

# MaineHealth

## EMPLOYEE HEALTH PLAN BENEFIT OVERVIEW

### HEALTHY SELECT PLAN

Effective January 1, 2024

*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 Benefit Coverage.*

<p><b>IMPORTANT INFORMATION</b></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><b>PRE-CERTIFICATION REQUIREMENTS</b></p>	<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>  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 with your PCP or a BHCP network provider 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>

## 2024 HEALTHYSELECT BENEFIT OVERVIEW

Aetna Select Network		
Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$500 Individual \$1,000 Family ( <i>accumulative</i> )	
<b>LIFETIME MAXIMUM</b>	Unlimited	
<b>CALENDAR YEAR OUT-OF-POCKET LIMIT</b> <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> )
<b>CALENDAR YEAR PRESCRIPTION DRUG COPAYMENT LIMIT</b> <i>(Includes prescription drug copayments.)</i>	\$2,250 Individual \$4,500 Family ( <i>accumulative</i> )	
<b>HOSPITAL SERVICES</b>  <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 style="text-align: center;">80% after deductible</p> <p style="text-align: center;">80% after deductible</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>
	<p>\$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>	
<b>URGENT CARE CENTERS/WALK-IN CENTERS</b>	\$40 office visit copayment when seen at a Preferred center	\$60 office visit copayment when seen at a Participating center
<b>AMBULATORY SURGERY FACILITY NON-HOSPITAL</b>	80% after deductible	65% after deductible
<b>LABORATORY &amp; IMAGING NON-HOSPITAL</b>	80% after deductible	65% after deductible
<b>AMBULANCE <sup>1</sup></b>	80%, no deductible	

<sup>1</sup>All in network providers for these services are paid at the Preferred level.

## 2024 HEALTHY SELECT BENEFIT OVERVIEW

Aetna Select Network		
Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
<b>PREVENTIVE CARE SERVICES (when billed as preventive)</b>		
<ul style="list-style-type: none"> <li>● <b>Routine Physical Exams</b> <i>You do not need PCP referral for an annual Well Woman gynecological exam.</i></li> <li>● <b>Immunizations</b></li> <li>● <b>Pap Smears</b></li> <li>● <b>PSA Tests</b></li> <li>● <b>Mammograms (when preventive &amp; medically necessary)</b></li> <li>● <b>Nutritional Counseling</b></li> <li>● <b>Colorectal Cancer Screenings including:</b> <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>● <b>Pediatric Oral Care: Fluoride Application (under the age of 11 years)</b></li> <li>● <b>Women's Preventive Care Enhancements</b></li> </ul>	<p style="text-align: center;">100%, no deductible (Copay may apply where diagnostic care is also provided.)</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p>	<p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">100%, no deductible</p> <p style="text-align: center;">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>		
<b>PROFESSIONAL/PHYSICIAN SERVICES</b>		
<ul style="list-style-type: none"> <li>● <b>Office and TeleHealth Visits <sup>2</sup></b> When performed by a PCP</li> <li style="padding-left: 20px;">When performed by a Specialist</li> <li>● <b>Maternity <sup>2</sup></b> First Visit with PCP</li> <li style="padding-left: 20px;">First Visit with a Specialist</li> <li style="padding-left: 20px;">Pre/Postnatal Office Visits <sup>2</sup>/Delivery</li> <li>● <b>Inpatient Visits and Other Professional Services (including surgery)</b></li> <li>● <b>Teladoc Online Virtual Visits</b> General Medical</li> </ul>	<p style="text-align: center;">\$15 office visit copayment</p> <p style="text-align: center;">\$40 office visit copayment</p> <p style="text-align: center;">\$15 office visit copayment</p> <p style="text-align: center;">\$40 office visit copayment</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">80% after deductible</p> <p style="text-align: center;">N/A</p>	<p style="text-align: center;">\$30 office visit copayment</p> <p style="text-align: center;">\$60 office visit copayment</p> <p style="text-align: center;">\$30 office visit copayment</p> <p style="text-align: center;">\$60 office visit copayment</p> <p style="text-align: center;">65% after deductible</p> <p style="text-align: center;">65% after deductible</p> <p style="text-align: center;">\$30 office visit copayment</p>

<sup>2</sup> 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.

## 2024 HEALTHY SELECT BENEFIT OVERVIEW

Aetna Select Network		
Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
<b>AUTISM SPECTRUM DISORDERS/APPLIED BEHAVIOR ANALYSIS</b>	80% after deductible	65% after deductible
<b>CHIROPRACTIC</b> <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 <b>Office Visit</b> 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 <b>Inpatient Visits and Other Professional Services</b> section (page 3).	
<b>PHYSICAL, SPEECH &amp; OCCUPATIONAL THERAPY</b> <i>Limit: 60 combined visits per member per calendar year.</i>	<u>Office Visits</u> \$40 office visit copayment  Therapies 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 <b>Inpatient Visits and Other Professional Services</b> section (page 3) for applicable cost shares.  Facility billed therapies follow the <b>Outpatient Hospital</b> benefit (page 2).	
<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>	80% after deductible when performed by a Licensed Acupuncturist or Preferred professional	65% after deductible when performed by a Participating professional

