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.

Program-wide changes

- Texas and West Virginia were removed from the list for 2008 of medically underserved areas.

Changes to this Plan

- Your share of the non-Postal premium will increase by 3% for Self only and for Self and Family. See page 70.
- We added coverage for newborns and children up to age 10 once every five years for routine hearing screenings, testing, diagnostic evaluations and treatment, including hearing aids. See page 26.
- We added the Osteoporosis Disease Management Program to the listed educational classes and programs that are covered to include detection, early diagnosis, and treatment of osteoporosis and osteoporosis related diseases for female members 65 year or older, female members between 60 and 64 with predisposition factors and plan members with chronic low back pain. See page 30.
- POS routine medical check-ups covered in full are now two annually rather than one each six months. See page 20.

Clarifications

- We clarify that a second surgical opinion for elective surgeries may be required not that it always is required. See page 12.
- We added a more detailed description of the Diabetes Management program to the listed educational classes and programs that are covered. See page 29.
- We clarify that under the POS option allergy consultations have a $10 copayment but testing and treatment, including materials (such as allergy serum) and allergy injections are covered in full. See page 24.
- We clarify which services are not subject to the FFS outpatient maximum.