
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

- This Plan is offering a High Deductible Health Plan (HDHP) option for the first time under the Federal Employees Health Benefits Program during the 2004 Open Season.
- To our service area we added Brown, Osage, Pottawatomie, Wabaunsee counties in Kansas, and Barton, Christian, Dade, Dallas, Greene, Jasper, Lawrence, Newton, Polk, Vernon and Webster counties in Missouri.

High Option Plan

- Your share of the non-Postal premium will increase by 12.5% for Self Only or 12.5% for Self and Family
- The specialist office visit copayment is now \$30 per visit instead of \$15
- Mammograms are now covered subject to 10% coinsurance per visit instead of \$15 per visit.
- The inpatient hospital admission copayment is now \$100 per day up to a \$300 maximum per admission.
- The urgent care center visit copayment is now \$50 instead of \$25.
- The hospital emergency room copayment is now \$100 per visit instead of \$75.
- We dropped the \$400 coverage limitation for ambulance service. You will continue to pay 30% of covered charges.
- Outpatient diagnostic testing is now covered subject to 10% coinsurance per test. Previously, you paid nothing.
- Retail prescription drug copayments are now \$10 per generic, \$30 per brand name formulary and \$55 per non-formulary. Previously, the copayments were \$10 per generic, \$20 per brand name formulary, and \$50 per non-formulary.
- Mail order maintenance drugs for a 93-day supply are now \$30 per generic and \$90 per brand name formulary. Previously, the copayments were \$20 per generic and \$40 per brand name formulary.
- Diabetic education copayment is now \$15 per visit. Previously, you paid nothing.
- The voluntary sterilization copayment is now \$50 per procedure instead of \$100.

Standard Option Plan

- The out-of-pocket maximums are \$2,500 for Self Only and \$5,000 for Self and Family.

- The primary care doctor's office visit copayment is \$20 per visit.
- The specialist office visit copayment is \$35 per visit.
- The hospital inpatient admissions copayment is \$300 per day up to a maximum of \$900.
- The outpatient surgery facility copayment is \$200 per facility use.
- The outpatient therapy copayment is \$20 per visit.
- The outpatient diagnostic testing copayment is \$100 per test.
- The emergency room copayment is \$125 per visit.
- Retail prescription drug copayments are now \$10 per generic, \$30 per brand name formulary and \$55 per non-formulary. Previously, the copayments were \$10 per generic, \$20 per brand name formulary, and \$50 per non-formulary.
- Mail order maintenance drugs for a 93-day supply are now \$30 per generic and \$90 per brand name formulary. Previously, the copayments were \$20 per generic and \$40 per brand name formulary.
- Diabetic education benefit copayment is \$20 per visit.
- The following benefits will be covered subject to no member coinsurance: Hospice care, Home health care, Injectable medications, Intravenous therapy.