
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.

Changes to this Plan

- 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 74.
- Your share of the non Postal premium will stay the same for Self Only or will stay the same for Self and Family. See page 74.
- We updated the list of services requiring prior approval. See Section 3, “Services requiring our prior approval”.
- We clarified the services that you must continue to pay even after you have met the out-of-pocket maximum. See Section 4, “Your catastrophic protection out-of-pocket maximum”.
- We now cover hearing aid evaluation and clarified the hearing aid benefits. See Section 5(a), “Hearing services”.
- We clarified our durable medical equipment benefit. See Section 5(a), “Durable medical equipment”.
- We clarified the list of covered organ/tissue transplants. See Section 5(b), “Organ/tissue transplants”.
- We will cover non-Plan provider air ambulance services at the same member coinsurance as a Plan provider when our Plan provider is not available to respond to the emergency. See Section 5(d), “Ambulance”.
- We clarified the recognized providers for Mental Health and Substance abuse services and also clarified that you pay 20% for psychological testing. See Section 5(e), “Mental health and substance abuse benefits”.
- We revised the terms generic drugs and lancet devices. See Section 5(f), “Prescription drug benefits”.
- We added criteria for the approval of a drug tier exception. See Section 5(f), “Prescription drug benefits”.
- We added Byetta and Symlin to the list of covered injectable drugs. See Section 5(f), “Covered medication and supplies”.
- We now cover the over-the-counter drug, Omeprazole OTC when prescribed by your physician. See Section 5(f), “Covered medication and supplies”.
- We revised the information on the CancerCare Plan. See Section 5(j), “Non-FEHB benefits available to Plan members”.
- We revised the definition of experimental or investigational services and medical necessity. See Section 6, “General exclusions” and Section 10, “Definition of terms we use in this brochure”.
- We clarified how we will coordinate benefits when you have other health coverage. See Section 9, “Coordinating benefits with other coverage”.