
Section 2 We are a new plan 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 High Option only•Your share of the non-Postal premium will increase by 12.9% for Self Only or 41.1% for Self and Family•The office visit copay for the Specialist has increased from \$25 to \$40 per visit•The inpatient Hospital admission copayment has increased from \$100 per day (5 day max) to \$150 per day (5 day max)•The Outpatient surgery facility copayment has increased from \$100 to \$150 per visitChanges to Standard Option only•Your share of the non-Postal premium will increase by 12.7% for Self Only or 12.7% for Self and Family•The office visit copay for the Specialist has increased from \$40 to \$45 per visit•The inpatient Hospital admission copayment has increased from \$125 per day (5 day max) to \$175 per day (5 day max)•The Outpatient surgery facility copayment has increased from \$125 to \$175 per visit