
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 130.

Changes to High Option only

- Your share of the non-Postal premium will increase. See page 130.
- We have increased the copayment for specialty scans (CT, MRI, PET and nuclear medicine) from no charge to \$20 per office visit or \$75 per outpatient hospital visit. See page 22.
- We have increased the copayment for lab, x-rays and diagnostic tests received during outpatient hospital or ambulatory surgical center visit from no charge to \$75 per visit. See page 41.
- We have decreased the cost share for infertility diagnosis services from 50% of our allowance to \$20 per office visit. See page 25.
- We have decreased the copayment for an annual routine physical examination for adults and children from \$10 for primary care or \$20 for specialty care visits to no charge. See page 22.
- We have decreased the copayment for medication evaluation and management under mental health and substance abuse from \$20 to \$10 per office visit. See page 47.
- We have increased the copayment for brand name prescription drugs obtained at a plan medical office pharmacy from \$20 to \$25 per prescription or refill. We have increased the copayment for brand name prescription drugs obtained at a plan participating community from \$26 to \$31 per prescription or refill. See page 51.

Changes to Standard Option only

- Your share of the non-Postal premium will increase. See page 130.
- We have increased the catastrophic protection out-of-pocket maximum amount from \$2,000 per person or \$6,000 per family to \$2,500 per person or \$7,500 per family per calendar year. See page 16.
- We have increased the primary care provider office visit copayment from \$15 to \$20 and increased the specialty care provider office visit copayment from \$25 to \$30. See page 21.
- We have increased the urgent care center copayment from \$30 to \$40. See page 21.
- We have decreased the cost share for cardiac stress tests and nerve conduction studies performed during an office visit from 20% of our allowance after the calendar year deductible to \$30 per office visit. See page 21.
- We have decreased the copayment for an annual routine physical examination for adults and children from \$15 for primary care or \$25 for specialty care visits to no charge. See page 22.
- We have decreased the cost share for infertility diagnosis services from 50% of our allowance after the calendar year deductible to \$30 per office visit. See page 25.
- We have decreased the cost share for psychological testing under mental health and substance abuse from 20% of our allowance after the calendar year deductible to \$30 per office visit. See page 48.
- We have decreased the cost share for allergy testing and treatment received during an office visit from 20% of our allowance after the calendar year deductible to \$30 per office visit. See page 26.
- We have decreased the cost share for routine lab, x-rays and diagnostic tests received during an office visit from 20% of our allowance after the calendar year deductible to no charge. See page 22.

- We have decreased the copayment for medication evaluation and management under mental health and substance abuse from \$25 to \$20 per office visit. See page 47.
- We have increased the copayment for generic prescription drugs obtained at a plan medical office pharmacy from \$15 to \$20 and brand name prescription drugs from \$25 to \$30 per prescription or refill. We have increased the copayment for generic prescription drugs obtained at a plan participating community pharmacy from \$21 to \$26 and brand name drugs from \$31 to \$36 per prescription or refill. See page 51.

Changes to both High and Standard Options

- We have added coverage for hearing aids for children under the age of 18. This includes one hearing aid per ear every 36 months, limited to \$1,000 for each aid. See page 28.

Changes to our High Deductible Health Plan

- Your share of the non-Postal premium will increase. See page 130.
- We have added coverage for hearing aids for children under the age of 18. This includes one hearing aid per ear every 36 months, limited to \$1,000 for each aid. See page 76.