

Agenda

Winterport Town Council

DATE	September 12, 2023
TIME	6:30 PM
LOCATION	44 Main Street, Winterport
NEXT MEETING	September 26, 2023

1. **COUNCIL MEMBERS IN ATTENDANCE**
2. **PLEDGE OF ALLEGIANCE**
3. **APPROVAL OF THE AGENDA**
4. **CONSENT AGENDA**
 1. *SIGNATURES OF WARRANTS*
 2. *APPROVAL OF MINUTES*
 3. *COMMUNICATIONS (NONE UNLESS NOTED)*
 4. *APPOINTMENTS & RESIGNATIONS*
 - *RESIGNATION*
 5. *COMMITTEE MINUTES*
5. **PUBLIC COMMENTS**
6. **COMMITTEE REPORTS**
 - *LAND ORDINANCE REVIEW COMMITTEE*
7. **UNFINISHED BUSINESS**
 - *POLICY & ORDINANCE REVIEW*
 - *MASON'S BOTTLE BUILDING*
 - *TAX ACQUIRED PROPERTY – L.D. 101*
 - *HEALTH INSURANCE (MMA)*
8. **NEW BUSINESS**

- RSU #22 FUND BALANCE SURPLUS

- MOU FOR BROADBAND

- BUDGET COMMITTEE

9. MANAGER'S REPORT

10. COUNCILOR'S COMMENTS

11. EXECUTIVE SESSION

M.R.S.A.405(6)(A)

12. ADJOURNMENT

**TOWN OF WINTERPORT
TOWN COUNCIL MEETING
AUGUST 22, 2023**

CALL TO ORDER: Meeting called to order at 6:30 by Council Chair, Kevin Kelley.

ATTENDANCE: Councilors in attendance: Stephen Cooper, Maggie English, Ann Ronco, Kevin Kelley and Tammy Higgins

Absent: Town Manager, Casey Ashley

APPROVAL OF AGENDA:

Motion made to accept Agenda by Ann Ronco, 2nd Maggie English. Favor: Unanimous. Motion carries

APPROVAL OF CONSENT AGENDA:

Motion made to accept Consent Agenda by Tammy Higgins, 2nd by Ann Ronco. Favor: Unanimous. Motion carries.

PUBLIC COMMENTS:

Ellie Jordan wants to know what is going on with the Second Time Around at the Winterport Transfer Station. Discussion followed about volunteers and insurance. The Council suggested it be brought up at the next meeting when the Town Manager, Casey Ashley, is present.

Joe Tyler was concerned about Winterport Dragway being shut down. Also, mentioned going to a flat rate. Councilors assured him Winterport Dragway shutdown wasn't discussed and that it was a rumor. It will be on the next Agenda to be discussed when the Town Manager is available.

Ellie Jordan concern about the new church having services where the food pantry is located. Food pantry is not happy about this. Does the church have a contract? Ann Ronco stated that a contract would have to be approved by the Council. So far, the Council has not seen a contract, so the church has no contract as of now.

Councilors will put this on next Agenda to be discussed when Town Manager is available.

Bob Coon, (not last name is correct), is concerned about speeding traffic on the Meadow Road. Mentioned it is getting dangerous. Wants to see a new speed limit signs added to help slow traffic down.

Committee Reports:

Land Use Ordinance – None

Broadband Committee – They are happy with the way things are going. Still need letters of Support from the community.

Solid Waste Committee & Recycling Committee - Held their first meeting, need members.

Conservation Committee – No meeting in June.

Medal of Honor Recipient Committee – 1st meeting will be September 11, 2023, at 10:00 a.m.

Minutes, Winterport Town Council August 22, 2023 (con't)

Unfinished Business:

Policy and Ordinance Review – Tabled to next meeting.

Masons Bottle Container – Tabled to next meeting.

New Business:

Second Time Around Building – Addressed in Public Comments

Tax Acquired Property – Tabled

Health Insurance – Tabled

Managers' Report: – None

Council Comments:

Stephen Cooper spoke about the trees that cover road signs. They need to be trimmed back.

The council agreed this is a problem in some areas of town, and the trees need to be trimmed back.

Executive Session: – None scheduled.

Adjourned: Ann Ronco motioned, Maggie English second. Meeting adjourned at 7:19 p.m.

