
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 78.

Changes to High Option only

- Your share of the non-Postal premium will increase. See page 78.
- Covered services that apply to your annual out-of-pocket maximum have changed. See page 14.
- You now pay 20% of our allowance for infusion and injectable drugs received in a Plan Medical Office for therapeutic reasons, in addition to paying your primary care or specialty care office visit copayment. See pages 20 and 23.
- You now pay 20% of our allowance, up to \$250 per prescription, for prescribed injectable drugs obtained from a Plan pharmacy. See page 49.
- Non-formulary drugs prescribed by a Plan physician and obtained from a Plan pharmacy are now covered upon payment of \$50 per prescription. See page 48.

Changes to Standard Option only

- Your share of the non-Postal premium will decrease. See page 78.
- You now pay 20% of our allowance after you have met your calendar year deductible for infusion and injectable drugs received in a Plan Medical Office for therapeutic reasons, in addition to paying your primary care or specialty care office visit copayment. See page 20.
- You now pay 20% of our allowance after you have met your calendar year pharmacy deductible, up to \$250 per prescription, for prescribed injectable drugs obtained from a Plan pharmacy. See page 49.
- Non-formulary drugs prescribed by a Plan physician and obtained from a Plan pharmacy are now covered upon payment of \$70 per prescription. See page 48.

Changes to both High and Standard Options

- We now cover hearing aids for children under the age of 18 (\$1,000 credit for each hearing-impaired ear every 36 months). See page 25.
- The amount of prescribed medications and supplies dispensed by Plan pharmacies has decreased to up to a 30-day supply for one prescription drug copayment (generic, brand-name or non-formulary drug copayment, as applicable). See page 48.
- Your copayment for prescriptions refilled through our preferred mail order prescription service has changed to two prescription drug copayments (generic, brand-name or non-formulary drug copayment, as applicable) for up to a 90-day supply of prescribed maintenance drugs. See pages 47 and 48.