
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 86.

Changes to High Option only

- Your share of the non-Postal premium will increase. See page 86.
- We increased the copayment from \$50 per test to \$75 per test for specialty imaging tests, such as CAT scans, MRI, PET scans and nuclear medicine studies. See page 20.
- We increased the copayment from \$50 to \$75 per surgery or procedure in an outpatient hospital or ambulatory surgical center. See pages 34-38 and page 41.
- We increased the copayment for care you receive in a hospital emergency room from \$50 per visit to \$100 per visit. See page 45.
- We decreased the copayments for a 30-day supply of generic drugs from \$10 to \$7 when purchased at a Plan medical center pharmacy; from \$20 to \$17 when purchased at an affiliated network pharmacy; and, from \$8 to \$5 when purchased through the Plan's mail delivery service. We also decreased the copayment for a 90-day supply of generic maintenance drugs from \$16 to \$10 when purchased through the Plan's mail delivery service. See pages 52-53.
- We increased the copayments for a 30-day supply of preferred brand-name drugs from \$20 to \$25 when purchased at a Plan medical center pharmacy; from \$40 to \$45 when purchased at an affiliated network pharmacy; and, from \$18 to \$23 when purchased through the Plan's mail delivery service. We also increased the copayment for a 90-day supply of preferred brand-name maintenance drugs from \$36 to \$46 when purchased through the Plan's mail delivery service. See pages 52-53.
- We increased the copayments for a 30-day supply of non-preferred brand-name drugs from \$35 to \$40 when purchased at a Plan medical center pharmacy; from \$55 to \$60 when purchased at an affiliated network pharmacy; and, from \$33 to \$38 when purchased through the Plan's mail delivery service. We also increased the copayment for a 90-day supply of non-preferred brand-name maintenance drugs from \$66 to \$76 when purchased through the Plan's mail delivery service. See pages 52-53.
- We added 25% coinsurance, with a cap of \$325 per 30-day supply, for specialty drugs purchased at the Plan's medical center pharmacies and 30% coinsurance, with a cap of \$375 per 30-day supply, for specialty drugs purchased at the Plan's affiliated network pharmacies. See pages 52-53.

Changes to Standard Option only

- Your share of the non-Postal premium will decrease. See page 86.
- We decreased the copayment from \$30 to \$20 in primary care departments (nothing from infancy through age 4) and from \$40 to \$30 in specialty care departments and urgent care centers. See page 20.
- We removed the copayment for all routine preventive care for adults. See page 21.
- We increased the copayment from \$100 to \$150 per surgery or procedure in an outpatient hospital or ambulatory surgical center. See pages 34-38 and page 41.
- We decreased the copayments for a 30-day supply of generic drugs from \$15 to \$12 when purchased at a Plan medical center pharmacy; from \$25 to \$22 when purchased at an affiliated network pharmacy; and, from \$13 to \$10 when purchased through the Plan's mail delivery service. We also decreased the copayment for a 90-day supply of generic maintenance drugs from \$26 to \$20 when purchased through the Plan's mail delivery service. See pages 52-53.

- We increased the copayments for a 30-day supply of preferred brand-name drugs from \$25 to \$30 when purchased at a Plan medical center pharmacy; from \$45 to \$50 when purchased at an affiliated network pharmacy; and, from \$23 to \$28 when purchased through the Plan's mail delivery service. We also increased the copayment for a 90-day supply of preferred brand-name maintenance drugs from \$46 to \$56 when purchased through the Plan's mail delivery service. See pages 52-53.
- We increased the copayments for a 30-day supply of non-preferred brand-name drugs from \$40 to \$45 when purchased at a Plan medical center pharmacy; from \$60 to \$65 when purchased at an affiliated network pharmacy; and, from \$38 to \$43 when purchased through the Plan's mail delivery service. We also increased the copayment for a 90-day supply of non-preferred brand-name maintenance drugs from \$76 to \$86 when purchased through the Plan's mail delivery service. See pages 52-53.
- We added 30% coinsurance, with a cap of \$375 per 30-day supply, for specialty drugs purchased at the Plan's medical center pharmacies and 35% coinsurance, with a cap of \$425 per 30-day supply, for specialty drugs purchased at the Plan's affiliated network pharmacies. See pages 52-53.