
Section 2. How we change for 2008

Do not rely only on these change descriptions; this Section 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.

Changes to this Plan

- Your share of the non-Postal premium will increase for Self Only or Self and Family. Please refer to the rates on the back cover of this brochure.
- Your office visit copayment has increased from \$15 to \$25. See Section 5(a) for information.
- The urgent care center copayment has been increased from \$25 to \$35 per visit. See Section 5(d).
- The inpatient hospital copayment has increased from \$200 per admission to \$500 per admission. See page 32.
- Skilled Nursing Facility admissions will now be limited to 60 days per calendar year with a \$500 per admission copayment. See page 33.
- The Tier 3 copayment for prescription drugs from a retail pharmacy has increased from \$30 to \$40 for up to a 30-day supply. The Tier 3 copay for up to a 90-day supply of maintenance medication has increased from \$60 to \$80. See Section 5(f). Prescription drug benefits.
- You now pay 50% coinsurance for Growth Hormone Therapy (GHT), Infertility and Immunosuppressive drugs. Previously, these drugs were subject to the applicable prescription drug copayment. See Section 5(f). Prescription drug benefits.
- The Catastrophic Protection Limit will decrease from 200% of the annual premium in copayments to \$1,500 per individual or up to \$3,000 per family. The catastrophic out-of-pocket maximum will not include copayments for prescription drugs. Refer to Section 4. Your costs for covered services.
- The maximum allowable amount for wigs will increase from \$125 to \$175. See Section 5(a).
- We now provide coverage for lumbosacral supports, foot orthotics, heel pads and wedges under the orthopedic and prosthetic device benefits. See Section 5(a).
- We no longer provide coverage for eyeglasses and contact lenses. See page 22.
- We no longer provide benefits for Over-The-Counter (OTC) drugs. See Section 5(f). Prescription drug benefits.
- We have modified the list of *GenericSelect*SM medications. See Section 5(f). Prescription drug benefits.
- We have updated the durable medical equipment section to reflect examples of covered items rather than a specific list of covered items. See Section 5(a).