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# Maine Automobile Dealers Association Insurance Trust Employee Medical Care Plan Benefit Overview Effective March 1, 2025

Employee Medical Care Plan	<i>PPO Standard</i>
<b>Deductible:</b>	\$2,500 Individual/\$5,000 Family
<b>Coinsurance Limit:</b>	\$3,500 Individual/\$7,000 Family
<b>Total Out-of-pocket Limit:</b>	\$6,000 Individual/\$12,000 Family
<b>Lifetime Maximum Benefits:</b>	Unlimited

**All benefits for covered services are paid after the deductible has been satisfied unless otherwise stated.** Limits listed in this overview are per person per calendar year unless otherwise stated. **Both Network and Non-network services are applied to the calendar year limits.**

Services apply to <i>Standard Plan</i>	Network	Non-network
<b>PREVENTIVE CARE (Partial Listing)</b>	<b>Deductible does NOT apply</b>	<b>Deductible does NOT apply</b>
Routine Physical Exams	100%	80%
Annual Gynecological Exam	100%	80%
Standard Immunizations	100%	80%
Blood Lead Screening	100%	80%
Annual Pap Tests	100%	80%
Mammography Screening	100%	80%
Cholesterol Testing and required Labs	100%	80%
Annual Prostate Specific Antigen (PSA) Testing & Digital Rectal Exam when recommended by a physician	100%	80%
Colorectal Tests (colonoscopies, sigmoidoscopies etc...)	100%	80%
Diabetes Testing: Hemoglobin A1c test (also called HbA1c, glycated hemoglobin test, or glycohemoglobin)	100%	80%

*There are no deductibles, coinsurance or copayments for In-network Preventive Care Services required by the Affordable Care Act, as long as the primary purpose of the visit is the preventive care service and it is not billed separately from an office visit.*

A more complete listing is available at: <https://www.healthcare.gov/preventive-care-benefits/>

<b>Services apply to <i>Standard Plan</i></b>	<b>Network</b>	<b>Non-network</b>
<b>PREVENTIVE CARE (Cont.)</b>	Deductible does NOT apply	Deductible does NOT apply
<b>Additional Screening Tests</b> (based upon age and gender) such as Obesity, Depression, HIV, Osteoporosis, and Hearing Loss are also covered	100%	80%
<b>Counseling</b> (based upon age and gender) for Tobacco Use, Domestic Violence, Breast Feeding, Alcohol Misuse	100%	80%
<b>Eye Exam</b> – 1 per calendar year	\$30 copayment, then 100%	\$30 copayment, then 80%
<b>PROFESSIONAL SERVICES</b>	Deductible does NOT apply	Subject to deductible
<b>Office Visit Preventive care/screening/immunization</b>	\$0 copayment, then 100%	80%
<b>Office Visit Non-Specialist injury or illness</b> (Internist, General Physician, Family Practitioner or Pediatrician)	\$30 copayment, then 100%	60%
<b>Office Visit – Specialists</b>	\$50 copayment, then 100%	60%
<b>Virtual Care - Download Anthem's Sydney Health App</b>	\$10 copayment, then 100%	60%
<b>Participating Walk-in Care Centers</b>	\$30 copayment, then 100%	60%
<b>Urgent Care (facility based) fee</b>	\$30 copayment, then 100%	60%
<b>Urgent Care (facility based) other services</b>	Deductible then 80%	60%
The office visit copayment is applied to the office visit charge only. <b>\$0 copay on first PCP, virtual or behavioral health visit each year</b>		
	Subject to deductible	Subject to deductible
<b>Diagnostic Tests</b>	80%	60%
<b>Surgery</b>	80%	60%
<b>MATERNITY CARE</b>		
<b>Prenatal Care</b>	80%	60%
<b>Delivery and Postnatal Care</b>	80%	60%
<b>PROVIDER SERVICES</b>	Subject to deductible	Subject to deductible
<b>Hospital Inpatient</b>	80%	60%
<b>Hospital Outpatient/Diagnostic Tests</b>	80%	60%
<b>Emergency Room Care</b>	Deductible applies	Deductible applies
<b>Ambulatory Surgical Center</b>	80%	60%
<b>Skilled Nursing Facility &amp; Inpatient Rehabilitation:</b> Combined Limit – 150 days per calendar year	80%	60%
<b>Home Health Care (limit 100 visits per calendar year)</b>	80%	60%
For all scheduled inpatient admissions (excluding planned cesareans), you must call <b>(800) 392-1016</b> for a pre-admission review.		
<b>ADDITIONAL BENEFITS</b>	Subject to deductible	Subject to deductible
<b>Physical Manipulations/Adjustments</b> (Limit 40 visits per calendar year)	80%	60%
<b>Physical Therapy*</b>	\$30 copayment, then 100%	60%
<b>Occupational Therapy*</b> (*Combined limit 20 Visits per calendar year)	\$30 copayment, then 100%	60%
<b>Speech Therapy</b> (limit 20 Visits per calendar year)	\$30 copayment, then 100%	60%
<b>Durable Medical Equipment</b> (includes hearing aids)	80%	60%
<b>Acupuncture</b> (limit 20 Visits per calendar year)	80%	80%

