

University of Maine System
CompCare Comprehensive Group Health Plan
For Early Retirees Under Age 65
2008 Benefit Summary and Amendment
Number 08-01

This document is your January 1, 2008 Benefit Summary and Amendment to the University of Maine System CompCare Comprehensive Group Health Plan for Early Retirees Under Age 65 Summary Plan Description/Certificate of Coverage (form #6382ME). The University of Maine System Summary Plan Description/Certificate of Coverage (form #6382ME) is now the Benefit Booklet. When accompanied by the Benefit Booklet, this document (along with the Benefit Booklet) becomes the medical plan portion of the Plan. Any references in the Benefit Booklet to Anthem Blue Cross and Blue Shield (Anthem) as the insurer are deleted. The University of Maine System health plan is a self-funded plan. Anthem provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. This document describes the Plan as in effect on January 1, 2008.

BENEFIT SUMMARY

University of Maine System CompCare Comprehensive Group Health Plan for Early Retirees Under Age 65 Benefit Summary - Effective January 1, 2008

University of Maine System – CompCare Comprehensive Group Health Plan	
Important Information	<p>Benefits are based on the maximum allowance for covered services. The maximum allowance is the most that will be paid for a particular service.</p> <p>When covered services are received from a participating provider:</p> <ul style="list-style-type: none"> • Claims are filed by the provider in most instances. • You are only responsible for the deductible and coinsurance. • Providers cannot bill you for balances that exceed Anthem Blue Cross and Blue Shield's maximum allowance.
Inpatient Admission Review	<p>For scheduled inpatient admissions, except for planned deliveries, you or someone you designate must call 1-800-392-1016 for a preadmission review. If you do NOT call for review before admission, benefits can be reduced by 50% up to \$500.</p> <p>For emergency admissions, you or someone you designate should call within 48 hours after admission.</p> <p>For maternity admissions, you or someone you designate must call if the hospital stay is longer than 48 hours for a normal vaginal delivery or longer than 96 hours for a cesarean section.</p>
Calendar Year Deductible	\$300 per person \$600 per family
Mental Health Deductible (non-listed illnesses)	\$100 per person
Coinsurance <i>Applies to most covered services</i>	Unless otherwise specified: The Plan pays 80%, you pay 20%
Calendar Year Out-of-pocket Limit (Deductible + Coinsurance). A separate out-of-pocket limit may apply to prescription drugs. See the Prescription Drug section for possible limits.	\$1,100 per person \$2,200 per family
Lifetime Maximum Benefits General	\$1,000,000
Hospital Services (Inpatient & Outpatient)	80%
Preadmission Testing	100% (deductible does not apply)
Second Surgical Opinion	100% (deductible does not apply)
Emergency Room Care	80%

University of Maine System – CompCare Comprehensive Group Health Plan	
Professional Services Inpatient & Outpatient	80%
Physician Office Visits Sick Care	80%
Well Baby Care	100 % (deductible does not apply), 6 exams age 0 through age 1, 2 exams age 1 through age 3
Well Child Care	100% (deductible does not apply), 1 exam per year age 3 through 19)
Maternity Care Pre & Postnatal	80%
Delivery	80%
Adult Routine Preventive Screening Includes: Up to one exam per year ages 18+ Screening - Prostate Specific Antigen test and rectal exam Gynecological Exam and Pap Test	100 % (deductible does not apply)
Family Planning Services Physical Exam, Laboratory Tests, Information & Counseling	80%
Vasectomy	80%
Elective Tubal Ligation	80%
Reverse Sterilization	80%
Abortion	80%
Insertion/Removal of IUD	80%
Insertion/Removal of Norplant	80%
Diaphragm	80%
Diagnostic Services	80%
High Tech Diagnostic Radiology (including but not limited to, CT Scans, MRI/MRAs, Nuclear Cardiology, PET Scans) These services require prior authorization	80%
Physical & Occupational Therapy	80%
Speech Therapy Up to 35 visits per person per calendar year	80%
Cardiac Therapy	80%
Chiropractic Care	80%
Allergy Testing/Injections	80%
Acupuncture	80%
Private Duty Nursing	80%
Skilled Nursing Facility Up to 730 days when transferred from hospital; up to 100 days otherwise	80%
Home Health Care Up to 100 visits per calendar year	80%
Hospice <i>Limit of up to 12 months</i>	100% (deductible does not apply)
Durable Medical Equipment	80%
Christian Science Sanatorium	80%

