

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

Indemnity Choice Plan Effective January 1, 2012

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding provisions, please contact Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org

BENEFIT	All charges subject to R&C
<ul style="list-style-type: none"> • Deductible • Coinsurance • Calendar Year Out-of-Pocket Maximum • Lifetime Maximum 	\$100 Single / \$200 Family Plan pays 80% \$1,100 Single / \$2,200 Family Unlimited Per Person
Inpatient Services <ul style="list-style-type: none"> • Semi-private room • Physician services • Intensive care • Ancillary services, lab, x-rays, anesthesia, medications • Maternity care • Newborn care 	80% after deductible ⁽¹⁾ 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible
Outpatient Services <ul style="list-style-type: none"> • Office visit, diagnosis and treatment • Lab & X-ray – Diagnostic • Advanced Imaging (e.g., MRI, CT, and PET scans) • Lab & X-ray – Preventive • Physical exams / Well-child care • Immunizations / Flu Shots • Surgical procedures • Maternity care • Gynecological exam (Routine) • Physical, Speech, & Occupational Therapy • Outpatient facility fees • Ambulance (Medically Necessary) 	100% after \$25 copay 80% after deductible 80% after deductible ⁽¹⁾ 100% (no deductible) 100% (no deductible) 100% (no deductible) 80% after deductible 80% after deductible 100% (no deductible) 80% after deductible 80% after deductible
Emergency Room	80% after deductible
Other Services <ul style="list-style-type: none"> • Home Health / Hospice • Skilled nursing facility • Transplants • Durable medical equipment • Oral surgery (Limited benefits) • Routine eye exams (adults / children over age 5) • Routine eye exams (children under age 5) • Chiropractic care 	80% after deductible 80% after deductible 80% after deductible 80% (no deductible) 80% after deductible Not covered 100% (no deductible) 80% after deductible ⁽²⁾
Prescription Drug Up to 30-day supply copay (Tier 1-Select Generic / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4) 31-90 day supply copay (Tier 1-Select Generic / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4) <i>Anthem Rx may exclude coverage for certain prescription drugs when better value clinically-equivalent medications in the same therapeutic class are available. Please contact MMEHT at 1-800-852-8300 or htservice@memun.org for information.</i>	\$4 Tier 1-Select Generic / \$10 Tier 1-Standard / \$30 Tier 2 / \$50 Tier 3 / \$60 Tier 4 \$8 Tier 1-Select Generic / \$20 Tier 1-Standard / \$60 Tier 2 / \$100 Tier 3 / \$120 Tier 4
Mental Health Services / Substance Abuse Service All eligible inpatient and outpatient services ⁽³⁾⁽⁴⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽¹⁾

(1) The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission or outpatient advanced imaging procedure to obtain certification. If certification is not obtained for an inpatient admission, a \$300 penalty may apply. This \$300 penalty does not apply to the Out-of-Pocket Maximum.

(2) Limited to acute chiropractic care –36 visits per calendar year. **Maintenance** chiropractic care is **not covered**.

(3) 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.

(4) The Provider or Participant must contact Anthem Blue Cross and Blue Shield’s Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits. If certification is not obtained for an inpatient admission, benefits will be paid at the Out-of-Network level and a \$300 penalty may apply. This \$300 penalty does not apply to the Out-of-Pocket Maximum.