
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

- If you are enrolled in code 7Z, PacifiCare of Oregon, your share of the non-Postal premium will increase by 20.2 % for Self Only or increase by 19.4 % for Self and Family.
- **Service area expansion** - We have added a new service area in the state of Washington, code SA. The service area will include the counties of Grays Harbor, King, Lewis, Mason, Pierce, Snohomish and Thurston counties.
- **Office visits** - The Plan has decreased the PCP copayment to \$15 per office visit.
- **Prescription drugs** – The Plan decreased prescription drug copayments. You now pay \$10 for generic formulary drugs, \$30 for brand-name formulary drugs. You pay two copayments for a 90-day supply of these prescription drugs through our mail-order program.
- **Infertility services** - The Plan no longer covers fertility drugs.
- **Infertility services** – The Plan covers artificial insemination at 50% and now limits it to three cycles per pregnancy.
- **Inpatient hospital** – You now pay \$250 per day up to 3 days for inpatient hospitalization per admission.
- **Skilled nursing facility** – You now pay a \$125 copayment per day up to 3 days per admission to a skilled nursing facility.
- **Outpatient hospital or ambulatory surgical center** – You now pay a \$125 copayment per outpatient surgery or procedure. You also pay a \$125 copayment for non-surgical medical services or 23 hour observation in these facilities.
- **Out-of-pocket maximum** – Your catastrophic protection out of pocket maximum has increased to \$3,000 per person or \$9,000 per self and family enrollment.
- **Chiropractic and acupuncture services** – You will now pay a \$15 copayment for chiropractic and acupuncture services. Members in PacifiCare of Oregon (7Z) will receive 30 combined visits for chiropractic and acupuncture services. Members in PacifiCare of Washington (SA) will receive unlimited visits.
- **Dental** – We will now offer a new dental program. You no longer have a calendar year maximum or waiting periods. You pay discounted fees for all services to contracted providers. There are no discounts to out of network providers.
- **Vision**- We will now offer a new vision program. You pay a \$40 copayment for one eye exam per calendar year and you receive additional discounts on eyewear.
- **Durable medical equipment (DME)** – You pay 20% of the cost for covered DME up to \$1,500 per calendar year and all charges above \$1,500.