
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 23.4% for Self Only or 20.9% for Self and Family.
- Hospice Care shall also include Advance Care Planning prior to admittance to a hospice program or facility. No copayment is required for this benefit. See page 32.
- The copay for diabetic drugs, supplies and/or equipment has changed. You will pay the lesser of \$15 or the applicable prescription drug copay, whichever is less. Previously, members paid the lesser of \$8 or 20%. See page 38.
- Members now have a \$20 copay for radiology services in addition to the \$15 office visit copay. See page 16.
- We have added Point of Service benefits to our coverage. Under the Point of Service benefit, you may seek medically necessary non-emergency health care from a provider or facility without referral. See page 41.