
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). See page 54.
- In Section 12, we revised the language regarding two Federal Programs that complement FEHB benefits, the Federal Flexible Spending Account Program – *FSAFEDS* – and the Federal Long Term Care Insurance Program. See page 61.

Changes to this Plan

- Hearing aids: 80% coverage for members age 18 or younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by the other cover services. Limited to one hearing aid for each ear every three years. Member responsibility is 20% of the charges.
- Emergency outpatient visit at a hospital: copayment increased from \$50 to \$55 for Classic members.
- Specialty Formulary Drugs must be obtained at a designated vendor.
- Your share of the Classic non-Postal premium will increase by 40.3% for Self Only or 38.3% for Self and Family.
- Extended Care/skilled nursing facility care – Per admission copayment of \$100 after deductible. Previously, member responsibility was 10% of the charges. This change applies only to Open Access members.
- Outpatient hospital services – Maximum calendar year out of pocket limit of \$1500 per person. Previously there was no limit. This change applies to Open Access members.
- Accidental Dental/Emergency Services – Plan pays 75% of the charges. Member responsibility is 25% of charges. Maximum benefit of \$300 per calendar year. Previously members paid a \$50 annual deductible. This change applies to Open Access members.