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

• If you are enrolled in CodeNM, your share of the non-Postal premium will increase by 2.4% for Self Only or 2.4% for Self and Family.

• If you are enrolled in Code 2L, your share of the non-Postal premium will decrease by 12.8% for Self Only or 19.4% for Self and Family.

• The coinsurance for genetic disease testing decreases from 50% of eligible medical expense (EME) to 25% of EME (see page 17).

• Inpatient physical, occupational and speech therapies benefits are included in the $50 inpatient hospital copayment (see page 20 and page 21).

• Physical, occupational and speech therapies are no longer limited to a maximum of two consecutive months per condition (see page 20 and page 21).

• The copayment for outpatient physical, occupational and speech therapies decreases from $50 per visit to $5 per visit (see page 20 and page 21).

• Hearing aids are no longer covered (see page 21).

• We now include dental procedures such as dental splints in the treatment of temporomandibular joint pain dysfunction syndrome with coinsurance of 50% of EME (see page 23 and page 29).

• Insulin pumps now have a $100 copayment per device (see page 23).

• The copayment for a 30-day therapeutic supply of insulin pump supplies increases from $5 to $10 (see page 25).

• Your chiropractic care benefit is no longer limited to 60 consecutive days per condition (see page 24).

• Smoking cessation classes no longer have a $5 copayment per educational site visit; however, a $35 material fee applies (see page 25).

• Diabetes self-management classes no longer have a $5 copayment per educational site visit; however, a $20 material fee applies (see page 25).

• The copayment for inpatient hospital care, extended care/skilled nursing facility and hospice care decreases from $100 per admission to $50 per admission (see pages 32, 33 and 37).

• We added a benefit for outpatient hospice with no copayment (see page 33).

• Bereavement services must be completed within six months of the date of death (see page 34).

• Mental health and substance abuse benefit does not include treatment in a half-way house, residential treatment or full-day hospitalization (see page 37).

• You now pay $5 for a 30-day therapeutic supply of preferred generic drugs (see page 40).

• You now pay $50 for compound drugs, when medically necessary and prior authorized by the Plan (see page 40).

• The copayment for injectable contraceptive drugs (such as Depo provera) is equal to three times the preferred brand-name drug copayment in addition to an office visit copayment (see page 19).