
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

- Your share of the non-Postal premium will increase by 99.2% for Self Only or 79.9% for Self and Family.
- The office visit copayment increased to \$15.00. The vision services copayment will not increase and will remain at \$10.00.
- The hospital emergency room copayment increased to \$75.00.
- We added a \$250 copayment per inpatient admission. The maximum is \$500/individual or \$1250/family per calendar year.
- Members who purchase a brand name prescription drug when a generic drug is available must pay the **GENERIC** copayment in addition to the cost difference between the generic drug and brand name drug
- Acupuncture is no longer covered.
- We added a third tier for non formulary brand name prescription drugs. Under the retail pharmacy benefit, the non formulary brand name copayment is \$30.00. Under the mail order pharmacy program, the non formulary brand name copayment is \$60.00.