Respectfully submitted,

Tammy Higgins



MEMORANDUM

TOWN OF WINTERPORT

State of Maine

44 Main Street

207-223-5055

To: Town Council

From: Casey Ashey, Town Manager

Date: August 22nd , 2023

RE: Manager's Report

To inform the Town Council and the public about the recent happenings within the town, I have the following report as a bulleted list:

- Trio update to live is scheduled for Wednesday 9-13-2023, we will be opening for business at 10AM.
- Technology update: The 1A Waldo Broadband committee has advised that the town office could benefit from some of the get ready grant funds. We are working on getting quotes for the updated package for the conference room to be able to live stream meetings. Tablets have been purchased for council and town manager and dropped off to SJ Rollins to set them up (as of 09/7/2023)
- Road update: Machines are working great. Ditching projects are wrapped up on the North Road. We are going to be starting some driveway culvert projects that need attention.
- Paving update: Wellman needs to come back to the Beaver Road to fix errors. I have not been told a date where they will return. We have approximately \$75,000 left in the paving budget. Beaver Rd did not receive overlay; we could consider finishing this road. Sunken Bridge Rd was re-done but not paved at all. We could consider looking at paving this road as well.
- I have been approached by a community member about setting up a block party for the town. It was reported that approximately 13 or more citizens have interest in organizing an event and are willing to join for an ADHOC committee to work with the town and sponsor the event. I think it would be a great idea to get community members involved.
- Volunteer insurance has been paid and filed.
- I have met with Town Manager's from Hampden and Newburgh to work on the fund balance issue with RSU #22. I will continue to work with them to try and resolve the issue.

Respectfully Submitted,

Casey J. Ashey



MEMORANDUM

TOWN OF WINTERPORT

State of Maine

44 Main Street

207-223-5055

To: Town Council

From: Casey Ashey, Town Manager

Date: August 22nd , 2023

RE: Manager's Report

Town Manager

Winterport
10:25 AM

A / P Check Register
Bank: United Checking 8212769

08/29/2023
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Type	Check	Amount	Date	Wrnt	Payee
R	37756	458.02	08/30/23	20	0029 AIM FUND SERVICES, INC.
R	37757	939.95	08/30/23	20	0490 CAMDEN NATIONAL BANK
R	37758	104.80	08/30/23	20	0999 Casey Ashey
R	37759	60.83	08/30/23	20	0875 Consolidated Communications
R	37760	75.00	08/30/23	20	0632 Dept. of Environmental Protection
R	37761	862.30	08/30/23	20	1002 Edward Jones
R	37762	1,000.00	08/30/23	20	0923 Jacki Robbins
R	37763	924.00	08/30/23	20	0916 Jacqueline Robbins
R	37764	260.96	08/30/23	20	0770 JIMAR Construction Products LLC
R	37765	77.97	08/30/23	20	1019 Kyocera
R	37766	6,954.22	08/30/23	20	0123 MAINE MUNICIPAL HEALTH TRUST
R	37767	210.00	08/30/23	20	0932 Maine Pest Solutions
R	37768	20.96	08/30/23	20	0984 Marie Chausse
R	37769	356.32	08/30/23	20	0624 Maureen Black
R	37770	2,846.10	08/30/23	20	0146 PENOBSCOT ENERGY RECOVERY CO.
R	37771	1,510.00	08/30/23	20	0151 PITNEY BOWES GLOBAL FINANCIAL
R	37772	280,980.02	08/30/23	20	0170 RSU # 22
R	37773	4,063.61	08/30/23	20	0175 SECRETARY OF STATE
R	37774	7.97	08/30/23	20	0959 State of Maine
R	37775	12,708.22	08/30/23	20	1024 TB Equipment & Rental
R	37776	1,689.01	08/30/23	20	0679 Town of Winterport
R	37777	385.00	08/30/23	20	0199 TREASURER STATE OF MAINE
R	37778	20,833.33	08/30/23	20	0946 Winterport Ambulance Service
R	37779	529.98	08/30/23	20	0252 WINTERPORT BOOT SHOP
Total		337,858.57			

