

# Summary of Benefits

2010

Services	Medicare (A)	Anthem Blue Cross Companion Plan B	MMEHT Major Medical	You (Participant)
<p><b>Hospitalization</b> Semiprivate Room and board, general nursing, and miscellaneous services and supplies</p> <p><u>Per admission:</u></p> <ul style="list-style-type: none"> <li>▪ First 60 days of admission</li> <li>▪ Day 61-90</li> <li>▪ Day 91 and after:                             <ul style="list-style-type: none"> <li>• while using 60 lifetime reserve days</li> <li>• while using 365 additional lifetime reserve days</li> <li>• once lifetime reserve days are gone</li> </ul> </li> </ul>	<p>All but <b>\$1,100</b></p> <p>All but <b>\$275</b> per day</p> <p>All but <b>\$550</b> per day</p> <p>\$0</p> <p>\$0</p>	<p><b>\$1,100</b> (Medicare Part A Deductible)</p> <p><b>\$275</b> per day</p> <p><b>\$550</b> per day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>80% after deductible</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>20% after deductible</p>
<p><b>Skilled Nursing Facility Care</b> Must meet <b>Medicare's &amp; MMEHT</b> requirements</p> <ul style="list-style-type: none"> <li>▪ First 20 days of admission</li> <li>▪ Day 21-100</li> <li>▪ Day 101 and after</li> </ul>	<p>All approved amounts</p> <p>All but \$137.50 per day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$137.50 per day</p> <p>80% after deductible</p>	<p>\$0</p> <p>\$0</p> <p>20% after deductible</p>
<p><b>Blood</b></p> <ul style="list-style-type: none"> <li>▪ First 3 pints</li> <li>▪ Additional amount</li> </ul>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> Available as long as your doctor certifies terminal illness and member elects to receive these services.</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>\$0</p>	<p>Balance of "limited co-insurance" not paid by Medicare for out-patient drugs and in-patient respite care</p>
<p><b>Home Health Care</b> Must meet Medicare's requirements</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>

- NOTES:**
1. All Medicare deductibles and coinsurance costs listed are in effect from 1/1/10 through 12/31/10.
  2. Medicare treats mental health and substance abuse conditions like any other illness. Medicare coverage for inpatient mental health and substance abuse treatment equals the medical hospitalization coverage unless treatment is received in a freestanding psychiatric hospital, then coverage is limited to a 190-day lifetime maximum.
  3. There is no cost for blood in Maine. However, there may be a charge if you require blood when you are out of state.

**2010**

<b>Services</b>	<b>Medicare (B) \$110.50 per mo*</b>	<b>Anthem Blue Cross Companion Plan B</b>	<b>MMEHT Major Medical</b>	<b>You (Participant)</b>
<p><b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, diagnostic tests, ambulance services, durable medical equipment:</p> <ul style="list-style-type: none"> <li>▪ First \$155 of Medicare-approved amounts</li> <li>▪ Remainder of Medicare-approved amounts</li> <li>▪ Part B Excess Charges (above Medicare-approved amounts for physicians who do not accept Medicare assignments):</li> </ul>	<p>\$0</p> <p>80%</p> <p>\$0</p>	<p>\$0</p> <p>20% for Medicare Part B services including physician home and office visits, physical, occupational and speech therapy</p> <p>\$0</p>	<p>\$0** ((\$100 Health Trust Major Medical deductible)</p> <p>\$0</p> <p>80% of excess charges, to legal limit of 115% of Medicare-approved amount, up to R&amp;C</p>	<p>\$155** (expenses applied to Medicare Part B deductible may also be applied to Health Trust Major Medical deductible)</p> <p>\$0</p> <p>20% of excess up to legal limit (15% over Medicare allowed for 2010)</p>
<p><b>Foreign Travel-Care Received Outside the USA</b> Non-contracting hospitals outside the U.S and its territories</p>	<p>\$0, except in limited instances in Canada &amp; Mexico (emergencies and borders)</p>	<p>\$0</p>	<p>100% of R&amp;C for semi-private room, up to 121 days; after 121 days, 80% after deductible</p>	<p>\$0 for Medicare approved days; In emergencies \$0 for first 121 days of a non-Medicare approved stay; 20% after deductible for additional days</p>
<p><b>Prescription Drugs</b> (up to a 30-day supply)</p>	<p>\$0</p>	<p>\$0</p>	<p>Drug Card pays 100% after applicable copayment</p>	<p>\$10 Tier 1/\$25 Tier 2/\$40 Tier 3</p>
<p><b>Prescription Drugs</b> (31-90 day supply)</p>	<p>\$0</p>	<p>\$0</p>	<p>Drug Card pays 100% after applicable copayment</p>	<p>\$20 Tier 1/\$50 Tier 2/\$80 Tier 3</p>

**NOTES:** \* Effective January 1, 2010, Medicare Part B premium will be based on your income. If income is greater than \$85,000 (single) or \$170,000 (married couple), please contact Medicare for monthly premium amount.

\*\* Medicare annual deductible is \$55 more than the Health Trust Major Medical deductible. Some portion of this \$55 difference may be paid by Major Medical.

1. Medicare and Companion Plan B payments are based on Medicare's approved amounts, called Medicare assignment. If your health care provider does not accept Medicare assignment or fails to comply with Medicare's rules, you may be responsible for payment of balances beyond Medicare's approved amounts charged by your healthcare provider.

