
Section 2. How we change for 2008

Do not rely only on these change descriptions; this Section 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.

New Benefit: Wichita, Salina, and Central Kansas areas

- You will now have limited Delta Dental of Kansas preventative benefits outlined in Section 5(g).

Service Area

- Service area for the following codes 7W and 7G have been discontinued and you will automatically be enrolled in HA and 9H. Changes are outlined below.

Changes to this Plan (All Options)

- United States Postal Service non-law enforcement career employees may now be covered either by Postal Category 1 or Postal Category 2 premium rates. See page 114.

Changes to High Option only

- Your share of the non-postal premium will increase for Self Only or for Self and Family. See page 114.
- The inpatient hospital copayment is now \$150 per day up to a maximum member copayment of \$750 per admission. Previously, the copayment was \$100 per day up to a maximum member copayment of \$350 per admission.
- The outpatient hospital and surgical center copayment has increased to \$100 per facility use instead of \$50 per facility use.
- The annual out-of-pocket maximum is now \$2,500 for Self Only enrollment and \$5,000 for Self and Family enrollment. Previously, the out-of-pocket maximum was \$2,000 for Self Only enrollment and \$4,000 for Self and Family enrollment.

Changes to Standard Option only

- Your share of the non-postal premium will increase for Self Only or for Self and Family. See page 114.
- The inpatient hospital copayment is now \$300 per day up to a maximum member copayment of \$1,500 per admission. Previously, the copayment was \$300 per day up to a maximum member copayment of \$900 per admission. .
- The annual out-of-pocket maximum is now \$3,000 for Self Only enrollment and \$6,000 for Self and Family enrollment. Previously, the out-of-pocket maximum was \$2,500 for Self Only enrollment and \$5,000 for Self and Family enrollment.

Changes to High Deductible Health Plan Option only

- Your share of the non-postal premium will increase for Self Only or for Self and Family. See page 114.
- The annual calendar year deductible is now \$1,200 for Self Only enrollment and \$2,400 for Self and Family enrollment. Previously, the deductible was \$1,100 for Self Only enrollment and \$2,200 for Self and Family enrollment.