
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 9, we revised the **Medicare Primary Payer Chart** and updated the language regarding Medicare Advantage plans (formerly called Medicare + Choice plans).

In Section 12, we revised the language regarding the Flexible Spending Account Program - *FSAFEDS* and the Federal Long Term Care Insurance Program.

Changes to this Plan

- For enrollment code 26, your share of the High Option non-Postal premium will decrease by .6% for Self Only or 3.9% for Self and Family. Your share of the Standard Option non-Postal premium will increase by 7.5% for Self Only or 7% for Self and Family.
- For enrollment code SW, your share of the High Option non-Postal premium will increase by 28.4% for Self Only coverage and 10.5% for Self and Family coverage. Your share of the Standard Option non-Postal premium will increase by 39.2% for Self Only or 20.5% for Self and Family.
- For enrollment code 4N, your share of the High Option non-Postal premium will increase by 85.3% for Self Only coverage and 49.1% for Self and Family coverage. Your share of the Standard Option non-Postal premium will increase by 98.1% for Self Only and 51.7% for Self and Family.
- We have eliminated enrollment code VJ and combined it with enrollment code 26. You must make an Open Season change to enrollment code 26 if you stay with HealthAmerica.
- We have added a new enrollment code to cover the Southeastern Pennsylvania region for 2004. The new enrollment code is PN and will cover Chester County and Delaware County.
- We are moving four counties from 4N to SW for 2005. If you live in Clinton, Columbia, Lycoming, or Montour and you choose to stay with HealthAmerica, you must make an Open Season election to enrollment code SW. If you do not make the change from 4N to SW, you will pay a higher premium. Please review the Service Area information on page 6.
- Under the High Option coverage, members will pay \$25 for office visits to a specialist. Previously, the office visit copay for specialists was \$20.
- Under the High Option coverage, the name brand formulary prescription drug copay will increase from \$20 to \$25. See page 39.
- The copay for non-formulary medicine will be \$50 under the Standard Option coverage. Previously, it was 50% of the allowable charge up to a maximum of \$60 per prescription unit or refill. See page 39.
- The prescription drug copay for generic formulary drugs will decrease from \$10 to \$8 under High Option and Standard Option. See page 39.
- Under the Standard Option coverage, we have eliminated the copay for prenatal ultrasounds. Previously, members paid \$40 for this service. See page 18.
- Under the Standard Option coverage, the copay for well child care visits is \$10 per visit to the primary care physician (PCP). Previously the copay for well-child care visits was \$20 for visits to the PCP.
- The prescription drug copay for all sexual dysfunction drugs will be \$40 under the High Option and \$50 under the Standard Option. We now show a limit of 4 pills per month for oral medication or 6 units per month for suppositories or injectables.