

## Appendix 3 – Benefits and Rates

### The DirigoChoice PPO Plan



This is a Summary of Benefits to your DirigoChoice PPO Plan. It is attached to and becomes part of your DirigoChoice Benefit Handbook.

**Group Name:**

**Group Number:**

**Effective Date:**

1.1. Cost Sharing	
<b>Calendar Year Deductibles:</b>	
General Deductible	\$2,500 Individual Deductible \$5,000 Family Deductible
Mental Health (Non-Biologically Based Mental Illnesses)	\$150
<b>Deductible Rollover</b> Your Plan has a Deductible Rollover. This allows you to apply any Deductible amount incurred for Covered Benefits during the last three (3) months of a calendar year toward the Deductible for the next year. In order for the Deductible Rollover to apply, you, or your covered family, must have had continuous coverage under DirigoChoice at the time the charges for the prior year were incurred.	
<b>Calendar Year Out-of-Pocket Limit</b>	\$3,500 Individual Limit \$7,000 Family Limit
Lifetime Benefit Maximum	No Limit

	<b>In-Network Benefit</b>	<b>1.2. Out-of-Network Benefit</b>
<u>Coinsurance</u>	The Plan pays 70% The Member pays 30% Unless otherwise indicated	The Plan pays 50% The Member pays 50% Unless otherwise indicated
<u>Copayment</u>	\$25 Copayment where indicated	<b>\$35 Copayment</b> where indicated
<u>Service</u>	<b>In-Network Benefit</b> <b>The Plan Pays:</b>	Out-of-Network Benefit <b>The Plan Pays:</b>
<b>Hospital Services</b>		
Inpatient <sup>1</sup>	70% after Deductible	50% after Deductible
Outpatient		
<b>Emergency Room Services</b>	70% after Deductible	70% after Deductible
<b>Screening Mammograms</b>	100%, no Copayment or Deductible	100%, no Copayment or Deductible
<b>Professional Services</b>		
Inpatient	70% after Deductible	50% after Deductible
<b>Outpatient</b> Diagnostic tests, x-rays, and surgery		
<b>Endoscopic Procedures (including Colonoscopies)</b>	70% after Deductible	50% after Deductible
<b>Maternity</b>		
Pre- & Post-natal	\$25 Copayment first prenatal visit, then 100%	\$35 Copayment first prenatal visit, then 70%
Delivery	70% after Deductible	50% after Deductible

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<sup>1</sup> Failure to obtain Prior Approval for non-emergency inpatient hospital services may result in services not being covered or a penalty of \$150. Please see your Benefit Handbook Section C.4 for further information.

<u>Service</u>	<b>In-Network Benefit The Plan Pays:</b>	<b>Out-of-Network Benefit The Plan Pays:</b>
<b>Physician Office Visits</b>		
<b>Sick Care</b> Specialists	100% after \$25 Copayment, Deductible does not apply	70% after \$35 Copayment, Deductible does not apply
Routine/Preventive (including any associated diagnostic tests and x- rays)	100%, no Copayment or Deductible	50% after \$35 Copayment, Deductible does not apply
<b>Hearing aids</b>  For Members through the age limit required by Maine law <sup>2</sup> . Limited to one (1) hearing aid every 36 months, per hearing impaired ear, up to a limit of \$1,400	70% after Deductible	50% after Deductible
<b>Other Services</b>  Occupational, Speech, and Physical Therapies – Combined limit of \$3,000 per calendar year	70% after Deductible	50% after Deductible
Chiropractic Care / Manipulative Therapy  Combined limit of 40 visits per calendar year	70% after Deductible	50% after Deductible
<i>Skilled Nursing Facility – Up to 100 days per Member per calendar year</i>	70% after Deductible	50% after Deductible
Hospice	100% after \$25 Copayment, Deductible does not apply	50% after \$35 Copayment, Deductible does not apply
Home Health Care	70% after Deductible	50% after Deductible

<sup>2</sup> Effective January 1, 2008, for Members from birth through age 5. Effective January 1, 2009, for Members from birth through age 13. Effective January 1, 2010 and thereafter, for Members from birth through age 18. No coverage for Members over 18 years of age.

