
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

High Option:

- Your share of the non-Postal premium for Enrollment Code 54 will decrease by 1.2% for Self Only or 0.5% for Self and Family. Your share of the non-Postal premium for Enrollment Code VR will increase by 9.2% for Self Only or 13.2% for Self and Family.
- Your annual out-of-pocket maximum increases in 2005. When your applicable coinsurance, deductible, and copayments reach \$2,000 per person or \$4,000 per family in a calendar year, the plan will pay 100% for most covered services. See page 13.
- We reduced the prescription drug Copayments when you obtain up to a 90-day supply through the GHC Mail Order Pharmacy. You pay \$20 for generic; \$50 for brand formulary; and \$125 for non-formulary.

Standard Option:

- Your share of the non-Postal premium for Enrollment Code 54 will decrease by 0.3% for Self Only or 0.3% for Self and Family. Your share of the non-Postal premium for Enrollment Code VR will increase by 6.6% for Self Only or 6.6% for Self and Family.
- Your annual out-of-pocket maximum increases in 2005. When your applicable coinsurance, deductible, and copayments reach \$2,000 per person or \$4,000 per family in a calendar year, the plan will pay 100% for most covered services. See page 13.
- We reduced your cost share for the first four office visits provided each year. The annual Deductible and 20% plan Coinsurance do not apply until the fifth office visit.
- We reduced your cost share for outpatient lab, x-rays, and other diagnostic tests. You pay nothing for the first \$500 of covered services per calendar year; then you pay the 20% plan Coinsurance after the annual Deductible is satisfied.
- We increased your annual Deductible to \$500/\$1500 (individual/family).
- We reduced the prescription drug Copayments when you obtain up to a 90-day supply through the GHC Mail Order Pharmacy. You pay \$30 for generic; \$60 for brand formulary; and \$150 for non-formulary.