

EMPLOYEE HEALTH PLAN BENEFIT OVERVIEW

HEALTHY SAVER PLAN

Effective January 1, 2027

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 Providers	Out-of-Network Providers
IMPORTANT INFORMATION	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 treatment is received by Participating facilities and professionals. Benefits are paid based on the Aetna provider contracted rate.	Coverage described in this column applies when the member receives services from an Out-of-Network provider. Out-of-Network providers are paid based upon reasonable & customary charges. An Out-of-Network provider can balance bill you for anything over the recognized or allowed amount.
PRE-CERTIFICATION REQUIREMENTS	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. In an emergency, seek care immediately. You or someone you designate should call us within 48 hours after admission. For Pregnancy & Childbirth 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. Behavioral Health (Mental Health & Substance Use Disorder) For behavioral health, all Inpatient, Residential, Partial Hospitalization Program and TMS Services require pre-certification through Behavioral HealthCare Program (BHCP). You must call BHCP at 1-800-538-9698 prior to any such treatment. Office visits do not need to be pre-certified. To view BHCP network providers, go to www.bhcp.org. 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.		
COST SHARE	The cost share amount listed in this overview represents the cost share the member will pay.		
CALENDAR YEAR DEDUCTIBLE	\$2,000 Individual \$4,000 Family (Aggregate/Cross Accumulation)	\$2,000 Individual \$4,000 Family (Aggregate/Cross Accumulation)	\$5,000 Individual \$10,000 Family (Aggregate/Cross Accumulation)
LIFETIME MAXIMUM	Unlimited		
CALENDAR YEAR OUT-OF-POCKET LIMIT (Includes deductible, coinsurance and prescription copays for all covered services)	\$4,000 Individual \$8,000 Family (Aggregate/Cross Accumulation)	\$6,000 Individual \$12,000 Family (Aggregate/Cross Accumulation)	\$8,000 Individual \$16,000 Family (Aggregate/Cross Accumulation)

2027 HEALTHY SAVER HDHP BENEFIT OVERVIEW

Benefit	Preferred Providers	Participating Providers	Out-of-Network Providers
INPATIENT ADMISSION/SERVICES	20% after deductible	30% after deductible	50% after deductible
EMERGENCY ROOM CARE	20% after deductible	30% after deductible	30% after deductible
URGENTCARE CENTER/WALK-IN CENTER	20% after deductible	30% after deductible	50% after deductible
OUTPATIENT SURGERY FACILITY	20% after deductible	30% after deductible	50% after deductible
LABORATORY & XRAY-OUTPATIENT	20% after deductible	30% after deductible	50% after deductible
HIGH TECH DIAGNOSTIC SERVICES	20% after deductible	30% after deductible	50% after deductible
AMBULANCE	20% after deductible	20% after deductible	20% after deductible
PREVENTIVE CARE SERVICES <i>(when billed as preventive)</i> • Routine Physical Exams • Immunizations • Pap Smears • PSA Tests • Screening Mammograms • Nutritional Counseling <i>(limitations apply)</i> • Colorectal Cancer Screenings including: - Colonoscopy - Sigmoidoscopy - Fecal Occult Blood Testing - Contrast Barium Enema • Pediatric Oral Care: Fluoride Application <i>(under the age of 11 years)</i> • OB/GYN Preventive Care Enhancements	0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible	0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible 0%, no deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
<i>OB/GYN Preventive Care Includes: OB/GYN well 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; lactation 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>			
PROFESSIONAL/PHYSICIAN SERVICES • Office and Telehealth Visits	20% after deductible	30% after deductible	50% after deductible
• Inpatient Visits and Other Professional Services <i>(including surgery)</i>	20% after deductible	30% after deductible	50% after deductible
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY <i>Limit: 60 combined visits per member per calendar year</i>	20% after deductible	30% after deductible	50% after deductible
CHIROPRACTIC <i>Limit 24 visits per member per calendar year</i>	20% after deductible	30% after deductible	50% after deductible

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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>	20% after deductible when performed by a Preferred professional	30% after deductible when performed by a Participating professional	50% after deductible when performed by an Out-of-Network professional
DURABLE MEDICAL EQUIPMENT	20% after deductible	30% after deductible	50% after deductible
PROSTHETICS <i>Members/Providers should contact Aetna Concierge for assistance.</i>	20% after deductible	30% after deductible	50% after deductible
HEARING EXAMS <i>Limited to one every 24 months</i>	20% after deductible	30% after deductible	50% after deductible
HEARING AIDS <i>Limited to one hearing aid at \$3,000 per ear every 36 months</i>	20% after deductible	30% after deductible	50% after deductible
SKILLED NURSING FACILITY <i>Limit: 150 days per member per calendar year</i>	20% after deductible	20% after deductible	50% after deductible
HOME HEALTH CARE	20% after deductible	20% after deductible	50% after deductible
HOME INFUSION THERAPY	20% after deductible	30% after deductible	50% after deductible
HOSPICE	20% after deductible	20% after deductible	50% after deductible
TOBACCO TREATMENT			
• Prescriptions	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.	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	50% after deductible
• Programs	0%, no deductible	0%, no deductible	50% after deductible
• Physician Office Visits	0%, no deductible	0%, no deductible	50% after deductible
INFERTILITY			
• Diagnostic Services	Covers diagnosis and treatment of underlying cause only	Covers diagnosis and treatment of underlying cause only	Covers diagnosis and treatment of underlying cause only
• Treatment	Infertility treatment covered at Preferred tier only through Progyny	Not covered	Not covered
<i>For more information contact Progyny at 866-960-3560</i>			

