



# Maine Automobile Dealers Association Insurance Trust Employee Medical Care Plans Benefit Overview Effective March 1, 2014

Employee Medical Care Plans	Plan A	Plan B	Plan C
<b>Deductible:</b> With 4 <sup>th</sup> Quarter Carry-Over	\$1,200 Individual/\$2,400 Family	\$1,800 Individual/\$3,600 Family	\$3,600 Individual/\$7,200 Family
<b>Coinsurance Limit:</b>	\$1,800 Individual/ \$3,600 Family	\$3,600 Individual/\$7,200 Family	\$2,750 Individual/\$5,500 Family
<b>Total Out-of-pocket Limit:</b>	\$3,000 Individual/\$6,000 Family	\$5,400 Individual/\$10,800 Family	\$6,350 Individual/\$12,700 Family
<b>Lifetime Maximum Benefits:</b>	Unlimited	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 Plans A , B & C	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)	100%	80%
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%
<i>There are no deductibles, coinsurance or copayments for 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>		
A more complete listing is available at: <a href="http://www.healthcare.gov/prevention/index.html">http://www.healthcare.gov/prevention/index.html</a>		

Services apply to Plans A , B & C	Network	Non-network
<b>PREVENTIVE CARE (Cont.)</b>	Deductible does <b>NOT</b> apply	Deductible does <b>NOT</b> 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	\$25 copayment, then 100%	\$25 copayment, then 80%
<b>PROFESSIONAL SERVICES</b>	Deductible does <b>NOT</b> apply	Deductible does <b>NOT</b> apply
<b>Office Visits to Non-Specialist</b> (Internist, General Physician, Family Practitioner or Pediatrician)	\$25 copayment, then 100%	\$25 copayment, then 80%
<b>Participating Walk-in Care Centers</b>	\$40 copayment, then 100%	\$40 copayment, then 80%
<b>Office Visit - Specialists</b>	\$40 copayment, then 100%	\$40 copayment, then 80%
The office visit copayment is applied to the office visit charge only.		
<b>Diagnostic Tests</b>	Subject to deductible	Subject to deductible
<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>	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)
<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</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>	80%	60%
<b>Occupational Therapy*</b> (*Combined limit 20 Visits per calendar year)	80%	60%
<b>Speech Therapy</b> (limit 20 Visits per calendar year)	80%	60%
<b>Durable Medical Equipment</b>	80%	80%
<b>Ambulance</b>	80%	80%

Services apply to Plans A , B & C		Network	Non-network
<b>PRESCRIPTION DRUGS</b> (Including Contraceptives – copayment may apply)		Member pays a copayment of <b>\$10 tier 1 - \$30 tier 2 - \$50 tier 3</b>	
<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> <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>		<b>\$20 tier 1 - \$60 tier 2 - \$100 tier 3</b> per 90-day supply.	
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>			
Inpatient		80%	60%
Outpatient		80%	60%
Office visits (No Deductible)		\$25 copayment, then 100%	\$25 copayment, then 80%
Medication Management		80%	60%
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.			

### 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](http://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** - The Clinic at Walmart, 100 Mount Auburn Avenue (207) 330-3900
- **Augusta** - Concentra, 219 Capitol Street, Suite 2 (866) 944-6046  
- Maine General Express Care, 15 Enterprise Drive (207) 621-8880
- **Bangor** - Concentra, 34 Gilman Road (207) 941-8300  
- Eastern Maine Medical Ctr. Walk-in Care, 915 Union St. (207) 973-8030  
- Penobscot Community Health Center, 1012 Union St., Suite 3, (207) 945-5247  
- Penobscot Community Health Center, 1068 Union Street (207) 947-0147  
- Sunbury Walk-In Care, 133 Corporate Drive, Suite 4 (207) 942-7650
- **Berwick** - Berwick Walk-In Care, 4 Dana Drive (207) 698-6700
- **Brewer** - Penobscot Community Health Center, 735 Wilson Street (207) 989-1567
- **Brunswick** - Mid Coast Walk-in Clinic, 22 Station Avenue, Suite 102 (207) 406-7500
- **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
- **Kittery** - MyHealth Walk-in Care, 35 Walker Street (207) 439-4403
- **Lewiston** - Concentra, 59 East Avenue (866) 944-6046
- **Norway** - Concentra, 29 Winter Street (866) 944-6046
- **Old Town** - Penobscot Community Health Center, 242 Brunswick Street (207) 827-6128
- **Porter** - Sacopee Valley Health Center, 70 Main Street (207) 625-8126
- **Presque Isle** - The Aroostook Medical Center 23 North Street Suite 2 (207) 760-9278
- **Saco** - Southern Maine Medical Center PrimeCare, 655 Main Street (207) 294-5600
- **South Portland** - Concentra, 85 Western Avenue (866) 944-6046
- **Waterville** - MGMC Express Care, 211 Main Street (207) 877-3450
- **Wells** - York hospital walk-in care, 114 Sanford Road (207) 646-5211
- **Westbrook** - Mercy Express Care, 40 Park Road (207) 857-8174
- **Windham** - Mercy Express Care, 409 Roosevelt Trail (207) 893-0290
- **Yarmouth** - Mercy Express Care, 385 Route 1 (207) 535-1200

"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.

**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:

**Cross Employee Benefits**  
**(800) 244-7717**

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:

**Group Dynamic, Inc. (800) 626-3539**

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.