University of Maine System – CompCare Comprehensive Group Health Plan	
Jaw Joint Disorder Services (TMJ)	80%
Smoking Cessation Smoking Cessation Program Medications prescribed by a physician Physician follow-up Visits/Counseling	80% Prescription drug copayment applies 80%
Mental Health and Substance Abuse Benefits	
Important Information On Receiving Mental Health and Substance Abuse Benefits	For scheduled inpatient mental health and substance abuse services, you or someone you designate must call the mental health and substance abuse care coordinator at Anthem Behavioral Health at 1-800-755-0851 for preauthorization of services. For listed mental illnesses*, if you do not call for preauthorization, benefits can be reduced by 50% up to \$500. For emergency admissions, you or someone you designate should call Anthem Behavioral Health at 1-800-755-0851 within 48 hours of admission. For outpatient mental health and substance abuse services, you are encouraged to call Anthem Behavioral Health at 1-800-755-0851 for preauthorization and to be directed to an appropriate provider.
* Listed Mental Illnesses: Benefits are provided at the same level provided for medical treatment for the following listed mental illnesses: Psychotic disorders, including schizophrenia; dissociative disorders; mood disorders; anxiety disorders; personality disorders; paraphilias; attention deficit and disruptive behavior disorders; pervasive developmental disorders; tic disorders; eating disorders, including bulimia and anorexia; and substance abuse-related disorders.	
Mental Health Services * Listed mental illnesses including substance abuse services: Inpatient Day Treatment Outpatient Hospital Emergency Room Office Visits Home Health Care Services	 80% 80% 80% 80% 80% 80%
Non-Listed mental illnesses: Inpatient Up to 31 days per person per calendar year. Two days of Day Treatment count as one day of inpatient care. Outpatient Up to 40 visits per person per calendar year. Home Health Care Services	 80% 50% 80%

Prescription Drug Coverage (3 Tier Benefit)

Retail Pharmacy

Tier 1 Drugs:

You pay a:
\$10 copayment for up to a 30-day supply,
\$20 copayment for up to a 60-day supply,
\$30 copayment for up to a 90-day supply.

Tier 2 Drugs:*

You pay a:
\$25 copayment for up to a 30-day supply,
\$50 copayment for up to a 60-day supply,
\$75 copayment for up to a 90-day supply.

Tier 3 Drugs: *

You pay a:
\$40 copayment for up to a 30-day supply,
\$80 copayment for up to a 60-day supply,
\$120 copayment for up to a 90-day supply.

Mail Service Pharmacy

Tier 1 Drugs: You pay a \$20 copayment for up to a 90-day supply.

Tier 2 Drugs*: You pay a \$50 copayment for up to a 90-day supply.

Tier 3 Drugs*: You pay a \$80 copayment for up to a 90-day supply.

Certain Maine retail pharmacies can fill your prescription at the same copayments that apply to the mail service pharmacy level of benefits. Please ask your pharmacy if they offer this special arrangement or call the Anthem Customer Service Department at the phone number on your ID card for a list of retail pharmacies that offer the mail service pharmacy level of benefits.

Any amendments that apply to your coverage are listed below:

PLAN INFORMATION

Plan Name:	The University of Maine System Group Health Plan
Type of Plan:	Self-funded Group Health Plan, medical benefits including prescription drug benefits
Employer/Plan Sponsor Name, Address and Phone Number:	University of Maine System 16 Central Street Bangor, Maine 04401
Plan Year:	January 1 though December 31, 2008
Plan Administrator:	University of Maine System 16 Central Street Bangor, Maine 04401
	The Plan Administrator has authority to control and manage the operation and administration of the Plan, subject to the terms of the contracts.
Agent for Service of Legal Process:	University of Maine System 16 Central Street Bangor, Maine 04401
Type of Plan Administration	Contract Administration
Claims Administrator Fiduciary for Appeals Only	Anthem Blue Cross and Blue Shield 2 Gannett Drive South Portland, ME 04106
Plan Changes or Termination:	The Plan Administrator may amend the Plan in whole or in part at any time. The Plan Sponsor reserves the right to terminate the Plan at any time, by action of the University of Maine System or its delegate.
Accompanying Documents:	The term “Summary Plan Description/Certificates of Coverage” refers to the documentation provided by the Contract Administrator, which describes in detail certain benefits provided through the health plan. If you do not have a copy of a Certificate of Coverage, you may obtain one from the Plan Administrator.

