

MaineHealth

EMPLOYEE HEALTH PLAN BENEFIT OVERVIEW

HEALTHY SELECT PLAN

Effective January 1, 2023

This is not a contract. This Benefit Overview is a brief outline of coverage and does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations, and exclusions, please review the MaineHealth Healthy Select Summary Plan Document and Summary of Material Modifications.

<p>IMPORTANT INFORMATION</p>	<p>To receive benefits for covered services, the services must be provided or authorized by your Primary Care Physician (PCP) unless otherwise stated. Benefits are paid based on the Plan maximum allowance. With the exception of Behavioral Health services, your MaineHealth plan uses Aetna's Healthy Select Network. Some providers fall into the Preferred tier which often means lower cost shares to the member. Please see page 7 for Network details. Services with Non-Network providers are not covered unless prior authorization is approved by the Plan in advance of services rendered, except in emergency situations. <i>Note: Non-Network emergency care must be received in an Emergency Room to be eligible for benefits and your PCP must be contacted within 48 hours.</i></p>
<p>PRE-CERTIFICATION REQUIREMENTS</p>	<p>All scheduled inpatient admissions (except planned cesareans), require pre-admission authorization (also known as pre-certification) by the admitting provider. Your provider should call 1-888-632-3862 to pre-certify your admission.</p> <p>In an emergency, seek care immediately. You or someone you designate should call us within 48 hours after admission. For maternity admissions, you, or someone you designate must call if the hospital stay is longer than 72 hours for a normal vaginal delivery or longer than 120 hours for a cesarean section.</p> <p>Behavioral Health (Mental Health & Substance Abuse) All Inpatient/Residential, Partial Hospitalization Program, TMS services, and Applied Behavioral Analysis services require pre-certification through Behavioral Health Care Program (BHCP). You must call BHCP at 1-800-538-9698 prior to any such treatment. Office visits with your PCP or a BHCP network provider do not need to be pre-certified. To view BHCP network providers, go to www.bhcp.org.</p> <p>In an emergency, you should seek care immediately and you or someone you designate should call BHCP within 48 hours. BHCP will be responsible for authorizing ongoing care.</p>

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Aetna Select Network		
Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
CALENDAR YEAR DEDUCTIBLE	\$500 Individual \$1,000 Family (<i>accumulative</i>)	
LIFETIME MAXIMUM	Unlimited	
CALENDAR YEAR OUT-OF-POCKET LIMIT <i>(Includes deductible, medical copays and coinsurance for all covered services. Does not include prescription drug copayments.)</i>	<i>Out of Pocket Costs cross-accumulate between Preferred and Participating Networks.</i>	
	\$2,500 Individual \$5,000 Family (<i>accumulative</i>)	\$4,900 Individual \$9,800 Family (<i>accumulative</i>)
CALENDAR YEAR PRESCRIPTION DRUG COPAYMENT LIMIT <i>(Includes prescription drug copayments.)</i>	\$2,250 Individual \$4,500 Family (<i>accumulative</i>)	
HOSPITAL SERVICES <ul style="list-style-type: none"> • Inpatient General medical & surgical care • Outpatient Ambulatory surgery, laboratory tests and x-ray/imaging services • Emergency Room Care 	<p>When services are performed at a Preferred facility, benefits are paid at the highest level.</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">\$200 copayment, no deductible, then 80%</p> <p>All other services, including Lab/X-Ray are covered at 80% after deductible. In an emergency, seek care immediately. If you are admitted to the hospital from the emergency room, the copayment is waived, and the deductible and applicable coinsurance will be applied.</p>	<p>When services are performed at a Participating facility, benefits are paid at a lower level than Preferred.</p> <p style="text-align: center;">65% after deductible</p> <p style="text-align: center;">65% after deductible</p>
	URGENT CARE CENTERS/WALK-IN CENTERS	\$40 office visit copayment when seen at a Preferred center
AMBULATORY SURGERY FACILITY NON-HOSPITAL	80% after deductible	65% after deductible
LABORATORY & IMAGING NON-HOSPITAL	80% after deductible	65% after deductible
AMBULANCE ¹	80% after deductible	

¹All in network providers for these services are paid at the Preferred level.

