
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 increase by 17.5% for Self Only coverage or 17.5% for Self and Family coverage.
- **Office visit copayments** – You now pay a \$10 copayment for visits to your primary care physician and a \$30 copayment for visits to specialists, including behavioral health specialists.
- **Prescription drugs** – You now pay \$10 for generic formulary drugs, \$30 for brand-name formulary. Mail order prescription drugs require 2 copayments for a 90-day supply.
- **Specialized scanning** – You now pay a \$200 copayment for all specialized scanning exams, such as MRIs, CT, PET and SPECT Scans.
- **Infertility services** - The Plan will no longer cover fertility drugs.
- **Infertility services** – Artificial insemination is now limited to three cycles per pregnancy.
- **Self-injectable medications** - You now pay a \$50 copayment for self- injectable medications (except insulin)
- **Outpatient hospital, ambulatory surgical center or 23 hour observation** – You now pay a \$50 copayment per outpatient surgery or procedure performed in these settings. You also pay a \$50 copayment for non surgical services or 23 hour observation in these facilities.
- **Acupuncture and Chiropractic services** – You will now pay a \$10 copayment for chiropractic or acupuncture services up to 20 visits per calendar year combined.
- **Durable medical equipment (DME)** – You pay 20% of the cost for covered DME up to \$1,500 per calendar year and all charges above \$1,500
- **Out-of-pocket maximum** – Your catastrophic protection out of pocket maximum has decreased to \$2,500 per person or \$7,500 per self and family enrollment.