EMPLOYEE HEALTH PLAN BENEFIT OVERVIEW
HEALTHY SELECT 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 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 Non-Network providers are not covered unless prior authorization is approved by the Plan in advance of services rendered, except in emergency situations.** *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.*
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 chidbirth 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, 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. 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.

2025 HEALTHY SELECT BENEFIT OVERVIEW

Aetna Select Network		
Benefit	**MaineHealth Preferred Tier**	**MaineHealth Participating Tier**
CALENDAR YEAR DEDUCTIBLE [1]	$600 Individual $1,200 Family *(accumulative)*	
LIFETIME MAXIMUM	Unlimited	
CALENDAR YEAR OUT-OF-POCKET LIMIT *(Includes deductible, medical copays and coinsurance for all covered services. Does not include prescription drug copayments.)*	*Out of Pocket Costs cross-accumulate between Preferred and Participating Networks.*	
	$3,000 Individual $6,000 Family *(accumulative)*	$4,900 Individual $9,800 Family *(accumulative)*
CALENDAR YEAR PRESCRIPTION DRUG COPAYMENT LIMIT *(Includes prescription drug copayments.)*	$2,250 Individual $4,500 Family *(accumulative)*	
HOSPITAL SERVICES	When services are performed at a Preferred facility, benefits are paid at the highest level.	When services are performed at a Participating facility, benefits are paid at a lower level than Preferred.
• **Inpatient** General medical & surgical care	80% after deductible	65% after deductible
• **Outpatient** Ambulatory surgery, laboratory tests and x-ray/imaging services	80% after deductible	65% after deductible
• **Emergency Room Care**	$200 copayment, no deductible, then 80% 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.	
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
AMBULATORY SURGERY FACILITY NON-HOSPITAL	80% after deductible	65% after deductible
LABORATORY & IMAGING NON-HOSPITAL	80% after deductible	65% after deductible
AMBULANCE [2]	80%, no deductible	

1 J-1 Visa holders will receive a $100 deposit in a Health Reimbursement Account (HRA) if they enroll in the Healthy Select Plan.

2 All 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)***		
• **Routine Physical Exams** *You do not need a referral for an annual gynecological exam (see OB/GYN Preventive Care below)*	100%, no deductible (Copay may apply where diagnostic care is also provided.)	100%, no deductible
• **Immunizations**	100%, no deductible	100%, no deductible
• **Pap Smears**	100%, no deductible	100%, no deductible
• **PSA Tests**	100%, no deductible	100%, no deductible
• **Mammograms** *(when preventive & medically necessary)*	100%, no deductible	100%, no deductible
• **Nutritional Counseling** *(limitations apply)*	100%, no deductible	100%, no deductible
• **Colorectal Cancer Screenings including:**		
- Colonoscopy	100%, no deductible	100%, no deductible
- Sigmoidoscopy	100%, no deductible	100%, no deductible
- Fecal Occult Blood Testing	100%, no deductible	100%, no deductible
- Contrast Barium Enema	100%, no deductible	100%, no deductible
• **Pediatric Oral Care: Fluoride Application** *(under the age of 11 years)*	100%, no deductible	100%, no deductible
• **OB/GYN Preventive Care Enhancements**	100%, no deductible	100%, no deductible
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 services that meet the requirements of federal and state law.		
PROFESSIONAL/PHYSICIAN SERVICES		
• **Office and TeleHealth Visits** [3]		
When performed by a PCP	$15 office visit copayment	$30 office visit copayment
When performed by a Specialist	$40 office visit copayment	$60 office visit copayment
• **Pregnancy & Childbirth** [3]		
• First Visit with PCP	$15 office visit copayment	$30 office visit copayment
First Visit with a Specialist	$40 office visit copayment	$60 office visit copayment
Pre/Postnatal Office Visits /Delivery [3]	80% after deductible	65% after deductible
• **Inpatient Visits and Other Professional Services** (including surgery)	80% after deductible	65% after deductible
• **Teladoc Online Virtual Visits** General Medical	N/A	$30 office visit copayment

