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## Section 2. How we change for 2005

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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 will increase by 46% for Self Only or 41% for Self and Family.
- You will now have a \$200 inpatient copayment. You will be responsible for paying \$200 for each inpatient admission. Medically necessary inpatient stays in a hospital (including inpatient admissions resulting from a visit to an emergency room), skilled nursing facility, rehabilitation hospital, or chemical dependency treatment facility are subject to the \$200 copayment per admission. If you are moved to another hospital, skilled nursing facility, rehabilitation hospital or chemical dependency treatment facility or are readmitted to the same hospital, skilled nursing facility, rehabilitation hospital, or chemical dependency treatment facility within ten (10) days of discharge, you will not be charged the \$200 inpatient copayment. However, you will still be responsible for paying the \$200 copayment for the initial inpatient admission.