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## Section 2. How we change for 2008

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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 62.

### Changes to High Option Only

- If you are enrolled in Code NM, your share of the non-Postal premium will increase for Self Only and for Self and Family. See page 62.
- If you are enrolled in Code 2L, your share of the non-Postal premium will increase for Self Only and for Self and Family. See page 62.
- We cover abdominal aortic aneurysm screening for men between the ages 65-75 years, who have a history of smoking. A \$10 copayment applies (see page 15).
- We no longer cover immunizations provided at immunization clinics at no charge (see page 16 and page 17).
- The copayment for maternity care decreases from \$15 per office visit to \$10 per office visit (see page 17).
- Physical and occupational therapy is now limited to 60 days/visits per member per calendar year (see page 19).
- Speech therapy is now limited to 60 days/visits per member per calendar year (see page 20).
- You now pay a \$5 orientation fee plus \$30 - \$55 for a three-month smoking cessation program that includes an individual counseling session and at least six group counseling sessions (see page 23).
- Inpatient respite services are now limited to \$1,500 per member per calendar year (see page 31).
- Outpatient respite services are now limited to \$1,000 per member per calendar year (see page 31).
- We cover prior authorized non-emergency transport (ground or air) at no charge (see page 32 and page 34).
- You pay a \$25 copayment for physician services in addition to the hospital emergency room facility copayment for emergency care within the service area. Only the facility copayment is waived if admitted (see page 34).
- You pay a \$50 copayment for physician services in addition to the hospital emergency room facility copayment for emergency care outside of the service area. Only the facility copayment is waived if admitted (see page 34).
- The copayment for a therapeutic supply of preferred brand-name prescriptions increases from \$30 to \$35 (see page 38).
- The copayment for a therapeutic supply of non-formulary generic and brand-name prescriptions increases from \$50 to \$55 (see page 38).
- The copayment for prescription compounds increases from \$50 to \$55 (see page 38).
- The catastrophic protection out-of-pocket maximum increases from \$2,000 per person/\$5,000 per family to \$3,000 per person/\$6,000 per family (see page 12 and page 61).