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Colby College CompCare

Summary of Benefits - - - Effective January 1, 2006

Service	CompCare
Important Information	<p>When covered services are received from a participating Blue Shield physician:</p> <ul style="list-style-type: none"> ♦ Claims are filed by the physician in most instances. ♦ The member is responsible for the deductible and coinsurance.
Inpatient Admission Review	<p>For all scheduled inpatient admissions (excluding planned cesareans), the member must call the number on your ID card for a preadmission review.</p> <p>If a member does NOT receive a preadmission review before admission, benefits will be reduced by up to \$300.</p> <p>For emergency and maternity admissions (including planned cesareans), the member should call within 48 hours after admission for review.</p>
Coinsurance (unless otherwise indicated)	<p>Network Providers and Professionals - 80%</p> <p>Non-network Providers and Professionals - 64%</p>
Deductibles <ul style="list-style-type: none"> ♦ General ♦ Mental Health (non-listed illnesses) 	<p style="text-align: center;">\$250 per member / \$500 per family \$150 per member</p> <p>Benefits are paid after deductible has been met unless otherwise stated.</p>
Calendar Year Out-of-pocket Limit (Deductible + Coinsurance)	<p style="text-align: center;">\$1,250 per member / \$2,500 per family</p> <p>Excluding non-listed mental health services, which have separate limits and deductibles.</p>
Lifetime Maximum Benefits <ul style="list-style-type: none"> ♦ General (includes Mental Health & Substance Abuse) 	<p>\$3,000,000 per member</p>

Benefit	Network Providers and Professionals	Non-network Providers and Professionals
Inpatient Hospital / Surgical Services (including delivery)	80%	64%
Outpatient Surgery (hospital, ambulatory, surgical center)	80%	64%
Emergency Room Care	80%	80%
Professional Services Inpatient & Outpatient Physician Office Visits Preventive Care including: Family Planning Office Visits Contraceptive services/devices Maternity Care: Pre & Postnatal Delivery	80% 80% \$10 copayment, then 100% (See attached benefit schedule) 80% 80%	64% 64% 64% 64% 64% 64%
Diagnostic Services	80%	64%
Pre-admission Testing	100%	64%
Ambulance	80%	64%
Occupational Therapy	80%	64%
Physical Therapy	80%	64%
Speech Therapy	80%	64%
Chiropractic Care	80%	64%
Skilled Nursing Facility	80%	64%
Home Health Care	80%	64%
Hospice	80%	64%
Durable Medical Equipment and Prosthetics* (*prosthetics to replace limbs will be paid at the network level of benefits)	80%	64%
<u>Smoking Cessation Program</u> Smoking Cessation Classes <i>\$35 per program / \$70 lifetime</i> Physician Office Visits for Education and Counseling <i>Two per year</i> Smoking Cessation Medications Prescribed by your Physician <i>\$200 per calendar year/\$400 lifetime</i>	80% 80% Prescription drug copayment applies	64% 64% 64% 64%
Temporomandibular Joint (TMJ) Syndrome Services	80%	64%
<u>Prescription Drug Coverage</u> Deductible does not apply.	For a 30-day supply, member pays a copayment of: <ul style="list-style-type: none"> ♦ \$10 for generic ♦ \$25 for most brand name ♦ \$40 for optional brand name Through the mail-order program only, you pay a copayment equivalent to two months for a 90-day supply. Step Therapy may be applicable.	

Mental Health Services

To receive benefits for non-emergency inpatient mental health and substance abuse services, the member must the number on the ID card for preauthorization.

***Listed mental illnesses including substance abuse services:**

Inpatient, Day Treatment, Outpatient, Office Visits, Home Health Care Services

- Network Provider and Professional 80% after deductible
- Non-network Provider and Professional 64% after deductible

Hospital Emergency Room 80%

Non listed mental illnesses subject to \$150 deductible per calendar year

Inpatient

Up to 31 days per calendar year 80% after mental health deductible

Two days of day treatment equal one day of inpatient treatment

Outpatient 50% after mental health deductible

Up to 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.

CompCare

Enhanced Preventive Care Services

Benefits paid at 100% maximum allowance after \$10 office visit copayment, no deductible

PHYSICAL EXAMS

Newborn
Birth to Age 1
Age 1 through 5
Age 6 through 10
Age 11 through 21
Age 22 through 29
Age 30 through 39
Age 40 through 49
Age 50+

NUMBER AND FREQUENCY OF EXAMS

Initial hospital care
7 office exams
6 office exams
3 office exams – one every 2 years
1 office exam per calendar year
3 office exams – one every 4 years
4 office exams – one every 3 years
5 office exams – one every 2 years
1 office exam per calendar year

Standard screening tests performed as a necessary part of the physical exam and standard immunizations are covered.

SCREENING TESTS

Children

Blood lead screening

Adults

Gynecological exam &
Pap Test

Total serum cholesterol

Mammogram

Prostate Specific Antigen test
& digital rectal exam

This is only a summary of benefits. If there are any discrepancies between this comparison and the certificate, the certificate will govern.



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