
Section 2. How we change for 2005

Do not rely on these change descriptions; this page 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

- In Section 9, we revised the **Medicare Primary Payer Chart** and updated the language regarding Medicare Advantage plans (formerly called Medicare + Choice plans).
- In Section 12, we revised the language regarding the Flexible Spending Account Program - *FSAFEDS* and the Federal Long Term Care Insurance Program.

Changes to this Plan

- Your share of the non-Postal premium will decrease 16.1% for Self Only or 16.1% for Self and Family.
- We now charge a \$10 copay for eye exams provided by a Plan Ophthalmologist. A referral is no longer required. Section 5(a).
- We no longer provide contact lens fittings under the vision benefit. See section 5(a).
- We now charge a \$100 copay per hospital admission. Previously, we charged a \$100 per day up to \$500 maximum per hospital admission. Please see Section 5(c).
- Our vision benefits are now administered by Davis Vision. You may access Davis Vision providers on our website, www.carefirst.com.