's allowance.

- We increased the copayments for Preferred (Level 2) and Non-Preferred (Level 3) prescription drugs under the mail order prescription drug program. Copayments are \$40 per Preferred (Level 2) drug and \$55 per Non-Preferred (Level 3) drug. Previously copayments were \$30 per Preferred (Level 2) drug and \$45 per Non-Preferred (Level 3) drug.

### **Changes to our Standard Option Only**

- Your share of the non-Postal Standard Option Self Only premium will increase by 5.2%. For Standard Option Self and Family your share will increase by 3.0%.
- The calendar year deductible for prescription drugs is eliminated. Expenses for prescription drugs will be payable with no deductible, subject to applicable copayments. Previously, the calendar year deductible for prescription drugs was \$350 per person, limited to \$700 per family.
- The calendar year deductible for medical services is increased to \$350 per person (\$700 per family) for services from PPO providers and \$450 per person (\$1,125 per family) for services from non-PPO providers. Previously the deductible was \$300 per person (\$600 per family) for services from PPO providers and \$350 per person (\$900 per family) for services from non-PPO providers.
- The calendar year deductible for mental health/substance abuse services is increased to \$350 per person (\$700 per family) for services from in-network providers and \$450 per person (\$1,125 per family) for services from out-of-network providers. Previously the deductible was \$300 per person (\$600 per family) for services from in-network providers and \$350 per person (\$900 per family) for services from out-of-network providers.
- The waiver of the calendar year deductible for medical services for members who did not meet that deductible in the prior year is eliminated. Previously, the Plan waived \$150 of the deductible for members who not meet the deductible in the prior year.
- We added coverage under Adult Preventive care benefits for one routine physical exam per calendar year for all Plan members age 18 and older when services are received from a PPO Provider. Previously, benefits for routine physical exams were not available.
- We added coverage under Adult Preventive care benefits for anesthesia and outpatient facility expenses related to covered screening colonoscopy and sigmoidoscopy for colorectal cancer when services are provided by a PPO provider. Previously, benefits for related outpatient facility services were payable under Outpatient hospital benefits, and professional services for anesthesia were payable under Anesthesia benefits, both subject to coinsurance and the calendar year deductible.
- We increased coverage of inpatient hospital ancillary services under National Transplant Program (NTP) to 90% of the Plan's allowance. Previously, benefits were payable at 85% of the Plan's allowance.
- We increased the copayments for Non-Preferred (Level 3) prescription drugs purchased at a network retail pharmacy and for all prescription drugs purchased through our mail order prescription drug program. Copayments are \$50 per Non-Preferred (Level 3) drug purchased at a network retail pharmacy and \$15 per Generic (Level 1) drug, \$45 per Preferred (Level 2) drug and \$60 per Non-Preferred (Level 3) drug purchased through mail order. Previously copayments were \$45 per Non-Preferred (Level 3) drug purchased at a network retail pharmacy and \$10 per Generic (Level 1) drug, \$40 per Preferred (Level 2) drug and \$55 per Non-Preferred (Level 3) drug purchased through mail order.
- We added coverage under Adult Preventive care benefits for office visits related to covered routine screenings for cholesterol, urinalysis, and chlamydial infection when services are provided by a PPO provider. Previously, benefits were available only for office visits related to covered Pap tests.
- We increased coverage under Children's Preventive care benefits by removing the \$100 annual limit for services received from a PPO provider. Benefits are payable at 100% of the Plan's allowance after a \$10 copayment with no annual limit.
- We increased Maternity benefits by waiving the calendar year deductible and eliminating the coinsurance for Inpatient hospital and professional obstetrical care services from a PPO provider. Benefits for obstetrical care and for Inpatient hospital services are payable at 100% of the Plan's allowance. Previously, PPO obstetrical care benefits were payable at 90% of the Plan's allowance and subject to the calendar year deductible, and PPO Inpatient hospital ancillary services were payable at 85% of the Plan's allowance.
- The copayment for Chiropractic Care from a PPO provider is increased from \$5 per visit to \$15 per visit.

- We increased coverage under the Emergency services benefit by waiving the calendar year deductible for emergency services related to accidental injury care provided in a PPO hospital emergency room or urgent care center. Previously, the calendar year deductible applied to these services.

#### **Changes to our Consumer Option Only**

- Your share of the non-Postal Consumer Option Self Only premium will decrease by 20.0%. For Consumer Option Self and Family your share will decrease by 20.0%.
- We increased PPO Preventive Care benefits for adults by expanding coverage for an annual routine physical exam to include coverage for a basic metabolic panel and a general health panel. Previously, only the physical exam (including patient history and risk assessment) was covered.
- We added coverage under Adult Preventive Care benefits for anesthesia and outpatient facility expenses related to covered screening colonoscopy and sigmoidoscopy for colorectal cancer when services are provided by a PPO provider. Previously, benefits for related outpatient facility services were payable under Outpatient hospital benefits, and professional services for anesthesia were payable under Anesthesia benefits, both subject to coinsurance and the calendar year deductible.