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## Section 2. How we change for 2005

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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 11.2% for Self Only coverage or increase by 17.3% for Self and Family coverage.
- **Office visits** – You now pay a \$20 copayment for office visits to a primary care physician (PCP)
- **Prescriptions drugs** – You now pay \$40 for brand name formulary drugs. You pay two copayments for a mail order 90-day supply.
- **Maternity care** – You now pay a single \$40 copayment for the entire pregnancy.
- **Allergy injections** – When not in conjunction with an office visit, you now pay a \$20 copayment for allergy injections.
- **Self injectables** – You now pay a \$50 copay for self injectables.
- **Inpatient hospital** – You now pay \$400 per day up to 5 days per admission.
- **Outpatient hospital or ambulatory surgical center or 23 hour observation** – You now pay a \$200 copayment per outpatient surgery or medical, non-surgical services performed in these settings.
- **Acupuncture and Chiropractic** - You now receive 20 visits per calendar year for chiropractic and acupuncture. Combined you pay \$20 per visit to participating providers.
- **Infertility services** – Artificial insemination is now limited to three cycles per pregnancy.
- **Infertility services** - The plan will no longer cover fertility drugs.
- **Specialized Scanning** - You now pay a \$200 copay for MRI's, CT, PET and SPECT scans per exam.
- **Catastrophic out-of-pocket maximum** – Your out of pocket maximum has decreased to \$4,000 per self only enrollment and increased to \$12,000 per self and family enrollment.
- **Dental** – We will now offer Signature Savings dental program. This Plan is not subject to a calendar year deductible, calendar year maximum or waiting periods . You pay discounted fees for all services to contracted providers . There are no discounts for out of network providers.
- **Vision** - We will now offer Signature Savings vision program. You pay a \$40 copayment for your eye exam every twelve months and you receive discounts on eyewear.
- **Durable Medical Equipment (DME)** - You pay 20% of the cost for covered DME up to \$1,500 and all charges above \$1,500 per calendar year.
- **Extended care/skilled nursing facility** - You now pay a \$200 copayment per day up to 5 days per admission. The day limit for care in a subacute care facility is now 100 days per calendar year.
- **Outpatient therapies** - You now pay a \$40 copayment per office visit. Services include cardio rehabilitation, physical, occupational, and speech therapy.
- **Service area reduction** - The Plan will no longer provide services in the counties of Larimer and Weld.