
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 the High Option

- Your share of the non-Postal premium will increase by 13.6% for Self Only or 12.8% for Self and Family.
- Inpatient and outpatient rehabilitation therapy services increases from 60 visits per condition, per calendar year to an unlimited benefit. Services will be limited to medically necessary services (see page 29).
- We will now cover self-injectable fertility drugs under your prescription drug benefits. Self-injectable fertility drugs must be obtained from the specialty pharmacy (see page 61).
- Your prescription drug coverage will now include a specialty pharmacy copayment design for specialty medications. Your copayments will be \$10 generic; \$25 preferred brand; and \$40 non-preferred brand (see page 61).

Changes to the Standard Option Plan

- Your share of the non-Postal premium will increase by 7.9% for Self Only or 7.6% for Self and Family
- You will now have a \$100 outpatient facility surgery copayment (per each facility episode) (see page 49).
- You will now have a \$250 per member (\$750 per family) medical deductible (see page 21).
- You will now have a \$50 per member (150 per family) prescription drug deductible (see page 58).
- Inpatient and outpatient rehabilitation therapy services increases from 60 visits per condition, per calendar year to an unlimited benefit. Services will still be limited to medically necessary services (see page 29).
- You will now have a \$25 specialist copayment for all outpatient rehabilitation therapy services (see page 29).
- We will now cover self-injectable fertility drugs under your prescription drug benefits. Self-injectable fertility drugs must be obtained from the specialty pharmacy (see page 61).
- Retail prescription copays change to \$5 generic; \$35 preferred brand; and \$60 non-preferred brand for a 30-day supply.
- Mail Order prescription copays change to \$10 generic; \$70 preferred brand; and \$120 non-preferred brand for a 90-day supply.
- Your prescription drug coverage will now include a specialty pharmacy copayment design for specialty medications. Your copayments will be \$5 generic; \$35 preferred brand; and \$60 non-preferred brand (see page 61).