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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 11.2% for Self Only coverage and increase by 11.2% for Self and Family coverage.
- **Infertility services** - The Plan will no longer cover fertility drugs.
- **Infertility services** - Artificial insemination is now limited to three cycles per pregnancy.
- **Self-injectable medications** - You now pay a \$50 copayment per self-injectable prescription unit.
- **Specialized scanning** - You now pay a \$200 copayment for all specialized scanning exams, such as MRIs, CT, PET and SPECT Scans.
- **Outpatient hospital or ambulatory surgical center**– You now pay a \$100 copayment per outpatient surgery or procedure.
- **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 \$3,000 per person or \$9,000 per self and family enrollment.