Count

Checks	24
Voids	0

Warrant 20

Jrnl	Check	Month	Invoice Description	Reference	
Description	Account	Proj	Amount	Encumbrance	
00029 AIM FUND SERVICES, INC.					
0088	37756	08	August 2023		
Employer Match	G 1-215-00		163.67	0.00	
Employee Contribution	G 1-227-00		294.35	0.00	
			Vendor Total-	458.02	
00490 CAMDEN NATIONAL BANK					
0088	37757	08	Parts		
Parts	E 20-70-20		0.99	0.00	
Parts	E 50-50-10		938.96	0.00	
			Vendor Total-	939.95	
00999 Casey Ashe					
0088	37758	08	August 2023		
August 2023	E 20-70-16		104.80	0.00	
			Vendor Total-	104.80	
00875 Consolidated Communications					
0088	37759	08	August		
August	E 60-80-20		60.83	0.00	
			Vendor Total-	60.83	
00632 Dept. of Environmental Protection					
0088	37760	08	August 2023		
August 2023	G 1-207-01		75.00	0.00	
			Vendor Total-	75.00	
01002 Edward Jones					
0088	37761	08	August 2023 Ret.		
August 2023 Ret.	G 1-215-00		431.15	0.00	
August 2023 Ret.	G 1-227-00		431.15	0.00	
			Vendor Total-	862.30	
00923 Jacki Robbins					
0088	37762	08	Assessing		
Assessing	E 12-30-24		1,000.00	0.00	
			Vendor Total-	1,000.00	
00916 Jacqueline Robbins					
0088	37763	08	August 2023 Plumbing perm		
August 2023 Plumbing perm	G 1-217-00		924.00	0.00	
			Vendor Total-	924.00	
00770 JIMAR Construction Products LLC					
0088	37764	08	hook/chain		
hook/chain	E 50-30-32		260.96	0.00	
			Vendor Total-	260.96	
01019 Kyocera					
0088	37765	08	copier		
copier	E 20-30-34		77.97	0.00	
			Vendor Total-	77.97	
00123 MAINE MUNICIPAL HEALTH TRUST					
0088	37766	08	Health August 2023		
EMPLOYEE HEALTH/DENTAL	E 15-10-95		6,774.15	0.00	
INCOME PROTECTION	E 15-10-96		92.49	0.00	
DENTAL INS COPAY	G 1-226-02		87.58	0.00	
			Vendor Total-	6,954.22	
00932 Maine Pest Solutions					

A / P Warrant

08/29/2023

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Warrant 20

Jrnl	Check	Month	Invoice Description	Reference	Amount	Encumbrance
Description			Account	Proj		
0088	37767	08	August 2023			
August 2023			E 25-30-31		120.00	0.00
August 2023			E 60-30-31		90.00	0.00
Vendor Total-					210.00	
00984 Marie Chausse						
0088	37768	08	mileage			
mileage			E 20-70-16		20.96	0.00
Vendor Total-					20.96	
00624 Maureen Black						
0088	37769	08	August mileage			
Mileage			E 20-70-16		356.32	0.00
Vendor Total-					356.32	
00146 PENOBSCOT ENERGY RECOVERY CO.						
0088	37770	08	Waste			
SOLID WASTE			E 60-90-10		1,514.89	0.00
Waste			E 60-90-10		97.30	0.00
Waste			E 60-90-10		275.51	0.00
Waste			E 60-90-10		958.40	0.00
Vendor Total-					2,846.10	
00151 PITNEY BOWES GLOBAL FINANCIAL						
0088	37771	08	Postage			
METER RENTAL			E 20-30-25		1,510.00	0.00
Vendor Total-					1,510.00	
00170 RSU # 22						
0088	37772	08	September 2023			
MONTHLY SCHOOL PAYMENT			E 94-70-62		280,980.02	0.00
Vendor Total-					280,980.02	
00175 SECRETARY OF STATE						
0088	37773	08	BMVwk 08/21-25/23			
STATE FEES			G 1-205-00		2,891.00	0.00
TITLE FEES			G 1-204-00		198.00	0.00
SALES TAX			G 1-204-01		974.61	0.00
Vendor Total-					4,063.61	
00959 State of Maine						
0088	37774	08	levy			
levy			G 1-226-04		7.97	0.00
Vendor Total-					7.97	
01024 TB Equipment & Rental						
0088	37775	08	Trailer/hitch			
Trailer/hitch			E 50-30-32		12,708.22	0.00
Vendor Total-					12,708.22	
00679 Town of Winterport						
0088	37776	08	paywk08/21-27/2023			
Medicare			G 1-211-00		208.46	0.00
FICA			G 1-212-00		891.26	0.00
Federal			G 1-213-00		589.29	0.00
Vendor Total-					1,689.01	
00199 TREASURER STATE OF MAINE						
0088	37777	08	Plumbing permits			
PLUMBING FEES			G 1-207-00		385.00	0.00
Vendor Total-					385.00	

