
Section 2. Changes for 2016

Do not rely only on these change descriptions; this page 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.

Program-wide changes

- Self Plus One enrollment Option has been added effective January 1, 2016.
- We have removed the exclusion for services, drugs, or supplies related to sex transformations.

Changes to this Plan

- We expanded the Family planning benefit to include the routine office visit associated with a covered family planning service and we now list additional services covered in this section..
- We now cover an annual routine pap test for females age 21 through age 65. Previously, we covered one routine pap test every three years.
- We now cover an annual routine Prostate Specific Antigen (PSA) test for men age 40 and older.
- We now cover routine Hepatitis B virus infection screening for adults and adolescents at high risk for infection as recommended by the U.S. Preventive Services Task Force (USPSTF).
- We now cover routine gonorrhea screening for women age 24 and younger. Previously, the age limit was 25 or younger.
- We now cover application of fluoride varnish to primary teeth by a covered primary care provider for children age 5 and younger.
- We now cover an annual set of spinal x-rays associated with chiropractic treatment. Previously, we covered the initial set only.
- We now cover educational classes and nutritional therapy for overweight individuals with risk factors for cardiovascular disease.
- We updated our criteria for bariatric surgery.
- We now exclude weight loss surgery for implantable devices such as Maestro Rechargeable System.
- We now utilize the NALC's Advanced Control Specialty Formulary for specialty medications.
- We now require prior authorization for all compound drugs.
- We now cover over-the-counter low-dose aspirin for pregnant women at high risk of preeclampsia when purchased at a network retail pharmacy.
- We removed the general exclusion that stated the Plan did not cover services, supplies, or drugs related to sex transformations.

Changes to our High Option only

- Your share of the non-Postal premium will decrease for Self Only or increase for Self and Family.
- For members in the state of Alaska, only PPO surgeons contracted through the Cigna OAP network will be paid at the PPO benefit level. Previously, non-PPO surgeons contracted through the MultiPlan network were paid at the PPO benefit level.
- You now pay a \$4 copayment for up to a 60-day supply for generic drugs purchased through our mail order program when Medicare Part B is your primary payor. Previously, you paid a \$7 copayment.
- You now pay \$6 copayment for a 90-day supply for generic drugs purchased through our mail order program when Medicare Part B is your primary payor. Previously, you paid a \$10 copayment.
- We now offer Cigna's disease management program – Your Health First. Previously, our disease management program was the Alere Health Management.