

## 2004 Consumer-Driven Option Benefits

Benefits	You Pay
<b>In-Network Preventive Care:</b> Well Adult and Well Child office visits and exams, immunizations and screenings	<b>Nothing</b>
<b>Personal Care Account:</b> Up to \$1,000 for Self Only or \$2,000 for Self and Family for medical, surgical, hospital, mental health and substance-abuse services and prescription drugs, plus certain dental and vision care up to specified limits. The PCA must be used first for eligible expenses, except that covered in-network preventive care does not count against the PCA	<b>Nothing up to \$1,000 for Self Only Nothing up to \$2,000 for Self and Family</b>
<b>Member Responsibility:</b> When the PCA is exhausted, you must pay your Member Responsibility before Traditional Health Coverage begins	<b>In-network/out-of-network: \$600 for Self Only or \$1,200 for Self &amp; Family</b>
<p><b>Traditional Health Coverage:</b> For use after the Personal Care Account is exhausted</p> <ul style="list-style-type: none"> <li>● Medical/surgical services and supplies provided by a physician and other healthcare professionals</li> <li>● Services provided by a hospital or other facility, and ambulance service</li> <li>● Emergency Care</li> <li>● Mental Health and Substance Abuse</li> <li>● Prescription Drugs – Retail or Mail Order</li> </ul> <p><b>Special features:</b> Online tools and resources, consumer choice information, services for the deaf and hearing-impaired, 24-hour nurse advisory ... <b>No calendar-year deductible</b> ... <b>Annual Out-of-pocket maximum:</b> <u>In-network</u> – \$4,500 (Self Only/Self &amp; Family) <u>Out-of-network</u> – \$9,000 Self Only/Self &amp; Family</p>	<ul style="list-style-type: none"> <li>● In-network: 15% Out-of-network: 40% of the Plan allowance</li> <li>● In-network: 15% Out-of-network: 40% of the Plan allowance</li> <li>● In-network: 15% Out-of-network: 15% of the Plan allowance</li> <li>● In-network: Regular cost sharing Out-of-network: Benefits are limited</li> <li>● 25% of charge with minimum of \$8</li> </ul>

### 2004 Consumer-driven Option Premiums

<u>Active Postal Members</u>	<u>Self Only (474)</u>	<u>Self &amp; Family (475)</u>
USPS Pays	\$138.26	\$321.98
<b>You Pay Biweekly</b>	<b>\$17.53</b>	<b>\$40.81</b>
<u>Retirees</u>	<u>Self Only (474)</u>	<u>Self &amp; Family (475)</u>
Government Share	\$253.16	\$589.54
<b>You Pay Monthly</b>	<b>\$ 84.39</b>	<b>\$196.51</b>