

Town of Chebeague Island

Option 5---- PPO 500 Plan		Premium Savings
Annual Premium for current POS 200	\$81,798.00	
Annual Premium cost under PPO 500 plan	\$77,642.00	\$4,156.00
Flat funding of the deductible difference only by the employer		
3 employee at \$300 each	\$900.00	
3 family at \$600 each	\$1,800.00	\$2,700.00
Annual cost of Third Party Admin for HRA service (\$500 annual fee + \$5.50 per month per enrollee for first year)		\$896.00
Savings in Premium dollars to Town after HRA funding		\$560.00
	HRA balance	
Assumption of savings at 100% usage of HRA fund	\$0.00	\$560.00
Assumption of savings at 90% usage of HRA fund	\$270.00	\$830.00
Assumption of savings at 80% usage of HRA fund	\$540.00	\$1,100.00
Assumption of savings at 70% usage of HRA fund	\$810.00	\$1,370.00
Assumption of savings at 60% usage of HRA fund	\$1,080.00	\$1,640.00
Assumption of savings at 50% usage of HRA fund	\$1,350.00	\$1,910.00
Assumption of savings at 40% usage of HRA fund	\$1,620.00	\$2,180.00
Assumption of savings at 30% usage of HRA fund	\$1,890.00	\$2,450.00
Assumption of savings at 20% usage of HRA fund	\$2,160.00	\$2,720.00
Assumption of savings at 0% usage of HRA fund	\$2,700.00	\$3,260.00
Option 5---- PPO 1000 Plan		Premium Savings
Annual Premium for current POS 200	\$81,798.00	
Annual Premium cost under PPO 1000 plan	\$74,361.00	\$7,437.00
Flat funding of the deductible difference only by the employer		
3 employee at \$800 each	\$2,400.00	
3 family at \$1600 each	\$4,800.00	\$7,200.00
Annual cost of Third Party Admin for HRA service (\$500 annual fee + \$5.50 per month per enrollee for first year)		\$896.00
Savings in Premium dollars to Town after HRA funding		(\$659.00)
	HRA balance	
Assumption of savings at 100% usage of HRA fund	\$0.00	(\$659.00)
Assumption of savings at 90% usage of HRA fund	\$720.00	\$61.00
Assumption of savings at 80% usage of HRA fund	\$1,440.00	\$781.00
Assumption of savings at 70% usage of HRA fund	\$2,160.00	\$1,501.00
Assumption of savings at 60% usage of HRA fund	\$2,880.00	\$2,221.00
Assumption of savings at 50% usage of HRA fund	\$3,600.00	\$2,941.00
Assumption of savings at 40% usage of HRA fund	\$4,320.00	\$3,661.00
Assumption of savings at 30% usage of HRA fund	\$5,040.00	\$4,381.00
Assumption of savings at 20% usage of HRA fund	\$5,760.00	\$5,101.00
Assumption of savings at 0% usage of HRA fund	\$7,200.00	\$6,541.00
Option 5 -- PPO 1500 Plan		Premium Savings
Annual Premium for current POS 200	\$81,798.00	
Annual Premium cost under PPO 1500 plan	\$67,472.00	\$14,326.00
Flat funding of the deductible difference only by the employer		
3 employee at \$1300 each	\$3,900.00	
3 family at \$2600 each	\$7,800.00	\$11,700.00
Annual cost of Third Party Admin for HRA service (\$500 annual fee + \$5.50 per month per enrollee for first year)		\$896.00
Savings in Premium dollars to Town after HRA funding		\$1,730.00
	HRA balance	
Assumption of savings at 100% usage of HRA fund	\$0.00	\$1,730.00
Assumption of savings at 90% usage of HRA fund	\$1,170.00	\$2,900.00
Assumption of savings at 80% usage of HRA fund	\$2,340.00	\$4,070.00
Assumption of savings at 70% usage of HRA fund	\$3,510.00	\$5,240.00
Assumption of savings at 60% usage of HRA fund	\$4,680.00	\$6,410.00
Assumption of savings at 50% usage of HRA fund	\$5,850.00	\$7,580.00
Assumption of savings at 40% usage of HRA fund	\$7,020.00	\$8,750.00
Assumption of savings at 30% usage of HRA fund	\$8,190.00	\$9,920.00
Assumption of savings at 20% usage of HRA fund	\$9,360.00	\$11,090.00
Assumption of savings at 0% usage of HRA fund	\$11,700.00	\$13,430.00
Option 5---- PPO 2500		Premium Savings
Annual Premium for current POS 200	\$81,798.00	
Annual Premium cost under PPO 2500 plan	\$60,724.00	\$21,074.00
Flat funding of the deductible difference only by the employer		
3 employee at \$2300 each	\$6,900.00	
3 family at \$4600 each	\$13,800.00	\$20,700.00
Annual cost of Third Party Admin for HRA service (\$500 annual fee + \$5.50 per month per enrollee for first year)		\$896.00
Savings in Premium dollars to Town after HRA funding		(\$522.00)
	HRA balance	
Assumption of savings at 100% usage of HRA fund	\$0.00	(\$522.00)
Assumption of savings at 90% usage of HRA fund	\$2,070.00	\$1,548.00
Assumption of savings at 80% usage of HRA fund	\$4,140.00	\$3,618.00
Assumption of savings at 70% usage of HRA fund	\$6,210.00	\$5,688.00
Assumption of savings at 60% usage of HRA fund	\$8,280.00	\$7,758.00
Assumption of savings at 50% usage of HRA fund	\$10,350.00	\$9,828.00
Assumption of savings at 40% usage of HRA fund	\$12,420.00	\$11,898.00
Assumption of savings at 30% usage of HRA fund	\$14,490.00	\$13,968.00
Assumption of savings at 20% usage of HRA fund	\$16,560.00	\$16,038.00
Assumption of savings at 0% usage of HRA fund	\$20,700.00	\$20,178.00

