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Maine Automobile Dealers Association Insurance Trust Employee Medical Care Plans Benefit Overview Effective March 1, 2011

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

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
PREVENTIVE CARE	Deductible does NOT apply	Deductible does NOT apply
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 (PSA)	90%	90%
Testing & Digital Rectal Exam when recommended by a physician	90%	90%
Colorectal Tests (colonoscopies, sigmoidoscopies etc...)	90%	90%
Diabetes Testing: Hemoglobin A1c test (also called HbA1c, glycated hemoglobin test, or glycohemoglobin)	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
PREVENTIVE CARE (Cont.)	Deductible does NOT apply	Deductible does NOT apply
Eye Exam – 1 per calendar year	\$20 copayment, then 100%	\$20 copayment, then 100%
Smoking Cessation <i>Smoking Cessation Education Program</i> <i>Physician Follow-up Visits</i>	90% \$20 copayment, then 100%	90% \$20 copayment, then 100%
<i>Medications prescribed by a physician</i> (gum, patch, nasal spray, Zyban)	Rx copayments apply	Rx copayments apply
PROFESSIONAL SERVICES	Deductible does NOT apply	Deductible does NOT apply
Office Visits to Non-Specialist (Internist, General Physician, Family Practitioner or Pediatrician)	\$20 copayment, then 100%	\$20 copayment, then 80%
Participating Walk-in Care Centers	\$35 copayment, then 100%	\$35 copayment, then 80%
Office Visit - Specialists The office visit copayment is applied to the office visit charge only.	\$35 copayment, then 100%	\$35 copayment, then 80%
Diagnostic Tests Surgery Private Duty Nursing	Subject to deductible 80% 80% 80%	Subject to deductible 60% 60% 60%
MATERNITY CARE Pre and postnatal Delivery	80% 80%	60% 60%
PROVIDER SERVICES Hospital Inpatient Hospital Outpatient/Diagnostic Tests Emergency Care Ambulatory Surgical Center Skilled Nursing Facility: Limit – 100 days per lifetime Home Health Care	Subject to deductible 80% 80% 80% 80% 80% 80%	Subject to deductible 60% 60% 80% 60% 60% 60%
For all scheduled inpatient admissions (excluding planned cesareans), you must call (800) 392-1016 for a pre-admission review.		
ADDITIONAL BENEFITS	Subject to deductible	Subject to deductible
Physical Manipulations/Adjustments (limit 40 visits per calendar year)	80%	60%
Physical Therapy*	80%	60%
Occupational Therapy* (*Combined limit 20 Visits per calendar year)	80%	60%
Speech Therapy (limit 20 Visits per calendar year)	80%	60%
Durable Medical Equipment	80%	80%
Ambulance	80%	80%

Services apply to Plans A , B & C	Network	Non-network
PRESCRIPTION DRUGS (Includes Contraceptives) Drug Card Copayment <i>Step Therapy and prior authorization may apply to some drugs</i> Mail Match Retail Pharmacy or Mail Order Program <i>Nearly all Maine pharmacies can now provide up to a 90-day supply for a reduced copayment, depending on your benefits. For specific information, please contact your pharmacy.</i>	Member pays a copayment of \$10 tier 1 - \$30 tier 2 - \$50 tier 3 \$20 tier 1 - \$60 tier 2 - \$100 tier 3 per 90-day supply.	
MENTAL HEALTH/SUBSTANCE ABUSE Inpatient Outpatient Office visits (No Deductible)	80% 80% \$35 copayment, then 100%	60% 60% \$35 copayment, then 80%
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.		

Walk-in 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.

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.

- **Auburn** - St. Mary's Convenient Care, 15 Gracelawn Rd, (207) 330-3900
- **Augusta** - Concentra, 219 Capitol Street Suite 2, (866) 944-6046
- **Bangor** - Concentra, 34 Gilman Road, (207) 941-8300
- The Clinic at Walmart, 900 Stillwater Avenue, (207) 561-9800
- **Berwick** - Berwick Walk-In Care, 4 Dana Drive, (207) 698-6700
- **Brewer** - Penobscot Community Health Center, 735 Wilson Street, (207) 989-1567
- The Clinic at Walmart, 24 Walton Drive, (207) 561-9880
- **East Waterboro** - Goodall Express, 10 Goodall Drive Suite 900, (207) 490-7760
- **Freeport** - Freeport Medical Center, 42 Mallett Drive, (207) 865-3491
- **Gorham** - Mercy Express Care, 19 South Gorham Crossing, (207) 839-9101
- **Houlton** - Katahdin Valley Health Center, 59 Bangor Street, (207) 532-4782
- **Lewiston** - Concentra, 59 East Avenue, (866) 944-6046
- **Old Town** - Penobscot Community Health Ctr., 242 Brunswick St., (207) 827-6128
- **Palmyra** - Seabasticook Valley Health Convenient Care, 1573 Main Street, (207) 368-5991
- **Portland** - Concentra, 1600 Congress Street, (866) 944-6046
- **Presque Isle** - The Clinic at Walmart, 781 Main Street, (207) 762-3955
- The Aroostook Medical Center, 23 North Street, (207) 760-9278
- **Waterville** - Urgent Care of Maine, 325C Kennedy Memorial Drive, (207) 873-3961
- The Clinic at Walmart, 80 Waterville Commons Drive, (207) 861-3338
- **Westbrook** - Mercy Express Care, 40 Park Road, (207) 857-8174
- **Windham** - Mercy Express Care, 409 Roosevelt Trail, (207) 893-0290

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at (207) 623-3882. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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.

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.

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.