
Section 2 How we change for 2007

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

Benefit changes to the High Option Plan Only

- Your share of the non-postal premium will increase by 10.4% for Self Only or 9.4% for Self and Family

Benefit changes to the Standard Option Plan Only

- Your share of the non-postal premium will increase by 2.0% for Self Only or 2.0% for Self and Family

Changes to this Plan for both options:

1. Immunizations

Adult Immunizations– add from the 2005-2006 Adult Immunization Schedule (ACIP):

- Varicella (Chickenpox) – for all persons aged 19-49
- Tetnus, Diptheria and Pertussis (TDAP) – for person’s aged 19-64, with a booster every ten years

Child Immunizations – add/follow ACIP’s recommendation for the vaccine to prevent Rotavirus for infants between eight and thirty-two weeks of age.

2. Acupuncture

Unlimited visits; no utilization management.

3. Nutritional Counseling:

Expand benefit to 4 sessions per year for any member.

4. Cardiac Rehabilitation:

Expansion of the current benefit to include those members diagnosed with CAD with significant cardiac impairment, but without a history of MI, CBG or not awaiting a heart transplant. Criteria would include a requirement of active participation in either disease management (PATH) or complex care management.

5. Rx:

- Step Therapy - addition of four rules
 1. Generic ACE inhibitor first rule (before the use of brand ACE inhibitors or ARBs)
 2. Generic cholesterol medication rule (before the use of brand cholesterol drugs)
 3. Generic Antidepressant first rule
 4. Diabetic Second Line medications: Byetta and Symlin

Please note: Step Therapy looks back into the member’s claim history to see if the member meets the rules to allow coverage of the pre-selected medications. If the rule is met, the claim processes and the member/pharmacy are not aware of the step therapy rule. Existing users of the medication are not impacted

- Prior Authorization - addition of 10 drugs requiring proof of medical necessity and a diagnosis from physician for the prescription to be covered

1. Myobloc / botulinum toxin

2. Penlac / ciclopirox solution
3. Tazorac / tazarotene
4. Lidoderm / lidocaine patch
5. Orencia / abatacept
6. IVIG / immune globulins
7. Novantrone / mitoxantrone
8. Sutent / sunitinib malate
9. Nexavar / sorafenib tosylate
10. Xeloda / capecitabine