

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
BENEFITS 2025

**TRADITIONAL
POS - A
Anthem of Maine HMO Choice**

**ACADIA
Formally the POS - C
Blue Choice - PPO plan**

Network Name:

	In-Network Only	In-Network Only
BENEFIT DESCRIPTION		
❖ Maximum Out-of-Pocket Expenses Per Calendar Year (Deductible/ Coinsurance/Copays)	\$6,500 Single / \$13,000 Family	\$6,500 Single / \$13,000 Family
▪ Deductible	\$0 Single / \$0 Family	\$0 Single / \$0 Family
▪ Coinsurance	\$1,000 Single / \$2,000 Family	\$1,500 Single / \$3,000 Family
▪ Copays	\$5,500 Single / \$11,000 Family	\$5,000 Single / \$10,000 Family
Inpatient Services		
• Unlimited days of care in semi-private room	90%	90%
• Physician services	100%	100%
• Intensive care	90%	90%
• Ancillary services, lab tests, x- rays, anesthesia, medications	90%	90%
• Maternity care	90%	90%
• Newborn care	90%	90%
Outpatient Services		
• Any physician office visit, diagnosis and treatment	100% after \$10 copay PCP / \$20 copay specialist	100% after \$15 copay PCP / \$25 copay specialist
• Lab & X-ray - Diagnostic	100%	100%
• Lab & X-ray - Preventive	100%	100%
• Advanced Imaging Procedures (e.g., MRI, CT, and PET scans)	100% after \$100 copay ⁽²⁾	100% after \$100 copay ⁽²⁾
• Physical exams and Well-child care	100%	100%
• Immunizations/Flu shots	100%	100%
• Covered surgical procedures	100% after \$100 copay ⁽³⁾	100% after \$100 copay ⁽³⁾ <i>(Anesthesia covered at 90%)</i>
• Maternity care	100% ⁽⁴⁾	100%
• Gynecological exam	100% ⁽⁴⁾	100%
• Physical, Speech or Occupational Therapy	100% after \$20 copay ⁽⁵⁾	100% after \$25 copay ⁽⁵⁾
• Outpatient facility fees	100% / \$100 copay for surgical facility	100% / \$100 copay for surgical facility
• Ambulance (medically necessary)	100%	100%
Emergency Room/Walk In Services		
• Emergency / Acute Care	100% after \$150 copay	100% after \$150 copay
• Non-emergency care	100% after \$150 copay	100% after \$150 copay
• Walk In or Urgent Care Center	100% after \$20 copay	100% after \$25 copay
Other Services		
• Home Health/Hospice care	100%	90%
• Skilled nursing facility	100% - Limited to 100 days per calendar year	90% - Limited to 100 days per calendar year
• Human tissue & organ transplants	90%	90%
• Durable Medical Equipment	80%	80%
• Oral surgery (limited benefits)	100%	90%
• Preventative eye exams	100% ⁽⁴⁾⁽⁶⁾	100% ⁽⁶⁾
• Chiropractic care	100% after \$20 copay ⁽⁴⁾⁽⁷⁾	100% after \$25 copay ⁽⁷⁾
• Prescription Drug Card Copay		
Up to 30-day supply (<i>Retail</i>)	\$4 / \$10 / \$30 / \$50 / \$60	\$10 / \$20 / \$40 / \$60 / \$150*
31-90 day supply (<i>Mail Order</i>)	\$8 / \$20 / \$60 / \$100 / \$120	\$20 / \$40 / \$80 / \$120 / \$150*
<i>Tier 1(s) / Tier 1 / Tier 2 / Tier 3 / Tier 4</i>		
Mental Health /Substance Abuse Services		
All eligible inpatient and outpatient services	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽⁹⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽⁹⁾

(2) Advanced Imaging copays limited to \$300 per person per calendar year.

(3) Copay applies only when facility charge is billed.

(4) Participants may self-refer only to a participating provider.

(5) Combined physical, speech, and occupational therapy benefits limited to 75 visits per person, per calendar year.

(6) One exam per calendar year.

(7) Acute chiropractic care may be self-referred to a participating chiropractor for 36 visits per calendar year.

(9) All services must be pre-authorized by Anthem Blue Cross and Blue Shield.

Please Note: In order to receive In-Network level of benefits under the Point of Service plans, all services (except emergency or urgent care situations, as determined by a prudent layperson) must be authorized in advance by the participant's Primary Care Physician. Payment made Out-of-Network cannot be applied towards meeting the In-Network Deductible (Plan B) or Out-of-Pocket Maximum (all plans), and vice versa. Lifetime and calendar year maximums are combined In-Network and Out-of-Network for Mental Health, Substance Abuse and Skilled Nursing services.

Key Terms

POS - or Point of Service plan, Members are required to select a Primary Care Physician (PCP) from within the Anthem HMO Choice network. Benefits are paid at the In-Network (higher) level for services received from the member's Primary Care Physician (PCP), or from other In-Network providers with a referral from the PCP. Some services require that a member obtain prior authorization in order for benefits to be paid at the higher level of coverage. Benefits are paid at the Out-of-Network (lower) level for services received without a referral (except as designated by the plan), or for services received from Out-of-Network providers.

PPO - or Preferred Provider Organization plan is an arrangement where the health plan contracts with independent physicians, hospitals and other health care providers who become members of a preferred provider network, Blue Choice for the MMEHT PPO plans. The member may direct his/her care and elect either In-Network or Out-of-Network providers, however, it will require the member to pay more for services received from an Out-of-Network provider. Some services require that a member obtain prior authorization in order for benefits to be paid at the higher level of coverage. The member is not required 1) to select a PCP 2) to obtain referrals from his/her PCP even if one is selected.

