
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 Federal 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 20.8% for Self Only or 15.5% for Self and Family.
- Prescription drug benefits: Retail and Mail-Order Prescription Drug categories are currently identified as Generic, Preferred Brand-Name and Non-Preferred Brand-Name. The drug categories are being restructured. Any reference to Generic will now be referred to as Tier 1, Preferred Brand-Name as Tier 2 and Non-Preferred Brand-Name as Tier 3. Copay amounts will remain unchanged. To obtain the most current list of available drugs and to find out which Tier your drug falls under check the BCBSMo Web site at www.bcbsmo.com. (Section 5(f))
- Chiropractic care will no longer have a combined maximum of 20 visits per calendar year with physical therapy. Chiropractic care will have a maximum of 26 visits per calendar year. (Section 5(a))
- Physical, occupational and speech therapies will no longer have separate calendar year maximums of 20 visits each. They will have a combined maximum of 60 visits per calendar year. (Section 5(a))
- Coverage for Replacement CPAP apparatus as listed under the Durable Medical Equipment (DME) will now be listed as: nasal application device (mask) - \$25 copay; nasal pillow or face seal - \$10 copay; headgear - \$10 copay; chinstrap - \$0 copay; tubing - \$10 copay; filter, either disposable or reusable - \$0 copay. (Section 5(a))
- Coverage for a ventilator at \$150 copay per month will be covered as a Durable Medical Equipment (DME) benefit. (Section 5(a))
- Coverage for a pneumatic percusser at \$10 copay will be covered as a Durable Medical Equipment (DME) benefit. (Section 5(a))
- Coverage for an infusion pump (as part of outpatient infusion therapy when not provided by a home infusion therapy provider) at \$50 copay per month will be covered as a Durable Medical Equipment (DME) benefit. (Section 5(a))
- We have added drugs to the GenericSelectSM Drugs list. (Section 5(f))
- We have clarified that a Neuromuscular Electronic Stimulator (NMES) and ABI Vest, used to treat members with cystic fibrosis, listed under the DME list are subject to review by BlueCHOICE. (Section 5(a))
- We have clarified what diabetic supplies are covered under the DME list. (Section 5(a))
- The name RightSteps[®], a special feature that strives to help mothers-to-be avoid potential problems during pregnancy, is changed to BabyConnection. (Section 5(g))