
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 5.2% for Self Only and decrease by 3% for Self and Family for enrollment code SG. Enrollment codes PW and QB have been consolidated under enrollment code SG for 2005.
- Your share of the Postal premium will increase by 5.2% for Self Only and decrease by 13.5% for Self and Family for enrollment code SG. Enrollment codes PW and QB have been consolidated under enrollment code SG for 2005.
- The HMO plan will be replaced by a Prepaid comprehensive medical plan in 2005 and will eliminate the referral requirement for specialty services. Members must use a provider who participates with the CDPHP UBI network to obtain coverage except for emergency care or when the care has been preauthorized by CDPHP UBI. A listing is available from CDPHP UBI Member Services at 1-877-269-2134 or on Find-A-Doc at our Web site, www.cdphp.com.
- The primary/specialist office visit copay has increased to \$20.
- The inpatient hospital copay has changed to \$100 copay per day up to a maximum of \$500 per admission. For family coverage, inpatient copays are limited to two per calendar year. The copay will also apply to inpatient hospital rehabilitation, but is waived if the patient is admitted within one day of discharge.
- The copay for routine annual exam for patients over age 19 including routine screenings has increased to \$20 per visit.
- Physical, occupational, and speech short-term therapy are limited to one course each for two consecutive months for each specific diagnosis and related conditions per calendar year. The \$20 specialist office visit will apply.
- Coverage for cardiac rehabilitation is based on medical necessity. The \$20 office copay visit will apply.
- The copay for local professional ambulance will increase to \$50.
- The copay for diabetic supplies and insulin will increase to \$20 per item.
- The copay for diabetic durable medical equipment will increase to \$20 and must be preauthorized only if over \$500.
- The copay for hospital or ambulatory surgical center will increase to \$50 per day.
- The prescription drug copay has changed to \$10 generic, \$25 preferred brand, and \$40 non-preferred brand for a 30-day supply. The copay for a 90-day mail order plan has been changed to \$20 generic, \$50 preferred brand and \$80 non-preferred brand.
- The brochure has been clarified to include new preventive guidelines for children and adults. See page 13 and 14.