State of Maine Health Plan Benefit Summary -- Effective July 1, 2023

Benefit	Benefit Level	
	In Network Level	**Out of Network Level**
IMPORTANT INFORMATION	To receive benefits at the Network level, the services must be provided by an Anthem participating PPO provider. Benefits are based on a maximum allowance for covered services. The maximum allowance is the most that will be paid for a particular service. You are responsible for any copayments, deductibles and coinsurance that may apply. Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the applicable coinsurance and deductible (in addition to the copayment). Ask your professional or provider whether the services you have received are included in the copayment amount.	Coverage described in this column applies when you use an out of network provider. Benefits are based on a maximum allowance for covered services. The maximum allowance is the most that will be paid for a particular service. You may be responsible for filing claims and paying balance bills in addition to the copayments, deductible, and coinsurance. You may also need to pay the provider or professional up front.
INPATIENT ADMISSION REVIEW **Note: Your participating provider calls 1-800-392-1016**	All inpatient admissions, with the exception of emergency and maternity admissions, require pre-admission review. You, your physician or the provider must call the telephone number on your ID card for review before you are admitted. All Inpatient admissions for emergency and maternity services are subject to post-admission review. For post-admission review of an emergency admission, you, a family member, your physician, or the provider should call within 48 hours after you are admitted. For maternity post-admission review, you, a family member, your physician, or the provider should call if the hospital stay exceeds 48 hours for a vaginal delivery or 96 hours for a cesarean section. Failure to call for inpatient admission review could result in you paying unexpected charges.	

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CALENDAR YEAR DEDUCTIBLE *Cross accumulates in and out of network*	$600 individual/$1,200 family Family deductible amount must be satisfied by at least two family members.	$3,000 individual/$6,000 family Family deductible amount must be satisfied by at least two family members.
COINSURANCE **	90% unless otherwise noted	60% unless otherwise noted
CALENDAR YEAR OUT-OF-POCKET LIMIT *(Includes medical deductible, coinsurance and copayments)* ****** out of network *coinsurance does not cross accumulate. (i.e. each is separate)*	$2,000 individual/$4,000 family	$5,000 individual/$10,000 family
LIFETIME MAXIMUM	Unlimited	Unlimited
HOSPITAL SERVICES *(Services billed by a hospital)* **Inpatient** General medical & surgical care Maternity room & board & other	90% after deductible 90% after deductible	60% after deductible 60% after deductible
Outpatient • Surgery	90% after deductible	60% after deductible
• Laboratory tests and x-ray imaging services; other outpatient services.	100% (Independent Labs) 90% after deductible *Note: Not all providers perform the same services*	60% after deductible
• High tech diagnostics (SPECT, nuclear cardiology, MRI, CT Scan, PET Scan)	100% (Independent Imaging Centers) 90% after deductible *Note: Not all providers perform the same services*	60% after deductible
• Colonoscopies (Screening & Medically Necessary)	100% - no deductible	60% after deductible

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BARIATRIC, CARDIAC, JOINT SURGERY* AND SPINE SURGERIES *** Knee and Hip Replacement - Required to go through Carrum Health**	100% - no deductible (Coordinated through the Carrum Health Surgery benefit. Call 1-888-855-7806 or visit my.carrumhealth.com/StateOfMaine for more information.) 100% - no deductible through Carrum Health	90% after deductible	60% after deductible Not Covered
AMBULANCE SERVICES	90% after deductible		
EMERGENCY ROOM & URGENT CARE	In an emergency, seek care immediately. Emergency room visit is covered at 100% after you pay a $300 copayment. If you are admitted to the hospital as inpatient status from the emergency room, the emergency room copayment is waived and the applicable cost shares will be applied.		
WALK-IN CENTER	100% after $25 copay for participating Walk-in Centers in Maine. Updates are provided on your Employee Health and Wellness website at http://www.maine.gov/bhr/oeh/ and by calling Member Services at the number on your ID card. *Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the applicable coinsurance and deductible (in addition to the copayment).*		60% after deductible for non-participating walk-in centers.
AMBULATORY SURGERY FACILITY	95% after deductible *(Designated ambulatory surgery center or facility)*	90% after deductible	60% after deductible

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State of Maine Health Plan Benefit Summary -- Effective July 1, 2023

Benefit	Benefit Level		
	In Network Level		Out of Network Level
	Preferred Providers	In-Network Providers	Out-of-Network Providers
SPECIALITY PHARMACY - SITE OF CARE REDIRECTION PROGRAM (*Infusion/Injection Therapy)*	100% Benefit – no cost shares • *Ambulatory Infusion Suites* • *Home Infusion Therapy* • *Physicians Offices* • *Select Hospitals – Outpatient Setting* ○ *Northern Light* ○ *Mid Coast Hospital* ○ *St. Mary's Regional Medical Center* ○ *St. Joseph Hospital* ○ *Central Maine Medical Center* ○ *MaineGeneral*	60% after in-network deductible Outpatient hospital settings	60% after out of network deductible
TRANSPLANT SURGERY *(Inpatient facility surgery charges)*	90% after deductible		60% after deductible

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State of Maine Health Plan Benefit Summary -- Effective July 1, 2023

