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**MAINE MEDICAL ASSOCIATION
 HMO MAINE BENEFIT OVERVIEW
 FEBRUARY 1, 2008 THRU JANUARY 31, 2009**

**Member Responsibility
 HMO Maine**

Service	Member Responsibility HMO Maine
Important Information	To receive benefits for covered services, the services must be provided or authorized by the Primary Care Physician unless otherwise stated.
Inpatient Admission Review	All scheduled inpatient admissions (except planned cesareans) require preadmission authorization by the Primary Care Physician. For emergency admissions you or someone you designate should call within 48 hours after admission for post admission review. For maternity admissions, you or someone you designate must call if the hospital stay is longer than 48 hours for a normal vaginal delivery or longer than 96 hours for a cesarean section.
Calendar Year Deductible	Applies to inpatient hospital facility charges and Outpatient, surgery facility charges
Coinsurance	Applies to inpatient hospital services, outpatient surgeries, and non-listed mental health
Lifetime Maximum Benefits	None
Non-listed Mental Illnesses	\$50,000
Inpatient Hospital facility charges (including delivery) Outpatient Surgery facility charge (hospital, ambulatory surgical center) High-tech radiology, e.g., SPECT, Nuclear Cardiology, MRI, CT Scan and PET scan (deductible does not apply)	Deductible: \$1,000 Coinsurance limit: 70% up to a \$2,500 Out of pocket limit: \$3,500 (Accumulative family deductible and coinsurance limits = 2 x individual)
Emergency Room Care	100% after a \$100 copayment For non-emergencies, you should call your Primary Care Physician for authorization before getting care. For emergencies, you should seek immediate medical care. (If you are admitted to the hospital, copayment is waived.)

Service	HMO Maine
<p>Professional Services</p> <p>Inpatient & Outpatient Physician Office Visits</p> <p>Preventive Care including:</p> <ul style="list-style-type: none"> • Well-baby care • Periodic physical exams • Routine gynecological exams and pap tests (no referral required for network professional) <p>Family Planning:</p> <ul style="list-style-type: none"> • Office visit • Contraceptive services/devices <p>Maternity Care:</p> <ul style="list-style-type: none"> • Pre & postnatal • Delivery 	<p>100%</p> <p>100% after a \$20 PCP/\$25 Specialist copayment</p> <p>100% after a \$20 PCP copayment</p> <p>100% after a \$20 PCP/\$25 Specialist copayment</p> <p>100%</p> <p>100%</p> <p>100%</p>
Diagnostic Services	100%
Ambulance	100% after a \$50 copayment
Occupational Therapy, Physical Therapy and Speech Therapy	<p>100% after a \$25 Specialist copayment</p> <p>Up to a \$3,000 combined limit per calendar year</p>
Chiropractic Care	<p>100% after a \$25 Specialist copayment</p> <p>Up to 36 visits per calendar year when self-referring to a network chiropractor. After 36 visits, PCP referral required</p>
Skilled Nursing Facility	<p>100%</p> <p>Up to 100 days per calendar year</p>
Home Health Care	100%
Hospice	100%
Durable Medical Equipment and Prosthetics (<i>*Prosthetics to replace limbs are not subject to the limit</i>)	<p>100%</p> <p>*Up to \$3,000 per member per calendar year</p>
Lamaze Classes	100%
Routine Eye Exams	<p>100% after a \$25 Specialist copayment</p> <p>Up to one exam per calendar year up to age 19, one exam every two calendar years thereafter. PCP referral not required</p>
For Children up to Age 12: Routine Dental Exams and Preventive Dentistry	<p>100% after a \$25 Specialist copayment</p> <p>Up to 2 exams per calendar year. PCP referral not required</p>
<p>Smoking Cessation</p> <p>Smoking Cessation Program</p> <p>Physician Office Visits for Education and counseling per calendar year</p> <p>Medications (ie. gum, patch, nasal spray, Zyban) prescribed by your physician</p>	<p>100%</p> <p>\$35 per program, \$70 per lifetime</p> <p>100% after a \$20 PCP/\$25 Specialist copayment/2 visits per calendar year</p> <p>See Prescription Drug Coverage section</p> <p>Up to \$200 per calendar year, up to \$400 per lifetime</p>
Temporomandibular Joint (TMJ) Syndrome Services	Not covered

Service

HMO Maine

Important Information On Receiving Mental Health & Substance Abuse Benefits

**Listed Mental Illnesses: State of Maine Statute requires that benefits be provided at the same benefit level provided for medical treatment for the following listed mental illnesses:*

Psychotic disorders, including schizophrenia; dissociative disorders; mood disorders; anxiety disorders; personality disorders; paraphilias; attention deficit and disruptive behavior disorders; pervasive developmental disorders; tic disorders; eating disorders, including bulimia and anorexia; and substance abuse-related disorders.

Note: Primary Care Physician authorization not required.
To receive benefits for mental health and substance abuse services, you must call for pre-authorization of services and receives those services from the provider the mental health care manager indicates

Mental Health – Inpatient

Listed Illnesses - includes substance abuse services

Non-listed Illnesses

Refer to Inpatient Services section for benefits

80%
Up to 31 days per member per calendar year. Two days of day treatment equal one day of inpatient services

Mental Health – Outpatient

Listed Illnesses - includes substance abuse services

Non-listed Illnesses - \$1,500 annual limit

100% after a \$25 Specialist copayment

50%

Prescription Drug Coverage (Includes Contraceptives)

Retail Pharmacy: Member pays a copayment of \$10 generic / \$30 brand / \$50 optional brand name drugs per 30-day supply.

Mail Order through Anthem Rx Direct Mail Order Pharmacy: Member pays a copayment of \$20 generic / \$60 brand / \$100 optional brand name drug per 90-day supply.

You will save one months copay with each fill!

Note: Primary Care Physician authorization not required.

Notes: With HMO Maine, you are covered from coast to coast when you travel. If you are away from home and need urgent or emergency care, you should call the Away From Home Phone Number, **1-800-810-BLUE**, to be directed to the nearest participating HMO.

The following health promotion programs materials and discounts are available to HMO Maine members: Our health and benefit education newsletters, discounts on health-related products and services including discounts at selected fitness clubs and health organizations.

The following are examples of services NOT covered by HMO Maine: cosmetic services, temporomandibular joint (TMJ) syndrome services, vision therapy.

If there are any questions regarding benefits, please call a customer service representative at 1-800-527-7706 or (207) 822-8282 from Greater Portland.

THIS IS NOT A CONTRACT.

It is an overview of your benefits. For more detailed information, please contact your benefits administrator or ask us for a copy of the Certificate of Coverage for this health plan. If there are discrepancies between this benefit overview and the Certificate of Coverage, the Certificate will govern.