



## Retiree Group Companion Plan

### SCHEDULE OF BENEFITS

Effective January 1, 2011

<p><b>PRIMARY MEDICAL COVERAGE</b> <b>Medicare</b></p> <p>Medicare provisions may change from time to time. As a courtesy, this Schedule outlines Medicare provisions currently in effect as of January 1, 2011.</p>	<p><a href="http://www.Medicare.gov">www.Medicare.gov</a></p> <p><b>Customer Service Assistance</b> 1-800-MEDICARE or 1-800-633-4227</p> <p><b>On-Line Claims Inquiry</b> <a href="http://www.mymedicare.gov">www.mymedicare.gov</a></p>
<p><b>SECONDARY MEDICAL COVERAGE</b> <b>Maine Municipal Employees Health Trust Retiree Group Companion Plan</b></p> <p>MMEHT is a self-funded benefit Trust. Anthem serves as contract administrator for the supplemental Medicare retiree medical plan. Claims should be submitted first to Medicare and then to MMEHT/Anthem as the secondary coverage.</p>	<p><a href="http://www.mmeht.org">www.mmeht.org</a></p> <p><b>Customer Service Assistance</b> 1-800-852-8300 or <a href="mailto:htservice@memun.org">htservice@memun.org</a></p> <p><b>On-Line Claims Inquiry:</b> <a href="http://www.anthem.com">www.anthem.com</a></p>

**NOTES:**

- Medicare treats mental health and substance abuse conditions like any other illness. Medicare coverage for mental health and substance abuse treatment equals the medical hospitalization coverage unless treatment is received in a freestanding psychiatric hospital; then Medicare coverage is limited to a 190-day lifetime maximum.
- There is no cost for blood in Maine. However, there may be a charge if you require blood when you are out of state.
- Certain provisions are subject to utilization review and management.
- To have Medicare send information on claims it has paid directly to Anthem, as contract administrator for the MMEHT Retiree Group Companion Plan, the member's provider must include his/her Group Companion Plan certificate number with the claim information sent to Medicare. Members should keep their Explanation of Medicare Benefits (EOMB). Group Companion Plan will need the EOMB to process *some* claims. In these cases, the Group Companion Plan EOB will ask the member to send Anthem/MMEHT his/her EOMB.
- Services initially covered by Medicare are paid based upon Medicare approved amounts. Services paid by Group Companion Plan only are paid based upon Anthem Blue Shield maximum allowances. Participating Anthem Blue Shield Professionals will not balance bill members if their charge is greater than the Anthem Blue Shield maximum allowance.

*This Schedule of Benefits outlines your retiree medical plan in accordance with the plan document.*

<b>SCHEDULE OF BENEFITS</b>	<b>WHO PAYS WHAT?</b>		
<b>Services</b>	<b>Medicare</b>	<b>MMEHT Retiree Group Companion Plan</b>	<b>You (Participant)</b>
<b>GENERAL PROVISIONS</b>			
<b>Plan Information</b>	Charges paid subject to Medicare approved amount	Charges paid subject to Medicare approved amount or maximum allowance	Balance Remaining after Medicare and/or MMEHT plan
<b>Calendar Year Deductible</b>	Part A – changes annually Part B – changes annually		\$100 per person \$200 per family
<b>General Coinsurance (Plan Pays)</b>	Medicare pays primary for approved services  80%	MMEHT pays secondary for approved services  20%	0% for approved services or balance remaining
<b>Maximum Out-of Pocket (Including Deductible)</b>	Not Applicable		\$1,100 per person \$2,200 per family
<b>Lifetime Maximum Benefits</b>	Not Applicable	Not Applicable	
<b>HOSPITALIZATION</b>			
	<b>Medicare Part A (Hospital)</b>		
<i>Hospitalization</i> – Semi-private Room and board, general nursing, supplies and miscellaneous services			
<u>Per admission:</u>			
▪ First 60 days of admission	100% after Medicare Part A Deductible	Medicare Part A Deductible	\$0
▪ Day 61-90	100% after Medicare daily copay	Medicare daily copay	\$0
▪ Day 91 and after:			
▪ while using 60 lifetime reserve days	100% after Medicare daily copay	Medicare daily copay	\$0
▪ while using 365 additional lifetime reserve days	\$0	100% of Medicare-eligible expenses	\$0
▪ once lifetime reserve days are gone	\$0	80% of maximum allowance after deductible	20%
<i>Skilled Nursing Facility Care</i>	Must meet <b>Medicare's &amp; MMEHT</b> requirements		
▪ First 20 days of admission	All approved amounts	\$0	\$0
▪ Day 21-100	100% after Medicare daily copay	Medicare daily copay	\$0
▪ Day 101 and after	\$0	80% of maximum allowance after deductible	20%

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<b><i>Blood - Inpatient</i></b>			
▪ First 3 pints	\$0	100%	\$0
▪ Additional amounts	100%	\$0	\$0
<b><i>Blood - Outpatient</i></b>			
▪ First 3 pints	\$0	100%	\$0
▪ Additional amounts	80% after Part B Deductible	20%	
<b><i>Hospice Care</i></b>			
Available as long as your doctor certifies terminal illness and member elects to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Balance of “limited co-insurance” not paid by Medicare for out-patient drugs and in-patient respite care	
<b><i>Home Health Care</i></b>			
Must meet Medicare’s requirements	100%	\$0	\$0
<b>MEDICAL EXPENSE SERVICES</b>			
<b>Medicare Part B (Medical)</b>			
<b><i>Medical Expenses</i></b>			
Outpatient hospital treatment such as: physician’s services, medical and surgical services, supplies, diagnostic tests, ambulance services, and durable medical equipment:			MMEHT Calendar Year Deductible May Be Applied Before Payment is Made.
▪ <b>Medicare Part B Deductible</b>	\$0	100% of Medicare Part B Deductible	\$0
▪ <b>Remainder of Medicare-approved amounts</b>	80%	20% for Medicare Part B services including physician home and office visits, physical, occupational and speech therapy	\$0
▪ <b>Part B Excess Charges</b> (above Medicare-approved amounts for physicians who do not accept Medicare assignments):	\$0	100% of excess charges, to legal limit of 115% of Medicare-approved amount	\$0
<b><i>Foreign Travel-Care Received Outside the USA</i></b>			
Non-contracting hospitals outside	\$0, except in limited instances in Canada & Mexico	▪ 100% for facility (inpatient and outpatient charges),	▪ \$0 for facility charges for first 121 days of a

