
Section 2. How we change for 2005

{Insert following language}

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. *{Plan – add from below all that apply, along with your changes}*.

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 decrease by 31% for Self Only, and decrease 3% for Self and Family.
- Your office visit copayment will increase from \$15 to \$20 . Section 5(a)
- Your inpatient hospital copayment increases to \$240 per year. Limited to one admission copayment per person, or three copayments per family, per calendar year. Section 5(c)
- Your Skilled Nursing Facility (SNF) benefit has been decreased to 45 days, per calendar year. You pay a \$240 inpatient hospital copayment. Section 5(c)
- You will be responsible for the lesser of \$100 copayment or 20% coinsurance for inpatient surgical care (physicians charge). Section 5(b)
- You pay a \$100 copayment or 20% coinsurance of the plan allowance for physician services whichever is less for outpatient and inpatient surgical care. Section 5(b)
- You will pay 20% coinsurance of our plan allowance for orthopedic and prosthetic devices. Section 5(a)