## 2024 HEALTHY SELECT BENEFIT OVERVIEW

Aetna Select Network		
Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
<b>DURABLE MEDICAL EQUIPMENT<sup>3</sup></b> <i>Subject to Participating Out of Pocket limit</i>	80% after deductible	
<b>ASTHMA EDUCATION<sup>3</sup></b> <i>Subject to Participating Out of Pocket limit</i>	80% after deductible	
<b>HEARING EXAMS</b> <i>Limited to 1 every 24 months</i>	\$40 office visit copayment	\$60 office visit copayment
<b>HEARING AIDS<sup>3</sup></b> <i>Limited to one hearing aid at \$3,000 per ear every 36 months (Subject to Participating Out of Pocket Limit)</i>	65% after deductible	
<b>SKILLED NURSING FACILITY</b> <i>Limit: 150 days per member per calendar year.</i>	100% after deductible	
<b>HOME HEALTH CARE</b>	100% after deductible	65% after deductible
<b>HOME INFUSION THERAPY</b>	80% after deductible	65% after deductible
<b>HOSPICE</b>	100% after deductible	65% after deductible
<b>PROSTHETICS<sup>3</sup></b> <i>Subject to Participating Out of Pocket limit</i>	80% after deductible <i>Members/Providers should contact Customer Service for assistance.</i>	
<b>Tobacco Cessation</b>		
<ul style="list-style-type: none"> <li>• <b>Prescriptions</b></li> </ul>	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.	
<ul style="list-style-type: none"> <li>• <b>Programs</b></li> </ul>	Certified facility-based programs covered at 100%. No PCP referral required and no copayment when billed by facility.	
<ul style="list-style-type: none"> <li>• <b>Physician Office Visits</b></li> </ul>	Office visits covered at 100%, no deductible	
<b>INFERTILITY</b>		
<ul style="list-style-type: none"> <li>• <b>Diagnostic Services</b></li> </ul>	Covers diagnosis and treatment of underlying cause only	Covers diagnosis and treatment of underlying cause only
<ul style="list-style-type: none"> <li>• <b>Treatment</b></li> </ul>	Infertility treatment is covered through Progyny*	Not Covered <i>(Note: Infertility treatment through Progyny covered at Preferred Tier only)</i>

<sup>3</sup> There are no Preferred providers for these categories of services.

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

## 2024 HEALTHY SELECT BENEFIT OVERVIEW

<p><b>MENTAL HEALTH &amp; SUBSTANCE ABUSE SERVICES</b></p> <ul style="list-style-type: none"> <li>• <b>Inpatient</b> (including all Inpatient/Residential and Crisis Stabilization treatment, Partial Hospitalization, and Intensive Outpatient treatment)</li> <li>• <b>Office Visits</b> <sup>4</sup></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. 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 <a href="http://www.bhcp.org">www.bhcp.org</a>.</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. For cost share on Mental Health/Substance Abuse services performed by your PCP see the <b>Office Visit</b> section (page 3).</p>
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<sup>4</sup> 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	\$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	

\* MaineHealth Pharmacies include: The MaineHealth Pharmacy, 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 MaineHealth Pharmacy. **Call The MaineHealth Pharmacy at 207-662-1800.**

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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Aetna Select Network	
MaineHealth Preferred Tier	MaineHealth Participating Tier
<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.aetna.com/mainehalthyselect">www.aetna.com/mainehalthyselect</a></p> <p><b><u>HOSPITAL NETWORK</u></b></p> <ul style="list-style-type: none"> <li>Franklin Memorial Hospital</li> <li>LincolnHealth- Miles Campus</li> <li>LincolnHealth-St.Andrews Campus</li> <li>Maine Medical Center</li> <li>Maine General Medical Centers</li> <li>Memorial Hospital - North Conway, New Hampshire</li> <li>Mid Coast Hospital</li> <li>New England Rehabilitation Hospital</li> <li>Pen Bay Medical Center</li> <li>St.Mary’s Regional Medical Center</li> <li>Southern Maine Health Care - Biddeford Campus</li> <li>Southern Maine Health Care- Sanford Campus</li> <li>Spring Harbor Hospital</li> <li>Stephens Memorial Hospital</li> <li>Waldo County General Hospital</li> </ul> <p><b><u>INDEPENDENT LAB NETWORK</u></b></p> <ul style="list-style-type: none"> <li>NorDx</li> </ul>	<p><b><u>PHYSICIAN NETWORK</u></b></p> <p>All other Physicians that are part of the Aetna Select network</p> <p><b><u>HOSPITAL NETWORK</u></b></p> <p>All other Hospitals that are part of the Aetna Select network</p> <p><b><u>INDEPENDENT LAB NETWORK</u></b></p> <p>All other Independent Labs that are part of the Aetna Select network</p>

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Aetna Select Network	
MaineHealth Preferred Tier	MaineHealth Participating Tier
<p><b><u>FREE STANDING IMAGING &amp; SURGICAL FACILITY NETWORK</u></b></p> <p>Intermed Surgery Center            InterMed Imaging/Radiology            Maine Eye Center            Maine Molecular Imaging LLC            Rayus Imaging/Marshwood (Maine locations)            Maine Medical Partners Neurosurgery &amp; 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>	<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 Select network</p>
<p><b><u>WALK-IN CENTER/URGENT CARE CENTER NETWORK</u></b></p> <p>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>	<p><b><u>WALK-IN CENTER/URGENT CARE CENTER NETWORK</u></b></p> <p>All other centers that are part of the Aetna Select Network</p>
<p><b><u>HOME HEALTH PROVIDER NETWORK</u></b></p> <p>Androscoggin Home Care &amp; Hospice            Community Health &amp; Nursing Service            Hospice of Southern Maine            MaineHealth Care At Home            New England Life Care (Home Infusion Therapy)</p>	<p><b><u>HOME HEALTH PROVIDER NETWORK</u></b></p> <p>All other Home Health Providers that are part of the Aetna Select network</p>
<p><b><u>BEHAVIORAL HEALTH PROVIDER NETWORK</u></b></p> <p>All Behavioral Health Care Program (BHCP) network providers.</p>	<p><b><u>BEHAVIORAL HEALTH PROVIDER NETWORK</u></b></p> <p>All other behavioral health providers that are part of the Aetna Select network when authorized by BHCP.</p>