**PRESCRIPTION DRUGS**

**Drug Card Copayments shown apply to Tier 1 pharmacies: CVS, Hannaford, Shaw's, Target & Walmart. Copayments will be \$10 per prescription higher when filled at Tier 2 pharmacies (includes Rite Aid & Walgreens).**

**Home Delivery Program**

*These plans use the Essential Drug List. Drugs not on the list are not covered.* Tier 1 drugs have the lowest copay while tier 4 drugs have the highest copay. <https://www.anthem.com/pharmacyinformation/>

- Tier 1 - **\$20** Typically Generic
- Tier 2 - **\$45** Typically Preferred/Formulary Brand
- Tier 3 - **\$100** Typically Non-preferred/Non-formulary/Specialty Drugs
- Tier 4 - **\$25% to \$250 Max.** per Rx Typically Specialty Drugs

All copayments are per 30 day supply except Home Delivery of Tier 1 prescriptions which are (2) copays per 90 day supply

**MENTAL HEALTH/SUBSTANCE ABUSE:** Inpatient & Outpatient Office visits (No Deductible)

80%	60%
\$10 copayment, then 100%	60%

**You must call (800) 755-0851 for pre-authorization of all non-emergency mental health care and substance abuse services. If you do not call, your benefits for inpatient services may be reduced by up to \$300.**

**Let a nurse help you decide:** Not sure if you should go to a walk-in center, emergency room or your doctor's office? Call the **24/7 NurseLine** at **800-607-3262** – any time, day or night. Discuss your symptoms with a registered nurse who will help you decide which type of care makes the most sense.

*Call 911 or go to the emergency room if you think delaying care could put your health at serious risk.*

**Walk-in/Urgent Care centers and locations**

As an option for non-emergency care, Anthem has a network of participating centers that can often save you time and money compared to an emergency room. The centers typically treat a variety of non-life-threatening issues including minor lacerations, minor burns, sprains and strains, sports injuries, sore throats, earaches and flu. No appointment or referral needed, simply choose the center closest to you and walk right in. Please note that this list is likely to change. You can find updated walk-in center listings at [anthem.com](http://anthem.com).

<b>Auburn</b>	St. Mary's Urgent Care, 791 Turner Street ConvenientMD LLC, 590 Center Street, Auburn, ME 04210	1-207-330-3900 1-207-955-5565
<b>Augusta</b>	Concentra, 219 Capitol Street Suite 2 Maine General Express Care, 15 Enterprise Drive ConvenientMD LLC, 4 Whitten Road, Augusta, ME 04330	1-866-944-6046 1-207-621-8880 1-207-466-2400
<b>Bangor</b>	Concentra, 34 Gilman Road ConvenientMD LLC, 543 Broadway Eastern Maine Medical Center's Walk-In Care Center, 915 Union St., Suite 4 Penobscot Community Health Center, 1012 Union Street	1-207-941-8300 1-207-517-3838 1-207-973-8030 1-207-945-5247
<b>Belfast</b>	Penobscot Community Health Center Pediatric, 6 Telcom Drive	1-207-947-0147
<b>Berwick</b>	Penobscot Community Health Center, 29 Schoodic Drive	1-207-338-6900
<b>Brewer</b>	Berwick Walk-In Care, 4 Dana Drive	1-207-698-6700
<b>Bridgton</b>	Penobscot Community Health Center, 735 Wilson Street	1-207-989-1567
<b>Brunswick</b>	N Bridgton Family Practice & Walk In Clinic, 14 Wyonegonic Road Concentra, 11 Medical center Drive ConvenientMD LLC, 193 Bath Road Mid Coast Walk-in Clinic, 22 Station Avenue, Suite 102	1-207-647-9021 1-207-725-2697 1-207-424-2272 1-207-406-7500
<b>Caribou</b>	Aroostook Medical Center, 118 Bennett Drive, Suite 130	1-207-498-3476
<b>East Millinocket</b>	MRH Walk-in Clinic, 87 Main Street	1-207-447-4700
<b>East Waterboro</b>	MaineHealth Walk-In Care, 10 Goodall Drive	1-207-490-7760
<b>Ellsworth</b>	ConvenientMD LLC, 235 High Street	1-207-412-5200
<b>Freeport</b>	Freeport Medical Center, 23 Durham Road, Suite 201	1-207-865-3491
<b>Gardiner</b>	MGMC Express Care, 5 Central Maine Xing	1-207-582-6608
<b>Gorham</b>	Mercy Express Care, 19 South Gorham Crossing	1-207-839-9101
<b>Gray</b>	Gray Urgent Care LLC, 6 Turnpike Access Road, Unit 2	1-207-657-1165
<b>Houlton</b>	Katahdin Valley Health Center, 59 Bangor Street	1-207-521-0022
<b>Jackman</b>	Jackman Community Health Center, 376 Main Street	1-207-668-7755
<b>Kennebunk</b>	MaineHealth Walk-In Care, 2 Livewell Drive	1-207-467-6900
<b>Kittery</b>	MyHealth Walk-in Care, 35 Walker Street	1-207-439-4430
<b>Lewiston</b>	Concentra, 59 East Avenue	1-866-944-6046
<b>Lincoln</b>	Health Access Network Inc, 175 W Broadway	1-207-794-6700
<b>Norway</b>	Concentra, 176 Main Street	1-866-944-6046
<b>Old Town</b>	Penobscot Community Health Center, 242 Brunswick Street	1-207-827-6128
<b>Porter</b>	Sacopec Valley Health Center, 70 Main Street	1-207-625-8126
<b>Portland</b>	ConvenientMD LLC, 191 Marginal Way	1-207-517-3838
<b>Presque Isle</b>	Northern Light Walk-In Care, 23 North Street, Suite 2	1-207-760-9278
<b>Saco</b>	Southern Maine Health Care, 655 Main Street ConvenientMD LLC, 506 Main Street	1-207-294-5600 1-207-571-7991
<b>Sanford</b>	Sanford Care Center, 1474 Main Street Southern Maine Health Care, 25A June Street ConvenientMD LLC, 1420 Main Street, Sanford, ME 04073	1-207-608-8425 1-207-490-7900 1-207-850-5744
<b>Scarborough</b>	ClearChoiceMD Urgent Care, 273 Payne Road	1-207-618-9355
<b>South Portland</b>	AFC Urgent Care, 230 Waterman Drive Concentra, 85 Western Avenue Concentra, 400 Southborough Drive	1-207-358-3188 1-866-944-6046 1-207-761-1100
<b>Waterville</b>	MaineGeneral Express Care, 211 Main Street Inland Hospital Walk-in Care, 174 Kennedy Memorial Drive	1-207-877-3450 1-207-861-6140
<b>Wells</b>	York Hospital Walk-in Care, 114 Sanford Road	1-207-646-5211
<b>Westbrook</b>	ConvenientMD LLC, 950 Main Street Mercy Express Care, 40 Park Road	1-207-517-3800 1-207-857-8174
<b>Windham</b>	Mercy Express Care, 409 Roosevelt Trail	1-207-893-0290
<b>York</b>	York Hospital Walk-In Center, 16 Hospital Drive York Hospital Walk-in Care, 343 US RT 1	1-207-752-8652 1-207-351-2600