Winterport
10:26 AM

A / P Warrant

08/29/2023

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Warrant 20

Jrnl	Check	Month	Invoice Description	Reference	
Description			Account	Proj	Amount
					Encumbrance
00946 Winterport Ambulance Service					
0088	37778	08	September 2023		
Yearly Appropriation			E 90-60-67		20,833.33
					0.00
			Vendor Total-		20,833.33
00252 WINTERPORT BOOT SHOP					
0088	37779	08	Boots		
ROADS BOOTS			E 50-20-10		259.99
					0.00
Boots			E 20-20-10		269.99
					0.00
			Vendor Total-		529.98
			Prepaid Total-		0.00
			Current Total-		337,858.57
			EFT Total-		0.00
			Warrant Total-		337,858.57

STEPHEN COOPER

Kevin Kelley

Tammy Higgins

MARGARET ENGLISH-FLANAGAN

ANN RONCO

TOWN MANAGERS APPROVAL:

WARRANT: 19

Check	D / D	Check	Employee	Gross Pay
37746	0.00	934.94	222 Jeffery R Anderson	1,154.60
37747	0.00	1,190.19	192 Casey J Ashey	1,724.58
37748	0.00	92.43	194 Alan Barton	125.00
37749	0.00	217.50	212 Alan Barton	247.50
37750	0.00	795.60	135 Maureen Black	1,160.00
37751	0.00	618.01	206 Marie R Chausse	738.40
37752	0.00	592.14	178 Randy Kenneson	762.00
37753	0.00	458.27	197 Jacqueline Robbins	500.00
37754	0.00	391.64	207 Jay Temple	445.50
37755	0.00	268.78	209 Wendy Wallace	330.00
Total	0.00	5,559.50		7,187.58

Put into A/P	2,296.42
Taken out of A/P	(0.00)
Total Payroll	7,855.92

Count
Checks 10

STEPHEN COOPER

Kevin Kelley

Tammy Higgins

MARGARET ENGLISH-FLANAGAN

ANN RONCO

TOWN MANAGERS APPROVAL:

**TOWN OF WINTERPORT
BROADBAND COMMITTEE MINUTES
TOWN CONFERENCE ROOM / ZOOM
August 14, 2023 @ 6:30 PM**

WINTERPORT COMMITTEE MEMBERS PRESENT: Phil Higgins, Kevin Kelley, Matt Williams.
FRANKFORT REPRESENTATIVE: Joe Watson, Bill Pupkis.
PROSPECT REPRESENTATIVE: Brandy Bridges.
STOCKTON SPRINGS REPRESENTATIVE:
WINTERPORT TOWN MANAGER:

CALL TO ORDER: August 14, 2023 @ 6:32 PM.

ROLL CALL:

APPROVAL OF MINUTES:

- Motion to approve minutes July 31, 2023, 1st K. Kelley. 2nd P. Higgins, 1 abstention, Motion carries.

PUBLIC COMMENT:

- No public comment.

OLD BUSINESS:

- Speed Test participation update: Differed.
- 1A Waldo County Broadband Coalition website: 63 Unique Visits, 69 Visits. Page Views 149.
- 1A Waldo County Broadband Coalition Face Book: 90 members.

MISSION STATEMENT:

- "Affordable high-speed internet for all residents".

SPEAKERS

- None scheduled.
- Contractors representatives: John Dougherty, MBB.
Jayne Sullivan, Unitel / DC.
Daniel Parish, Unitel / DC.

NEW BUSINESS:


- Reviewed the Federal Poverty Guidelines (FPGL) for consumer's qualifying for the lowest monthly cost.
 - FPGL is updated yearly between February / March by the federal government.
 - Guideline is based on income and dependent's.
- Reviewed the option of fiber attachment in the municipal space.
 - Municipal space on the poles has been exhausted based on the engineering report.
- Unitel / DC reports they will be running 144 strand fiber for the project.
 - Unitel / DC will drop additional boxes as necessary for economic development.
- Chair will send out to the committee update for:
 - Letters of support tracking sheet
 - Reviewed individual assignments for support letters.
- Letters of support will be due before September 14, 2023, this is the due date for the grant.
 - Submit letters of support to the Chair.