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Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
PREVENTIVE CARE SERVICES (when billed as preventive)		
<ul style="list-style-type: none"> • Routine Physical Exams <i>You do not need PCP referral for an annual Well Woman gynecological exam.</i> • Immunizations • Pap Smears • PSA Tests • Mammograms (when preventive & medically necessary) • Nutritional Counseling • Colorectal Cancer Screenings including: <ul style="list-style-type: none"> - Colonoscopy - Sigmoidoscopy - Fecal Occult Blood Testing - Contrast Barium Enema • Pediatric Oral Care: Fluoride Application (under the age of 11 years) • Women's Preventive Care Enhancements 	<p>100%, no deductible (Copay may apply where diagnostic care is also provided.)</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p>	<p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p> <p>100%, no deductible</p>
<p><i>Women's Preventive Care includes: well-woman visit; screening for gestational diabetes; testing for HPV; counseling for sexually transmitted infections; screening and counseling for HIV; FDA-approved contraception methods (generic drugs and brand name drugs that don't have a generic equivalent) and contraceptive counseling; breastfeeding support, supplies and counseling; screening and counseling for interpersonal and domestic violence as well as Preventive Care Services that meet the requirements of federal and state law.</i></p>		
PROFESSIONAL/PHYSICIAN SERVICES		
<ul style="list-style-type: none"> • Office and TeleHealth Visits ² When performed by a PCP When performed by a Specialist • Maternity ² First Visit with PCP First Visit with a Specialist Pre/Postnatal Office Visits ²/Delivery • Inpatient Visits and Other Professional Services (including surgery) • Teladoc Online Virtual Visits General Medical 	<p>\$15 office visit copayment</p> <p>\$40 office visit copayment</p> <p>\$15 office visit copayment</p> <p>\$40 office visit copayment</p> <p>80% after deductible</p> <p>80% after deductible</p> <p>N/A</p>	<p>\$30 office visit copayment</p> <p>\$60 office visit copayment</p> <p>\$30 office visit copayment</p> <p>\$60 office visit copayment</p> <p>65% after deductible</p> <p>65% after deductible</p> <p>\$30 office visit copayment</p>

² Office visit copayments apply to the visit charge only. All other covered charges at time of service are payable at deductible and applicable coinsurance percentage for Preferred or Participating networks.

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AUTISM SPECTRUM DISORDERS/APPLIED BEHAVIOR ANALYSIS	80% after deductible	65% after deductible
CHIROPRACTIC² <i>Limit: 36 visits per member per calendar year.</i> <i>PCP referral not required.</i>	<u>Office Visits</u> \$40 office visit copayment when seen by a Network chiropractor. When seen by your PCP or other professional, see Office Visit section (page 3). <u>Manipulations</u> Manipulations are covered at 80%, after deductible, when billed by a Network Chiropractor separately from Office Visit. For manipulations billed by other professionals, see Inpatient Visits and Other Professional Services section (page 3).	
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY² <i>Limit: 60 combined visits per member per calendar year.</i>	<u>Office Visits</u> \$40 office visit copayment <u>Therapies</u> Therapies covered at 80% after deductible, when billed by a Network Physical, Speech or Occupational Therapist separately from Office Visit. For therapies billed by other professionals, see Inpatient Visits and Other Professional Services section (page 3) for applicable cost shares. Facility billed therapies follow the Outpatient Hospital benefit (page 2).	
ROUTINE EYE EXAMS—FOR VISION CORRECTION	Not Covered	
ACUPUNCTURE <i>Limit: 12 visits per member per calendar year when prescribed by a physician and medically necessary.</i>	80% after deductible when performed by a Licensed Acupuncturist or Preferred professional	65% after deductible when performed by a Participating professional

