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**MAINE MEDICAL ASSOCIATION  
 HMO MAINE BENEFIT OVERVIEW  
 FEBRUARY 1, 2009 THRU JANUARY 31, 2010**

**Member Responsibility**

<b>Service</b>	<b>HMO Maine</b>
<b>Important Information</b>	To receive benefits for covered services, the services must be provided or authorized by the Primary Care Physician unless otherwise stated.
<b>Inpatient Admission Review</b>	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.
<b>Calendar Year Deductible</b>	Applies to inpatient hospital facility charges and Outpatient, surgery facility charges
<b>Coinsurance</b>	Applies to inpatient hospital services, outpatient surgeries, and non-listed mental health
<b>Lifetime Maximum Benefits</b>	None
<b>Non-listed Mental Illnesses</b>	\$50,000
<b>Inpatient Hospital facility charges (including delivery)</b>  <b>Outpatient Surgery facility charge (hospital, ambulatory surgical center)</b> <b>High-tech radiology, e.g., SPECT, Nuclear Cardiology, MRI, CT Scan and PET scan (deductible does not apply)</b>	Deductible: \$1,000  Member pays 30% up to a \$2,500 per calendar year Combined calendar year out-of-pocket limit \$3,500  (Accumulative family deductible and coinsurance limits = 2 x individual)
<b>Emergency Room Care</b>	\$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><b>Professional Services</b></p> <p><b>Inpatient &amp; Outpatient Physician Office Visits</b></p> <p><b>Preventive Care including:</b></p> <ul style="list-style-type: none"> <li>• Well-baby care</li> <li>• Periodic physical exams</li> <li>• Routine gynecological exams and pap tests (no referral required for network professional)</li> <li>• Screening Colonoscopy</li> </ul> <p><b>Family Planning:</b></p> <ul style="list-style-type: none"> <li>• Office visit</li> <li>• Contraceptive services/devices</li> </ul> <p><b>Maternity Care:</b></p> <ul style="list-style-type: none"> <li>• Pre &amp; postnatal</li> <li>• Delivery</li> </ul>	<p>No member cost sharing \$20 PCP/\$25 Specialist copayment \$20 PCP copayment</p> <p>No member cost sharing</p> <p>\$20 PCP/\$25 Specialist copayment No member cost sharing</p> <p>No member cost sharing No member cost sharing</p>
<b>Diagnostic Services</b>	No member cost sharing
<b>Ambulance</b>	\$50 copayment
<b>Occupational Therapy, Physical Therapy and Speech Therapy</b>	<p>\$25 Specialist copayment</p> <p>Up to a \$3,000 combined limit per calendar year</p>
<b>Chiropractic Care</b>	<p>\$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>
<b>Skilled Nursing Facility</b>	<p>No member cost sharing</p> <p>Up to 100 days per calendar year</p>
<b>Home Health Care</b>	No member cost sharing
<b>Hospice</b>	No member cost sharing
<b>Durable Medical Equipment and Prosthetics</b> ( <i>*Prosthetics to replace limbs are not subject to the limit</i> )	<p>No member cost sharing</p> <p>*Up to \$3,000 per member per calendar year</p>
<b>Lamaze Classes</b>	No member cost sharing
<b>Routine Eye Exams</b>	<p>\$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>
<b>For Children up to Age 12: Routine Dental Exams and Preventive Dentistry</b>	<p>\$25 Specialist copayment</p> <p>Up to 2 exams per calendar year. PCP referral not required</p>

Service	HMO Maine
<p><b>Smoking Cessation</b></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>No member cost sharing</p> <p>\$35 per program, \$70 per lifetime</p> <p>\$20 PCP/\$25 Specialist copayment/2 visits per calendar year</p> <p>See Prescription Drug Coverage section Up to \$200 per calendar year, up to \$400 per lifetime</p>
<p><b>Temporomandibular Joint (TMJ) Syndrome Services</b></p>	<p>Not covered</p>
<p><b>Important Information On Receiving Mental Health &amp; Substance Abuse Benefits</b></p> <p><i>*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:</i></p> <p><i>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.</i></p>	<p>Note: Primary Care Physician authorization not required.</p> <p>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</p>
<p><b>Mental Health – Inpatient</b></p> <p><b>Listed Illnesses - includes substance abuse services</b></p> <p><b>Non-listed Illnesses</b></p>	<p>Refer to Inpatient Services section for benefits</p> <p>20%</p> <p>Up to 31 days per member per calendar year. Two days of day treatment equal one day of inpatient services</p>
<p><b>Mental Health – Outpatient</b></p> <p><b>Listed Illnesses - includes substance abuse services</b></p> <p><b>Non-listed Illnesses - \$1,500 annual limit</b></p>	<p>\$25 Specialist copayment</p> <p>50%</p>
<p><b>Prescription Drug Coverage (Includes Contraceptives)</b></p> <p>Mail order drugs are two times this copayment for a 90 day supply</p> <p><i>Step therapy and prior authorization may apply to some drugs</i></p>	<p>You pay a copayment \$10 tier 1/\$30 tier 2/\$50 tier 3 per 30 day supply</p> <p>Note: Primary Care Physician authorization not required.</p>

**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.**