

Retiree Group Companion Plan

SCHEDULE OF BENEFITS

Effective January 1, 2024

<p>PRIMARY MEDICAL COVERAGE Medicare</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, 2024.</p>	<p>www.Medicare.gov</p> <p>Customer Service Assistance 1-800-MEDICARE or 1-800-633-4227</p> <p>On-Line Claims Inquiry www.mymedicare.gov</p>
<p>SECONDARY MEDICAL COVERAGE Maine Municipal Employees Health Trust Retiree Group Companion Plan</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>www.mmeht.org</p> <p>Customer Service Assistance 1-800-852-8300 or htservice@memun.org</p> <p>On-Line Claims Inquiry: www.anthem.com</p>

NOTES:

- Medicare treats behavioral health and substance use conditions like any other illness. Medicare coverage for behavioral health and substance use 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.

SCHEDULE OF BENEFITS	WHO PAYS WHAT?		
Services	Medicare	MMEHT Retiree Group Companion Plan	You (Participant)
GENERAL PROVISIONS			
Plan Information	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
Calendar Year Deductible	Part A – changes annually Part B – changes annually		\$100 per person \$200 per family
General Coinsurance (Plan Pays)	Medicare pays primary for approved services 80%	MMEHT pays secondary for approved services 20%	0% for approved services or balance remaining
Maximum Out-of-Pocket (Including Deductible)	Not Applicable		\$1,100 per person \$2,200 per family
Lifetime Maximum Benefits	Not Applicable	Not Applicable	
HOSPITALIZATION			
Medicare Part A (Hospital)			
<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%
Skilled Nursing Facility Care	Must meet Medicare's & MMEHT 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%

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

SCHEDULE OF BENEFITS	WHO PAYS WHAT?		
Services	Medicare	MMEHT Retiree Group Companion Plan	You (Participant)
Blood - Inpatient			
▪ First 3 pints	\$0	100%	\$0
▪ Additional amounts	100%	\$0	\$0
Blood - Outpatient			
▪ First 3 pints	\$0	100%	\$0
▪ Additional amounts	80% after Part B Deductible	20%	
Hospice Care			
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	
Home Health Care			
Must meet Medicare’s requirements	100%	\$0	\$0
MEDICAL EXPENSE SERVICES	Medicare Part B (Medical)		
Medical Expenses			
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.
▪ Medicare Part B Deductible	\$0	100% of Medicare Part B Deductible	\$0
▪ Remainder of Medicare-approved amounts	80%	20% for Medicare Part B services including physician home and office visits, physical, occupational and speech therapy	\$0
Part B Excess Charges (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
Foreign Travel-Care Received Outside the USA			
Non-contracting hospitals outside the U.S and its territories	\$0, except in limited instances in Canada & Mexico (emergencies and borders)	<ul style="list-style-type: none"> ▪ 100% for facility (inpatient and outpatient charges), up to 121 days ▪ 80% of Professional charges after deductible ▪ After day 121, 80% 	<ul style="list-style-type: none"> ▪ \$0 for facility charges for first 121 days of a non-Medicare approved stay ▪ 20% for Professional

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

SCHEDULE OF BENEFITS	WHO PAYS WHAT?		
Services	Medicare	MMEHT Retiree Group Companion Plan	You (Participant)
		after deductible for facility charges (inpatient and outpatient), professional charges and any other covered charge.	charges and deductible <ul style="list-style-type: none"> ▪ After day 121, 20% for facility charges (inpatient and outpatient), professional charges and any other covered charge.

COMMON PREVENTIVE SERVICES

Screening Mammography Once every 12 months - Age 40 and older One baseline - Age 35-39	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
Bone Mass Measurements Varies with health status (certain people who are at risk for losing bone mass)	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
Fecal Occult Blood Test Once every 12 months (Age 45 and older)	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
Flexible Sigmoidoscopy Once every 48 months (age 45 and older)	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
Screening Colonoscopy Once every 24 months, if you are at high risk for cancer of the colon or Once every 120 months, if you are not at high risk for cancer of the colon	100% of Medicare approved amounts (No Part B Deductible)	100% if not covered by Medicare	\$0
Colorectal Cancer Screening Once every 3 years in certain conditions	100% of Medicare approved amounts (No Part B Deductible)	100% if not covered by Medicare	\$0
Diabetes Monitoring Includes coverage for glucose monitor, test strips, lancets, and self-management training (all people with diabetes)	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0
Flu Shot Once every year	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0

