

**EMPLOYEE HEALTH PLAN BENEFIT OVERVIEW**

**HEALTHY SAVER PLAN**

Effective January 1, 2025

*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 Saver Summary Plan Document and Summary of Benefit Coverage.*

Benefit	Preferred Providers	Participating and Non-Network Providers
<b>IMPORTANT INFORMATION</b>	Coverage described in this column applies when treatment is received by Preferred facilities and professionals. Benefits are paid based on the Plan maximum allowance. Please see page 5 for Network details.	Coverage described in this column applies when the member receives services from a Participating or a Non-Network provider.
<b>PRE-CERTIFICATION REQUIREMENTS</b>	<p>All scheduled inpatient admissions (except planned cesareans), require pre-admission authorization (also known as pre-certification) by the admitting provider. <b>Your provider should call 1-888-632-3862 to pre-certify your admission.</b></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><b>Behavioral Health (Mental Health &amp; Substance Abuse)</b> For behavioral health, all Inpatient/Residential, Partial Hospitalization Program, TMS Services, and Applied Behavioral Analysis services require pre-certification through Behavioral Health Care Program (BHCP). <b>You must call BHCP at 1-800-538-9698 prior to any such treatment.</b> Office visits do not need to be pre-certified. To view BHCP network providers, go to <a href="http://www.bhcp.org">www.bhcp.org</a>.</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>	
<b>CALENDAR YEAR DEDUCTIBLE</b>	<p>\$1,750 Employee Only Contract \$3,500 Employee + Dependent(s) Contract</p>	
<b>LIFETIME MAXIMUM</b>	Unlimited	
<b>CALENDAR YEAR OUT-OF-POCKET LIMIT</b> <i>(Includes deductible, coinsurance and prescription copays for all covered services.)</i>	<p>\$3,500 Employee Only Contract \$7,000 Employee + Dependent(s) Contract</p>	
<p><b>HOSPITAL SERVICES</b></p> <ul style="list-style-type: none"> <li>• <b>Inpatient</b> General medical &amp; surgical care</li> <li>• <b>Outpatient</b> Ambulatory surgery, laboratory tests and x-ray/imaging services</li> <li>• <b>Emergency Room Care</b></li> </ul>	<p>When services are performed at a Preferred facility, benefits are paid at the highest level.</p> <p>90% after deductible</p> <p>90% after deductible</p> <p>90% after deductible</p>	<p>When services are performed at all other facilities, benefits are paid at a reduced level.</p> <p>70% after deductible</p> <p>70% after deductible</p> <p>90% after deductible</p>

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URGENT CARE CENTER/WALK-IN CENTER	90% after deductible	70% after deductible
AMBULATORY SURGERY FACILITY - NON-HOSPITAL	90% after deductible	70% after deductible
LABORATORY & IMAGING -NON-HOSPITAL	90% after deductible	70% after deductible
AMBULANCE	90% after deductible	
<b>PREVENTIVE CARE SERVICES (when billed as preventive)</b> <ul style="list-style-type: none"> <li>• Routine Physical Exams</li> <li>• Immunizations</li> <li>• Pap Smears</li> <li>• PSA Tests</li> <li>• Screening Mammograms</li> <li>• Nutritional Counseling (limitations apply)</li> <li>• Colorectal Cancer Screenings including:                             <ul style="list-style-type: none"> <li>- Colonoscopy</li> <li>- Sigmoidoscopy</li> <li>- Fecal Occult Blood Testing</li> <li>- Contrast Barium Enema</li> </ul> </li> <li>• Pediatric Oral Care: Fluoride Application (under the age of 11 years)</li> <li>• Women's Preventive Care Enhancements</li> </ul>	100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible	100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible 100%, no deductible
<i>Women's Preventive Care Includes: well-woman visits; 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>		
<b>PROFESSIONAL/PHYSICIAN SERVICES</b> <ul style="list-style-type: none"> <li>• Office and Telehealth Visits</li> <li>• Maternity                             <ul style="list-style-type: none"> <li>First Visit</li> <li>Pre/Postnatal Office Visits/Delivery</li> </ul> </li> <li>• Inpatient Visits and Other Professional Services (including surgery)</li> <li>• Teladoc Online Virtual Visits</li> </ul>	90% after deductible  90% after deductible 90% after deductible  90% after deductible  N/A	70% after deductible  70% after deductible 70% after deductible  70% after deductible  70% after deductible
AUTISM SPECTRUM DISORDERS/APPLIED BEHAVIOR ANALYSIS	90% after deductible	70% after deductible
<b>CHIROPRACTIC</b> <i>Limit: 36 visits per member per calendar year (when medically necessary)</i>	90% after deductible when performed by a network Chiropractor	