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Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
DURABLE MEDICAL EQUIPMENT³ <i>Subject to Participating Out of Pocket limit</i>	80% after deductible	
ASTHMA EDUCATION³ <i>Subject to Participating Out of Pocket limit</i>	80% after deductible	
HEARING EXAMS <i>Limited to 1 every 24 months</i>	\$40 office visit copayment	\$60 office visit copayment
HEARING AIDS <i>Limited to one hearing aid at \$3,000 per ear every 36 months</i>	65% after deductible	
SKILLED NURSING FACILITY <i>Limit: 150 days per member per calendar year.</i>	100% after deductible	
HOME HEALTH CARE	100% after deductible	65% after deductible
HOME INFUSION THERAPY	80% after deductible	65% after deductible
HOSPICE	100% after deductible	65% after deductible
PROSTHETICS³ <i>Subject to Participating Out of Pocket limit</i>	80% after deductible <i>Members/Providers should contact Customer Service for assistance.</i>	
Tobacco Cessation		
• Prescriptions	Medications and over-the-counter smoking cessation aids, when prescribed by a physician, are NOT subject to the prescription drug copayment. No cost to you.	
• Programs	Certified facility-based programs covered at 100%. No PCP referral required and no copayment when billed by facility.	
• Physician Office Visits	Office visits covered at 100%, no deductible	
INFERTILITY		
• Diagnostic Services	Covers diagnosis and treatment of underlying cause only.	
• Treatment	Infertility treatment is not covered.	

³ There are no Preferred providers for these categories of services.

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<p>MENTAL HEALTH & SUBSTANCE ABUSE SERVICES</p> <ul style="list-style-type: none"> • Inpatient (including all Inpatient/Residential and Crisis Stabilization treatment, Partial Hospitalization, and Intensive Outpatient treatment) • Office Visits ⁴ 	<p>You must call Behavioral Health Care Program (BHCP) at 1-800-538-9698 for pre-certification prior to any Inpatient/Residential, Partial Hospitalization, TMS services, and Applied Behavioral Analysis services. Such services when not pre-certified by BHCP will not be covered. Office visits with your PCP or a BHCP network provider do not need to be pre-certified. To view BHCP network providers, go to www.bhcp.org.</p> <p>In an emergency you should seek care immediately and call BHCP within 48 hours. BHCP will be responsible for ongoing care.</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">\$15 office visit copayment when performed by a BHCP network provider. <i>For cost share on Mental Health/Substance Abuse services performed by your PCP see the Office Visit section (page 3).</i></p>
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⁴ Office visit copayments apply to the visit charge only. All other covered charges at time of service are payable after deductible and applicable coinsurance for Preferred or Participating networks.

Pharmacy Benefits					
PRESCRIPTION DRUGS	Member Copays				
	30 Day Supply Retail Pharmacy	30 Day Supply MaineHealth Pharmacy*	90 Day Supply	90 Day Supply MaineHealth Pharmacy*	
Tier 1 – Generic	\$10	\$8	\$20	\$16	
Tier 2 – Preferred	\$35	\$28	\$70	\$56	
Tier 3 – Non-Preferred	\$50	\$40	\$100	\$80	
Tier 4 – Specialty**	N/A	\$60	N/A	N/A	

* MaineHealth Pharmacies include: The Pharmacy at Maine Medical Center, Southern Maine Health Care’s Hospital Pharmacy, and Pen Bay Healthcare’s Hospital Pharmacy.

Specialty Medications are limited to a 30-day supply and are available exclusively at The Pharmacy at Maine Medical Center. **Call The Pharmacy at MMC at 207-662-0445 or visit their website: www.mmc.org/pharmacy.

If you or your doctor request a brand-name drug (Tier 2 or Tier 3) when a generic drug is available, you will be responsible for paying the brand name copayment (Tier 2 or Tier 3) plus the difference between the cost of the brand name and the generic drug.