**PREVENTIVE SERVICES**

**2010**

Services	Medicare (B)	Anthem Blue Cross Companion Plan B	MMEHT Major Medical	You (Participant)
<p><b>Mammography</b> Once every 12 months All women with Medicare (Age 40 and older) (Baseline 35-39)</p>	<p>80% of Medicare approved amounts <b>(No Part B Deductible)</b></p>	<p>20% of Medicare approved amounts</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>	<p>\$0</p>
<p><b>Bone Mass Measurements</b> Varies with health status (certain people who are at risk for losing bone mass)</p>	<p>80% of Medicare approved amounts <b>(After Part B Deductible)</b></p>	<p>20% of Medicare approved amounts</p>	<p>\$0</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>
<p><b>Fecal Occult Blood Test</b> Once every 12 months (Age 50 and older)</p>	<p>100% of Medicare approved amounts <b>(No Part B Deductible)</b></p>	<p>\$0</p>	<p>\$0</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>
<p><b>Flexible Sigmoidoscopy</b> Once every 48 months (age 50 and older)</p>	<p>80% of Medicare approved amounts <b>(After Part B Deductible)</b></p>	<p>20% of Medicare approved amounts</p>	<p>\$0</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>
<p><b>Colonoscopy</b> Once every 24 months, if you are at high risk for cancer of the colon Once every 10 years, if you are not at high risk for cancer of the colon</p>	<p>80% of Medicare approved amounts <b>(After Part B Deductible)</b></p>	<p>20% of Medicare approved amounts</p>	<p>\$0</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>
<p><b>Diabetes Monitoring*</b> Includes coverage for glucose monitor, test strips, lancets, and self-management training (all people with diabetes, insulin users and non users)</p>	<p>80% of Medicare approved amounts <b>(After Part B Deductible)</b></p>	<p>20% of Medicare approved amounts</p>	<p>80% of excess charges up to legal limit (if provider does not accept assignment)</p>	<p>20% of excess charges up to legal limit (if provider does not accept assignment)</p>
<p><b>Flu Shot</b> Once every year (Fall or Winter) <b>Pneumonia Shot</b> Once per lifetime</p>	<p>100% of Medicare approved amounts <b>(No Part B Deductible)</b> 100% of Medicare approved amounts <b>(No Part B Deductible)</b></p>	<p>\$0 \$0</p>	<p>\$0 \$0</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment) 100% of excess charges up to legal limit (if provider does not accept assignment)</p>
<p><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></p>	<p>80% of Medicare approved amounts <b>(After Part B Deductible)</b></p>	<p>20% of Medicare approved amounts</p>	<p>\$0</p>	<p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>

\*Use Medicare and Companion Plan cards first for Test Strips and Lancets. For any remaining balance(s), i.e. Part B deductible, a paper claim form can be filed under your MMEHT prescription plan.

**PREVENTIVE SERVICES**

**2010**

Services	Medicare (B)	Anthem Blue Cross Companion Plan B	MMEHT Major Medical	You (Participant)
<i>Shingles Vaccine (Herpes Zoster)</i>	\$0	\$0	100% of charges (one dose per lifetime)	\$0
<p><i>Pap Smear &amp; Pelvic Exam</i> (includes clinical breast exam) Once every 24 months Once every 12 months if you are at high risk for cervical or vaginal cancer</p> <p>Alternate Years</p>	<p>100% of Medicare approved amounts for the pap smear (clinical laboratory charge) <b>(No Part B Deductible)</b></p> <p>For physician services and all other exams: 80% of the Medicare approved amounts <b>(No Part B Deductible)</b></p> <p>\$0</p>	<p>\$0</p> <p>20% of Medicare approved amounts</p> <p>\$0</p>	<p>\$0</p> <p>100% of excess charges up to legal limit (if provider does not accept assignment)</p> <p>100% of R&amp;C <b>(No Deductible)</b></p>	<p>\$0</p> <p>Remainder of charges above R&amp;C up to legal limit</p>
<p><i>Prostate Cancer Screening Digital Rectal Exam</i> Once every 12 months for: Men age 45-49</p> <p>Men age 50 and older</p>	<p>\$0</p> <p>80% of Medicare approved amounts <b>(After Part B Deductible)</b></p>	<p>\$0</p> <p>20% of Medicare approved amounts</p>	<p>100% of R&amp;C <b>(No Deductible)</b></p> <p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>	<p>Remainder of charges above R&amp;C up to legal limit</p> <p>\$0</p>
<p><i>Prostate Specific Antigen (PSA) Test</i> Once every 12 months for: Men age 45-49</p> <p>Men age 50 and older</p>	<p>\$0</p> <p>100% <b>(No Part B Deductible)</b></p>	<p>\$0</p> <p>\$0</p>	<p>100% of R&amp;C <b>(No Deductible)</b></p> <p>100% of excess charges up to legal limit (if provider does not accept assignment)</p>	<p>Remainder of charges above R&amp;C up to legal limit</p> <p>\$0</p>

Medicare and Companion Plan B pay based on Medicare's approved amounts, called Medicare assignment. If your health care provider does not accept Medicare assignment or fails to comply with Medicare's rules, you may submit to Health Trust Major Medical for consideration of balances beyond Medicare's approved amounts charged by your health care provider.