
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). See page 47.
- In Section 12, we revised the language regarding the Federal Flexible Spending Account Program – *FSAFEDS* – and the Federal Long Term Care Insurance Program. See page 54.

-

Changes to this Plan

- Hearing aids: 80% coverage for members age 18 or younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by the other cover services. Limited to one hearing aid for each ear every three years. Member responsibility is 20% of the charges.
- Emergency outpatient visit at a hospital: copayment increased from \$50 to \$55.
- Specialty Formulary Drugs must be obtained at a designated vendor.
- Your share of the non-Postal premium will increase by 32.5% for Self Only or 31.6% for Self and Family.