
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:

- United States Postal Service non-law enforcement career employees may now be covered either by Postal Category 1 or Postal Category 2 premium rates. See page 103.

Changes to High Option Plan:

- Your share of the non-Postal premium will decrease for Self Only or decrease for Self and Family. See page 103.
- Decrease the primary care physician (PCP) office visit copay from \$15 per office visit to \$10 per office visit.
- Increase the specialty care physician (SCP) office visit copay from \$30 per office visit to \$35 per office visit.
- Change the maternity care copay from “\$15 primary care physician (PCP) / \$30 specialty care physician (SCP) per visit for first ten visits” to “a global fee of \$100 primary care physician (PCP) / \$350 specialty care physician (SCP). Fee is determined by who (PCP/SCP) delivers the baby.”
- Add a \$150 copay instead of inclusion in PCP / SCP office visit copay for each of the following procedures:
 - MRI
 - CAT Scan
 - PET Scan
 - SPECT Scan
- Increase the copay for treatment therapies from “\$15 primary care physician (PCP) / \$30 specialty care physician (SCP) per visit” to “\$35 per visit.”
- Increase the copay for physical and occupational therapies from “\$15 primary care physician (PCP) / \$30 specialty care physician (SCP) per visit” to “\$35 per visit.”
- Decrease the speech therapy coverage from “up to three (3) months per condition” to “up to two (2) months per condition.”
- Increase the copay for home health services from “\$15 per visit” to “\$35 per visit.”
- Eliminate coverage for chiropractic care.
- Decrease the copay for Pervasive Developmental Disorder (PDD) care from “\$400 per admission, limited to two (2) copayments per member per calendar year” to “\$100 per day up to 5 days per admission.”
- Increase the copay for Pervasive Developmental Disorder (PDD) care from “\$100 per outpatient hospital visit” to “\$125 per outpatient hospital visit.”
- Pervasive Developmental Disorder (PDD) care is included in PCP / SCP office visit copay.
- Decrease the copay for inpatient hospital care, extended care / skilled nursing facility care from “\$400 per admission, limited to two (2) copayments per member per calendar year” to “\$100 per day up to 5 days per admission.”
- Increase the copay for outpatient hospital or ambulatory surgical center care from \$100 per visit to \$125 per visit.
- Increase the copay for mental health and substance abuse services from “nothing if you receive these services during your office visit, otherwise \$30 per visit” to “nothing if you receive these services during your office visit, otherwise \$35 per visit.”
- Decrease the copay for mental health and substance abuse services provided by a hospital or other facility from “\$400 per admission, limited to two (2) copayments per member per calendar year” to “\$100 per day up to 5 days per admission.”
- Increase the prescription drug retail copay from \$10 / \$30 / \$50 (Generic / Name Brand / Non-formulary) respectively to \$10 / \$40 / 50% up to a maximum \$100 (Generic / Name Brand / Non-formulary) respectively;

- A 3 month supply of maintenance prescription drugs obtained through mail order while enrolled in a disease management program will cost the same as the retail copay for medications used to treat the same disease;
- A 3 month supply of maintenance prescription drugs obtained through mail order while not enrolled in a disease management program will cost the equivalent of 2 retail copays.
- Change the copay for growth hormone and prescription biotech drugs (including chemotherapy drugs identified as such) from “\$125 per 30 day supply in addition to the office visit copay” to “a coinsurance of 20% of the usual, customary, and reasonable charge up to a maximum of \$2500 (no charge thereafter).”

Changes to High Deductible Health Plan (HDHP):

- Your share of the non-Postal premium will increase for Self Only or increase for Self and Family. See page 103.
- Basic, Inc. will no longer manage the HSA and HRA components. Canopy Financial, Inc. will manage these functions. Fifth Third Bank will continue to be the fiduciary and Canopy Financial, Inc. will provide debit cards (through Fifth Third Processing Solutions) for HSA and HRA accounts.
- Decrease the speech therapy coverage from “up to three (3) months per condition” to “up to two (2) months per condition.”
- Eliminate coverage for chiropractic care.