[3] 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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Benefit	**MaineHealth Preferred Tier**	**MaineHealth Participating Tier**
AUTISM SPECTRUM DISORDERS/APPLIED BEHAVIOR ANALYSIS	80% after deductible	65% after deductible
CHIROPRACTIC *Limit: 36 visits per member per calendar year (when medically necessary).* *PCP referral not required.*	Office Visits $40 office visit copayment when seen by a Network chiropractor. When seen by your PCP or other professional, see **Office Visit** section (page 3). Manipulations 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 THERAPY *Limit: 60 combined visits per member per calendar year.*	Office Visits $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 **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 *Limit: 12 visits per member per calendar year when prescribed by a physician and medically necessary.*	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 EQUIPMENT [4] *Subject to Participating Out of Pocket limit*	80% after deductible	
ASTHMA EDUCATION *Subject to Participating Out of Pocket limit*	80% after deductible	65% after deductible
HEARING EXAMS *Limited to 1 every 24 months*	$40 office visit copayment	$60 office visit copayment
HEARING AIDS *Limited to one hearing aid at $3,000 per ear every 36 months (Subject to Participating Out of Pocket Limit)*	80% after deductible	
SKILLED NURSING FACILITY *Limit: 150 days per member per calendar year.*	80% after deductible	
HOME HEALTH CARE	80% after deductible	
HOME INFUSION THERAPY	80% after deductible	
HOSPICE	80% after deductible	
PROSTHETICS [4] *Subject to Participating Out of Pocket limit*	80% after deductible *Members/Providers should contact Customer Service for assistance.*	
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	Covers diagnosis and treatment of underlying cause only
• **Treatment**	Infertility treatment is covered through Progyny*	Not Covered *(Note: Infertility treatment through Progyny covered at Preferred Tier only)*

[4] There are no Preferred providers for these categories of services.

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

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Aetna Select Network		
Benefit	**MaineHealthPreferred Tier**	**MaineHealth Participating Tier**
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	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. In an emergency you should seek care immediately and call BHCP within 48 hours. BHCP will be responsible for ongoing care.	
• **Inpatient** (including all Inpatient/ Residential and Crisis Stabilization treatment, Partial Hospitalization, and Intensive Outpatient treatment)	80% after deductible	
• **Office Visits** [5]	$15 office visit copayment when performed by a network provider. *For cost share on Mental Health/Substance Use Disorder services performed by your PCP see the **Office Visit** section (page 3).*	

[5] 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***	**90Day Supply**	**90 Day Supply MaineHealth Pharmacy***
	Tier 1 – Generic	$10	$7.50	$20	$15
	Tier 2 – Preferred	$35	$26.25	$70	$52.50
	Tier3 –Non-Preferred	$50	$37.50	$100	$75
	Tier 4 – Specialty**	N/A	$60	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.

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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MaineHealth Preferred Tier	**MaineHealth Participating Tier**
PHYSICIAN NETWORK Please refer to the comprehensive list of "Preferred" physicians located on the Aetna website under the MaineHealth home page: **www.mainehealthaetna.com**	**PHYSICIAN NETWORK** All other Physicians that are part of the Aetna Select network
HOSPITAL NETWORK 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	**HOSPITAL NETWORK** All other Hospitals that are part of the Aetna Select network
INDEPENDENT LAB NETWORK MaineHealth NorDx	**INDEPENDENT LAB NETWORK** All other Independent Labs that are part of the Aetna Select network

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AetnaSelect Network	
MaineHealth Preferred Tier	**MaineHealth Participating Tier**
FREE STANDING IMAGING & SURGICAL FACILITY NETWORK 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 Orthopedic Surgery Center Western Ave Day Surgery Center Maine Participating Dialysis Centers	**FREE STANDING IMAGING & SURGICAL FACILITY NETWORK** All other free-standing Imaging & Surgical Facility Centers that are part of the Aetna Select network
WALK-IN CENTER/URGENT CARE CENTER NETWORK 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	**WALK-IN CENTER/URGENT CARE CENTER NETWORK** All other centers that are part of the Aetna Select Network
HOME HEALTH PROVIDER NETWORK Androscoggin Home Care & Hospice MaineHealth CHANS Home Health & Hospice Hospice of Southern Maine MaineHealth Home Health & Hospice New England Life Care (Home Infusion Therapy)	**HOME HEALTH PROVIDER NETWORK** All other Home Health Providers that are part of the Aetna Select network
BEHAVIORAL HEALTH PROVIDER NETWORK All Behavioral Health Care Program (BHCP) network providers	**BEHAVIORAL HEALTH PROVIDER NETWORK** All other behavioral health providers that are part of the Aetna Select network when authorized by BHCP