
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 120% for Self Only or by 115% for Self and Family.
- We cover retail prescriptions up to a 30-day supply. Previously, you could obtain up to a 34-day supply from a retail pharmacy. See page 37.
- The coinsurance for Durable Medical Equipment to treat sexual dysfunction has increased from 20% to 40% of the allowable charges. There is also a \$1,000 maximum payable limit per person per calendar year. See page 23.
- Prescription medication to treat sexual dysfunction will have a limit of \$1,000 maximum payable per person per calendar year. You will now pay 40% of allowable charges. Previously, these were covered under the 34-day retail copayments. See page 39.
- Prescription drugs to treat infertility have a \$1,500 maximum payable per person per calendar year. See page 39.
- Physicians do not provide house calls or home visits. See page 15.
- The \$15 office visit copay applies to allergy serum. See page 19.
- Hospice services have a lifetime maximum of 60 consecutive days per person. Previously, this was an unlimited benefit. See page 31.
- The number of days of eligibility for Extended Care/Skilled Nursing has been reduced from 60 days to 30 days maximum per person per calendar year. See page 31.
- We limit surgically implanted contraceptive (for example, Norplant) to one implant per person every five calendar years. See page 39.
- We limit custom molded foot orthotics to a \$200 lifetime maximum per person. See page 22.
- You must get pre-authorization from us for all prescription medications that cost over \$1,000 per prescription. See page 38.
- We have clarified the brochure language that we do not cover medication for weight loss. We have never provided coverage for weight loss medication. See page 39.
- We have clarified the brochure language that we cover sigmoidoscopy screening subject to the office visit copay or coinsurance. Coverage for this service has not changed. See page 16.