Ambulance	70% after Deductible	70% after Deductible
Cardiac Rehabilitation – Up to 24 visits per Member per calendar year	70% after Deductible	50% after Deductible
Durable Medical Equipment – Up to \$3,500 per Member per calendar year	70% after Deductible	50% after Deductible
Prostheses (excluding limbs)	70% after Deductible	50% after Deductible
Prostheses for limb replacement	70%, Deductible does not apply	70%, Deductible does not apply
Smoking Cessation: <b>Smoking Cessation Program – up to \$35 per program /\$70 per lifetime</b>	100%, no Copayment or Deductible	100%, no Copayment or Deductible
<b>Physician Office Visits – up to 2 per Member per calendar year</b>	100% after \$25 Copayment, Deductible does not apply	70% after \$35 Copayment, Deductible does not apply
Smoking Cessation Medications	See the Prescription Drug section for additional information	See the Prescription Drug section for additional information

Mental Health and Substance Abuse Services		
Mental Health and Substance Abuse services are managed and all Inpatient and Day Treatment services require preauthorization. Failure to comply with the requirements outlined in your Benefit Handbook may result in a penalty up to \$150. Coinsurance for Non-Biologically Based Mental Illness services does not count toward meeting the annual Coinsurance limit. Coinsurance continues to apply to these services after the Coinsurance limit is met.		
Service	In-Network Benefit The Plan Pays:	Out-of-Network Benefit The Plan Pays:
<b>*Biologically Based Mental Illnesses including Substance Abuse services:</b>  Inpatient, Day treatment, Outpatient  Office Visits  Home Health Care Services	70% after Deductible  100% after \$25 Copayment, Deductible does not apply  70% after Deductible	50% after Deductible  70% after \$35 Copayment, Deductible does not apply  50% after Deductible
<b>Non-Biologically Based Mental Illnesses:</b>  Deductible – combined in and out of network  Inpatient – Combined limit of 30 days per calendar year. Two days of Day Treatment equal one day of Inpatient Treatment.  Outpatient – Combined limit of 40 visits per Member per calendar year  Home Health Care Services	\$150  70% after mental health Deductible  70% after mental health Deductible  70% after Deductible	\$150  50% after mental health Deductible  50% after mental health Deductible  50% after Deductible

Prescription Drug Coverage	
<p>The Plan provides prescription drug coverage with Copayments. The Plan places all covered drugs into one of three levels or “tiers.” Each tier has its own Copayment amount. The specific Copayments for prescription drugs that apply to your Plan are listed below. Your Copayments are also listed on your Member ID card. Prescription drugs are not subject to the Deductible. Please see your Benefit Handbook Section O for further information.</p>	
<u>Prescription Drug Tier</u>	<b>Participating &amp; Non-Participating Pharmacies</b>
<u>Tier 1</u>	\$10 Copayment, up to a 30-day supply
<u>Tier 2</u>	\$30 Copayment, up to a 30-day supply
<u>Tier 3</u>	\$50 Copayment, up to a 30-day supply