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

SCHEDULE OF BENEFITS	WHO PAYS WHAT?		
Services	Medicare	MMEHT Retiree Group Companion Plan	You (Participant)
<i>Pneumonia Shot</i>	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
<i>COVID-19 Vaccine</i>	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
<i>Glaucoma Screening</i> 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 (After Part B Deductible)	20% of Medicare approved amounts	\$0
<i>Shingles Vaccine (Herpes Zoster)</i>	\$0	100%	\$0
<i>TDaP (Tetanus, Diphtheria, and Pertussis) Vaccine</i>	\$0	100%	\$0
<i>Pap Smear & Pelvic Exam</i> 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) (No Part B Deductible)	\$0	\$0
Pelvic and Breast Exams	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
Alternate Years	\$0	100%	\$0
<i>Prostate Cancer Screening-Digital Rectal Exam</i> Once every 12 months for: Men under age 50	\$0	100%	\$0
Men age 50 and older	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0

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

SCHEDULE OF BENEFITS		WHO PAYS WHAT?	
Services	Medicare	MMEHT Retiree Group Companion Plan	You (Participant)
<i>Prostate Specific Antigen (PSA) Test</i>	\$0	100%	\$0
Once every 12 months for: Men under age 50	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
Men age 50 and older			
PRESCRIPTION DRUGS			
<i>Prescription Drugs</i>		<p>>>>See Chapter 5 For More Information<<<</p> <p>Tier 1 – Select Generic-Most commonly prescribed and proven generics.</p> <p>Tier 1 – Standard-May be generic equivalents or brand names drugs.</p> <p>Tier 2 – May be preferred brand drugs and possibly newer, more expensive generic drugs.</p> <p>Tier 3 – May be higher cost brand name drugs and some generics that may cost more than therapeutically equivalent drugs.</p> <p>Tier 4 – Lifestyle and Specialty Drugs-May be highest cost brand name drugs and some generics that may cost more than therapeutically equivalent drugs. Lifestyle drugs are most commonly prescribed to treat impotency. Specialty drugs are most commonly prescribed to treat complex, chronic conditions and may require special handling and/or management. Specialty medications may only be filled at a specialty pharmacy in quantities up to a 30 day supply, regardless of the tier in which they fall. Certain exceptions may apply.</p> <p>Please contact MMEHT at 1-800-852-8300 or www.mmeht.org to review your personal situation.</p>	
Each 1 to 30-day supply of prescription drugs and medications (retail pharmacy)	\$0	Prescription Drug Card pays 100% after copayment	\$ 8 Tier 1 Select \$15 Tier 1 Standard \$35 Tier 2 \$60 Tier 3 \$80 Tier 4 Specialty and Lifestyle
31 to 90 day supply of maintenance drugs and medications (mail order)	\$0		\$16 Tier 1 Select \$30 Tier 1 Standard \$70 Tier 2 \$120 Tier 3 \$160 Tier 4 Specialty and Lifestyle

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

SCHEDULE OF BENEFITS	WHO PAYS WHAT?		
Services	Medicare	MMEHT Retiree Group Companion Plan	You (Participant)
ADDITIONAL SERVICES			
<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>	100% of Medicare approved amounts (No Part B Deductible)	\$0	\$0
MMEHT pays for unlimited visits <i>Physician Follow-Up Visits</i>	\$0	100%	\$0
Medications (NRT products) prescribed by a physician.	\$0	Prescription Drug Plan pays 100%	\$0
<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 & Speech Therapy</i>	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0
<i>Acupuncture</i>	100% for chronic low back pain with limited visits - \$0 for other diagnosis	80% of maximum allowance after deductible (non-chronic back pain diagnosis)	MMEHT deductible and 20%
<i>Custom Molded Orthotics</i> (certain conditions and providers apply)	80% of Medicare approved amounts (After Part B Deductible)	20% of Medicare approved amounts	\$0
<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 & X-rays</i>	\$0	100%	\$0

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