
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 decrease by 6.7% for Self Only or increase by 5.2% for Self and Family.
- Professional services of physicians or emergency care received at a participating urgent care center will require a \$50 copayment per visit. Previously, you paid \$25 per visit to a participating urgent care center.
- The copay for Emergency care as an outpatient or inpatient at a hospital, including doctors' services will require a \$100 copayment. Previously, you paid \$50 per emergency room visit.
- You will pay \$7 per prescription unit or refill for generic drugs, \$30 per prescription unit or refill for preferred brand name drugs and \$50 per prescription unit or refill for non-preferred brand name drugs. Prescriptions filled at a non-Plan pharmacy will be covered at 80% of the Plan's allowance less a \$50 copayment. Previously, you paid \$7 per prescription unit or refill for generic drugs, \$25 per prescription unit or refill for preferred brand name drugs and \$40 per prescription unit or refill for non-preferred brand name drugs. Prescriptions filled at a non-Plan pharmacy were covered at 80% of the Plan's allowance less a \$40 copayment.

For a 90-day supply prescription filled through the mail service prescription drug service, you will pay \$14 for generic drugs, \$60 for preferred brand name drugs and \$100 for non-preferred brand name drugs. Previously, you paid \$14 for generic drugs, \$50 for preferred brand name drugs and \$80 for non-preferred brand name drugs for a 90-day supply.