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## Section 2. How we change for 2005

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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

- This Plan is offering a high deductible health plan (HDHP) option for the first time under the Federal Employees Health Benefits Program during the 2004 Open Season.

### High Option

Your share of the non-Postal premium will increase by 4.1% for Self Only or decrease by 5.1% for Self and Family.

- The specialist office visit copayment is now \$30 per visit instead of \$15.
- Mammograms are now covered subject to 10% coinsurance per visit instead of \$15 per visit.
- The inpatient hospital admission copayment is now \$100 per day up to a \$300 maximum per admission.
- The urgent care center visit copayment is now \$50 instead of \$25.
- The hospital emergency room copayment is now \$100 per visit instead of \$75.
- We dropped the \$400 coverage limitation for ambulance service. You will continue to pay 30% of covered charges.
- Outpatient diagnostic testing is now covered subject to 10% coinsurance per test. Previously, you paid nothing.
- Retail prescription drug copayments are now \$10 per generic, \$30 per brand name formulary and \$55 per non-formulary. Previously, the copayments were \$5 per generic, \$15 per brand name formulary and \$45 per non-formulary.
- Mail Order maintenance drugs copayments for a 93-day supply are now \$30 per generic and \$90 per brand name formulary. Previously, the copayments were \$15 per generic and \$45 per brand name formulary. Non-formulary drugs are not covered under mail order benefit.
- Diabetic education copayment is now \$15 per visit instead of no member copayment.
- The voluntary sterilization copayment is now \$50 per procedure instead of \$100.
- Chase, Chautauqa, Coffey, Elk, Geary, Morris, Riley, Wilson and Woodson Counties, Kansas have been added to our service area.

## **Standard Option**

- The out-of-pocket maximums are \$2,500 for Self Only and \$5,000 for Self and Family.
- The primary care doctor's office visit copayment is \$20 per visit.
- The specialist office visit copayment is \$35 per visit.
- Outpatient diagnostic test office visit copayment is \$20 per primary care doctor visit and \$35 per specialist.
- The emergency room copayment is \$125 per visit.
- The outpatient therapy copayment is \$20 per visit.
- Infertility out-of-pocket maximums are \$2,500 for Self Only and \$5,000 for Self and Family.
- Diabetic education benefit copayment is \$20 per visit.
- The hospital inpatient admissions copayment is \$300 per day up to a maximum of \$900.
- The outpatient surgery facility copayment is \$200 per facility use.
- The outpatient diagnostic testing copayment is \$100 per test.