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## Section 2. How we change for 2008

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Do not rely 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 High Option only

- You now pay a copayment of \$250 per inpatient hospital admission. Previously, you did not have a copay for inpatient hospital admissions. See Section 5(c).
- You now have an outpatient facility copayment of \$100 for outpatient surgery. Previously, you did not have a copay. See Section 5(c).
- The hospital emergency room copayment has increased from \$50 to \$100 per visit. See Section 5(d) for more information.
- The prescription drug coverage has changed from a traditional 3-tier formulary to the "YourChoiceRX" formulary. There are now 4 levels of coverage that separate drugs into therapeutic categories. Your prescription drug copayments are \$10 for Level 1, \$25 for Level 2, and \$50 for Level 3. Self-injectables are covered under Level 4 (all insulin products are not covered strictly under this level) and the coinsurance has decreased from 50% with a \$2,500 annual out-of-pocket maximum to 20% with a \$200 maximum per prescription unit or refill. The annual out-of-pocket maximum for Level 4 self-injectables is \$5,000. Please refer to Section 5(f) for more specific information on the new prescription drug benefits.
- Your share of the non-Postal premium will increase for Self Only or Self and Family enrollment. Please refer to the rates on the back cover of this brochure.

### Changes to Standard Option only

- The prescription drug coverage has changed from a traditional 3-tier formulary to the "YourChoiceRX" formulary. There are now 4 levels of coverage that separate drugs into therapeutic categories. Your prescription drug copayments are \$15 for Level 1, \$30 for Level 2, and \$60 for Level 3. Self-injectables are covered under Level 4 (all insulin products are not covered strictly under this level) and the coinsurance has decreased from 50% with a \$2,500 annual out-of-pocket maximum to 20% with a \$200 maximum per prescription unit or refill. The annual out-of-pocket maximum for Level 4 self-injectable drugs is \$5,000. Please refer to Section 5(f) for more specific information on the new prescription drug benefits.
- Your share of the non-Postal premium will decrease for Self Only or Self and Family coverage. Please refer to the rates on the back cover of this brochure.

### Changes to our High Deductible Health Plan

- If you are eligible for a health savings account (HSA), the contribution from premium has decreased from \$104 to \$60 per month under Self Only enrollment or from \$208 to \$120 per month under Self and Family enrollment.
- The annual aggregated medical deductibles will decrease as follows:
  - From \$2,000 to \$1,500 for Network Benefits if you have Self Only enrollment
  - From \$4,000 to \$3,000 for Network Benefits if you have Self and Family enrollment
  - From \$4,000 to \$3,000 for Out-of-Network Benefits if you have Self Only enrollment
  - From \$8,000 to \$6,000 for Out-of-Network Benefits if you have Self and Family enrollment
- The Out-of-Pocket Maximums per Calendar Year will decrease as follows:
  - From \$5,000 to \$3,000 for Network Benefits if you have Self Only enrollment
  - From \$10,000 to \$6,000 for Network Benefits if you have Self and Family enrollment
  - From \$10,000 to \$6,000 for Out-of-Network Benefits if you have Self Only enrollment
  - From \$20,000 to \$12,000 for Out-of-Network Benefits if you have Self and Family enrollment