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## Section 2. How we change for 2005

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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 increase by 3.6% for Self Only or 4% for Self and Family.
- We have added Iron county to our service area. See “Service Area” in Section 1.
- We have clarified the list of services that we consider to be major diagnostic labs and radiology tests. See Sections 5(a) and 5(c) for details.
- We have clarified that you pay 10% of Plan Allowance for services provided by a speech therapist in a surgical center, hospital or other facility. See Section 5(a) for details.
- We have clarified the benefits in Vision Services. See Section 5(a) for details.
- We no longer list the drugs that require prior authorization in this brochure because the prior authorization list is reviewed on a quarterly basis and may change due to new drugs, new generics, new therapies, new guidelines from the Food and Drug Administration (FDA), or other factors. To obtain a list of drugs that require prior authorization, or to obtain a list of injectable medications that require prior authorization, please call our Customer Service Department at 801-323-6200 or 1-800-377-4161, or visit our Web site at [www.altiushealthplans.com](http://www.altiushealthplans.com). See Section 5(f) for details.
- We have clarified that when a new generic medication is approved by the FDA, our Pharmacy and Therapeutics Committee may classify it as “non-formulary.” Non-formulary generics are subject to the non-formulary copayment listed in Section 5(f).
- We have clarified that for mail-order drugs, Express Scripts may fill your prescription with a preferred generic equivalent if it is available, unless your physician has indicated “Dispense as Written.” See Section 5(f) for details.
- We have clarified that if your physician prescribes a medication that needs to be dispensed in two different strengths or dosage forms, you will be responsible for the appropriate copayment for each dispensed prescription. See Section 5(f) for details.