
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 2N**, your share of the non-Postal premium will increase by 4.6% for Self Only coverage and increase 3.9% for Self and Family coverage.
- If you are enrolled in **Code GF**, your share of the non-Postal premium will increase by 3.0% for Self Only coverage and increase 3.9% for Self and Family coverage.
- **Prescription drugs** – You now pay \$10 for generic formulary drugs. You pay two copayments per 90-day supply through the mail order program.
- **Out-of-pocket maximum** – Your catastrophic protection out of pocket maximum has decreased to \$3,000 per person or \$9,000 per self and family enrollment.
- **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.
- **Infertility services** – The plan covers artificial insemination at 50% and now limits it to three cycles per pregnancy.
- **Infertility services** - The Plan will no longer cover fertility drugs.
- **Chiropractic and acupuncture services** – You may now receive 20 combined visits for acupuncture and chiropractic services per calendar year. **You pay** a \$20 copayment per visit.
- **Self-injectable medications** - You now pay a \$50 copayment for self- injectable medications (except insulin).
- **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.