## 2009 Rates

Single		Employee + Spouse		Employee + Child(ren)	Family
Q1 2009 Non-Group 1750					
B	\$632.22		\$1,264.43	\$1,137.99	\$1,896.65
C	\$587.75		\$1,175.49	\$1,057.94	\$1,763.24
D	\$556.34		\$1,112.68	\$1,001.41	\$1,669.02
E	\$525.19		\$1,050.38	\$945.34	\$1,575.56
F	\$498.51		\$997.02	\$897.32	\$1,495.53
Q1 2009 Non-Group 2500					
B	\$637.00		\$1,274.01	\$1,146.61	\$1,911.01
C	\$586.38		\$1,172.76	\$1,055.49	\$1,759.14
D	\$551.60		\$1,103.20	\$992.88	\$1,654.81
E	\$522.24		\$1,044.47	\$940.02	\$1,566.71
F	\$498.79		\$997.57	\$897.82	\$1,496.36
Q1 2009 Small Group 1250					
B	\$482.14		\$1,012.49	\$867.86	\$1,446.43
C	\$447.92		\$940.63	\$806.26	\$1,343.77
D	\$421.74		\$885.65	\$759.14	\$1,265.23
E	\$401.93		\$844.05	\$723.47	\$1,205.78
F	\$382.79		\$803.86	\$689.02	\$1,148.37
Q1 2009 Small Group 1750					
B	\$447.93		\$940.65	\$806.28	\$1,343.80
C	\$416.26		\$874.15	\$749.27	\$1,248.79
D	\$393.89		\$827.17	\$709.00	\$1,181.67
E	\$371.76		\$780.70	\$669.17	\$1,115.28
F	\$352.81		\$740.90	\$635.06	\$1,058.44
Q1 2009 Small Group 2500					
B	\$450.85		\$946.79	\$811.52	\$1,352.54
C	\$415.02		\$871.54	\$747.03	\$1,245.05
D	\$390.40		\$819.84	\$702.71	\$1,171.19
E	\$369.62		\$776.20	\$665.31	\$1,108.85

F	\$353.01	\$741.32	\$635.42	\$1,059.04
Q2 2009 Non-Group 1750				
B	\$652.45	\$1,304.91	\$1,174.42	\$1,957.36
C	\$606.56	\$1,213.11	\$1,091.80	\$1,819.67
D	\$574.14	\$1,148.28	\$1,033.45	\$1,722.42
E	\$542.00	\$1,084.00	\$975.60	\$1,625.99
F	\$514.46	\$1,028.92	\$926.03	\$1,543.38
Q2 2009 Non-Group 2500				
B	\$657.39	\$1,314.79	\$1,183.31	\$1,972.18
C	\$605.15	\$1,210.30	\$1,089.27	\$1,815.44
D	\$569.25	\$1,138.50	\$1,024.65	\$1,707.75
E	\$538.94	\$1,077.88	\$970.09	\$1,616.82
F	\$514.75	\$1,029.50	\$926.55	\$1,544.25
Q2 2009 Small Group 1250				
B	\$488.01	\$1,122.42	\$878.42	\$1,464.03
C	\$453.52	\$1,043.10	\$816.34	\$1,360.56
D	\$426.29	\$980.47	\$767.33	\$1,278.88
E	\$405.71	\$933.14	\$730.28	\$1,217.14
F	\$386.51	\$888.98	\$695.72	\$1,159.53
Q2 2009 Small Group 1750				
B	\$453.53	\$1,043.12	\$816.36	\$1,360.59
C	\$420.63	\$967.44	\$757.13	\$1,261.88
D	\$397.65	\$914.59	\$715.77	\$1,192.95
E	\$375.45	\$863.52	\$675.80	\$1,126.34
F	\$356.43	\$819.79	\$641.57	\$1,069.29
Q2 2009 Small Group 2500				
B	\$454.81	\$1,046.07	\$818.66	\$1,364.43
C	\$418.87	\$963.40	\$753.97	\$1,256.61
D	\$394.18	\$906.61	\$709.52	\$1,182.53
E	\$373.32	\$858.64	\$671.98	\$1,119.96
F	\$356.67	\$820.34	\$642.01	\$1,070.01
Q3 2009 Non-Group 1750				
B	\$657.34	\$1,314.68	\$1,183.21	\$1,972.02
C	\$611.11	\$1,222.22	\$1,100.00	\$1,833.33
D	\$578.45	\$1,156.90	\$1,041.21	\$1,735.35



