
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

- We added a new Standard Option plan. Please read Sections 2, 4, 5, and 6 thoroughly to ensure that you understand the differences between the High Option plan and the Standard Option plan.
- If you were enrolled in our 2004 plan, you will automatically continue in Kaiser Permanente High Option in 2005, unless you request a change from your employing or retirement office.

The following changes apply to our High Option plan:

- Your share of the non-Postal premium will increase by 9.1% for Self Only or 9.1% for Self and Family.
- We expanded the list of services that require precertification.
- We increased the out-of-pocket maximum to \$1,750 per person and to \$3,500 per family.
- We added a \$50 copayment per visit for specialty imaging including CAT scans, MRIs, PET scans, nuclear medicine studies, and sleep studies.
- We increased the coinsurance for post-mastectomy externally worn breast prostheses to 50% of our allowance.
- We decreased the payment for internal prosthetic devices. You pay nothing.
- We increased the durable medical equipment coinsurance to 50% of our allowance for medically necessary equipment, regardless of prior hospitalization or surgery.
- We increased the coinsurance for oxygen, Continuous Positive Airway Pressure (CPAP) and Bilevel Pressure (BIPAP) equipment to 50% of our allowance for the first 3 months of use.
- We increased the copayment for chiropractic and acupuncture services to \$20 per office visit.
- We increased the copay range for general health education classes to \$10 - \$75 per class.
- We added the following non-preferred brand name drug copayments: \$35 at a Plan medical center pharmacy, \$33 using the Plan mail service delivery program, and \$55 at an affiliated network pharmacy.
- We decreased the dispensing limit for non-maintenance prescription drugs to a 30-day supply for one copayment. We increased the charge for a 90-day supply of maintenance drugs obtained from the Plan mail service delivery program to two copayments.
- We changed some fees in the Discounted Fee Dental Schedule.
- We added coverage for comprehensive orthodontic treatment for adults at the discounted fee of \$2,675.