
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 59.
- Your share of the non-Postal premium will decrease for Self Only or decrease for Self and Family. See page 59.
- Your share of the non-Postal premium will decrease for Self Only or decrease for Self and Family. See page xx.
- The out-of-pocket maximum is now \$2,000 Self Only and \$4,000 Self and Family enrollment. Previously, the respective amounts were \$1,000 Self Only and \$3,000 Self and Family.
- The primary doctor's office visit copayment has been decreased to \$15 per visit from \$20 per visit.
- The specialist office visit copayment has been increased to \$25 per visit from \$20 per visit.
- The maternity initial office visit copayment is now \$15 per primary care doctor or \$25 per specialist visit. Member pays no copayments for all additional office visits. Previously, member paid \$20 per visit for initial and each subsequent office visit.
- The home health visit copayment is now \$50 per visit instead of no member copayment.
- Chiropractic care is now covered for 25 visits subject to a member copayment of \$25 per visit. Previously, chiropractic care was covered as part of the Physical and Occupational therapy benefit.
- The inpatient hospital admission copayment is now \$600 per day up to \$3,000 maximum per admission. Previously, the member paid nothing.
- The outpatient hospital admission copayment is now \$600 per facility use. Previously, the member paid nothing.
- The outpatient laboratory test/radiology copayment is now \$50 per facility use instead of no member copayment.
- The skilled nursing care facility benefit copayment is now \$150 per day up to a maximum member copayment of \$750 per admission. Previously, the member paid nothing.
- The ambulance per trip copayment has been increased to \$125 from \$25.
- Emergency care visit copayments are now \$15 per doctor's office visit, \$50 per urgent care center visit and \$250 per outpatient hospital visit. Previously, the copayments were \$20 per doctor's office visit, \$25 per urgent care center visit and \$50 per outpatient hospital visit.