

Maine Education Association Benefits Trust

2022 - 2023 Summary of Benefits

PPO Plan

[Anthem.com](https://www.anthem.com)

Anthem Blue Cross and Blue Shield gives you the tools and resources you need to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. For more details about your benefits and services, please review your *Evidence of Coverage* (EOC).

Medicare & You 2022 resource: For more information, we encourage you to read Medicare & You 2022. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov or call **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

How much is the monthly premium? Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

	In-network:	Out-of-network:
Annual medical deductible:	\$0	
Maximum out-of-pocket responsibility: (Does not include prescription drugs)	\$0	
Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	\$0 copay Per Admission	\$0 copay Per Admission
Outpatient Hospital Care Facility or ambulatory surgical center visit for surgery*	\$0 copay Per Visit	\$0 copay Per Visit

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Observation Room	\$0 copay Per Visit	\$0 copay Per Visit
Primary care office visit	\$0 copay Per Visit	\$0 copay Per Visit
Specialty care office visit	\$0 copay Per Visit	\$0 copay Per Visit
Video doctor visits LiveHealth Online	\$0 copay Per Visit	
Preventive care	\$0 copay Per Visit	\$0 copay Per Visit
Emergency room visit	\$0 copay Per Visit	
Urgently needed services	\$0 copay Per Visit	
Diagnostic services, labs, and imaging Diagnostic lab services*	\$0 copay Per Visit	\$0 copay Per Visit
Diagnostic radiology services, such as MRIs and CT scans*	\$0 copay Per Visit	\$0 copay Per Visit
Outpatient X-rays*	\$0 copay Per Visit	\$0 copay Per Visit
Hearing services* Medicare-covered diagnostic hearing and balance evaluations	\$0 copay Per Visit	\$0 copay Per Visit
Routine hearing exams	\$0 copay Per Visit, 1 exam Every 12 Months, \$70 maximum, including hearing aid fitting evaluations, every 12 months	\$0 copay Per Visit, 1 exam Every 12 Months, \$70 maximum, including hearing aid fitting evaluations, every 12 months
Hearing aids	\$0 copay for hearing aids, \$3,000 per ear every 36 months	\$0 copay for hearing aids, \$3,000 per ear every 36 months
Hearing aid fitting evaluations	\$0 copay Per Visit, 1 visit Per Hearing Aid, \$70 maximum, including routine hearing exams, every 12 months	\$0 copay Per Visit, 1 visit Per Hearing Aid, \$70 maximum, including routine hearing exams, every 12 months
Medicare Covered Dental* Non-routine care covered by Medicare	\$0 copay Per Visit	\$0 copay Per Visit
Vision services Medicare-covered exams given by a specialist to diagnose and treat eye diseases and conditions	\$0 copay Per Visit	\$0 copay Per Visit
Medicare-covered eyewear following cataract surgery	\$0 copay Per Surgery	\$0 copay Per Surgery

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Routine vision eye exam	\$0 copay Per Visit, 1 visit per year, \$50 maximum, per year	\$0 copay Per Visit, 1 visit per year, \$50 maximum, per year
Mental Health Services Inpatient visit*	\$0 copay Per Admission	\$0 copay Per Admission
Outpatient group therapy professional visit	\$0 copay Per Visit	\$0 copay Per Visit
Outpatient individual therapy professional visit	\$0 copay Per Visit	\$0 copay Per Visit
Professional partial hospitalization*	\$0 copay Per Visit	\$0 copay Per Visit
Skilled nursing facility (SNF)*	\$0 copay Per Day, 100 Days Per Benefit Period	\$0 copay Per Day, 100 Days Per Benefit Period
Outpatient rehabilitation services Physical, occupational, and speech therapy visits*	\$0 copay Per Visit	\$0 copay Per Visit
Ambulance services	\$0 copay Per One Way Trip	
Part B Drugs Medicare-covered*	\$0 copay Per Visit	\$0 copay Per Visit
Chiropractic services Medicare-covered	\$0 copay Per Visit	\$0 copay Per Visit
Acupuncture for chronic low back pain. Medicare-covered	\$0 copay Per Visit	\$0 copay Per Visit
Additional acupuncture services	\$0 copay Per Visit	\$0 copay Per Visit
Diabetes management Supplies, including blood glucose test strips, lancet devices, lancets, and glucose control solutions	\$0 copay Per Purchase, 30 Days Per Supply	\$0 copay Per Purchase, 30 Days Per Supply
Blood glucose monitor	\$0 copay Per Purchase	\$0 copay Per Purchase
Therapeutic shoes	\$0 copay Per Purchase	\$0 copay Per Purchase
Self-management training	\$0 copay Per Visit	\$0 copay Per Visit
Continuous glucose monitor*	\$0 copay Per Purchase	\$0 copay Per Purchase
Durable medical equipment (DME)*	\$0 copay Per Purchase	\$0 copay Per Purchase
Podiatry services Medicare-covered	\$0 copay Per Visit	\$0 copay Per Visit
Routine foot care	\$0 copay Per Visit, 12 Visits Per Year	\$0 copay Per Visit, 12 Visits Per Year
Home health care*	\$0 copay Per Visit	\$0 copay Per Visit

