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 15.4% for Self Only or 37.1% for Self and Family.
- The copayment for physician visits has changed from $10 to $15 for primary care physicans and $25 for specialists.
- The copayment for urgent care has changed from $10 in service area and $20 out-of-service area to $15 Plan provider and $25 non-Plan provider.
- The copayment for physical, occupational, and complementary therapies has changed from $15 per visit to $25 per visit.
- The copayment for outpatient and inpatient hospital services is now $100.
- Services for Genetic Inborn Errors of Metabolism are now covered. See page 47.
- Repair and replacement of Durable Medical Equipment is now covered. See 27
- Smoking Cessation is now covered. See page 29.
- One eye refraction per year for children under age 6 is covered when medically necessary to aid in the diagnosis of certain eye disease. See page 24.
- You are no longer required to obtain a referral when seeking services from a Plan specialist.
- Additional value added services have been added. See page 49.
- The copayment for Maternity care has changed from $10 to $15 per visit up to a maximum of $150.
- The copayment for Prescription Drugs has changed as follows:

  Retail Rx
  Generic (Preferred) - $10
  Brand (Preferred) - $20
  Non-preferred - $40
  Per 30-day supply or 100 units, whichever is less

  Mail Order
  Generic (Preferred) - $20
  Brand (Preferred) - $40
  Non-preferred - $80
  Per 90-day supply or 300 units whichever is less