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<b>PHYSICAL, SPEECH &amp; OCCUPATIONAL THERAPY</b> <i>Limit: 60 combined visits per member per calendar year</i>	90% after deductible when performed by a network Physical, Speech or Occupational Therapist	
<b>ROUTINE EYE EXAMS – FOR VISION CORRECTION</b>	Not Covered	
<b>ACUPUNCTURE</b> <i>Limit: 12 visits per member per calendar year when prescribed by a physician and medically necessary.</i>	90% after deductible when performed by a Preferred professional	70% after deductible when performed by a Participating professional
<b>DURABLE MEDICAL EQUIPMENT</b>	90% after deductible	
<b>ASTHMA EDUCATION</b> (paid based on service performed and place of service)	90% after deductible	70% after deductible
<b>HEARING EXAMS</b> <i>Limited to one every 24 months.</i>	90% after deductible	70% after deductible
<b>HEARING AIDS<sup>1</sup></b> <i>Limited to one hearing aid at \$3,000 per ear every 36 months.</i>	70% after deductible	
<b>SKILLED NURSING FACILITY</b>	90% after deductible	90% after deductible*
<b>HOME HEALTH CARE</b>	90% after deductible	90% after deductible*
<b>HOME INFUSION THERAPY</b>	90% after deductible	90% after deductible*
<b>HOSPICE</b>	90% after deductible	90% after deductible*
<b>PROSTHETICS</b>	90% after deductible <i>Members/Providers should contact Customer Service for assistance.</i>	
<b>TOBACCO TREATMENT</b>		
• <b>Prescriptions</b>	Medications and over-the-counter smoking cessation aids, when prescribed by a physician, are NOT subject to the deductible or prescription drug copayments. There is no cost to you.	
• <b>Programs</b>	100% no deductible	100% no deductible
• <b>Physician Office Visits</b>	100% no deductible	100% no deductible

<sup>1</sup> There are no Preferred providers in this service category and all Network services are paid at the Participating level.

\*Non-Network covered at 70% after deductible

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<b>INFERTILITY</b> <ul style="list-style-type: none"> <li>• <b>Diagnostic Services</b></li>   <li>• <b>Treatment</b></li> </ul>	<p style="text-align: center;">Covers diagnosis and treatment of underlying cause only</p> <p style="text-align: center;">Infertility treatment is covered through Progyny*</p>	<p style="text-align: center;">Covers diagnosis and treatment of underlying cause only</p> <p style="text-align: center;">Not Covered <i>(Note: Infertility treatment through Progyny covered at Preferred Tier only)</i></p>
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE SERVICES</b> <ul style="list-style-type: none"> <li>• <b>Inpatient</b></li> <li>• <b>Outpatient</b></li> <li>• <b>Office Visits</b></li> </ul>	<p>You must call Behavioral Health Care Program (BHCP) at <b>1-800-538-9698</b> for pre-certification prior to any Inpatient/Residential Partial Hospitalization, TMS services, and Applied Behavioral Analysis services. Office visits do not need to be pre-certified. To view BHCP network providers, go to <a href="http://www.bhcp.org">www.bhcp.org</a>.</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> <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;">90% after deductible</p> <p style="text-align: center;">90% after deductible</p> <p style="text-align: center;">90% after deductible</p>	<p style="text-align: center;">70% after deductible</p> <p style="text-align: center;">70% after deductible</p> <p style="text-align: center;">Participating: 90% after deductible Non-Network: 70% after deductible</p>

Pharmacy Benefits					
PRESCRIPTION DRUGS		Member Copays			
		30 Day Supply Retail Pharmacy	30 Day Supply MaineHealth Pharmacy*	90 Day Supply	90 Day Supply MaineHealth Pharmacy*
Prescription Drugs are subject to the deductible**, then copays apply.					
	Tier 1 - Generic	\$10	\$7.50	\$20	\$15
	Tier 2 – Preferred	\$35	\$26.25	\$70	\$52.50
	Tier 3 - Non-Preferred	\$50	\$37.50	\$100	\$75
	Tier 4 - Specialty***	N/A	\$60	N/A	N/A
<p>*MaineHealth Pharmacies include: MaineHealth Pharmacy Specialty and Home Delivery Westbrook, MaineHealth Pharmacy Maine Medical Center Portland, MaineHealth Pharmacy Maine Medical Center Biddeford, and MaineHealth Pharmacy Pen Bay Hospital.</p> <p>**Prescription drugs listed on the Aetna Standard Preventive Drug List are not subject to the deductible, but applicable copays apply. Please refer to the Aetna Standard Preventive Drug List on the Aetna website under the MaineHealth home page: <a href="http://www.mainehealthaetna.com">www.mainehealthaetna.com</a> or call the Member Services number on the back of your identification card. This list is subject to change.</p> <p>***Specialty Medications are limited to a 30-day supply and are available exclusively at MaineHealth Pharmacy Specialty and Home Delivery Westbrook. <b>Call 207-662-1800.</b></p> <p>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.</p>					