E	\$546.07	\$1,092.14	\$982.93	\$1,638.21
F	\$518.32	\$1,036.64	\$932.98	\$1,554.96
<b>Q3 2009 Non-Group 2500</b>				
B	\$662.32	\$1,324.64	\$1,192.18	\$1,986.96
C	\$609.69	\$1,219.38	\$1,097.44	\$1,829.07
D	\$573.52	\$1,147.04	\$1,032.34	\$1,720.56
E	\$542.99	\$1,085.98	\$977.38	\$1,628.97
F	\$518.62	\$1,037.24	\$933.52	\$1,555.86
<b>Q3 2009 Small Group 1250</b>				
B	\$508.22	\$1,168.91	\$914.80	\$1,524.66
C	\$472.39	\$1,086.50	\$850.30	\$1,417.17
D	\$444.04	\$1,021.29	\$799.27	\$1,332.12
E	\$422.63	\$972.05	\$760.73	\$1,267.89
F	\$402.69	\$926.19	\$724.84	\$1,208.07
<b>Q3 2009 Small Group 1750</b>				
B	\$472.40	\$1,086.52	\$850.32	\$1,417.20
C	\$438.15	\$1,007.75	\$788.67	\$1,314.45
D	\$414.25	\$952.76	\$745.65	\$1,242.75
E	\$391.19	\$899.74	\$704.14	\$1,173.57
F	\$371.45	\$854.34	\$668.61	\$1,114.35
<b>Q3 2009 Small Group 2500</b>				
B	\$473.62	\$1,089.33	\$852.52	\$1,420.86
C	\$436.30	\$1,003.49	\$785.34	\$1,308.90
D	\$410.65	\$944.50	\$739.17	\$1,231.95
E	\$389.01	\$894.72	\$700.22	\$1,167.03
F	\$371.72	\$854.96	\$669.10	\$1,115.16
<b>Q4 2009 Non-Group 1750</b>				
B	\$678.39	\$1,356.77	\$1,221.10	\$2,035.16
C	\$630.67	\$1,261.33	\$1,135.20	\$1,892.00
D	\$596.96	\$1,193.91	\$1,074.52	\$1,790.87
E	\$563.54	\$1,127.07	\$1,014.37	\$1,690.61
F	\$534.91	\$1,069.82	\$962.84	\$1,604.73
<b>Q4 2009 Non-Group 2500</b>				
B	\$683.51	\$1,367.03	\$1,230.33	\$2,050.54
C	\$629.20	\$1,258.40	\$1,132.56	\$1,887.60

D	\$591.88	\$1,183.76	\$1,065.38	\$1,775.63
E	\$560.36	\$1,120.73	\$1,008.66	\$1,681.09
F	\$535.21	\$1,070.42	\$963.38	\$1,605.63
Q4 2009 Small Group 1250				
B	\$506.24	\$1,164.35	\$911.23	\$1,518.71
C	\$470.26	\$1,081.60	\$846.47	\$1,410.78
D	\$441.73	\$1,015.99	\$795.12	\$1,325.20
E	\$420.18	\$966.41	\$756.32	\$1,260.54
F	\$400.15	\$920.35	\$720.27	\$1,200.46
Q4 2009 Small Group 1750				
B	\$470.27	\$1,081.62	\$846.49	\$1,410.81
C	\$435.80	\$1,002.33	\$784.43	\$1,307.39
D	\$411.77	\$947.06	\$741.18	\$1,235.30
E	\$388.61	\$893.81	\$699.50	\$1,165.84
F	\$368.77	\$848.17	\$663.78	\$1,106.30
Q4 2009 Small Group 2500				
B	\$471.36	\$1,084.12	\$848.44	\$1,414.07
C	\$433.86	\$997.87	\$780.94	\$1,301.57
D	\$408.09	\$938.61	\$734.56	\$1,224.27
E	\$386.35	\$888.59	\$695.42	\$1,159.04
F	\$368.97	\$848.64	\$664.15	\$1,106.92

Note: 2010 rates are scheduled to increase by 8.1% (non-group) and 8.4% (small group).