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BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER SERVICES	You must call Behavioral HealthCare Program (BHCP) at 1-800-538-9698 for pre- certification prior to any Inpatient, Residential, Partial Hospitalization, and TMS 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. In an emergency you should seek care immediately and call BHCP within 48 hours. BHCP will be responsible for ongoing care.		
• INPATIENT SERVICES	20% after deductible	30% after deductible	50% after deductible
• OUTPATIENT SERVICES	20% after deductible	30% after deductible	50% after deductible
• OFFICE VISIT	20% after deductible	30% after deductible	50% after deductible

Pharmacy Benefits

PRESCRIPTION DRUGS	Member Copays			
		30 Day Supply Retail Pharmacy	30 Day Supply MaineHealth Pharmacy*	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	\$60	\$45	\$120	\$90
Tier 4 - Specialty***	N/A	\$75	N/A	N/A

*MaineHealth Pharmacies include: MaineHealth Pharmacy Specialty and Home Delivery Westbrook, MaineHealth Pharmacy Maine Medical Center Portland, MaineHealth Pharmacy Maine Medical Center Biddeford, MaineHealth Pharmacy Pen Bay Hospital, MaineHealth Pharmacy Brighton Ave. Portland, and York Hospital Apothecary.

**Prescription drugs listed on the Liberty Formulary Preventive Medication List are not subject to the deductible, but applicable copays apply. Please refer to the Liberty Formulary Preventive Medication List on the Judi Rx website at <https://enrollment.judi.cloud/?client=mainehealth> or by calling 833-291-5239.

***Specialty Medications are limited to a 30-day supply and are available exclusively at MaineHealth Pharmacy Specialty and Home Delivery Westbrook. **Call 207-662-1800.**

Pharmacy benefits administered by Judi Rx. More information about prescription drug coverage is available at <https://enrollment.judi.cloud/?client=mainehealth> or by calling 833-291-5239.

Maintenance medications are subject to the Mandatory Maintenance Program. Covered maintenance medications must be filled in 84-day or greater supply through any in-network retail pharmacy, including MaineHealth pharmacies.

All GLP-1 medications are limited up to a 30-day supply and are available exclusively at MaineHealth Pharmacies.

If you or your doctor requests 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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<u>PHYSICIAN NETWORK</u> Please refer to the comprehensive list of “Preferred” physicians located on the Aetna website under the MaineHealth home page: www.mainehealthaetna.com <u>HOSPITAL NETWORK</u> All hospitals that are owned by MaineHealth MaineGeneral Medical Centers New England Rehabilitation Hospital St. Mary’s Regional Medical Center <u>INDEPENDENT LAB NETWORK</u> MaineHealth NorDx <u>FREE STANDING IMAGING & SURGICAL FACILITY NETWORK</u> All free-standing imaging & Surgical Facilities owned by MaineHealth Intermed Surgery Center InterMed Imaging/Radiology Maine Eye Center MaineMolecular Imaging LLC Portland Endoscopy Center Rayus Imaging/Marshwood (Maine Locations) OA Ambulatory Surgery Center Western Ave Day Surgery Center	<u>PHYSICIAN NETWORK</u> All other Physicians that are part of the Aetna Choice POS II Network. <u>HOSPITAL NETWORK</u> All other Hospitals that are part of the Aetna Choice POS II Network. <u>INDEPENDENT LAB NETWORK</u> All other Independent Labs that are part of the Aetna Choice POS II Network. <u>FREE STANDING IMAGING & SURGICAL FACILITY NETWORK</u> All other free-standing Imaging & Surgical Facility Centers that are part of the Aetna Choice POS II Network.	<u>PHYSICIAN NETWORK</u> Any providers that are Out-of-Network. <u>HOSPITAL NETWORK</u> All hospitals that are Out-of-Network. <u>INDEPENDENT LAB NETWORK</u> All Independent Labs that are Out of Network. <u>FREE STANDING IMAGING & SURGICAL FACILITY NETWORK</u> All free-standing Imaging & Surgical Facility Centers that are Out-of-Network.

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