
Section 2 How we change for 2008

Do not rely only on these change descriptions; this Section 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

- Texas and West Virginia were removed from the list of medically underserved areas for 2008.
- United States Postal Service non-law enforcement career employees may now be covered either by Postal Category 1 or Postal Category 2 premium rates. See page 150.

Changes to this Plan

- Our High Option is being combined with Standard Option. If you were a High Option enrollee in 2007, you will be automatically transferred to Standard Option, unless you make an Open Season change. Standard Option benefits will apply beginning January 1, 2008. Please review the Standard Option benefits in this brochure.
- We now offer a new Value Option. To enroll in Value Option, you must make an Open Season change.
- We expanded coverage under *Diagnostic and treatment services* to include office visit services provided by a nurse practitioner.
- We now provide benefits for routine mammograms for women age 40 and older once every calendar year. Previously, benefits were available once every two calendar years for women age 40 through 65.
- We now provide benefits for routine Pap tests for all female members once every calendar year. Previously, benefits were available only for women age 18 and older.
- We increased the combined maximum annual benefit for rehabilitative, chiropractic and alternative treatment therapies from \$2,000 per person per calendar year to \$2,500 per person per calendar year.
- We added coverage under Hearing services for one routine hearing exam for all members once every calendar year up to a \$200 maximum. Previously, only non-routine hearing tests were covered.
- We added coverage under Hearing services for one hearing aid per ear for all members once every calendar year. Previously, these services were covered only when directly related to an accidental injury.
- We increased the maximum annual benefit under Home health services (nursing services) from \$700 per person per calendar year to \$900 per person per calendar year.
- We added PPO benefits under Educational classes and programs for diabetic education for members with an established diagnosis of diabetes. Previously, these services were not covered.
- We have increased benefits for services provided by certain non-PPO providers to the PPO level of benefits. See page 6.
- We changed the name of our transplant specialty hospital network from “National Transplant Program” to “Coventry Transplant Network”.
- We expanded our preauthorization requirement for prescription drugs to include additional classes of drugs, such as certain psychotherapeutic drugs, inhaled insulin, dermatological acne treatment and antiviral-Hepatitis B, and may impose dispensing limitations in accordance with FDA guidelines and/or the Plan’s clinical standards.

Changes to our Standard Option Only

- Your share of the non-Postal Standard Option Self Only premium will increase. For Standard Option Self and Family your share will increase.
- We increased coverage under Preventive care benefits for well-child office visits when services are received from a PPO provider. Well-child visits are now covered at 100%. Previously, well-child visits required a \$10 copayment.

- We increased coverage under Preventive care benefits for children for listed routine screenings when services are provided by a PPO provider. Services are now covered at 100% of the Plan's allowance with no deductible. Previously, services were covered at 90% of the Plan's allowance after the calendar year deductible had been met. See *Preventive care, children*, Section 5(a).
- We increased the copayment levels for Preferred (Level 2) and non-Preferred (Level 3) prescription drugs obtained through network retail pharmacies and via mail order. Level 2 copayments increase from \$30 to \$40 per prescription at network retail, and from \$45 to \$65 per prescription through mail order. Level 3 copayments increase from \$50 to \$60 per prescription at network retail, and from \$60 to \$90 per prescription through mail order. See Section 5(f).
- We established a separate benefit category and benefit level for specialty drugs purchased at network retail pharmacies and through our mail order program. Specialty drugs will be covered up to the Plan's allowance after a \$100 copayment per prescription for drugs obtained from a network retail pharmacy and \$300 per prescription for drugs obtained through our mail order program. There is a catastrophic protection out-of-pocket maximum limit of \$4,000 per person per calendar year.

Changes to our Consumer Option Only

- Your share of the non-Postal Consumer Option Self Only premium will stay the same. For Consumer Option Self and Family your share will stay the same.
- We changed the premium pass-through amount that the Plan contributes to your HSA or HRA. The Plan will contribute \$845 per year (\$70.41 per month) for Self Only and \$1,690 per year (\$140.83 per month) for Self and Family. Previously, the Plan's contribution was \$1,000 per year (\$83.33 per month) for Self Only and \$2,000 per year (\$166.66 per month) for Self and Family.

Clarifications

- We clarified that this Plan must be the member's primary plan for payment of health benefits in order to be eligible for Coventry Transplant Network benefits.
- We clarified that transplant-related travel benefits are available only as a part of Coventry Transplant Network benefits and that the transplant recipient must live more than 50 miles one-way from the transplant facility for travel benefits to apply.
- We clarified that liver/kidney tandem transplants are covered solid organ transplants.
- We clarified that autologous tandem bone marrow transplants are covered for the diagnosis of multiple myeloma.
- We clarified that allogeneic and autologous bone marrow transplants are covered for the diagnosis of acute myelogenous leukemia.
- We clarified that allogeneic and autologous bone marrow transplants for chronic lymphocytic leukemia are covered as a generally accepted protocol for treatment.
- We clarified that autologous bone marrow and stem cell transplants in Phase III clinical trials are covered for the treatment of specified autoimmune diseases when sponsored by the National Institutes of Health (NIH).
- We clarified that bedside commodes are not covered items.
- We clarified that benefits for covered air or ground ambulance transportation that is not to the nearest hospital where appropriate treatment is available will be prorated based on mileage to the nearest hospital where appropriate treatment is available.