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<p><u>PHYSICIAN NETWORK</u></p> <p>Please refer to the comprehensive list of “Preferred” physicians located on the Aetna website under the MaineHealth home page: www.aetna.com/mainehhealthysselect</p> <p><u>HOSPITAL NETWORK</u></p> <ul style="list-style-type: none"> Franklin Memorial Hospital LincolnHealth- Miles Campus LincolnHealth-St.Andrews Campus Maine Medical Center Maine General Medical Centers Memorial Hospital -North Conway, NewHampshire Mid Coast Hospital New England Rehabilitation Hospital Pen Bay Medical Center St. Mary’s Regional Medical Center Southern Maine Health Care - Biddeford Campus Southern Maine Health Care - Sanford Campus Spring Harbor Hospital Stephens Memorial Hospital Waldo County General Hospital <p><u>INDEPENDENT LAB NETWORK</u></p> <ul style="list-style-type: none"> NorDx Coastal Women’s Health Care Lab <p><i>(Lab work may also be performed at a Preferred facility and be eligible for the Preferred benefit level.)</i></p>	<p><u>PHYSICIAN NETWORK</u></p> <p>All other Physicians that are part of the Aetna Select network</p> <p><u>HOSPITAL NETWORK</u></p> <p>All other Hospitals that are part of the Aetna Select network</p> <p><u>INDEPENDENT LAB NETWORK</u></p> <p>All other Independent Labs that are part of the Aetna Select network</p>

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<p><u>FREE STANDING IMAGING & SURGICAL FACILITY NETWORK</u></p> <ul style="list-style-type: none"> Intermed Surgery Center InterMed Imaging/Radiology Maine Eye Center Maine Molecular Imaging LLC Rayus Imaging/Marshwood (Maine locations) Maine Medical Partners Neurosurgery & Spine Associates Portland Endoscopy Center SMHC Diagnostic Services - Biddeford SMHC Diagnostic Services - Kennebunk SMHC Diagnostic Services - Saco SMHC Diagnostic Services - Sanford SMHC Diagnostic Services - Waterboro OA Orthopedic Surgery Center Western Ave Day Surgery Center Maine Participating Dialysis Centers 	<p><u>FREE STANDING IMAGING & SURGICAL FACILITY NETWORK</u></p> <p>All other Free Standing Imaging & Surgical Facility Centers that are part of the Aetna Select network</p>
<p><u>WALK-IN CENTER/URGENT CARE CENTER NETWORK</u></p> <ul style="list-style-type: none"> SMHC Walk-in Care - Kennebunk SMHC Walk-in Care Saco SMHC Walk-in Care Sanford SMHC Walk-in Care Waterboro Maine General Walk-in Center - Augusta Maine General Walk-in Center Waterville Mid Coast Walk-in Center - Brunswick St. Mary's Urgent Care - Auburn Waldo County General Hospital - Belfast Western Maine Mountain Clinic - Newry (Seasonal) LincolnHealth Urgent Care Center - Boothbay Harbor Maine Medical Center Urgent Care Plus - Portland Pen Bay Medical Center - Rockland 	<p><u>WALK-IN CENTER/URGENT CARE CENTER NETWORK</u></p> <p>All other centers that are part of the Aetna Select Network</p>
<p><u>HOME HEALTH PROVIDER NETWORK</u></p> <ul style="list-style-type: none"> Androscoggin Home Care & Hospice Community Health & Nursing Service Hospice of Southern Maine MaineHealth Care At Home New England Life Care (Home Infusion Therapy) 	<p><u>HOME HEALTH PROVIDER NETWORK</u></p> <p>All other Home Health Providers that are part of the Aetna Select network</p>
<p><u>BEHAVIORAL HEALTH PROVIDER NETWORK</u></p> <p>All Behavioral Health Care Program (BHCP) network providers.</p>	<p><u>BEHAVIORAL HEALTH PROVIDER NETWORK</u></p> <p>All other behavioral health providers that are part of the Aetna Select network when authorized by BHCP.</p>