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

MEDICAL PROGRAM SUMMARY - January 1, 2014 to December 31, 2014

Benefits shown are In-Network, and reflect what the Member pays for the cost of services. Services received Out-of-Network, if covered, may be paid at a lower level of benefits. Please consult your Plan Document or Summary Plan Description booklet for more information.

CHEBEAGUE ISLAND

	POS 200	PPO 500	PPO 1000	PPO 1500	PPO 2500
DEDUCTIBLE Individual / Family	\$200 / \$400	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000
CO-INSURANCE (Member pays)	20%	20%	20%	20%	20%
OUT OF POCKET MAXIMUM Individual / Family Includes deductible plus coinsurance	\$1,200 / \$2,400	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,500 / \$7,000
COPAYS:					
Office Visit Copay	\$15 PCP / \$20 Specialist / \$10 PCP Provider of Distinction	\$20 PCP / \$30 Specialist / \$10 PCP Provider of Distinction	\$20 PCP / \$30 Specialist / \$10 PCP Provider of Distinction	\$25 PCP / \$35 Specialist / \$15 PCP Provider of Distinction	\$25 PCP / \$35 Specialist / \$15 PCP Provider of Distinction
Mental Health Outpatient Copay	\$15	\$20	\$20	\$25	\$25
Emergency Room Copay	\$100	\$150	\$150	\$150	\$150
Walk-In Center Copay	\$20	\$30	\$30	\$35	\$35
PREVENTIVE CARE:					
Preventive Care - as required by law	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
Preventive Lab and X-Ray	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived
Routine Eye Exams (Limited Benefits)	0%; deductible waived	0%; deductible waived	0%; deductible waived	0%; deductible waived	Not Covered (Exams for children under age 5 covered under preventive care)
OTHER SERVICES:					
In Patient Hospital Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Out Patient Surgical Facility	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Routine/Diagnostic Lab & X-Ray	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Advanced Imaging (MRI/CT/PET)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Chiropractic Care Copay	\$20 Limited to 36 visits per Cal Yr	\$30 Limited to 36 visits per Cal Yr	\$30 Limited to 36 visits per Cal Yr	\$35 Limited to 36 visits per Cal Yr	\$35 Limited to 36 visits per Cal Yr
Physical, Speech and Occupational Therapy	Deductible then 20% Limited to 75 Visits per Cal Yr (Combined Limit)	Deductible then 20% Limited to 75 Visits per Cal Yr (Combined Limit)	Deductible then 20% Limited to 75 Visits per Cal Yr (Combined Limit)	Deductible then 20% Limited to 75 Visits per Cal Yr (Combined Limit)	Deductible then 20% Limited to 75 Visits per Cal Yr (Combined Limit)
PRESCRIPTION DRUGS (5 TIER): Tier 1-Select Generic / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4-Specialty and Lifestyle	5-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx	5-Tier Rx
RX COPAY (30 day supply)	\$4/\$10/\$30/\$50/\$60	\$4/\$10/\$30/\$50/\$60	\$4/\$10/\$30/\$50/\$60	\$4/\$10/\$30/\$50/\$60	\$4/\$10/\$30/\$50/\$60
RX COPAY (31-90 day supply)	\$8/\$20/\$60/\$100/\$120	\$8/\$20/\$60/\$100/\$120	\$8/\$20/\$60/\$100/\$120	\$8/\$20/\$60/\$100/\$120	\$8/\$20/\$60/\$100/\$120
OTHER:					
Voluntary Value-Based Incentives	Financial Incentives To Use MMEHT Providers of Distinction: Preferred Hospitals (Procedure and "Tax ID") and Preferred Primary Care Physicians (getbettermaine.org ratings)	Financial Incentives To Use MMEHT Providers of Distinction: Preferred Hospitals (Procedure and "Tax ID") and Preferred Primary Care Physicians (getbettermaine.org ratings)	Financial Incentives To Use MMEHT Providers of Distinction: Preferred Hospitals (Procedure and "Tax ID") and Preferred Primary Care Physicians (getbettermaine.org ratings)	Financial Incentives To Use MMEHT Providers of Distinction: Preferred Hospitals (Procedure and "Tax ID") and Preferred Primary Care Physicians (getbettermaine.org ratings)	Financial Incentives To Use MMEHT Providers of Distinction: Preferred Hospitals (Procedure and "Tax ID") and Preferred Primary Care Physicians (getbettermaine.org ratings)
Cap In-Network Medical & Rx Copays Individual / Family	\$5,150 / \$10,300	\$4,850 / \$9,700	\$4,350 / \$8,700	\$3,350 / \$6,700	\$2,850 / \$5,700
Employee (3)	\$700.61	\$665.01	\$636.91	\$577.90	\$520.10
Employee & Spouse (1)	\$1,571.56	\$1,491.70	\$1,428.68	\$1,296.32	\$1,166.68
Employee & Child(ren) (0)	\$1,143.19	\$1,085.10	\$1,039.25	\$942.97	\$848.67
Employee & Family (2)	\$1,571.56	\$1,491.70	\$1,428.68	\$1,296.32	\$1,166.68

