

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

Comprehensive POS Benefits

Effective January 1, 2008

	In-Network	Out-of-Network
BENEFIT DESCRIPTION <ul style="list-style-type: none"> • Deductible • Coinsurance • Maximum Out-of-Pocket Expenses Per Calendar Year (Deductible + Coinsurance) • Lifetime Maximum 	\$0 Plan pays 90% \$1,000 Single / \$2,000 Family \$5,000,000 Per Person ⁽¹⁾	All charges subject to Max. Allow. \$250 Single / \$500 Family Plan pays 70% \$2,250 Single / \$4,500 Family \$5,000,000 Per Person ⁽¹⁾
Inpatient Services <ul style="list-style-type: none"> • Unlimited days of care in semi-private room • Physician services • Intensive care • Ancillary services, lab tests, x-rays, anesthesia, medications • Maternity care • Newborn care 	90% 100% 90% 90% 90% 90%	70% after deductible ⁽²⁾ 70% after deductible 70% after deductible 70% after deductible 70% after deductible ⁽²⁾ 70% after deductible
Outpatient Services <ul style="list-style-type: none"> • Any physician office visit, diagnosis and treatment • Lab & X-ray – Diagnostic • Lab & X-ray – Preventive • Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) • Physical exams and Well-child care • Immunizations/Flu Shots • Covered surgical procedures • Maternity care • Gynecological exam • Physical, Speech or Occupational Therapy • Outpatient facility fees • Ambulance (medically necessary) 	100% after \$15 copay 100% 100% 100% after \$100 copay ⁽³⁾ 100% after \$15 copay 100% after \$15 copay 100% after \$100 copay ⁽⁴⁾ (anesthesia covered at 90%) 100% - Self-refer ⁽⁵⁾ 100% after \$15 copay – Self-refer ⁽⁵⁾ 100% after \$15 copay ⁽⁶⁾ 100%; \$100 copay for surgical facility 100%	70% after deductible 70% after deductible Not covered 70% after deductible Not covered Not covered 70% after deductible ⁽²⁾ 70% after deductible Not covered 70% after deductible ⁽⁶⁾ 70% after deductible 100%
Emergency Room Services <ul style="list-style-type: none"> • Emergency/Urgent/Acute care • Non-emergency care 	100% after \$50 copay 100% after \$50 copay (with PCP referral)	100% after \$50 copay 100% after \$50 copay (with PCP referral)
Other Services <ul style="list-style-type: none"> • Home Health/Hospice care • Skilled nursing facility • Human tissue & organ transplants (limited transportation and lodging benefits available) • Durable Medical Equipment • Oral surgery (limited benefits) • Routine eye exams • Chiropractic care • Prescription Drug Card Copay Up to 30-day supply 31-90 day supply 	90% 90% - Limited to 100 days per calendar year ⁽¹⁾ 90% 80% 90% 100% after \$15 copay ⁽⁵⁾⁽⁷⁾ 100% after \$15 copay ⁽⁵⁾⁽⁸⁾ \$10 Generic/\$25 Formulary/\$40 Non-Formulary \$20 Generic/\$50 Formulary/\$80 Non-Formulary	70% after deductible 70% after deductible – Limited to 100 days per calendar year ⁽¹⁾⁽²⁾ Not covered 70% (no deductible) 70% after deductible Not covered 70% after deductible \$10 Generic/\$25 Formulary/\$40 Non-Formulary \$20 Generic/\$50 Formulary/\$80 Non-Formulary
Mental Health Services All eligible inpatient and outpatient services ⁽⁹⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽¹⁰⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽¹⁰⁾⁽¹¹⁾
Substance Abuse Services All eligible inpatient and outpatient services ⁽⁹⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽¹⁰⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽¹⁰⁾⁽¹¹⁾

- (1) Combined In-Network and Out-of-Network Maximum.
- (2) Participants must contact Anthem Blue Cross and Blue Shield seven (7) days prior to any scheduled hospital or skilled nursing facility admission or outpatient surgical procedure and obtain certification. Failure to receive certification will result in a Participant incurring a \$500 penalty. This \$500 penalty does not apply to the Out-of-Pocket Maximum.
- (3) Advanced Imaging copays limited to \$300 per person per calendar year.
- (4) Copay applies only when there is a facility charge billed.
- (5) Participants may self-refer only to a participating provider.
- (6) Combined physical, speech, and occupational therapy benefits limited to \$5,000 per person per calendar year.
- (7) One exam per calendar year.
- (8) Acute chiropractic care may be self-referred to a participating chiropractor for up to 36 visits per calendar year.
- (9) Covered mental health and substance abuse conditions include psychotic disorders (including schizophrenia); dissociative disorders; mood disorders; anxiety disorders; personality disorders; paraphilias; attention deficit and disruptive behavior disorders; pervasive developmental disorders (autism); tic disorders; eating disorders (including bulimia and anorexia); and substance abuse-related disorders.
- (10) All services must be pre-authorized by Anthem Blue Cross and Blue Shield.
- (11) Participants must contact Anthem Blue Cross and Blue Shield prior to any scheduled hospital admission to obtain **certification**. Failure to obtain **certification** will result in participant incurring a \$500 penalty/separate deductible. This \$500 penalty does not apply to the Out-of-Pocket Maximum.

Please Note: In order to receive In-Network level of benefits under the Point of Service plan, all services (except emergency or urgent/acute care situations, as determined by prudent layperson) must be authorized in advance by the participant's Primary Care Physician. Payment made Out-Of-Network cannot be applied towards meeting the In-Network Deductible or Out-of-Pocket Maximum, and vice versa.