
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.

Changes to this Plan

- Your share of the non-Postal premium will decrease for Self and Family. See back cover.
- Tier 1-Generics \$10 copay.
- Tier 2-Preferred brands 30% coinsurance. Maximum \$75 copay per prescription.\$1,500 out-of-pocket maximum \$10 copay thereafter.
- Tier 3-Expanded brands and selected generics 50% coinsurance with a minimum of \$50 copay and a maximum of \$150 copay per prescription.