
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 –*FSA-FEDS* and the Federal Long Term Care Insurance Program.

Changes to this Plan

1) High Option

Your share of the non-Postal premium will increase by 12.9% for Self Only or 22.1% for Self and Family.

- The doctor's office visit copayment is now \$15 per visit instead of \$10.
- The inpatient hospital admission copayment is now \$100 per day up to a maximum of \$300 per admission. Previously, you paid no copayment for this benefit.
- The infertility services coinsurance is now 50% of covered charges instead of \$10 per visit.
- Cochlear implants are no longer a covered benefit.
- Self-administered injectables are no longer covered under home health services. Benefit is now covered under prescription drugs. You pay applicable prescription drug copayment.
- Under vision services, eyeglasses or contact lenses to correct an impairment directly caused by accidental ocular injury or intraocular surgery are no longer covered. Coverage is now limited to only the first pair of lenses needed to correct these impairments and contact lenses following cataract surgery.
- We clarified the brochure to show eye exams to determine the need for vision correction is covered subject to no age limit.

2) We have also added a High Deductible Health Plan (HDHP).