
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 will decrease by -2.7% for Self Only or -0.6% for Self and Family.
- We limited accidental dental benefits to services rendered within twelve (12) consecutive months of the accidental injury up to a \$1,000 maximum allowed amount.
- We exclude Cognitive Therapy as a covered benefit.
- We increased the Primary Care Physician office visit copay to \$20.
- We increased the Specialist office visit copay to \$25.
- We changed the Inpatient Hospital copay to \$150 per day up to \$750 maximum per person, per calendar year/\$1,500 per family, per calendar year.
- We added a \$150 facility copay per visit for outpatient hospital or ambulatory surgical centers.
- We increased the Emergency Care copay to \$75 per visit.
- The Urgent Care center copay increased to \$25 per visit.
- The Prescription drugs copay for generic drugs increased to \$10 under the retail pharmacy benefit and to \$25 under the mail order pharmacy benefit.
- The Prescription drugs copay for brand name drugs increased to \$30 under the retail pharmacy benefit and to \$75 under the mail order pharmacy benefit.
- We added a third tier to the Prescription drug benefit for non-formulary prescription drugs. The copay is \$50 under the retail pharmacy benefit and \$125 under the mail order pharmacy benefit.