

EMPLOYEE HEALTH PLAN BENEFIT OVERVIEW

HEALTHY SELECT PLAN

Effective January 1, 2026

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.

Benefit	Preferred and Participating Providers
IMPORTANT INFORMATION	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 Out-of-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>
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 and 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) 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 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 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.

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Aetna Select Network		
Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
CALENDAR YEAR DEDUCTIBLE ¹	\$650 Individual \$1,300 Family <i>(Embedded/Cross Accumulation)</i>	\$900 Individual \$1,800 Family <i>(Embedded/Cross Accumulation)</i>
LIFETIME MAXIMUM	Unlimited	
CALENDAR YEAR OUT-OF-POCKET LIMIT <i>(Includes deductible, medical copays and coinsurance for all covered services.)</i>	<i>Out of Pocket Costs cross-accumulate between Preferred and Participating Networks.</i>	
	\$3,000 Individual \$6,000 Family <i>(Embedded/Cross Accumulation)</i>	\$5,000 Individual \$10,000 Family <i>(Embedded/Cross Accumulation)</i>
INPATIENT ADMISSION/SERVICES	20% after deductible	30% after deductible
EMERGENCY ROOM CARE	\$200 copayment	\$300 copayment
URGENT CARE CENTERS/WALK-IN CENTERS	\$40 office visit copayment when seen at a Preferred center	\$60 office visit copayment when seen at a Participating center
OUTPATIENT SURGERY FACILITY	\$200 copayment	\$300 copayment
LABORATORY & XRAY-OUTPATIENT	\$40 copayment	\$60 copayment
HIGH TECH DIAGNOSTIC SERVICES	\$80 copayment	\$120 copayment
AMBULANCE	\$200 copayment	\$200 copayment

¹ J-1 Visa holders will receive a \$150 deposit in a Health Reimbursement Account (HRA) if they enroll in the Healthy Select Plan.

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Benefit	MaineHealth Preferred Tier	MaineHealth Participating Tier
PREVENTIVE CARE SERVICES <i>(when billed as preventive)</i> Routine Physical Exams <i>You do not need a referral for an annual gynecological exam (see OB/GYN Preventive Care below)</i> Immunizations Pap Smears PSA Tests Mammograms <i>(when preventive & medically necessary)</i> 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 <i>OB/GYN Preventive Care includes: OB/GYN well 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; 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>	100%, no deductible (Copay may apply where diagnostic care is also provided.) 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
PROFESSIONAL/PHYSICIAN SERVICES Office and Telehealth Visits When performed by a PCP When performed by a Specialist Inpatient Visits and Other Professional Services (including surgery)	\$20 office visit copayment \$40 office visit copayment 20% after deductible	\$30 office visit copayment \$60 office visit copayment 30% after deductible
CHIROPRACTIC <i>Limit: 24 visits per member per calendar year. PCP referral not required.</i>	\$40 office visit copayment	\$60 office visit copayment
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY <i>Limit: 60 combined visits per member per calendar year.</i>	\$40 office visit copayment	\$60 office visit copayment
ROUTINE EYE EXAMS—FOR VISION CORRECTION	Not covered	Not covered
DURABLE MEDICAL EQUIPMENT	20% after deductible	30% after deductible

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PROSTHETICS <i>Members/Providers should contact Aetna Concierge for assistance.</i>	20% after deductible	30% after deductible
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 Licensed Acupuncturist or a Preferred professional	30% after deductible when performed by a Participating professional
HEARING EXAMS <i>Limited to one 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>	20% after deductible	30% after deductible
SKILLED NURSING FACILITY <i>Limit: 150 days per member per calendar year</i>	20% after deductible	20% after deductible
HOME HEALTH CARE	20% after deductible	20% after deductible
HOME INFUSION THERAPY	20% after deductible	30% after deductible
HOSPICE	20% after deductible	20% after deductible
Tobacco Cessation PRESCRIPTIONS PROGRAMS PHYSICIAN OFFICE VISITS	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. Certified facility-based programs covered at 100%. No PCP referral required and no copayment when billed by facility. Office visits covered at 100%, no deductible	
INFERTILITY Diagnostic Services Treatment <i>For more information contact Progyny at 866-960-3560.</i>	Covers diagnosis and treatment of underlying cause only Infertility treatment is covered through Progyny	Covers diagnosis and treatment of underlying cause only Infertility treatment is covered through Progyny

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BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER SERVICES • Inpatient Services • Outpatient Services • Office Visits	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.	
	20% after deductible	30% after deductible
	\$40 copayment	\$60 copayment
	\$20 office visit copayment	\$30 office visit copayment

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	\$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, and MaineHealth Pharmacy Pen Bay Hospital. **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. All GLP-1 medications are limited up to a 30-day supply and are available exclusively at MaineHealth Pharmacies. 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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<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> MaineHealth Franklin Hospital MaineHealth Lincoln Hospital MaineHealth Maine Medical Center Portland MaineHealth Maine Medical Center Biddeford MaineHealth Maine Medical Center Sanford MaineGeneral Medical Centers MaineHealth Memorial Hospital MaineHealth Mid Coast Hospital New England Rehabilitation Hospital MaineHealth Pen Bay Hospital St. Mary’s Regional Medical Center MaineHealth Behavioral Health at Spring Harbor MaineHealth Stephens Hospital MaineHealth Waldo Hospital <u>INDEPENDENT LAB NETWORK</u> MaineHealth NorDx	<u>PHYSICIAN NETWORK</u> All other Physicians that are part of the Aetna Select network. <u>HOSPITAL NETWORK</u> All other Hospitals that are part of the Aetna Select network. <u>INDEPENDENT LAB NETWORK</u> All other Independent Labs that are part of the Aetna Select network.

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MaineHealth Preferred Tier	MaineHealth Participating Tier
<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 Maine Molecular Imaging LLC Portland Endoscopy Center Rayus Imaging/Marshwood (Maine locations) OA Ambulatory Surgery Center Western Ave Day Surgery Center	<u>FREE STANDING IMAGING & SURGICAL FACILITY NETWORK</u> All other free-standing Imaging & Surgical Facility Centers that are part of the Aetna Select network.
<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 Select Network.
<u>HOME HEALTH PROVIDER NETWORK</u> Androscoggin Home Care & Hospice MaineHealth CHANS Home Health & 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 Select network.
<u>BEHAVIORAL HEALTH PROVIDER NETWORK</u> All Behavioral HealthCare Program (BHCP) network providers.	<u>BEHAVIORAL HEALTH PROVIDER NETWORK</u> All other behavioral health providers that are part of the Aetna Select network when authorized by BHCP.