

# Maine Municipal Employees Health Trust

## 2011 Expanded Preventive Care

(Medical Plans - Special Supplement)

*This is a summary of MMEHT plan changes. In the case of any inadvertent discrepancies, the plan amendment or document will govern.*

Effective January 1, 2011, Trust medical plans were revised and amended to expand and clarify preventive care benefits pursuant to the *Patient Protection and Affordable Care Act of 2010* and the *Federal Mental Health Parity and Addiction Equity Act of 2008*.

Broadly, changes include defining what services are considered preventive care, eliminating copays and annual limits as required, and providing coverage in and/or out-of-network as required.

**What is the definition of Preventive Care?** This is health care which emphasizes priorities for prevention, early detection, and early treatment of disease or its consequences. Preventive Care usually includes routine physical examinations, routine laboratory and X-ray testing and immunizations.

**What are considered covered Preventive Care and Well-Care Services?** These include outpatient services and office services. Screenings and other services are covered as Preventive Care for adults and children with no current symptoms or prior history of a medical condition associated with that screening or service.

Members who have current symptoms or have been diagnosed with a medical condition are not considered to require Preventive Care for that condition but instead benefits will be considered under diagnostic services benefits.

Preventive care services shall meet requirements as determined by federal and state law. Many preventive care services may be covered with no deductible, co-payments or coinsurance from the Member when provided by a Network Provider (if applicable to your plan.) That means Anthem/MMEHT pays 100% of the Maximum Allowed Amount. These services fall under four broad categories as shown below:

- 1. Services with an “A” or “B” rating from the United States Preventive Services Task Force.**  
Examples of these services are screenings for:  
Breast cancer;  
Cervical cancer;  
Colorectal cancer;  
High Blood Pressure;  
Type 2 Diabetes Mellitus;  
Cholesterol;  
Child and Adult Obesity.
- 2. Immunizations for children, adolescents, and adults** recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- 3. Preventive care and screenings** for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- 4. Additional preventive care and screening for women** provided for in the guidelines supported by the Health Resources and Services Administration.

Additional information about these services is available on the federal government’s web sites:  
<http://www.healthcare.gov/law/provisions/preventive/index.html> and <http://www.ahrq.gov/clinic/uspstfix.htm>  
and <http://www.cdc.gov/vaccines/recs/acip/>.

*For specific inquiries or questions, please contact your Health Trust Service Representatives at [htservice@memun.org](mailto:htservice@memun.org) or 1-800-852-8300.*

# Maine Municipal Employees Health Trust

## 2011 PLAN CHANGES

(Medical - Page 1 of 2)

*This is a summary of MMEHT plan changes. In the case of any inadvertent discrepancies, the plan amendment will govern.*

### **Federal Health Care Reform – Patient Protection and Affordable Care Act**

Medical – All Plans: POS-A, POS-C, POS 200 (was POS B), PPO1500 (was PPO Value), PPO 2500, Indemnity Choice; Retiree Major Medical  
Effective January 1, 2011, Health Trust plans will include changes to ensure compliance with the requirements of the recently enacted federal health care reform legislation in March 2010.

- **Dependent Definition and Maximum Eligibility Age Up To 26**  
The definition of dependent is expanded so that employees and child(ren) may be enrolled on an employee's plan up to age 26.
- **Lifetime Maximum**  
The lifetime maximum per person is unlimited.
- **Annual Limit – Physical Therapy, Speech Therapy, Occupational Therapy**  
The annual combined limit is 75 visits per year.
- **Preventive Care Services**  
Preventive health services will be expanded to eliminate copayments and implement broader definitions of services as defined by health care reform rules.

➔ See 2011 Expanded Preventive Care  
(Medical Plans - Special Supplement)

*Please Note: This is the information available at the time this notice was prepared. Additional changes or information may be forthcoming depending on review of emerging federal guidance and clarification.*

### **Maine State Mandates**

Medical – All Plans: POS-A, POS-C, POS 200 (was POS B), PPO1500 (was PPO Value), PPO 2500, Indemnity Choice; Retiree Major Medical  
Effective January 1, 2011, Health Trust plans will include a changes to comply with Maine state mandates.