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

BENEFITS 2014

POS 200

PPO 2500

Network Name:

Anthem of Maine HMO Choice

Blue Choice

	In-Network Only	In-Network Only
BENEFIT DESCRIPTION		
❖ Maximum Out-of-Pocket Expenses Per Calendar Year (Deductible/ Coinsurance/Copays)	\$6,350 Single/\$12,700 Family	\$6,350 Single/\$12,700 Family
<ul style="list-style-type: none"> ▪ Deductible ▪ Coinsurance ▪ Copays 	\$200 Single/\$400 Family \$1,000 Single /\$2,000 Family \$5,150 Single/\$10,300 Family	\$2,500 Single/\$5,000 Family \$1,000 Single /\$2,000 Family \$2,850 Single/\$5,700 Family
Inpatient Services		
<ul style="list-style-type: none"> • Unlimited days of care in semi-private room • Physician services • Intensive care • Ancillary services, lab tests, x-rays, anesthesia, medications • Maternity care • Newborn care 	<i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i>	<i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i>
Outpatient Services		
<ul style="list-style-type: none"> • Any physician office visit, diagnosis and treatment • Lab & X-ray - Diagnostic • Lab & X-ray - Preventive • Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) • Physical exams and Well-child care • Immunizations/Flu shots • Covered surgical procedures • Maternity care • Gynecological exam • Physical, Speech or Occupational Therapy • Outpatient facility fees • Ambulance (medically necessary) 	100% after \$15 copay PCP / \$20 copay specialist <i>80% after deductible</i> 100% <i>80% after deductible</i> 100% 100% <i>80% after deductible</i> 100% after a \$20 copay - Self-refer ⁽⁴⁾ 100% <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i>	100% after \$25 copay PCP / \$35 copay specialist <i>80% after deductible</i> 100% <i>80% after deductible</i> 100% 100% <i>80% after deductible</i> 100% after \$35 copay 100% <i>80% after deductible</i> <i>80% after deductible</i> <i>80% after deductible</i>
Emergency Room Services		
<ul style="list-style-type: none"> • Emergency/Urgent care • Non-emergency care 	100% after \$100 copay 100% after \$100 copay (with PCP referral)	100% after \$150 copay 100% after \$150 copay (with PCP referral)
Other Services		
<ul style="list-style-type: none"> • Home Health/Hospice care • Skilled nursing facility • Human tissue & organ transplants • Durable Medical Equipment • Oral surgery (limited benefits) • Routine eye exams • Chiropractic care • Prescription Drug Card Copay 	<i>80% after deductible</i> <i>80% after deductible - Limited to 100 days per calendar year</i> <i>80% after deductible</i> <i>80%</i> Not covered 100% ⁽⁴⁾ ⁽⁶⁾ 100% after \$20 copay ⁽⁴⁾⁽⁷⁾ \$4 / \$10 / \$30 / \$50 / \$60 \$8 / \$20 / \$60 / \$100 / \$120	<i>80% after deductible</i> <i>80% after deductible - Limited to 100 days per calendar year</i> <i>80% after deductible</i> <i>80%</i> Not covered Not covered 100% after \$35 copay ⁽⁴⁾⁽⁷⁾ \$4 / \$10 / \$30 / \$50 / \$60 \$8 / \$20 / \$60 / \$100 / \$120
Tier 1(s) / Tier 1 / Tier 2 / Tier 3 / Tier 4		
Mental Health /Substance Abuse Services		
All eligible inpatient and outpatient services	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽⁹⁾	Covered as any medical condition, not subject to any separate deductibles, coinsurance, or copays ⁽⁹⁾

