
Section 2. How we change for 2005

Do not rely on these change descriptions; this page is not an official statement of benefits. For that, go to Sections 5 and 6 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 10, we revised the **Medicare Primary Payer Chart** and updated the language regarding Medicare Advantage plans (formerly called Medicare + Choice plans).
- In Section 13, we revised the language regarding the Flexible Spending Account Program - *FSAFEDS* and the Federal Long Term Care Insurance Program.

Changes to this Plan

High Option

- Your share of the Postal premium will increase by 3.0% for Self Only or 3.8% for Self and Family.
- Your share of the non-Postal premium will increase by 4.9% for Self Only or 5.5% for Self and Family.
- For surgical services, if you use a PPO hospital or PPO freestanding ambulatory facility and a PPO primary surgeon, your anesthesiologist will be paid at the 90% PPO rate instead of 70% even if not a PPO provider.
- For medical services, the Plan will cover one annual gynecological visit for pap test, to a PPO provider only, for women age 18 or over.
- Physician services for an accidental injury after 24 hours are covered under Section 5(a), 5(c), and 5(d).
- The PPO network for Nebraska has changed from Beech Street to Midlands Choice.

Consumer-driven Option

- Your share of the Postal premium will increase by 5.0% for Self Only or 5.0% for Self and Family.
- Your share of the non-Postal premium will increase by 5.0% for Self Only or 5.0% for Self and Family.
- The Personal Care Account (PCA) is now \$1,200 per year for a Self Only enrollment or \$2,400 per year for a Self and Family enrollment. Previously, the PCA was \$1,000 or \$2,000 respectively.
- Traditional Health Coverage begins after covered expenses reach \$1,800 (previously \$1,600) for Self Only and \$3,600 (previously \$3,200) for Self and Family. The total deductible is a combination of eligible expenses paid by the Plan under the PCA (\$1,200 and \$2,400) and the Member Responsibility paid by the member (\$600 and \$1,200).
- Dental/vision benefits paid under your PCA will no longer increase your Member Responsibility if your full PCA is exhausted. Previously, you were required to “make up” dental/vision benefits paid under your PCA if you exhausted your PCA and claimed benefits under Traditional Health Coverage.
- You may now rollover unused PCA benefits to subsequent years up to a maximum PCA account of \$5,000 per Self Only enrollment or \$10,000 per Self and Family enrollment. Previously, rollover limits were \$4,000 or \$6,000 respectively.
- For surgical services, if you use an in-network hospital or in-network freestanding ambulatory facility and an in-network primary surgeon, your anesthesiologist will be paid at the 85% in-network rate instead of 60% even if not an in-network provider.
- Under Prescription drug benefits, the minimum coinsurance for Network Retail and Network Retail Medicare will increase from \$8 to \$10 per prescription.
- Under Prescription drug benefits, the minimum coinsurance for Network Mail Order and Network Mail Order Medicare will increase from \$8 to \$15 per prescription.
- Under Your catastrophic protection out-of-pocket maximum for deductibles, coinsurance, copayments, and Member Responsibility, we have clarified the out-of-pocket expense accumulation for prescription drugs.