**Amendment to the University of Maine System CompCare Comprehensive Group Health Plan
Summary Plan Description/Certificate of Coverage (Form #6382ME), Hereinafter Referred to as
the Benefit Booklet**

Introduction

The “Introduction” is deleted and replaced with the following:

This Document is your Benefit Booklet and describes the benefits available to participants under the self-funded University of Maine System CompCare Plan.

The benefits described in this Document are those in effect as of January 1, 2008. The Plan is subject to the terms, provisions and limitations stated herein. Every attempt has been made to be informative about benefits available under the Plan and those areas where a benefit may be lost or denied.

In the event where a question arises as to a claim for benefits or denial of a claim for benefits, the Employer, Plan Administrator, Contract Administrator, and such other individuals as may be party to or associated with the Plan shall be guided solely by this Document.

The Plan Administrator shall have authority, subject to applicable law, to interpret this Plan, its provisions and regulations with regard to eligibility, coverage, benefit entitlement, benefit determination and general administrative matters. The Plan Administrator’s decisions will be binding on all Participants and conclusive on all questions of coverage under this Plan, subject to the Participant’s appeal rights described later in the Document.

The failure of the Plan Administrator to strictly enforce any provision of this Plan shall not be construed as a waiver of the provision. Rather, the Plan Administrator reserves the right to strictly enforce each and every provision of this Plan at any time regardless of the prior conduct of the Plan Administrator and regardless of the similarity of the circumstances or the number of prior occurrences.

Funding

All references to Anthem as the insurer or insurer administrator of the Plan are deleted. Anthem is the Contract Administrator and receives payment from the University of Maine System to administer the University of Maine System CompCare plan. All references to premium payments or subscription charges paid to Anthem are deleted.

You may be required to share in the cost for Health Plan coverage on a contributory basis. The University of Maine System shall from time to time evaluate the cost of the Plan and determine the premium to be paid for Plan benefits. The University of Maine System pays claims otherwise allowable under the terms of the Plan.

All references to the “Group Agreement” are deleted and replaced with the “Administrative Services Agreement”.

All references to “member” are deleted and replaced with “participant”. The following is added to the Definitions section.

Participant The subscriber and all family members who are properly enrolled under the Plan.

Benefit Booklet

All references to the “Summary Plan Description/Certificate of Coverage” are deleted and replaced with “Benefit Booklet”.

The following is added to the Definitions section:

Benefit Booklet A description of the portion of the health care benefits provided under the Plan that is administered by Anthem.

Eligibility for Dependents Losing Coverage

The following is added to the “Qualifying Life Events” subsection of the “Eligibility, Termination and Continuation of Coverage” section:

- A dependent with other coverage losing that coverage
- Reaching a lifetime limit on all benefits under other coverage

The following is added to “Conditions required for enrollment” in the “Special Enrollment” subsection of the “Eligibility, Termination and Continuation of Coverage” section:

- h. a dependent who has other coverage loses eligibility under that coverage

Pharmacy

The “Covered Services” section is changed by adding the following to the “Prescription Drugs” provision:

Specialty Pharmacy Network You or your physician can order specialty drugs directly from any network, specialty network or non-network pharmacy. If you or your physician orders your specialty drugs from a specialty participating pharmacy, you will be assigned a patient care coordinator who will work with you and your physician to obtain prior authorization and to coordinate any shipping of your specialty drugs directly to you or your physician’s office. Your patient care coordinator will also contact you directly when it is time to refill your specialty drug prescription.

