
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

- 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 129.
- We have added a Standard Option for 2008. See Section 5 and page 129 for rates.

Changes to High Option only

- Your share of the non-Postal premium will decrease for Self Only and for Self and Family.
- The after hours and urgent care copay has increased to \$25 for each visit.
- We now require a \$100 per admission copayment for all inpatient hospitalizations including medically necessary inpatient hospitalization, inpatient maternity care, skilled nursing facility care, inpatient organ transplant services, and inpatient detoxification and inpatient psychiatric rehabilitation services.
- The out-of pocket maximum for participating providers has increased to \$2,500 per individual per calendar year and \$5,000 per family per calendar year.
- The mental health/substance abuse out-of pocket maximum for participating providers has increased to \$2,500 per individual per calendar year and \$5,000 per family per calendar year.
- Inpatient Facility and Professional Fees for Physiotherapy (OT, PT, and ST) services are now covered at 90%.
- Skilled nursing services provided through Home Health will have a \$15 copay per visit.
- The mail order copay has decreased for generics to \$10 and increased to \$120 for non-formulary drugs.

Changes to HDHP Option only

- Your share of the non-Postal premium will decrease for Self Only and for Self and Family. See page 129.
- We have updated the website address you should use to view your HSA or HRA account. Please see *Savings – HSAs and HRAs* in Section 5.

Changes to both High Option and HDHP Option

- We have clarified the *infertility services* benefit. See *infertility services* in section 5(a).
- We have clarified our list of services requiring prior approval. See *Services requiring our prior approval* in Section 3 .
- The First Health Network has changed its name to Coventry Health Care National Network. Coventry Health Care National Network providers are available to members who require Urgent or Emergent care when traveling outside the service area. See Section 5(d) Emergency services/accidents for details including phone number changes.
- We have clarified that treatment of childhood stuttering is not covered under the Plan. See Speech therapy in section 5(a).
- We have clarified the non-covered Vision services (testing, treatment, and supplies) section. See Vision services (testing, treatment, and supplies) in Section 5(a).
- We have clarified that implantable medications are covered under the same benefits as injectable medications. For details, see Section 4 *Your cost for covered services*, Section, 5(a) *Medical services and supplies provided by physicians and other health care professionals*, Section 5(b) *Surgical and anesthesia services provided by physicians and other health care professionals*, Section 5(d) *Emergency services/accidents*, and Section 5(f) *Prescription Drug Benefits*.
- We have clarified the Prescription drug formulary information. See *Prescription drug benefits* in Section 5(f).
- Our service area has expanded in several Utah counties and in one Idaho county. See page 9 for more information.