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**University of Maine System
 CompCare Comprehensive Group Health Plan for Retirees
 Age 65 and Older
 Summary of Benefits
 Effective January 1, 2007**

| | COMPCARE Comprehensive Group Health Plan |
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| Important Information | <p>Benefits are based on our maximum allowance for covered services. Our maximum allowance is the most we will pay 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. • Participating 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 cesarean sections, 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 member \$600 per family |
| Mental Health Deductible (non-listed illnesses) | \$ 100 per member |
| Coinsurance <i>Applies to most covered services</i> | Unless otherwise specified: Anthem Blue Cross and Blue Shield 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 member \$ 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% |

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| 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 Routine 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. *Retirees – refer to the note at the bottom of the page. | 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% |

***Retirees enrolled in this Plan who are enrolled in Medicare Parts A and B are not required to obtain prior authorization for high tech diagnostic radiology services.**

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| 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 Limit of up to 12 months | 100% (deductible does not apply) |
| Durable Medical Equipment | 80% |
| Christian Science Sanatorium | 80% |
| 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 @ 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 @ 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 @ 1-800-755-0851 for preauthorization and to be directed to an appropriate provider. |
| * Listed Mental Illnesses: State of Maine Statute requires that benefits be provided at the same benefit 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 | 80% |
| Day Treatment | 80% |
| Outpatient | 80% |
| Hospital Emergency Room | 80% |
| Office Visits | 80% |
| Home Health Care Services | 80% |
| Non-Listed mental illnesses: | |
| Inpatient Up to 31 days per member per calendar year. Two days of Day Treatment equal one day of inpatient care. | 80% |
| Outpatient Up to 40 visits per member per calendar year. | 50% |
| Home Health Care Services | 80% |

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| Prescription Drug Coverage (3 Tier Benefit) | | |
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| Note: Primary Care Physician authorization is not required. | | |
| Retail Pharmacy | | |
| Generic 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. | Brand Name 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. | Optional Brand Name 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 | | |
| <p>Generic Drugs: You pay a \$20 copayment for up to a 90-day supply.</p> <p>Brand Name Drugs*: You pay a \$50 copayment for up to a 90-day supply.</p> <p>Optional Brand Name Drugs*: You pay a \$80 copayment for up to a 90-day supply.</p> <p>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 our 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.</p> | | |

If special provisions apply to your coverage, changes are made by Amendment to the Group Contract. They are listed below:

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