
Section 2 How we changed for 2008

Do not rely only 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 69.

Changes to High Option only

- For enrollment code 26, your share of the High Option non-Postal premium will increase for Self Only or increase for Self and Family
- For enrollment code SW, your share of the High Option non-Postal premium will increase for Self Only coverage or increase for Self and Family coverage.
- For enrollment code 4N, your share of the High Option non-Postal premium will decrease for Self Only coverage or decrease for Self and Family coverage.
- For enrollment code PN, your share of the High Option non-Postal premium will increase for Self Only coverage or increase for Self and Family coverage.
- We have no benefit changes to the High Option.

Changes to Standard Option only

- For enrollment code 26, your share of the Standard Option non-Postal premium will decrease Self Only or decrease for Self and Family.

For enrollment code SW, your share of the Standard Option non-Postal premium will decrease for Self Only or decrease for Self and Family.

- For enrollment code 4N, your share of the Standard Option non-Postal premium will decrease for Self Only or decrease for Self and Family.
- For enrollment code PN, your share of the Standard Option non-Postal premium will decrease for Self Only or decrease for Self and Family.
- The annual deductible is \$500 Self Only and \$1,000 Self and Family enrollment. Previously, the annual deductible was \$200 Self Only and \$400 Self and Family enrollment. Annual deductible applies to most services except office visits.
- The annual out-of-pocket maximum is \$4,000 Self Only and \$8,000 Self and Family enrollment. Previously, the out-of-pocket maximum was \$1,000 Self Only and \$2,000 Self and Family enrollment.
- The primary care doctor's office visit copayment will remain \$20 per visit. The well child primary care doctor's office visit copayment will remain \$10 per visit.
- The specialist office visit copayment will remain \$30 per visit.
- Laboratory test will continue to be covered subject to no member copayment.
- Prenatal ultrasound is now covered subject to no member copayment instead of \$25 per test.
- Radiology test copayment has been increased to 20% of charges per visit from \$40 per visit.
- Emergency care outpatient hospital or urgent care center copayment will remain \$100 per visit.
- Retail Pharmacy- Members will continue to pay \$5 copay for generic formulary, \$35 for brand formulary drugs and \$50 for non-formulary drugs.
- Mail Order Pharmacy- Members will continue to pay \$10 copay for generic formulary, \$70 brand formulary drugs and \$100 for non-formulary drugs.

- Member now pays 20% of covered charges for the following services:

2. Inpatient hospital

3. Outpatient hospital

4. Skilled Nursing Facility

5. Hospice

6. Surgical services

7. Anesthesia

8. Ambulance

9. Orthopedic and prosthetic

10. Durable Medical Equipment

11. Home health services

12. Alternative treatments