SCHEDULE OF NEXT MEETINGS:

- August 28, 2023 @ 6:30 pm.

ADJOURN:

- Motion to adjourn at 7:18 pm. 1st B. Pupkis, 2nd M. Smith. Motion carries.

 , Chair

8 / 28 / 23

Secretary: Kevin J. Kelley

Winterport Conservation Commission
June 22, 2023
Minutes

1. Call to Order: Alan Cohen called the meeting to order at 6:10
2. Roll Call Attendance: Alan Cohen, Katherine Collins, Amy Browne, Kelsey Sullivan, Mary Anne Royal
3. Approve May Meeting Minutes: motion to accept as presented MAR, 2nd, AC; 3 yes, abstain
4. Signs at Town Properties Update: discussion of quotes received resulted in motion to purchase 3 from Caron Signs for Marsh Stream, Cove Brook, Rocky Knoll KC, 2nd AC, unanimous; AC will request design proofs that are in same format/font as the Blueberry Hill sign with an appropriate graphic adding Winterport Conservation Area to the lower portion of the sign
5. Adopt-a-Road Update: no new activity; MAR will email current volunteers and ask they post to our Facebook page
6. Forester Quote Update: MAR presented quotes from American Forest Management and Ken Strickland; motion to submit bids to Town Council with strong recommendation to accept the Strickland bid KC, 2nd AB, unanimous
7. Trail-clearing: Friday, June 23, 5:00
8. Other Business
 - a. LD 649: AC An Act to Promote Water Conservation and Water Quality and Create Habitat for Wildlife, Including Pollinator Species, by Protecting Low-impact Landscaping; passed to be enacted
 - b. Waldo County Soil and Conservation District: MAR shared resources available through the District; after discussion consensus was to invite Aleta McKeage and the District biologist to walk the Airport Property with us as soon as the snowmobile trail dries out; KC will monitor
 - c. Penobscot Remediation Trust: MAR shared information about clean-up of mercury in the Penobscot.

9. Next Meeting: July 27, 6:00.

10. Adjourn: Motion to adjourn AC, 2nd KC, unanimous; meeting adjourned at 7:23.

Tanya Lubansky _____

Katherine Collins Katherine Collins

Mary Anne Royal Mary Anne Royal

Alan Cohen Alan Cohen

Amy Browne Amy Browne

Kelsey Sullivan KS via phone attendance

Date Approved: 8/31/2023

WINTERPORT LOT DIMENSION ORDINANCE

1. Purpose

To further the maintenance of safe and healthful conditions and the general welfare, to prevent and control water pollution, to control building sites, placement of structures, to protect buildings and lands from flooding and accelerated erosion, to conserve open space, to preserve the character of the Town, to protect property values, and to anticipate and respond to the impacts of development.

2. Requirement

No building, structure, or land area shall hereafter be constructed or used for any purpose or in any manner except as permitted by this Ordinance. No new lot shall be created except in conformity with all of the regulations herein.

3. Non-conformance

a. General

- i. **Transfer of Ownership:** Non-conforming structures and lots may be transferred, and the new owner may continue to use the nonconforming structure or lot, but may not increase non-conformance.
- ii. **Repair and Maintenance:** This Ordinance allows, without a permit, the normal upkeep and maintenance of non-conforming structures, including repairs and renovations which do not involve expansion of the non-conforming structure, and such other changes in a non-conforming structure as federal, state, or local building and safety codes may require.

b. Non-conforming Lots

- i. **Non-conforming Lots:** A non-conforming lot of record as of the effective date of this Ordinance or amendment thereto may be built upon without the need for a variance, provided that such lot is in separate ownership and not contiguous with any other lot in the same ownership, and that all provisions of this Ordinance except lot area and frontage can be met. Variances relating to setback or other requirements not involving lot area or frontage shall be obtained by action of the Board of Appeals.
- ii. **Contiguous Built Lots:** If two or more contiguous lots or parcels are in a single or joint ownership of record at the time of adoption of this Ordinance, if all or part of the lots do not meet the dimensional requirements of this Ordinance, and if a principal use or structure exists on each lot, the non-conforming lots may be conveyed separately or together, provided that the State Minimum Lot Size Law and Subsurface Wastewater Disposal Rules are complied with. If two or more principal uses or structures existed on a single

lot of record on the effective date of this Ordinance, each may be sold on a separate lot provided that the above referenced law and rules are complied with. When such lots are divided each lot thus created must be as conforming as possible to the dimensional requirements of this Ordinance.

