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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

- Your share of the non-Postal premium will increase by 1.5% for Self Only or decrease by 8.4% for Self and Family for enrollment code KQ.
- Your share of the non-Postal premium will increase by 3.3% for Self Only or 3.3% for Self and Family for enrollment code Q8.
- Copay changed from \$15 to \$20 for: primary care physician office visits; specialist office visits; outpatient surgical services (physician's charge); radiology (x-rays); home health services; rehabilitation services (physical, speech and occupational therapy); routine eye exam; medically necessary eye exam; chiropractic care; allergy testing and treatment; physical exams; hearing exams; outpatient mental health; outpatient chemical dependency; infertility (evaluation and treatment); external breast prosthesis; contraceptive devices (administered in physician's office); insulin; diabetic supplies and equipment. (There is no change to the "No Copay for Kids" benefit.)
- Copay changed from \$250 to Paid in Full (\$0 Copay) for: inpatient hospital; hospice; maternity care; skilled nursing facilities; inpatient mental health; inpatient chemical dependency; and chemical dependency rehabilitation.
- Primary Care Physician referrals are no longer required for covered Chiropractic Services.