
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 74.

Changes to High Option only

- Your share of the non-Postal premium will increase. See page 74.
- We changed your out-of-pocket maximum from \$1,500 per person and \$4,500 per family enrollment per calendar year to \$2,000 per person and \$6,000 per family enrollment per calendar year. See page 12.
- We changed your copayment for professional services of physicians and other health care professionals from \$12 per office visit to \$15 per office visit. See pages 17 - 47.
- We changed your annual physical exam copay from \$12 per office visit to nothing per office visit. See page 18.
- We changed your copayment for emergency care within our service area from \$25 per visit to \$50 per visit. See page 39.
- We changed your payment for prescription drugs from \$10 per prescription to \$15 per prescription. See page 45.

Changes to Standard Option only

- Your share of the non-Postal premium will decrease. See page 74.
- We changed your out-of-pocket maximum from \$1,500 per person and \$4,500 per family enrollment per calendar year to \$2,500 per person and \$7,500 per family enrollment per calendar year. See page 12.
- We changed your copayment for professional services of physicians and other health care professionals from \$20 per office visit to \$25 per office visit. See pages 17 - 47.
- We changed your annual physical exam copay from \$20 per office visit to nothing per office visit. See page 18.
- We changed your payment for well-child visits (for children up to age 5 years) from \$20 per office visit to nothing per office visit. See page 19.
- We changed your copayment for emergency care within our service area from \$25 per visit to \$75 per visit. See page 39.
- We changed your payment for prescription drugs from \$10 per prescription to \$20 per prescription. See page 45.

Changes to both High and Standard Options

- We no longer charge a \$20 fee for each bill sent for unpaid services.
- We cover hearing aids for children under the age of 18 (one aid per ear every 36 months, limit of \$1,000 each aid). See page 23.