Specialty pharmacies may fill retail and mail service specialty drug prescription orders, subject to a 30-90 day supply. The amount of benefits paid is based upon whether you receive the covered services from a network pharmacy, including a network specialty pharmacy, a non-network pharmacy, or a mail order vendor. You may obtain a list of specialty drugs available through the specialty pharmacy network and a list of participating specialty pharmacies by contacting the Anthem Customer Service number on the back of your ID card, or by visiting the website www.anthem.com.

The “Definitions” section is changed by adding the following:

Network Specialty Pharmacy Any appropriately licensed pharmacy located within the United States which has entered into a contractual agreement with Anthem, or its pharmacy benefits manager designee, to render specialty drug services and certain administrative functions.

Specialty Drug Prescription legend drugs which:

- are approved to treat limited patient populations, indications or conditions;
- are normally injected, infused or require close monitoring by a physician or clinically trained individual; or
- have limited availability, special dispensing and delivery requirements, and/or require additional patient support- any or all of which make the drug difficult to obtain through traditional pharmacies.

Hearing Care

The Covered Services Section is changed by adding the following:

Hearing Care Benefits are provided for wearable hearing aids for covered participants up to age 18. Coverage is limited to \$1,400 per hearing aid for each hearing-impaired ear every 36 months. Related items such as batteries, cords, and other assistive listening devices, including but not limited to, frequency modulation systems, are not covered. A hearing aid is defined as a wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing.

The “Exclusions” section is changed by deleting the “Hearing Care” exclusion and replacing it with the following:

Hearing Care Benefits are not provided for hearing examinations except for screening participants under the age of 19 years or when related to injury or disease. Please see “Hearing Care” in the “Covered Services” section for benefits for hearing aids.

Claims Payment

The “Benefit Determinations, Payments and Appeals” section is changed as follows:

The “Claims Payment” section is changed by deleting the “Provider and Professional Payment Methods” subsection and replacing it with the following:

Provider and Professional Payment Methods

When a network professional renders a covered service, the payment for the service is based on a maximum allowance agreed to by him or her. In addition to the maximum allowance, an eligible network professional can receive additional payments if he or she has met certain quality standards.

Payment will be based on the most cost effective means that can safely be administered. You can contact Anthem to find out the maximum allowance for a service by calling the telephone number on your ID card; the maximum allowance is calculated by various methodologies.

Network providers are paid in several different ways, including but not limited to discounts from regular charges and fixed fees agreed to by them.

The “Definitions” section is changed by deleting the definition of “Maximum Allowance” and replacing it with the following:

Maximum Allowance The highest dollar amount that will be paid by the participant and the Plan for a covered service based on agreements with network providers and professionals. Payment will be based on the most cost effective means that can be safely administered.

For covered services provided by non-network providers and professionals, the participant’s portion of the payment will include charges over and above what would have been paid to a network provider or professional.

Appeals and Legal Action

The “Complaints and Appeals” section is changed by deleting the second paragraph of the “Level Two Appeal Process (Voluntary)” subsection and replacing it with the following:

On a Level Two Appeal, the entire record will be reviewed. Appeals of a clinical nature will be reviewed by an appropriate clinical peer or peers who have not been involved with the prior decision. Additional information may be submitted by or on behalf of the participant, any treating professional, or Anthem. You or your authorized representative may appear before the review panel. If you do not request the opportunity to appear in person, the decision for second level grievance reviews will be issued within 30 calendar days. If you do request the opportunity to appear in person, the review will be conducted within forty-five (45) working days of receipt of the participant’s Level Two Appeal. A written decision will be issued to the participant within five (5) working days of completing the review. Once a final decision has been issued by the Second Level Appeal panel, the participant may request an external review, file a complaint with the Bureau of Insurance and/or bring legal action against the Plan. The Superintendent of Insurance may be contacted toll-free at 1-800-300-5000.

In any appeal under the grievance procedure in which a professional medical opinion regarding a health condition is a material issue in the dispute, you may be entitled to an independent second opinion, of a provider of the same specialty, paid for by the Plan.

The “Legal Action Against Anthem” section is deleted and replaced with the following:

No legal action may be brought against the Plan until the participant or the participant's authorized representative has exhausted the complaint and appeals process outlined above. Any action must be initiated within three (3) years from the earlier of:

- The date of issuance of the external review decision; or
- The date of issuance of the underlying adverse Level One Appeal decision or the Level One grievance determination