

# MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

## Traditional Point of Service Plan

### (POS A)

**Effective January 1, 2010**

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

	In-Network	Out-of-Network
<b>BENEFIT DESCRIPTION</b> <ul style="list-style-type: none"> <li>• Deductible</li> <li>• Coinsurance</li> <li>• Maximum Out-of-Pocket Expenses Per Calendar Year (Deductible + Coinsurance)</li> <li>• Lifetime Maximum</li> </ul>	\$0 Plan pays 100% or 90% or 80% \$500 Single / \$1,000 Family  \$5,000,000 Per Person <sup>(1)</sup>	<b>All charges subject to Max. Allow.</b> \$250 Single / \$500 Family Plan pays 80% \$2,250 Single / \$4,500 Family  \$5,000,000 Per Person <sup>(1)</sup>
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>• Unlimited days of care in semi-private room</li> <li>• Physician services</li> <li>• Intensive care</li> <li>• Ancillary services, lab tests, x-rays, anesthesia, medications</li> <li>• Maternity care</li> <li>• Newborn care</li> </ul>	90% 100% 90% 90%  90% 90%	80% after deductible <sup>(2)</sup> 80% after deductible 80% after deductible 80% after deductible  80% after deductible <sup>(2)</sup> 80% after deductible
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>• Any physician office visit, diagnosis and treatment</li> <li>• Lab &amp; X-ray – Diagnostic</li> <li>• Lab &amp; X-ray – Preventive</li> <li>• Lab &amp; X-ray – Routine (Mammograms, Pap Smear, PSA including screening, lab test and Colonoscopy)</li> <li>• Colonoscopies (Diagnostic)</li> <li>• Advanced Imaging Procedures (e.g., MRI, CT, and PET scans)</li> <li>• Physical exams and Well-child care</li> <li>• Immunizations/Flu Shots</li> <li>• Covered surgical procedures</li> <li>• Maternity care</li> <li>• Gynecological exam</li> <li>• Physical, Speech or Occupational Therapy</li> <li>• Outpatient facility fees</li> <li>• Ambulance (medically necessary)</li> </ul>	100% after \$10 copay 100% 100% 100%  100% (Outpatient surgical facility fee may apply) 100% after \$100 copay <sup>(3)</sup>  100% after \$10 copay 100% after \$10 copay 100% after \$100 copay <sup>(4)</sup> 100% <sup>(5)</sup> 100% after \$10 copay <sup>(5)</sup> 100% after \$10 copay <sup>(6)</sup> 100%; \$100 copay for surgical facility 100%	80% after deductible 80% after deductible 100% Not covered  Not covered 80% after deductible  Not covered Not covered 80% after deductible <sup>(2)</sup> 80% after deductible Not covered 80% after deductible <sup>(6)</sup> 80% after deductible  100%
<b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>• Emergency/Urgent/Acute care</li> <li>• Non-emergency care</li> </ul>	100% after \$50 copay 100% after \$50 copay (with PCP referral)	100% after \$50 copay 100% after \$50 copay (with PCP referral)
<b>Other Services</b> <ul style="list-style-type: none"> <li>• Home Health/Hospice care</li> <li>• Skilled nursing facility</li> <li>• Human tissue &amp; organ transplants (limited transportation and lodging benefits available)</li> <li>• Durable Medical Equipment</li> <li>• Oral surgery (limited benefits)</li> <li>• Routine eye exams</li> <li>• Chiropractic care</li> </ul>	100% 100% - Limited to 100 days per calendar year <sup>(1)</sup> 90%  80% 100% 100% after \$10 copay <sup>(5)(7)</sup> 100% after \$10 copay <sup>(5)(8)</sup>	80% after deductible 80% after deductible – Limited to 100 days per calendar year <sup>(1)(2)</sup> Not covered  70% (no deductible) 80% after deductible Not covered 80% after deductible
<b>Prescription Drugs</b> Up to <b>30-day</b> supply copay (Tier 1 / Tier 2 / Tier 3) Up to <b>31-90</b> day supply copay (Tier 1 / Tier 2 / Tier 3)	<b>\$10</b> Tier 1 / <b>\$25</b> Tier 2 / <b>\$40</b> Tier 3 <b>\$20</b> Tier 1 / <b>\$50</b> Tier 2 / <b>\$80</b> Tier 3	<b>\$10</b> Tier 1 / <b>\$25</b> Tier 2 / <b>\$40</b> Tier 3 <b>\$20</b> Tier 1 / <b>\$50</b> Tier 2 / <b>\$80</b> Tier 3
<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 the Health Trust at 1-800-852-8300 or <a href="mailto:hservice@memun.org">hservice@memun.org</a> for information.</i>		
<b>Mental Health Services / Substance Abuse Services</b> All eligible inpatient and outpatient services <sup>(9)</sup>	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays <sup>(10)</sup>	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays <sup>(10)(11)</sup>

**For specific information regarding provisions, please contact Health Trust Service Representatives at 1-800-852-8300 or [hservice@memun.org](mailto:hservice@memun.org)**

- (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.