



# Maine Automobile Dealers Association Insurance Trust Employee Medical Care Plans Benefit Overview Effective March 1, 2010

Employee Medical Care Plans	Plan A	Plan B	Plan C
<b>Deductible:</b>	\$1,000 Individual/\$2,000 Family	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family
<b>Coinsurance Limit:</b>	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family	\$3,000 Individual/\$6,000 Family
<b>Total Out-of-pocket Limit:</b>	\$2,500 Individual/\$5,000 Family	\$4,500 Individual/\$9,000 Family	\$6,000 Individual/\$12,000 Family
<b>Lifetime Maximum Benefits:</b>	\$3,000,000	\$3,000,000	\$3,000,000

**All benefits for covered services are paid after the deductible has been satisfied unless otherwise stated.** Copayments do not count toward your deductible or out-of-pocket limits. 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 Plans A , B & C	Network	Non-network
<b>PREVENTIVE CARE</b>	<b>Deductible does NOT apply</b>	<b>Deductible does NOT apply</b>
Routine Physical Exams	\$20 copayment, then 100%	\$20 copayment, then 100%
Annual Gynecological Exam	\$20 copayment, then 100%	\$20 copayment, then 100%
Standard Immunizations	90%	90%
Blood Lead Screening	90%	90%
Annual Pap Tests	90%	90%
Mammography Screening	90%	90%
Cholesterol Testing and required Labs	90%	90%
Annual Prostate Specific Antigen Testing & Digital Rectal Exam when recommended by a physician	90%	90%
Colorectal Tests (colonoscopies, sigmoidoscopies etc...)	90%	90%
Other Routine Labs and X-rays, limited to \$150 per calendar year when ordered as part of a routine physical exam	90%	90%

There is no deductible for Preventive Care Services noted above. The \$20 office visit copayment is applied to the office visit charge only.

Services apply to Plans A , B & C	Network	Non-network
<b>PREVENTIVE CARE (Cont.)</b> <b>Routine Eye Exams</b> – 1 per calendar year <b>Smoking Cessation</b> <i>Smoking Cessation Education Program</i> (\$70 lifetime) <i>Physician Follow-up Visits</i> (2 visits per calendar year) <i>Medications prescribed by a physician</i> (gum, patch, nasal spray, Zyban; \$400 per lifetime)	Deductible does <b>NOT</b> apply  \$20 copayment, then 100%  90% \$20 copayment, then 100% copayments apply	Deductible does <b>NOT</b> apply  \$20 copayment, then 100%  90% \$20 copayment, then 100% copayments apply
<b>PROFESSIONAL SERVICES</b> <b>Office Visits to Non-Specialist</b> (Internist, General Physician, Family Practitioner or Pediatrician) <b>Participating Walk-in Care Centers</b> <b>Office Visit - Specialists</b> The office visit copayment is applied to the office visit charge only.	Deductible does <b>NOT</b> apply  \$20 copayment, then 100%  \$35 copayment, then 100%  \$35 copayment, then 100%	Deductible does <b>NOT</b> apply  \$20 copayment, then 80%  \$35 copayment, then 80%  \$35 copayment, then 80%
<b>Diagnostic Tests</b> <b>Surgery</b> <b>Private Duty Nursing</b>  <b>MATERNITY CARE</b> <b>Pre and postnatal</b> <b>Delivery</b>	Subject to deductible 80% 80% 80%  80% 80%	Subject to deductible 60% 60% 60%  60% 60%
<b>PROVIDER SERVICES</b> <b>Hospital Inpatient</b> <b>Hospital Outpatient/Diagnostic Tests</b> <b>Emergency Care</b> <b>Ambulatory Surgical Center</b> <b>Skilled Nursing Facility:</b> Limit – 100 days per lifetime <b>Home Health Care</b>	Subject to deductible 80% 80% 80% 80% 80%	Subject to deductible 60% 60% 80% 60% 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> <b>Physical Manipulations/Adjustments</b> (limit 40 visits per calendar year) <b>Physical Therapy*</b> <b>Occupational Therapy*</b> <b>Speech Therapy*</b> *Limit: combined limit of \$3,000 per calendar year <b>Durable Medical Equipment</b> <b>Ambulance</b>	Subject to deductible  80%  80% 80% 80%  80% 80%	Subject to deductible  60%  60% 60% 60%  80% 80%

Services apply to Plans A , B & C	Network	Non-network
<b>PRESCRIPTION DRUGS</b> (Includes Contraceptives)  <b>Drug Card Copayment</b> <i>Step Therapy and prior authorization may apply to some drugs</i>  <b>Mail Match Retail Pharmacy or Mail Order Program</b>	<p>Member pays a copayment of  <b>\$10 tier 1 - \$30 tier 2 - \$50 tier 3</b></p> <p><b>\$20 tier 1 - \$60 tier 2 - \$100 tier 3</b>  per 90-day supply.</p>	
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>  Inpatient Outpatient Office visits (No Deductible)	80% 80% \$35 copayment, then 100%	60% 60% \$35 copayment, then 80%
You must call <b>(800) 755-0851</b> 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.		

### ***Mail Match Pharmacy***

The attached lists Maine pharmacies participating in the Mail Match program. These pharmacies, even though they are retail pharmacies, give the participant the mail order discount price on 90 day prescriptions. The list changes periodically. To verify whether or not your pharmacy participates, or to see if one is located nearby, ask your pharmacist or log on to:

**[http://www.anthem.com/wps/portal/ahpmember?content\\_path=member/me/f1/s0/t0/pw\\_088800.htm&state=me&rootLevel=0&label=Participating%20Mail%20Order%20Pharmacies](http://www.anthem.com/wps/portal/ahpmember?content_path=member/me/f1/s0/t0/pw_088800.htm&state=me&rootLevel=0&label=Participating%20Mail%20Order%20Pharmacies)**

**Participating Walk-in Centers** (This listing is subject to change. Members may contact Anthem customer service or ask their provider if they are currently participating in this program)

- **Augusta** - American Current Care dba Concentra, 219 Capitol St. Suite 2, 207-629-5005
- **Bangor** - American Current Care dba Concentra, 34 Gilman Rd., 207-941-8300  
- The Clinic at Walmart, 900 Stillwater Ave., 207-561-9800
- **Freeport** - Freeport Medical Center, 42 Mallet Dr., 207-865-3491
- **Lewiston** - American Current Care dba Concentra, 59 East Ave., 207-784-1680
- **Norway** - American Current Care dba Concentra, 29 Winter St., 207-743-7399
- **Orono** - Orono Medical Center, 303 Main St., 207-866-5561
- **Portland** - American Current Care dba Concentra, 1600 Congress St., 207-774-7751
- **Waterboro** - Goodall Express, 10 Goodall Dr., Suite 900, 207-490-7760
- **Waterville** - Express Care, 325C Kennedy Memorial Dr., 207-873-3961
- **Westbrook** - Mercy Express Care, 40 Park Rd., 207-857-8174
- **Windham** - Mercy Express Care, 409 Roosevelt Trail, 207-893-0290

## 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

**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.

**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.

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

**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.

**Total Out-of-pocket Limit:** This is the annual dollar limit for your costs for most covered services.

**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:

**Group Insurance Agency Specialists, Inc.**

**(800) 988-5616**

or

**Anthem Blue Cross and Blue Shield of Maine**

**(800) 527-7706**

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.