
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 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 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

- Your share of the non-Postal premium for High Option will increase by 11.6% for Self Only and increase by 8.7% for Self and Family.
- Your share on the non-Postal premium for Basic Option will increase by 9.6% for Self Only and increase by 9.6% for Self and Family.
- We have changed the brochure name to Aetna Open Access and changed the name of the Standard Option to Basic Option.

Benefit changes under High Option

- The specialist copay for a home visit is now \$20. (Section 5(a))
- A routine mammogram now is subject to a specialist copay of \$20. (Section 5(a))

Benefit changes under Basic Option

- The specialist copay now is \$30. (Section 5(a))
- A routine mammogram now is subject to a specialist copay of \$30. (Section 5(a))
- The inpatient hospital copay is now \$150 per day up to a maximum copay of \$750 per admission. (Section 5(c))

Benefit changes under both High and Basic Options

- We are now an "Open Access HMO." Members in the FEHBP service areas can go directly to any network specialist for covered services without a referral from their Primary Care Physician (PCP). This does not apply to covered mental health services and/or substance abuse services - you still must obtain referrals. (See Section 1 for details)
- Bony impacted wisdom teeth extractions previously covered under either the Medical or Dental benefits section of the Plan, now are covered only under the Dental benefits section. (Section 5(h))
- The extraction of a surgical, soft tissue, or bony impacted tooth is covered under the Dental benefits section based on a reduced fee schedule. You pay up to a maximum fee of \$482 per tooth. (Section 5(h))
- Deep sedation/general anesthesia for oral surgery performed in the office is covered under the Dental benefits section based on a reduced fee schedule. You pay up to a maximum fee of \$267. (Section 5(h))
- We now provide HMO benefits to out-of-area dependents if the dependents reside in any service area where we operate an HMO. The dependent must select a PCP in that service area. (Section 1)