- **Mandated Coverage for Children with Disabilities**  
Maine LD425 requires private insurance coverage for certain services for children with disabilities. Coverage requirements for early intervention services for children include services provided by licensed occupational therapists, licensed physical therapists and speech-language pathologists or clinical social workers.
- **Mandated Coverage for Autism Spectrum Disorders**  
Maine LD1198 requires coverage for children age 0 through 5 for any assessments, evaluations or tests by a licensed physician or licensed psychologist to diagnose whether an individual has autism spectrum disorder.
- **Mandated Coverage for Prosthetics Containing Microprocessors**  
Maine LD 20 requires insurance companies to cover the cost of prosthetics containing microprocessors, unless they are specifically designed for athletic purposes.

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# Maine Municipal Employees Health Trust 2011 PLAN CHANGES

(Medical - Page 2 of 2)

*This is a summary of MMEHT plan changes. In the case of any inadvertent discrepancies, the plan amendment will govern.*

## **Federal Mental Health Parity – Federal Mental Health Parity and Addiction Equity Act**

Medical – All Plans: POS-A, POS-C, POS 200 (was POS B), PPO1500 (was PPO Value), PPO 2500, Indemnity Choice; Retiree Major Medical

Effective January 1, 2011, Health Trust plans will include a change to comply with the Act which requires "parity" between the financial requirements and treatment limitations applied to medical or surgical benefits, and mental health and substance use disorder benefits.

- **Smoking Cessation Education Program Limits**  
Smoking cessation education program limits are removed.

## **Acupuncture Clarification**

Medical – All Plans: POS-A, POS-C, POS 200 (was POS B), PPO1500 (was PPO Value), PPO 2500, Indemnity Choice; Retiree Major Medical

Effective January 1, 2011, Health Trust plans will include an expanded definition to eliminate references to specific diagnoses.

## **Retiree Major Medical Plan – Consolidated and Simplified Plan**

Medical: Retiree Major Medical

Effective January 1, 2011, the Health Trust Medicare retiree program will be transitioned to a new administrative arrangement through Anthem effective January 1, 2011. In short, the consolidated self-funded plan will be a simpler program for participants with comparable benefits. Current participants enrolled in the retiree plan will be mailed additional information regarding this update by year end.

## **Medical Plan Name Updates**

Medical: POS B (now POS 200), PPO Value (now PPO 1500)

Effective January 1, 2011, Health Trust plan names for our newer plans will be updated to coincide with the individual deductible level.

- **POS 200**  
The Point of Service B (POS B) plan is re-named Point of Service 200 (POS 200) plan.
- **PPO 1500**  
The PPO Value plan is re-named PPO 1500 plan.

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# Maine Municipal Employees Health Trust 2011 PLAN CHANGES

(Other - Page 1 of 1)

*This is a summary of MMEHT plan changes. In the case of any inadvertent discrepancies, the plan amendment will govern.*

## DENTAL PLAN – Administration Change to Anthem Dental

- **Administrator Change to Anthem Dental**

Effective January 1, 2011, the Health Trust dental program will be moved to an Anthem Dental claims paying system. This change resulted in a complete review and re-write of the dental plan document. The better defined provisions will allow more claims to be auto-adjudicated. The goal of the Health Trust and Anthem is to seamlessly transition current dental plan members with minimal disruption and no significant changes in claim payment reimbursement amounts to participants and providers.

- **Dependent Definition and Maximum Eligibility Age Up To 26**

The definition of dependent is expanded so that employees and child(ren) may be enrolled on an employee's plan up to age 26.

- **Annual Enrollment for Late Enrollees**

If your employer offers the health Trust dental plan, late enrollees (employees that did not enroll when originally eligible) can enroll in the plan in December for a January 1, 2011 effective date. The individual evidence of insurance underwriting requirement has been eliminated. Instead, late entrant benefit provisions (outlined below) will apply.

- **Late Entrant Benefit Provisions**

A late enrollee (a plan participant, spouse, or qualified dependent who did not enroll when first eligibility) will need to be on the plan for defined periods of time before certain services are covered. To summarize, a late enrollee may enroll for coverage during the annual enrollment period without completing the evidence of insurability process. However, the late enrollee will have limited benefits for the first 12 months on the plan (6 months for Basic/Restorative and 12 months for Major/Prosthodontics). In year two of dental coverage, the late entrant benefit restrictions no longer apply.

*Please Note: Current participants enrolled in the dental plan will be mailed additional information regarding the updated dental plan by the end of the year.*

## VISION PLAN

Effective January 1, 2011, the VSP plan will include expanded dependent eligibility provisions. This change was put in place in an effort to provide consistency between Health Trust benefit programs.

- **Dependent Definition and Maximum Eligibility Age Up To 26**

The definition of dependent is expanded so that employees and child(ren) may be enrolled on an employee's plan up to age 26.

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