\*For more information contact Progyny at 866-960-3560

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<p><b><u>PHYSICIAN NETWORK</u></b></p> <p>Please refer to the comprehensive list of “Preferred” physicians located on the Aetna website under the MaineHealth home page: <a href="http://www.mainehealthaetna.com">www.mainehealthaetna.com</a></p> <p><b><u>HOSPITAL NETWORK</u></b></p> <ul style="list-style-type: none"> <li>MaineHealth Franklin Hospital</li> <li>MaineHealth Lincoln Hospital</li> <li>MaineHealth Maine Medical Center Portland</li> <li>MaineHealth Maine Medical Center Biddeford</li> <li>MaineHealth Maine Medical Center Sanford</li> <li>MaineGeneral Medical Centers</li> <li>MaineHealth Memorial Hospital</li> <li>MaineHealth Mid Coast Hospital</li> <li>NewEngland Rehabilitation Hospital</li> <li>MaineHealth Pen Bay Hospital</li> <li>St. Mary’s Regional Medical Center</li> <li>MaineHealth Behavioral Health at Spring Harbor</li> <li>MaineHealth Stephens Hospital</li> <li>MaineHealth Waldo Hospital</li> </ul> <p><b><u>INDEPENDENT LAB NETWORK</u></b></p> <ul style="list-style-type: none"> <li>MaineHealth NorDx</li> </ul> <p><b><u>FREE STANDING IMAGING &amp; SURGICAL FACILITY NETWORK</u></b></p> <p>All free-standing Imaging &amp; Surgical Facilities owned by MaineHealth</p> <ul style="list-style-type: none"> <li>Intermed Surgery Center</li> <li>InterMed Imaging/Radiology</li> <li>Maine Eye Center</li> <li>Maine Molecular Imaging LLC</li> <li>Portland Endoscopy Center</li> <li>Rayus Imaging/Marshwood (Maine locations)</li> <li>OA Orthopedic Surgery Center</li> <li>Western Ave Day Surgery Center</li> <li>Maine Participating Dialysis Centers</li> </ul>	<p><b><u>PHYSICIAN NETWORK</u></b></p> <p>All other Physicians that are part of the Aetna Choice POS II Network and Non-Network providers</p> <p><b><u>HOSPITAL NETWORK</u></b></p> <p>All other Hospitals that are part of the Aetna Choice POS II Network and Non-Network providers</p> <p><b><u>INDEPENDENT LAB NETWORK</u></b></p> <p>All other Independent Labs that are part of the Aetna Choice POS II Network and Non-Network providers</p> <p><b><u>FREE STANDING IMAGING &amp; SURGICAL FACILITY NETWORK</u></b></p> <p>All other free-standing Imaging &amp; Surgical Facility Centers that are part of the Aetna Choice POS II Network and Non-Network providers</p>

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<p><b><u>WALK-IN CENTER/URGENT CARE CENTER NETWORK</u></b></p> <p>All Walk-In Centers and Urgent Care Centers owned by MaineHealth</p> <p>MaineGeneral Walk-in Center - Augusta MaineGeneral Walk-in Center - Waterville St. Mary's Urgent Care - Auburn</p> <p><b><u>HOME HEALTH PROVIDER NETWORK</u></b></p> <p>Androscoggin Home Care &amp; Hospice MaineHealth CHANS Home Health and Hospice Hospice of Southern Maine MaineHealth Home Health &amp; Hospice New England Life Care (Home Infusion Therapy)</p> <p><b><u>BEHAVIORAL HEALTH PROVIDER NETWORK</u></b></p> <p>The control mechanism to apply benefits at the highest level for providers and facilities for outpatient and inpatient mental health and substance abuse services is provided through the pre-certification process managed by BHCP.</p> <p>BHCP professionals that are licensed to perform psychological and neuropsychological testing will be set up as preferred providers.</p>	<p><b><u>WALK-IN CENTER/URGENT CARE CENTER NETWORK</u></b></p> <p>All other centers that are part of the Aetna Choice POS II Network and Non-Network providers</p> <p><b><u>HOME HEALTH PROVIDER NETWORK</u></b></p> <p>All other Home Health Providers that are part of the Aetna Choice POS II Network and Non-Network providers</p> <p><b><u>BEHAVIORAL HEALTH PROVIDER NETWORK</u></b></p> <p>The lower benefit level applies when services are not authorized by BHCP</p>