



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

Employee Medical Care Plans	PPO <i>Standard</i>	PPO <i>Value</i>
Deductible:	\$2,500 Individual/ \$5,000 Family	\$4,200 Individual/ \$8,400 Family
Coinsurance Limit:	\$3,500 Individual/ \$7,000 Family	\$2,800 Individual/ \$5,600 Family
Total Out-of-pocket Limit:	\$6,000 Individual/ \$12,000 Family	\$7,000 Individual/ \$14,000 Family
Lifetime Maximum Benefits:	Unlimited	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</i> and <i>Value</i> Plans	Network	Non-network
PREVENTIVE CARE (Partial Listing)	Deductible does NOT apply	Deductible does NOT apply
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%
<p><i>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.</i></p>		
<p>A more complete listing is available at: https://www.healthcare.gov/preventive-care-benefits/</p>		

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

<p>PRESCRIPTION DRUGS</p> <p>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).</p> <p>Home Delivery Program</p>	<p><i>These plans use the Essential Drug List. Drugs not on the list are not covered.</i> Tier 1 drugs have the lowest copay while tier 4 drugs have the highest copay. https://www.anthem.com/pharmacyinformation/</p> <p>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</p> <p>All copayments are per 30 day supply except Home Delivery of Tier 1 prescriptions which are (2) copays per 90 day supply</p>	
<p>MENTAL HEALTH/SUBSTANCE ABUSE: Inpatient & Outpatient Office visits (No Deductible)</p>	<p>80% \$10 copayment, then 100%</p>	<p>60% 60%</p>

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.

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