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**Colby College
 HMO Maine Plan
 Summary of Benefits
 Effective January 1, 2009**

Service	HMO Maine
Important Information	To receive benefits for covered services, the services must be provided or authorized by the Primary Care Physician unless otherwise stated.
Inpatient Admission Review	All scheduled inpatient admissions (except planned cesareans) require preadmission authorization by the Primary Care Physician. For emergency admissions you or someone you designate should call within 48 hours after admission for postadmission review. 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.
Calendar Year Deductible	None
Coinsurance	Applies to non-listed mental health and substance abuse services
Calendar Year Out-of-pocket Limit	None
Lifetime Maximum Benefits	None
Inpatient Hospital/Surgical Services (including delivery)	100%
Outpatient Surgery (hospital, ambulatory surgical center)	100%
Emergency Room Care	100% after a \$25 copayment For non-emergencies, you must call the Primary Care Physician for authorization before getting care. For emergencies, you should seek immediate medical care. (If you are admitted to the hospital, copayment is waived.)
Diagnostic Services	100%
Ambulance	100%

Service	HMO Maine
Occupational Therapy, Physical Therapy and Speech Therapy	100% after a \$20 copayment Up to a \$3,000 combined limit per calendar year
Chiropractic Care	100% after a \$20 copayment Up to 36 visits per calendar year when self-referring to a network chiropractor. After 36 visits, PCP referral required
<p align="center"><u>Professional Services</u></p> Inpatient & Outpatient Physician Office Visits Preventive Care including: <ul style="list-style-type: none"> • Well-baby care • Periodic physical exams • Routine gynecological exams and Pap tests (no referral required for network professional) Family Planning: <ul style="list-style-type: none"> • Office visit • Contraceptive services/devices Maternity Care: <ul style="list-style-type: none"> • Pre & Postnatal • Delivery 	<p align="center">100%</p> <p align="center">100% after a \$20 copayment</p> <p align="center">100% after a \$20 copayment</p> <p align="center">100% after a \$20 copayment</p> <p align="center">100%</p> <p align="center">100%</p> <p align="center">100%</p>
Skilled Nursing Facility	100% Up to 100 days per calendar year
Home Health Care	100%
Hospice	100%
Durable Medical Equipment and Prosthetics (<i>*Prosthetics to replace limbs are not subject to the limit</i>)	100% *Up to \$3,000 per member per calendar year
Lamaze Classes	100%
Routine Eye Exams	100% after a \$20 copayment Up to one exam per calendar year up to age 19, one exam every two calendar years thereafter. PCP referral not required
Smoking Cessation Smoking Cessation Program 2 physician office visits for education and counseling per calendar year Medications (i.e., gum, patch, nasal spray, Zyban) prescribed by your physician	<p align="center">100%</p> <p align="center">\$35 per program, \$70 per lifetime</p> <p align="center">100% after a \$20 copayment</p> <p align="center">See Prescription Drug Coverage section</p> <p align="center">Up to \$200 per member per calendar year, up to \$400 per member lifetime</p>
Prescription Drug Coverage (Includes Contraceptives)	You pay a copayment of \$10 generic / \$25 brand name / \$40 optional brand name drugs per 30-day supply. Through the mail-order program only, you pay a copayment equivalent to two months for a 90 day supply. Step Therapy may be applicable. <p align="center">Note: Primary Care Physician authorization not required.</p>

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Mental health and substance abuse services are managed by Anthem Behavioral Health and all services require preauthorization. Failure to comply with the requirements in your Certificate of Coverage, may result in denial of benefits.

<u>Mental Health Services</u>	
*Listed mental illnesses including substance abuse services:	
Inpatient	100%
Day Treatment	100%
Outpatient	100%
Hospital Emergency Room	100% after a \$25 copayment
Office Visits	\$20 copayment per visit
Home Health Care Services	100%
Non-listed mental illnesses:	
Inpatient	80%
Up to a limit of 31 days per calendar year. Two days of day treatment equal one day of inpatient treatment.	
Outpatient	50%
Up to a limit of 40 visits per member per calendar year.	

***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.