

Maine Municipal Employees Health Trust/POS Plan

1. What is a Point of Service (POS) Plan?

A Point of Service plan is a managed care program that provides different levels for in-network and out-of-network services. All services must be rendered or referred by primary care physician (PCP) to be considered in-network, except specified self-referral services, such as (but not limited to): routine eye examinations, routine maternity services and annual gynecological exams. Each participant must select a network primary care physician to act as the patient's medical care manager. In this way, the PCP can direct the patient to the most appropriate type of service for a given condition. While participants are free to see treatment from any doctor or facility, in-network services are covered at a higher benefit level than out-of-network.

2. Who is Anthem Blue Cross and Blue Shield?

Anthem Blue Cross and Blue Shield, in existence since 1938, offers medical, dental and life insurance products to employers nationwide. The Health Trust contracts with Anthem Blue Cross and Blue Shield to provide network access and claims payment for the Health Trust's Point of Service Plans (Traditional, Comprehensive and POS-B).

3. What are the advantages of having a primary care physician?

Every individual participating in a Point of Service plan selects a primary care physician (PCP) who serves you in many ways. He or she evaluates your medical condition and either provides treatment or refers you to the appropriate specialist. Your PCP maintains a master medical record so that your medical history is in one location-this can be very helpful in a health care crisis. Your PCP's office staff will notify Anthem of which bills to process for payment, eliminating the need for claim forms. You may choose a different PCP for each member of your family. General practitioners, family practitioners, pediatricians, internists, certified nurse-midwives and nurse practitioners are qualified as network primary care physicians and are listed in a published directory.

4. How do I know if my doctor is in the network?

You can access Anthem's network directory online at www.Anthem.com, or you can call a Health Trust Service Representative at 1-800-852-8300.

5. What if I do not choose a PCP when I first enroll?

You will not receive an identification card until you have chosen a PCP. Benefits for emergency services will be covered even if you do not choose a PCP. However, no other services will be covered until after you select a participating primary care physician and notify the Health Trust of your choice by calling a Health Trust Service Representative.

6. May I change my PCP?

Absolutely. You are free to change your PCP as often as once per month by calling the Health Trust. As long as you call by the last day of the month, your change will be effective on the first day of the following month. A new ID card will be mailed to you noting the change.

7. How does the primary care physician referral process work?

Your PCP is responsible for arranging, providing, and coordinating all of your health care needs. If your PCP refers you to a participating specialist for a consultation, your PCP must also contact the specialist to make sure the referral process is completed and the claim is submitted properly. You will not receive written authorization for any such referrals, unless you are referred to an out-of-network provider. Please refer to your Summary Plan Description booklet, ask your PCP, or contact a Health Trust Representative at 1-800-852-8300 for more information.

If you wish to see a specialist who is not in the Anthem network, the specialist must obtain precertification, or prior approval from Anthem, in order to ensure that the services will be covered. Anthem will provide a letter to both you and your PCP regarding authorization.

There are certain instances when you can receive care from an Anthem network provider other than your PCP, without referral. This is called a self-referral. Self-referrals are allowed under this Plan for routine gynecological exams and acute gynecological care for women, maternity care, chiropractic care and routine eye exams.

In all instances, whether you receive care from an in-network or out of network specialist, you should follow up with your PCP after the visits.

8. Am I covered for medical emergencies?

Yes. You will be covered for any medical emergency requiring immediate attention, as determined by a prudent layperson. An emergency is defined as an injury or medical condition, physical or mental, in which the onset of acute symptoms is severe enough that, without medical attention, a prudent layperson could reasonably believe that the member's physical and/or mental

health was in serious jeopardy; or the member has suffered a serious impairment or injury to his/her body or body function.

Examples of emergencies include severe, sudden onset of chest pain, abdomen or head pain, unconsciousness, shock, injuries due to accidents, injuries requiring stitches, fractures or broke bones, severe bleeding and allergic reactions accompanied by difficulty breathing.

When an emergency occurs, you should contact your PCP for guidance. If this is not possible due to the severity of illness or injury, you may seek medical attention at the closest emergency facility. If you are admitted, contact Anthem within 48 hours. If you are treated and released, you should contact your PCP as soon as possible to notify your PCP of treatment and arrange for any follow up care.

9. What are urgent care conditions and how are they covered?

An urgent care condition is one that occurs suddenly and unexpectedly, requiring prompt diagnosis or treatment. If urgent care were not given, the person could be expected to suffer an extended illness, prolonged impairment, or require a more intensive treatment.

Examples of urgent care conditions include minor burns, flu symptoms, muscle sprains, and urinary tract infections. If an urgent care condition occurs, you should first contact your PCP for guidance. PCPs have coverage 24 hours a day, 7 days a week. Your PCP or a covering physician will be available to direct your care.

10. How do I get medical care if I am traveling out of the area?

When you travel, your Health Trust POS plan coverage travels with you. Worldwide emergency care and treatment of medical situations that cannot safely be delayed until you return to the Anthem service area are covered.

Examples include all situations that would result in permanent damage or loss if not treated immediately. Urgent situations such as acute asthma, bronchitis, earache combined with a fever in a small child, frostbite, pneumonia, poisoning, sunstroke, and sudden vision loss are covered without your PCP approval if you are more than 30 miles from your PCPs office. If you unsure if treatment can be safely delayed you should call your PCP.

Before you go away, if you have a medical condition, such as asthma or diabetes, that requires regular treatment or medication, make sure you get the treatment or medication you need before your travel. Routine medical treatment is not covered outside the Anthem services area. If you have a serious medical condition that requires frequent medical care, have your PCP provide you with copies of medical records to take with you.

Please call a Health Trust Service Representative if you have any questions about out-of-area coverage.

11. What type of coverage is available to students outside the State of Maine?

Full-time student who attend school outside the state of Maine are covered for emergency or urgent care when they are away from home. The student's PCP must provide treatment for routine care. Appointments for routine care should be scheduled when the student returns to the service area. The same applies for students who attend school within Maine, but are more than 30 miles away from home.

12. Who do I call for Customer Service issues?

For Point of Service benefit questions, prescription drug questions, and claims payment, you should call a Health Trust Service Representative at 1-800-852-8300, Monday through Friday from 8:00 a.m. – 4:30 p.m.

For plan eligibility questions, you should call the Health Trust Bill and Enrollment Department at 1-800-452-8786 Monday through Friday from 8:00 a.m. to 4:30 p.m.