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the U.S and its territories	(emergencies and borders)	up to 121 days <ul style="list-style-type: none"> <li>▪ 80% of Professional charges after deductible</li> <li>▪ After day 121, 80% after deductible for facility charges (inpatient and outpatient), professional charges and any other covered charge.</li> </ul>	non-Medicare approved stay <ul style="list-style-type: none"> <li>▪ 20% for Professional charges and deductible</li> <li>▪ After day 121, 20% for facility charges (inpatient and outpatient), professional charges and any other covered charge.</li> </ul>
<b>PREVENTIVE SERVICES</b>			
<b>Screening Mammography</b> Once every 12 months - Age 40 and older One baseline - Age 35-39	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
<b>Bone Mass Measurements</b> Varies with health status (certain people who are at risk for losing bone mass)	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
<b>Fecal Occult Blood Test</b> Once every 12 months (Age 50 and older)	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
<b>Flexible Sigmoidoscopy</b> Once every 48 months (age 50 and older)	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
<b>Screening Colonoscopy</b> Once every 24 months, if you are at high risk for cancer of the colon <b>or</b> Once every 10 years, if you are not at high risk for cancer of the colon	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	100% if not covered by Medicare	\$0
<b>Colorectal Cancer Screening</b>	0%	100%	\$0
<b>Diabetes Monitoring</b> Includes coverage for glucose monitor, test strips, lancets, and self-management training (all people with diabetes)	80% of Medicare approved amounts <b>(After Part B Deductible)</b>	20% of Medicare approved amounts	\$0

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<b>Flu Shot</b> Once every year (Fall or Winter)	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
<b>Pneumonia Shot</b> Once per lifetime	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
<b>Glaucoma Screening</b> Once every 12 months if performed by a licensed eye doctor. <i>(For people at high risk, including diabetics or family history of glaucoma.)</i>	80% of Medicare approved amounts <b>(After Part B Deductible)</b>	20% of Medicare approved amounts	\$0
<b>Shingles Vaccine (Herpes Zoster)</b>	\$0	100%	\$0
<b>Pap Smear &amp; Pelvic Exam</b> Once every 24 months or once every 12 months if you are at high risk for cervical or vaginal cancer	100% of Medicare approved amounts for the pap smear (clinical laboratory charge) <b>(No Part B Deductible)</b>	\$0	\$0
	For pelvic & breast exams: 100% of the Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0
Alternate Years	\$0	100%	\$0
<b>Prostate Cancer Screening-Digital Rectal Exam</b> Once every 12 months for: Men age 45-49	\$0	100%	
Men age 50 and older	80% of Medicare approved amounts <b>(After Part B Deductible)</b>	20% of Medicare approved amounts	\$0
<b>Prostate Specific Antigen (PSA) Test</b> Once every 12 months for: Men age 45-49	\$0	100%	\$0
Men age 50 and older	100% of Medicare approved amounts <b>(No Part B Deductible)</b>	\$0	\$0

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<b>PRESCRIPTION DRUGS</b>			
<i>Prescription Drugs</i> Up to a 30-day supply	\$0	Prescription Drug Card pays 100% after copayment	\$10 Tier 1 \$25 Tier 2 \$40 Tier 3
Up to 31 day to 90 day supply	\$0		\$20 Tier 1 \$50 Tier 2 \$80 Tier 3
<b>ADDITIONAL SERVICES</b>			
<i>Smoking Cessation</i>	<i>Medicare pays limited smoking cessation benefits</i>	<i>MMEHT pays smoking cessation benefits</i>	
Smoking cessation education program	\$0	100%	\$0
Medicare pays for limited visits <i>Physician Follow-Up Visits</i>	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0
MMEHT pays for unlimited visits <i>Physician Follow-Up Visits</i>	\$0	80% of maximum allowance after deductible	MMEHT deductible and 20%
Medications (NRT products) prescribed by a physician.	\$0	Prescription Drug Plan	Prescription drug copay.
<i>Durable Medical Equipment (Medicare approved only)</i>	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0 <i>(Medicare approved only)</i>
<i>Physical, Occupational &amp; Speech Therapy</i>	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0
<i>Acupuncture</i>	\$0	80% of maximum allowance after deductible	MMEHT deductible and 20%
<i>Custom Molded Orthotics</i>	\$0	80% of maximum allowance after deductible	MMEHT deductible and 20%
<i>Medically Necessary Eye Exams with Refractions (not routine)</i>	\$0	80% of maximum allowance after deductible	MMEHT deductible and 20%
<i>Chiropractic Care</i>	<i>Medicare pays limited chiropractic care</i>	<i>MMEHT pays limited chiropractic care</i>	
<i>Spinal Manipulations</i>	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0
<i>Office Visits &amp; X-rays</i>	\$0	80% of maximum allowance after deductible	MMEHT deductible and 20%

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