
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 increase by 24.9% for Self Only coverage or increase by 26.2% for Self and Family coverage.
- **Infertility services** - The Plan covers artificial insemination at 50% and now limits it to three cycles per pregnancy.
- **Infertility services** -The Plan no longer covers fertility drugs.
- **Prescription drugs** - The Plan decreased prescription drug copayments. You now pay \$10 for generic formulary drugs and \$30 for brand-name formulary. You pay 2 copayments for a 90-day supply of prescription drugs through our mail order program.
- **Self-injectable medications** - You now pay a \$50 copayment per self-injectable prescription unit.
- **Inpatient hospitalization** - The Plan decreased the inpatient hospital copayment to \$150 per day up to 3 days per admission.
- **Specialized scanning** - You now pay a \$200 copayment for all specialized scanning exams such as MRIs, CT, PET and SPECT Scans.
- **Skilled nursing facility** - You now pay a \$75 copayment per day up to 3 days per admission to a skilled nursing facility.
- **Outpatient hospital or ambulatory surgical center** - You now pay a \$75 copayment per outpatient surgery or procedure. You also pay a \$75 copayment for non-surgical medical services or 23 hour observation in these facilities.
- **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.
- **Out-of-pocket maximum** - Your catastrophic protection out of pocket maximum has decreased to \$2,500 per person or \$7,500 per self and family enrollment.