Deductible - a defined dollar amount that must be satisfied by the insured before the medical plan provides coverage for certain benefits. Most medical plans have a single and a family maximum deductible amount. No one member of the family is obligated to meet the entire family deductible. Each individual insured by the plan is capped at the individual level. The family amount must be met by a minimum of two family members.

Coinsurance - a portion of the charges, usually a percentage, which is the responsibility of the insured. This coinsurance amount has an individual maximum and a family maximum and like the deductible the family maximum must be satisfied by at least two family members.

Copays - a defined dollar amount that is paid for that service. Copays do not require any deductible amount be met first, copays are most likely paid at the time the service is rendered (Emergency Room copays are generally the exception). Copays have an individual calendar maximum and a family calendar maximum and, like the deductible/coinsurance, the family maximum must be satisfied by at least two family members.

Maximum Out of Pocket - a defined dollar amount that is the responsibility of the insured for covered medical expenses. The maximum out of pocket is a combination of the deductible, coinsurance and copayments. It also has an individual maximum and family maximum. The family maximum must be met by at least two family members. Once the maximum OOP for any one individual has been met within the calendar year, all benefits are covered at 100% for the rest of the calendar year. Once the family maximum OOP has been met by at least two family members, all benefits for the entire family is covered at 100% even for those family members who have yet to file a medical claim.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

MEDICAL PROGRAM SUMMARY - January 1, 2025 to December 31, 2025

All benefits shown are In-Network. Services received Out-of-Network, if covered, may be paid at a lower level of benefits. Please consult your Plan Document or Summary Plan Description booklet for more information.

All figures shown (deductibles, copays, and coinsurance) reflect what the Member pays towards the cost of services.

	ACADIA PPO (formerly POS C)	BAXTER PPO (formerly POS 200)	KATHADIN PPO (formerly PPO 500)	MOOSEHEAD PPO (formerly PPO 1500)	PEMAQUID PPO (formerly PPO 2500)
DEDUCTIBLE Individual / Family	\$0 (No deductible)	\$200 / \$400	\$500 / \$1,000	\$1,500 / \$3,000	\$2,500 / \$5,000
CO-INSURANCE (Member pays)	10% for most services	20%	20%	20%	20%
OUT OF POCKET MAXIMUM Deductible plus Coinsurance Individual / Family	\$1,500 / \$3,000	\$1,700 / \$3,400	\$2,000 / \$4,000	\$4,000 / \$9,000	\$5,000 / \$10,000
COPAYS:					
Office Visit Copay (First PCP visit per calendar year paid at 100%)	\$15 PCP / \$25 Specialist	\$20 PCP / \$30 Specialist	\$20 PCP / \$35 Specialist	\$25 PCP / \$40 Specialist	\$25 PCP / \$40 Specialist
Mental Health Outpatient Copay (First visit per calendar year paid at 100%, no copay for visits via telehealth)	\$15	\$20	\$20	\$25	\$25
Emergency Room Copay	\$150	\$150	\$200	\$200	\$200
Walk-in or Urgent Care Center Copay	\$25	\$30	\$35	\$40	\$40
PREVENTIVE CARE:					
Preventive Care, including mammograms, Pap tests, women's preventive health services, colonoscopies, PSA tests, and routine physicals	0%	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
Preventive Lab and X-Ray	0%	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
Preventive Eye Exams (Limited benefits)	0%	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
OTHER SERVICES:					
In Patient Hospital Services	10% (0% for Physician Services)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Out Patient Surgical Facility	\$100 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Diagnostic Lab & X-Ray	0%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Advanced Imaging (MR/CT/PET)	\$100 copay Copays limited to \$300 per Cal Yr	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Chiropractic Care	\$25 copay Limited to 36 visits per Cal Yr	\$30 copay Limited to 36 visits per Cal Yr	\$35 copay Limited to 36 visits per Cal Yr	\$40 copay Limited to 36 visits per Cal Yr	\$40 copay Limited to 36 visits per Cal Yr
Physical, Speech and Occupational Therapy	\$25 copay Limited to 75 Visits per Cal Yr (Combined Limit)	\$30 copay Limited to 75 Visits per Cal Yr (Combined Limit)	\$35 copay Limited to 75 Visits per Cal Yr (Combined Limit)	\$40 copay Limited to 75 Visits per Cal Yr (Combined Limit)	\$40 copay Limited to 75 Visits per Cal Yr (Combined Limit)
PRESCRIPTION DRUGS (5 TIER): Tier 1-Select Generic / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4-Specialty and Lifestyle	5-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx
RX COPAY (Each 1-30 day supply at retail pharmacy)	\$10/\$20/\$40/\$60/\$150	\$10/\$30/\$50/\$75/\$150	\$10/\$30/\$50/\$75/\$150	\$10/\$30/\$50/\$75/\$150	\$10/\$30/\$50/\$75/\$150
RX COPAY (31-90 day supply via mail order)	\$20/\$40/\$80/\$120/NA	\$20/\$60/\$100/\$150/NA	\$20/\$60/\$100/\$150/NA	\$20/\$80/\$100/\$150/NA	\$20/\$60/\$100/\$150/NA
OTHER:					
Cap on In-Network Copays (includes medical and Rx copays) Individual / Family	\$5,000 / \$10,000	\$4,800 / \$9,600	\$5,500 / \$11,000	\$3,500 / \$7,000	\$2,500 / \$5,000