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## Section 2. How we change for 2005

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Do not rely only on these change descriptions; this page 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**, Alaska is designated as a medically underserved area in 2005. Maine, Utah, and West Virginia are no longer designated as medically underserved areas in 2005.
- In Section 9, we revised the **Medicare Primary Payer Chart** and updated the language regarding Medicare Advantage plans (formerly called Medicare + Choice plans).
- In Section 12, we revised the language regarding the Flexible Spending Account Program – *FSAFEDS* and the Federal Long Term Care Insurance Program.

### Changes to this Plan

- Under Standard Option, your share of the non-Postal premium will increase by 3.7% for Self Only or 4.6% for Self and Family.
- Under Basic Option, your share of the non-Postal premium will not change for Self Only or for Self and Family.
- For certain claims for services from Non-participating professional providers, your responsibility for the difference between our allowance and the provider's billed amount may be limited to \$5,000. [See Section 10.]
- We now provide benefits for continuous passive motion (CPM) devices and dynamic orthotic cranioplasty (DOC) devices. [See Section 5(a).]
- We now provide benefits for general health panels when performed as part of routine (screening) physical examinations. [See Section 5(a).]
- We now provide benefits for inpatient and outpatient nutritional counseling for the treatment of anorexia and bulimia. [See Sections 5(a) and 5(c).]
- Under Standard Option, we now provide benefits in full for neurological/psychological testing you receive from Preferred providers after you pay a \$15 copayment for the associated office visit charge (no deductible). [See Sections 5(a) and 5(e).]
- Under Standard Option, we now provide benefits for 75 visits per year for physical, occupational, or speech therapy, or a combination of all three types of therapy, subject to a \$15 copayment per visit when you receive these therapies from Preferred providers. Previously, we paid benefits for these therapies at 90% of the Plan allowance after your Standard Option calendar year deductible had been met and limited benefits to 50 visits per person, per calendar year for physical therapy and 25 visits per person, per calendar year for occupational therapy or speech therapy, or a combination of both. [See Section 5(a).]
- Under Standard Option, we eliminated the three-year limitation for routine physical examinations performed by Preferred providers. [See Section 5(a).]
- Under Standard Option, we eliminated the frequency and age limits for cancer screenings performed by Participating and Non-participating providers. [See Section 5(a).]
- Under Standard Option, we now provide benefits in full for eye examinations related to a specific medical condition when performed by Preferred providers after you pay a \$15 copayment (no deductible). Previously, we provided benefits at 90% of the Plan allowance for these types of examinations after your Standard Option calendar year deductible had been met. [See Section 5(a).]
- Under Basic Option, we now provide benefits in full for professional maternity care delivery. Previously, benefits for maternity care delivery were subject to a \$100 copayment. [See Section 5(a).]
- Under Basic Option, we now provide benefits in full for laboratory tests, X-rays, and other diagnostic tests billed by Preferred professional providers and Preferred independent laboratories. Previously, these benefits were subject to a \$20 copayment. [See Section 5(a).]
- Under Basic Option, we now provide benefits in full for outpatient facility services and medical supplies subject to a \$40 per day per facility copayment. Previously, outpatient facility services were subject to a \$30 copayment per day per facility and benefits for the supplies were provided at 70% of the Plan allowance. [See Section 5(c).]
- Under Standard and Basic Options, Caremark is now our Pharmacy Benefit Manager for the Retail Pharmacy Program.
- Under Standard Option, Caremark is now our Pharmacy Benefit Manager for the Mail Service Prescription Drug Program. [See Section 5(f) and Section 7.]
- We now offer a Web-accessible option for the visually impaired on our Web site, [www.fepblue.org](http://www.fepblue.org). [See Section 5(g).]