- iii. **Contiguous Lots - Vacant or Partially Built:** If two or more contiguous lots or parcels are in single or joint ownership of record at the time of or since adoption or amendment of this ordinance, if any of these lots do not individually meet the dimensional requirements of this Ordinance or subsequent amendments, and if one or more of the lots are vacant or contain no principal structure the lots shall be combined to the extent necessary to meet the dimensional requirements.

4. Validity and Severability

Should any section or provision of this Ordinance be declared by the courts to be invalid, such decision shall not invalidate any other section or provision of this Ordinance.

5. Conflict with Other Ordinances

This Ordinance shall not repeal, annul, or in any way impair or remove the necessity of compliance with any other rule, regulation, by-law, permit or provision of law. Where this ordinance imposes a greater restriction upon the use of land buildings or structures, the provisions of this ordinance shall control.

6. Dimensional Requirements

- (1) All lots shall meet or exceed the following minimum dimensional requirements unless additional area is required by other provisions of this Ordinance.

Minimum lot size for first dwelling unit or other principal structure	Additional minimum required are for each additional dwelling unit or principal structure (not including accessory structures)	Minimum road frontage	Minimum setbacks
If not served by Town water and sewer: 40,000 square feet; if served by Town water and sewer: 10,000 square feet	If not served by Town water and sewer: 10,000 square feet; if served by Town water and sewer: 5,000 square feet	50 feet (may include deeded right-of-way)	Rear and side lot lines: 10 feet; Front: 25 feet


- 7. Enforcement and administration of this ordinance shall be governed by the Winterport Land Use Ordinance.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call us at 1-800-852-8300 or visit www.mmeht.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-852-8300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 for in <u>network providers</u> ; \$250/individual or \$500/family for <u>out of network providers</u>	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers. Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Primary care, <u>Preventive care</u> , <u>Specialist</u> visits, and certain <u>prescription drugs</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$1,000 individual / \$2,000 family for in <u>network providers</u> ; \$2,250 individual / \$4,500 family for <u>out-of-network providers</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Copayments</u> on certain services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . However, <u>in network copayments</u> will be capped at \$5,500 individual / \$11,000 family. This means that you will not have to pay more than \$6,500 individual / \$13,000 family for all covered services received in <u>network</u> (including <u>copayments</u>).
Will you pay less if you use a network provider?	Yes. See www.mmeht.org or call 1-800-852-8300 for a list of <u>network providers</u> . Costs may vary by site of service and how the <u>provider</u> bills.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No <u>copayment</u> for the first visit then \$10 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	Virtual visits (telehealth) benefits available.
	<u>Specialist</u> visit	\$20 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	A <u>referral</u> is required. If you don't get a <u>referral</u> , benefits could be paid at the out of <u>network</u> level. Virtual visits (telehealth) benefits available.
	<u>Preventive care/screening/immunization</u>	No charge	No charges for most; however, some services are not covered out of <u>network</u> .	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	\$100 <u>copayment</u> /test; <u>deductible</u> does not apply	20% <u>coinsurance</u>	<u>Copayments</u> are limited to \$300 per person per calendar year. The <u>provider</u> must contact Anthem Blue Cross and Blue Shield/AIM and obtain <u>preauthorization</u> .
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.mmeht.org	Generic drugs (Tier 1 Select & Tier 1 Standard)	Select: \$4 <u>copayment</u> /prescription each 30-day supply (retail) \$8 <u>copayment</u> /prescription 90-day supply (mail order) Standard: \$10 <u>copayment</u> /prescription each 30-day supply (retail) \$20 <u>copayment</u> /prescription 90-day supply (mail order)		<u>Prescription drugs</u> are not subject to the overall <u>deductible</u> . Step Therapy and <u>Preauthorization</u> may apply to some drugs.
	Preferred brand drugs (Tier 2)	\$30 <u>copayment</u> /prescription each 30-day supply (retail) \$60 <u>copayment</u> /prescription 90-day supply (mail order)		<u>Specialty drugs</u> may have separate cost structures and means of delivery. <u>Specialty drugs</u> may only be filled at a specialty pharmacy in quantities up to a 30-day supply, regardless of the tier in which they fall. Certain exceptions may apply*. For specific information, contact www.mmeht.org .
	Non-preferred brand drugs (Tier 3)	\$50 <u>copayment</u> /prescription each 30-day supply (retail) \$100 <u>copayment</u> /prescription 90-day supply (mail order)		
	Lifestyle & <u>Specialty drugs</u> (Tier 4)	\$60 <u>copayment</u> /prescription each 30-day supply (retail pharmacy for lifestyle drugs; specialty pharmacy for <u>specialty drugs</u>) \$120 <u>copayment</u> /prescription 90-day supply (mail order for lifestyle drugs only; 90-day supply not available for <u>specialty drugs</u>)		

