
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 3, under **Covered providers**, Alaska is designated as a medically underserved area in 2005. Maine, Utah and West Virginia are no longer designated as medically underserved areas in 2005.
- In Section 11, we revised the **Medicare Primary Payer Chart** and updated the language regarding Medicare Advantage plans (formerly called Medicare + Choice plans).
- In Section 14, we revised the language regarding the Flexible Spending Account Program - FSAFEDS and the Federal Long Term Care Insurance Program.

Changes to this Plan

- Your share of the non-Postal High Option Self Only premium will increase by 55.6%. For High Option Self and Family your share will increase by 64.3%.
- Your share of the non-Postal Standard Option Self Only premium will increase by 40.4%. For Standard Option Self and Family your share will increase by 37.0%.
- The Standard Option calendar year deductible for PPO medical services and supplies and for treatment of mental health and substance abuse will be reduced to \$600 per family. Previously, it was \$750 per family.
- The calendar year prescription drug deductible will be reduced to \$350 per person (\$700 per family) under Standard Option. Previously, it was \$400 per person (\$800 per family).
- We changed the Standard Option benefit for treatment of medical emergencies and accidental injuries at PPO hospital emergency rooms and urgent care centers. These services will be subject to a \$150 copayment per visit, which will be waived if the patient is admitted to the hospital from the ER. The benefit remains subject to the calendar year deductible. Previously, these services were subject to 10% member coinsurance.
- The copayment for PPO chiropractic services will be \$5 per visit under the Standard Option. Previously, these services were subject to 10% member coinsurance.
- We increased benefits for PPO adult screenings under the Standard Option. Listed covered services will be reimbursed at 100% and not subject to the medical calendar year deductible. Previously, these services were subject to the medical calendar year deductible and 10% member coinsurance.
- Non-PPO Inpatient hospital charges will now be subject to the “blended rate” allowance (see Definitions, Section 12) under Standard Option. Please contact us to locate a PPO hospital. Your out-of-pocket expenses will increase if you do not use a PPO hospital when one is available to you.
- We added coverage for home intravenous (IV)/infusion therapy under the Standard and High Options. We will reimburse home IV services subject to a member coinsurance of 10% for PPO services and a member coinsurance of 30% for non-PPO services.
- DoD facilities within the United States will no longer be paid at the PPO benefit level.

New Consumer Option

- We added a high-deductible health plan (HDHP), the MHBP Consumer Option. (See Section 6). The Consumer Option covers most of the same services, supplies, drugs and devices as the Plan’s High and Standard Options and is subject to the Plan’s current definitions, limitations and exclusions.
 - The Consumer Option will contribute up to \$1,000 per person or \$2,000 per family to a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) based on your enrollment date.
 - Preventive services are not subject to the annual deductible.
 - The Consumer Option will have a calendar year deductible of \$2,250 per person, limited to \$4,500 per family for PPO and non-PPO medical, mental health/substance abuse and pharmacy services.
 - The Plan will have an annual out-of-pocket maximum of \$5,000 per person and \$10,000 per family for PPO services and \$7,000 per person and \$15,000 per family for non-PPO services.