
Section 2. How we change for 2008

Do not rely only on these change descriptions; this Section 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

- Texas and West Virginia were removed from the list for 2008 of medically underserved areas.
- United States Postal Service non-law enforcement career employees may now be covered either by Postal Category 1 or Postal Category 2 premium rates. (see page 105, back cover)

Changes to this Plan

- Your share of the non-postal premium will stay the same for Self Only and for Self and Family.
- The Plan allowable for Chiropractic services will be \$20 per visit. Visits are limited to 12 visits per year. Chiropractic services are still subject to the calendar year deductible. (see page 48)
- When multiple or bilateral surgical procedures are performed during the same operative sessions, benefits for the secondary and subsequent procedures are based on one-half of the plan allowance. (see page 50)
- A new program to encourage the prescribing of generics and lower cost alternative preferred brand drugs will be implemented. It will initially be effective for sleep aid medications and will be expanded as determined appropriate. This program may produce savings for you. If your physician does not approve a formulary drug and if it is not medically necessary for you to use the non-formulary drug, you will be responsible for 70% of the cost of the non-formulary drug and the 70% coinsurance for non-formulary sleep aid drugs will not apply to the annual out-of-pocket maximum. (see pages 70-72)
- Your coinsurance for PPO providers will be 5%. (see pages 16, 17, 26, 38-67, and 103)
- Your coinsurance for non-PPO providers will be 25%. (see pages 15, 16, 17, 38-67, and 103)
- Your coinsurance for covered prescriptions drugs will be 25%. (see pages 73-74, and 103)
- The contribution to the HSA or HRA will be \$60 per month for Self Only coverage and \$120 for Self and Family coverage. (see pages 24, 27, and 103)

We have clarified the following:

- If approval for bariatric surgery has been requested, failure to reduce body mass index by medically supervised program of diet and exercise must have been documented within the last twelve months. (see page 50)
- Transportation Benefits to plan designated facilities for covered transplants are payable only when GEHA is the primary payer. (see page 55)
- Charges billed by facilities for implantable devices, surgical hardware, etc., are subject to the plan allowance which is based on provider's cost plus a reasonable handling fee. (see page 58)
- Genetic counseling and testing have been added to the list of General Exclusions. (see page 81)
- We have the right to audit medical charges. (see page 6)
- The facility charge for clinic or office visits for mental health and substance abuse conditions is considered part of the fee charged by the physician. (see pages 67 and 68)
- Physician Assistants and Nurse Practitioners may prescribe as allowed by state law. (see page 70)
- Physicians may fax prescriptions to Medco By Mail. (see page 73)
- If another insurance is primary and you choose to use Medco By Mail, Medco will contact you on the amount you will be billed. (see page 71)
- Procedures for coordinating with Medicare Part D. (see page 71)

- On the HDHP, prescription drugs go toward a \$5,000 individual and \$10,000 family annual combined prescription and medical out-of-pocket limit, except for the 70% coinsurance for non-formulary sleep aid drugs. (see pages 73-74)