Benefit	Benefit Level	
	In Network Level	Out of Network Level
PROFESSIONAL / PHYSICIAN SERVICES -		
Preventive Care		
Routine Physical Exam	100% -- no deductible	60% after deductible
Immunizations	100% -- no deductible	60% after deductible
Lab/Pathology	100% -- no deductible	60% after deductible
Digital Rectal Exam	100% -- no deductible	60% after deductible
Colonoscopy *(screening & medically necessary)*	100% -- no deductible	60% after deductible
Screening & Counseling Services		
Lung Cancer Screening *(age 55+)*	100% -- no deductible	60% after deductible
Obesity: Screening & Counseling	100% -- no deductible	60% after deductible
Tobacco Use	100% -- no deductible	60% after deductible
Alcohol Misuse	100% -- no deductible	60% after deductible
Sexually Transmitted Infections	100% -- no deductible	60% after deductible
Nutritional Counseling	100% -- no deductible	60% after deductible
Men's Preventative Care		
PSA Tests	100% -- no deductible	60% after deductible
Women's Preventive Care		
Well Woman Gynecological Exam	100% -- no deductible	60% after deductible
Mammogram *(screening & medically necessary)*	100% -- no deductible	100% -- no deductible
Pap Tests	100% -- no deductible	60% after deductible
Contraceptive counseling – *sterilization procedures and patient education/counseling for women*.	100% -- no deductible	60% after deductible
Breastfeeding support and counseling	100% -- no deductible	60% after deductible
Breastfeeding supplies (breast pumps must be obtained in-network for 100% coverage)	100% -- no deductible	60% after deductible

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Benefit	Benefit Level	
	In Network Level	Out of Network Level
PROFESSIONAL / PHYSICIAN SERVICES (Continued) -		
Office Visits *and Telehealth Services	100% after $20 PCP copay or 100% after $40 specialist copay No member cost share is required for the first primary care office visit during the calendar year. A copay is applied to the second and third primary care office visits during the calendar year and accumulate toward the calendar year deductible.	60% after deductible
LiveHealth Online Urgent Care, Behavioral Health, Virtual Sleep, and Dermatology services	100% - no deductible	NA
Medical Chats and Virtual (Video) Visits for Primary Care from Online Provider K Health, through its affiliated Provider groups	100%- no deductible	NA
Maternity	90% after deductible	60% after deductible
Pre/Postnatal Care /Delivery	90% after deductible	60% after deductible
Inpatient Visits, Surgeries, and Other Professional Services	90% after deductible	60% after deductible
Diagnostic Lab & X-rays	90% after deductible	60% after deductible
ANESTHESIA SERVICES	90% after deductible	60% after deductible
ALLERGY TESTING & TREATMENT	90% after deductible	60% after deductible
ALLERGY INJECTIONS	90% after deductible	60% after deductible

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SPINAL MANIPULATION *(Limited to 25 visits per member per calendar year for medically necessary and maintenance therapy)*	100% after $20 PCP copay or 100% after $40 specialist copay	60% after deductible

Benefit	Benefit Level	
	In Network Level	Out of Network Level
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY	100% after $40 specialist copay	60% after deductible
ROUTINE EYE EXAM *(One routine eye exam per calendar year)*	100% -- no deductible	60% after deductible
HEARING EXAM	100% after $40 specialist copay	60% after deductible
HEARING AIDS - Children *(Limited to one hearing aid for each hearing-impaired ear every 36 months through age 18.)*	100% after deductible	60% after deductible
HEARING AIDS - Adults *(Limited to $3,000 per hearing aid for each hearing-impaired ear every 36 months.)*	90% after deductible	60% after deductible
ACUPUNCTURE	100% after $40 specialist copay	

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CARDIAC REHABILITATION *(Limited to 36 visits per episode)* Office	100% after $20 PCP copay or 100% after $40 specialist copay	60% after deductible
Outpatient Hospital	90% after deductible	60% after deductible
CHEMOTHERAPY/RADIATION THERAPY	90% after deductible	60% after deductible
DURABLE MEDICAL EQUIPMENT	90% after deductible	60% after deductible

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PROSTHETICS DEVICES Prosthetics for Limb Replacement	90% after deductible 90% -- no deductible	60% after deductible 80% -- no deductible
INFERTILITY TREATMENT SERVICES *(Up to $10,000 lifetime limit)*	80% after deductible	Not Covered
TEMPOROMANDIBULAR JOINT SYNDROME (TMJ) SERVICES *	90% after deductible	60% after deductible
SKILLED NURSING FACILITY *(Limit: 150 days including inpatient rehabilitation in a calendar year)*	90% after deductible	60% after deductible
HOME HEALTH CARE	90% after deductible	60% after deductible
HOSPICE	90% after deductible	60% after deductible

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Benefit	Benefit Level	
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Important Information on Receiving Mental Health and Substance Abuse Benefits	Certain Mental health and substance abuse services require prior authorization. All Inpatient services as well as partial hospitalization and intensive outpatient services require prior authorization. You or someone you designate must call Anthem Behavioral Health at 1-800-755-0851 for preauthorization. For emergency admissions, you or someone you designate should call within 48 hours of admission. Failure to call may result in expected charges.	
MENTAL HEALTH and SUBSTANCE ABUSE SERVICES		
Inpatient	90% after deductible	60% after deductible
Outpatient	90% after deductible	60% after deductible
Office Visits	100% - no deductible	100% no deductible
LiveHealth Online	100% - no deductible	NA

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This Benefit Summary is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the Benefit Book. If there is a difference between this summary and the Benefit Book, the Benefit Book will prevail