Additional covered benefits and services	Members pay:
Foreign travel emergency (outside U.S. territories) Emergency care	\$0 copay Per Visit
Urgently needed services	\$0 copay Per Visit
Inpatient emergency care	\$0 copay Per Admission, 60 Days Per Lifetime
Health and wellness programs SilverSneakers® Take virtual fitness classes at home or visit us at a participating gym.	\$0 copay Per Visit
Healthy Meals Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition*	\$0 copay Per Qualifying Event, 14 Meals Per Qualifying Event, four (4) Events Per Year, 56 Meals In Total
Healthy Pantry Monthly nutritional counseling and delivery of pantry items*	\$0 copay Per Year
Compression stockings	\$0 copay Per Purchase, 8 compression stockings per year
Scalp hair prosthesis Coverage for patients with chemotherapy-induced alopecia	\$0 copay Per Visit, \$500 Per Year
Medicare Community Resource Support	\$0 copay Per Visit

*Benefit requires physician referral or prior authorization.

This document reflects cost shares only.

Some of the benefits listed above are combined in-network and out-of-network.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Your 2023 Prescription Drug Benefits Chart

Formulary P4, 10/35/60/85 (with Senior Rx Plus)

Maine Education Association Benefits Trust

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

Formulary	P4
Deductible	\$0
Supplemental Gap Coverage	Not Applicable
Covered Services	What you pay

Part D Initial Coverage

Below is your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$7,400.

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay
• Generics	\$10 copay
• Preferred Brands	\$35 copay
• Non-Preferred Drugs and Non-Formulary Drugs	\$60 copay
• Specialty Drugs	\$85 copay
• Shingles Vaccine	\$0 copay
Retail Pharmacy	per 90-day supply
• Select Generics	\$0 copay
• Generics	\$20 copay
• Preferred Brands	\$70 copay
• Non-Preferred Drugs and Non-Formulary Drugs	\$120 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you only pay the mail-order copay below.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
• Select Generics	\$0 copay
• Generics	\$20 copay
• Preferred Brands	\$70 copay
• Non-Preferred Drugs and Non-Formulary Drugs	\$120 copay
• Specialty Drugs	\$85 copay

Part D Catastrophic Coverage

Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$7,400.

Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay
• Generics	5% coinsurance with a minimum of \$4.15 and a maximum of \$10
• Brand-Name Drugs	5% coinsurance with a minimum of \$10.35 and a maximum of \$35
• Shingles Vaccine	\$0 copay

- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your *Evidence of Coverage* for complete details on what you pay for vaccines.
- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

Your 2023 Extra Covered Drugs Benefits Chart

Covered Services	What you pay
Extra Covered Drugs	
These are prescription drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
Retail Pharmacy	per 30-day supply
Cough and Cold DESI Vitamins and Minerals	See Drug List for complete list of drugs covered
• Generics	\$10 copay
• Preferred Brands	\$35 copay
• Non-Preferred Drugs	\$60 copay
Erectile Dysfunction (ED)	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$10 copay
• Preferred Brands	\$35 copay
• Non-Preferred Drugs	\$60 copay
Mail-Order Pharmacy	per 90-day supply
Cough and Cold DESI Vitamins and Minerals	See Drug List for complete list of drugs covered
• Generics	\$20 copay
• Preferred Brands	\$70 copay
• Non-Preferred Drugs	\$120 copay
Erectile Dysfunction (ED)	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$20 copay
• Preferred Brands	\$70 copay
• Non-Preferred Drugs	\$120 copay

- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.