(2) Advanced Imaging copays limited to \$300 per person per calendar year.
 (3) Copay applies only when facility charge is billed.
 (4) Participants may self-refer only to a participating provider.
 (5) Combined physical, speech, and occupational therapy benefits limited to 75 visits per person, per calendar year.
 (6) One exam per calendar year.
 (7) Acute chiropractic care may be self-referred to a participating chiropractor for 36 visits per calendar year.
 (9) All services must be pre-authorized by Anthem Blue Cross and Blue Shield.

Key Terms

POS - or Point of Service plan, Members are required to select a Primary Care Physician (PCP) from within the Anthem HMO Choice network. Benefits are paid at the In-Network (higher) level for services received from the member's Primary Care Physician (PCP), or from other In-Network providers with a referral from the PCP. Some services require that a member obtain prior authorization in order for benefits to be paid at the higher level of coverage. Benefits are paid at the Out-of-Network (lower) level for services received without a referral (except as designated by the plan), or for services received from Out-of-Network providers.

PPO - or Preferred Provider Organization plan is an arrangement where the health plan contracts with independent physicians, hospitals and other health care providers who become members of a preferred provider network, Blue Choice for the MMEHT PPO plans. The member may direct his/her care and elect either In-Network or Out-of-Network providers, however, it will require the member to pay more for services received from an Out-of-Network provider. Some services require that a member obtain prior authorization in order for benefits to be paid at the higher level of coverage. The member is not required 1) to select a PCP 2) to obtain referrals from his/her PCP even if one is selected.

Deductible - a defined dollar amount that must be satisfied by the insured before the medical plan provides coverage for certain benefits. Most medical plans have a single and a family maximum deductible amount. No one member of the family is obligated to meet the entire family deductible. Each individual insured by the plan is capped at the individual level. The family amount must be met by a minimum of two family members.

Coinsurance - a portion of the charges, usually a percentage, which is the responsibility of the insured. This coinsurance amount has an individual maximum and a family maximum and like the deductible the family maximum must be satisfied by at least two family members.

Copays - a defined dollar amount that is paid for that service. Copays do not require any deductible amount be met first, copays are most likely paid at the time the service is rendered (Emergency Room copays are generally the exception). Copays have an individual calendar maximum and a family calendar maximum and, like the deductible/coinsurance, the family maximum must be satisfied by at least two family members.

Maximum Out of Pocket - a defined dollar amount that is the responsibility of the insured for covered medical expenses. The maximum out of pocket is a combination of the deductible, coinsurance and, starting in 2014, copayments. It also has an individual maximum and family maximum. The family maximum must be met by at least two family members. Once the maximum OOP for any one individual has been met within the calendar year, all benefits are covered at 100% for the rest of the calendar year. Once the family maximum OOP has been met by at least two family members, all benefits for the entire family is covered at 100% even for those family members who have yet to file a medical claim.