*For more information about limitations and exceptions, see the Health Trust Plan Document

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	<u>Copayment</u> applies to each procedure for which a facility fee is charged.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	Outpatient surgical facility fee may apply.
If you need immediate medical attention	<u>Emergency room care</u>	\$150 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$150 <u>copayment</u> /visit; <u>deductible</u> does not apply	None
	<u>Emergency medical transportation</u>	No charge	No charge	Must be <u>medically necessary</u>
	<u>Urgent care</u>	\$20 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u> ; <u>deductible</u> does not apply	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits may be denied.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No <u>copayment</u> for the first office visit then \$10 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	Members may self-refer for outpatient services. Self-referrals may only be made to Anthem participating <u>providers</u> . Virtual visits (telehealth) benefits available.
	Inpatient services	10% <u>coinsurance</u> ; <u>deductible</u> does not apply	20% <u>coinsurance</u>	The <u>Provider</u> or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of non- <u>emergency services</u> , in order to receive the in <u>network</u> level of benefits. If <u>preauthorization</u> is not obtained for an inpatient admission, benefits may be denied.
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Self-referrals may only be made to Anthem participating <u>providers</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	If <u>preauthorization</u> is not obtained for an inpatient admission, benefits may be denied.
	Childbirth/delivery facility services	10% <u>coinsurance</u> ; <u>deductible</u> does not apply	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	<u>Plan</u> covers paramedical supportive services; does not cover daily living assistance.
	<u>Rehabilitation services</u>	\$20 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	Coverage is limited to 75 visits for in <u>network</u> and out of <u>network</u> Physical, Occupational and Speech therapy combined per Calendar Year.
	<u>Habilitation services</u>	\$20 <u>copayment</u> /visit; <u>deductible</u> does not apply	20% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	Coverage is limited to 100 days per calendar year combined in and out of <u>network</u> . If <u>preauthorization</u> is not obtained, benefits may be denied.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	30% <u>coinsurance</u> ; <u>deductible</u> does not apply	Not subject to the overall <u>deductible</u> .
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	None
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Not subject to the overall <u>deductible</u> . Self-referrals may only be made to Anthem participating <u>providers</u> .
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)*

- | | | |
|---------------------------|--|--|
| • Cosmetic Surgery | • Infertility Treatment | • Private Duty Nursing |
| • Dental Care (Adult) | • Long Term Care | • Routine Foot Care (unless you have diabetes, vascular or systemic disease) |
| • Dental Care (Pediatric) | • Non-emergency care when traveling outside the U.S. | • Weight Loss Programs |
| • Glasses for a child | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|---|--------------------------------|
| • Acupuncture | • Chiropractic Care (up to 36 visits per calendar year) | • Routine eye care (Adult) |
| • Bariatric Surgery (with prior authorization) | • Hearing Aids (frequency and dollar limits apply) | • Routine eye care (Pediatric) |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Maine Municipal Employees Health Trust, 1-800-852-8300 or www.mmeht.org, Maine Bureau of Insurance, Department of Professional and Financial Regulation, 34 State House Station, Augusta, ME 04333, (800) 300-5000, the U.S. Department of Labor's Employee Benefits Security Administration, 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services, 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.coverme.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Maine Municipal Employees Health Trust, 60 Community Drive, Augusta, ME 04330-9486, www.mmeht.org
- Anthem BCBS ME; ATTN: Grievances and Appeals, P.O. Box 218, North Haven, CT 06473-0218
- Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform
- Maine Bureau of Insurance, Department of Professional and Financial Regulation, 34 State House Station, Augusta, ME 04333, (800) 300-5000, www.maine.gov/pfr/insurance/
- Additionally, a consumer assistance program can help you file your appeal. Contact Consumers for Affordable Health Care, P.O. Box 2490, 108 Sewall St. Suite 200, Augusta, ME 04330, (800) 965-7476, www.maine cahc.org

