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## Section 2. How we change for 2008

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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 the 2008 Rate Information page.
- Your share of the non-Postal premium will increase for Self Only and Self and Family. See the 2008 Rate Information page.
- We will no longer waive the deductible and coinsurance for a newborn.
- Your calendar year deductible will count toward the out-of-pocket limit. We will increase your catastrophic protection out-of-pocket maximum to \$2,750 per person or \$5,500 per family per calendar year. See Section 4. Your costs for covered services.
- We have added an annual physical and urinalysis to the list of routine screenings covered at no charge. See Section 5(a). Medical services and supplies - Preventive care, adult.
- You will pay nothing for well-child visits and childhood routine immunizations. See Section 5(a). Medical services and supplies - Preventive care, children.
- You will pay \$15 per office visit for a surgically implanted contraceptive such as Norplant. See Section 5(a). Medical services and supplies - Family planning.
- You will pay 20% of charges (No deductible) for Infertility services. See Section 5(a). Medical services and supplies - Infertility services.
- We have combined the Orthopedic and prosthetic devices (except for Custom molded foot orthotics) benefit with the Durable medical equipment (DME) and ostomy supplies benefit. You pay 20% of charges (No deductible) up to a combined maximum benefit of \$10,000 per person per calendar year. See Section 5(a). Medical services and supplies - Orthopedic and prosthetic devices.
- You will pay 20% of charges for Custom molded foot orthotics. See Section 5(a). Medical services and supplies - Orthopedic and prosthetic devices - Custom molded foot orthotics.
- You will pay 20% of charges for Corrective orthopedic appliance for non-dental treatment of temporomandibular joint (TMJ) dysfunction. See Section 5(a). Medical services and supplies - Orthopedic and prosthetic devices - Corrective orthopedic appliances.
- You will pay 20% of charges for DME to treat sexual dysfunction. See Section 5(a). Medical services and supplies - Durable medical equipment (DME) - DME to treat sexual dysfunction.
- You will pay 20% of charges for the treatment for services of (TMJ). See Section 5(b). Surgical and anesthesia services - Oral and maxillofacial surgery.
- You will pay 20% of charges for intensive outpatient, partial hospitalization, and inpatient professional services. See Section 5(e). Mental health and substance abuse benefits.
- You will receive two vials of Insulin per copayment. See Section 5(f). Prescription drug benefits - Insulin.
- We have removed Norplant and other internally implanted time-released medications from Section 5(f). Prescription drug benefits. You will pay \$15 per office visit. See Section 5(a). Medical services and supplies - Surgically implanted contraceptive.
- You will pay 20% of charges for Infertility drugs. See Section 5(f). Prescription drug benefits - All Infertility drugs.
- You will pay 20% of charges for sexual dysfunction prescription drugs. See Section 5(f). Prescription drug benefits - Sexual dysfunction prescription drugs.