**MAINE MUNICIPAL EMPLOYEES HEALTH TRUST**  
**PPO 1500 Plan**  
**Effective January 1, 2019**

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern. For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org.

Please Note: Payment made Out-Of-Network cannot be applied towards meeting the In-Network Deductible or Out-of-Pocket Maximum, and vice versa.

### BENEFIT DESCRIPTION

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,500 Single / $3,000 Family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td><strong>Deductible + Coinsurance Out-of-Pocket Maximum Per Calendar Year</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Inpatient Services

- Unlimited days of care in semi-private room (2)
- $80 after In-Network deductible
- 60% after Out-of-Network deductible

### Outpatient Services

- Any physician office visit, diagnosis and treatment:
  - 100% after $25 copay (PCP) or $40 copay (Specialist) | 80% after $25 copay (PCP) or $40 copay (Specialist)
- Lab & X-ray – Diagnostic
  - 80% after In-Network deductible | 60% after Out-of-Network deductible
- Lab & X-ray – Preventive
  - 100% (no deductible) | 80% (no deductible)
- Advanced Imaging (e.g., MRL, CT, and PET scans) (2)
  - 80% after In-Network deductible | 80% after In-Network deductible
- Physical exams and Well-child care
  - 100% (no deductible) | 80% (no deductible)
- Immunizations/Flu Shots
  - 80% after In-Network deductible | 80% after In-Network deductible
- Covered surgical procedures
  - 100% after $25 copay | 80% after $25 copay
- Mental health services/Substance abuse services (5)
  - 100% after $25 copay (PCP) or $40 copay (Specialist) | 80% after $25 copay (PCP) or $40 copay (Specialist)
- Gynecological exam – Preventive
  - 100% (no deductible) | 80% (no deductible)
- Physical, Speech or Occupational Therapy (3)
  - 100% after $40 copay | 80% after $40 copay
- Outpatient facility fees
  - 80% after In-Network deductible | 60% after Out-of-Network deductible
- Maternity care
  - 80% after In-Network deductible | 60% after Out-of-Network deductible
- NEWBORN CARE
  - 80% after In-Network deductible | 60% after Out-of-Network deductible

### Emergency Room Services

- Emergency/Urgent/Acute care
  - 100% after $200 copay | 100% after $200 copay
- Non-emergency care
  - 100% after $200 copay | 100% after $200 copay

### Other Services

- Walk-In Center
  - 100% after $40 copay (7) | 80% after $40 copay
- Home Health/Hospice care
  - 80% after In-Network deductible | 60% after Out-of-Network deductible
- Skilled nursing facility (2) (6)
  - 80% after In-Network deductible | 60% after Out-of-Network deductible
- Human tissue & organ transplants
  - 80% after In-Network deductible | 60% after Out-of-Network deductible
- Durable Medical Equipment
  - 80% (no deductible) | 60% (no deductible)
- Oral surgery (limited benefits)
  - 80% after In-Network deductible | 80% after Out-of-Network deductible
- Eye exams – Preventive
  - 100% (no deductible) | 80% (no deductible)
- Ambulance (medically necessary)
  - 80% after $40 copay | 80% after $40 copay

### Prescription Drugs

<table>
<thead>
<tr>
<th>Each 30-day supply – Retail Pharmacy (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)</th>
<th>Copays: $8 / $15 / $35 / $60 / $80</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 day supply copay – Mail Order (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)</td>
<td>Copays: $16 / $30 / $70 / $120 / $160</td>
</tr>
</tbody>
</table>

Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.

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(1) In-Network copays will be capped at $2,850 single / $5,700 family. This means that you will not have to pay more than $6,350 single / $12,700 family for all covered services received In-Network (including deductible, coinsurance, and copays).

(2) Private rooms covered when medically necessary. 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, benefits may be denied.

(3) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).

(4) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).

(5) Acute chiropractic care will be covered for up to 36 visits per calendar year (combined In-Network and Out-of-Network).

(6) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. 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.

(7) For a current list of In-Network Walk-In Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.