"This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits."

### Important Information About Allowance Used To Pay Claims

Network professionals and providers have agreed to accept the maximum allowance as the basis of payment in full. If you use a non-network professional or provider whose services are paid based on a maximum allowance, you will be responsible for all charges billed in excess of the maximum allowance. *The amount you may owe could be substantial.*

### KEY TERMS

**Individual Deductible:** The amount an individual plan participant pays toward the cost of most covered services before benefits begin.

**Family Deductible:** The amount a family pays toward the cost of most covered services before benefits begin. The family deductible amount is twice the individual deductible amount. All family plan participants combine their deductible payments until they meet the family deductible limit. Any family plan participant who meets the individual deductible before the family deductible is met will begin to receive benefits. One family member may not meet more than the individual amount: the family deductible amount must be satisfied by at least two family members.

**Coinsurance Percent:** After you meet your deductible requirements, the Plan shares the cost of most covered services until you meet your coinsurance limit. For example, if the Plan pays 80%, then you pay 20%.

**Copayment:** A fixed dollar amount that you pay for some covered services.

**Maximum Allowance:** The highest dollar amount that the Plan pays providers and professionals for a covered service.

**Network Professional/Network Provider:** A professional or provider who has a written agreement with Anthem Blue Cross and Blue Shield to accept the maximum allowance as payment in full for covered services.

**Non-network Professional/Non-network Provider:** A professional or provider who does not have a written agreement with Anthem Blue Cross and Blue Shield to accept the maximum allowance as payment in full.

**Out-of-pocket Limit:** When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. Your copays, coinsurance and deductibles count toward your out-of-pocket limit.

**THIS IS NOT A CONTRACT. It is an overview of your benefits. If there are discrepancies between this Benefit Overview and the Summary Plan Description (SPD), the SPD will govern.**

If you have *eligibility* questions, (i.e., enrollments, changes or terminations) please contact:

**Maine Automobile Dealers Association Insurance Trust  
(207) 623-3882**

If you have *benefit* questions, or need assistance, you are encouraged to contact:

**Cross Employee Benefits  
(207) 404-5326 - (800) 999-7345**

or

**Anthem Blue Cross and Blue Shield of Maine  
(800) 527-7706**

If you have questions regarding your *HSA, HRA, Medical Care or Dependent Care Accounts*, please contact:

**Flores, formerly Group Dynamic, Inc. (800) 532-3327**

When you call Anthem Blue Cross and Blue Shield Customer Service, you will be asked to enter your Social Security number. This will route your call to a team with special training in your benefits.