Does this plan provide Minimum Essential Coverage? **Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> copayment	\$20
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$700
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$770

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> copayment	\$20
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay*:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$920

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> copayment	\$20
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$50
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$350


*Note: These numbers assume the patient does not participate in the plan's diabetes wellness program. If you have diabetes and participate in the plan's wellness program, you may be able to reduce your costs. For more information about the diabetes wellness program, please contact Maine Municipal Employees Health Trust at 1-800-852-8300 for information about the diabetes wellness program.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call us at 1-800-852-8300 or visit www.mmeht.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-852-8300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 for in <u>network providers</u> ; \$250/individual or \$500/family for <u>out of network providers</u>	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers. Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Primary care, <u>Preventive care</u> , <u>Specialist</u> visits and certain <u>prescription drugs</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$1,500 individual / \$3,000 family for in <u>network providers</u> ; \$2,250 individual / \$4,500 family for <u>out-of-network providers</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Copayments</u> on certain services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . However, <u>in-network copayments</u> will be capped at \$5,000 individual / \$10,000 family. This means that you will not have to pay more than \$6,500 individual / \$13,000 family for all covered services received in <u>network</u> (including <u>copayments</u>).
Will you pay less if you use a network provider?	Yes. See www.mmeht.org or call 1-800-852-8300 for a list of <u>network providers</u> . Costs may vary by site of service and how the <u>provider</u> bills.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	Yes.	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No <u>copayment</u> for the first visit then \$15 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Virtual visits (telehealth) benefits available.
	<u>Specialist</u> visit	\$25 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	A <u>referral</u> is required. If you don't get a <u>referral</u> , benefits could be paid at the out of <u>network</u> level. Virtual visits (telehealth) benefits available.
	<u>Preventive care/screening/immunization</u>	No charge	No Charges for most; however, some services are not covered out of <u>network</u> .	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	30% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	\$100 <u>copayment</u> /test; <u>deductible</u> does not apply	30% <u>coinsurance</u>	<u>Copayments</u> are limited to \$300 per person per calendar year. The <u>provider</u> must contact Anthem Blue Cross and Blue Shield/AIM and obtain <u>preauthorization</u> .
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.mmeht.org	Generic drugs (Tier 1 Select & Tier 1 Standard)	Select: \$4 <u>copayment</u> /prescription each 30-day supply (retail) \$8 <u>copayment</u> /prescription 90-day supply (mail order) Standard: \$10 <u>copayment</u> /prescription each 30-day supply (retail) \$20 <u>copayment</u> /prescription 90-day supply (mail order)		<u>Prescription drugs</u> are not subject to the overall <u>deductible</u> . Step Therapy and <u>Preauthorization</u> may apply to some drugs.
	Preferred brand drugs (Tier 2)	\$30 <u>copayment</u> /prescription each 30-day supply (retail) \$60 <u>copayment</u> /prescription 90-day supply (mail order)		<u>Specialty drugs</u> may have separate cost structures and means of delivery. <u>Specialty drugs</u> may only be filled at a specialty pharmacy in quantities up to a 30-day supply, regardless of the tier in which they fall. Certain exceptions may apply*. For specific information, contact www.mmeht.org .
	Non-preferred brand drugs (Tier 3)	\$50 <u>copayment</u> /prescription each 30-day supply (retail) \$100 <u>copayment</u> /prescription 90-day supply (mail order)		
	Lifestyle & <u>Specialty drugs</u> (Tier 4)	\$60 <u>copayment</u> /prescription each 30-day supply (retail pharmacy for lifestyle drugs; specialty pharmacy for <u>specialty drugs</u>) \$120 <u>copayment</u> /prescription 90-day supply (mail order for lifestyle drugs only; 90-day supply not available for <u>specialty drugs</u>)		

* For more information about limitations and exceptions, see the Health Trust Plan Document

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	<u>Copayment</u> applies to each procedure for which a facility fee is charged.
	Physician/surgeon fees	No charge	30% <u>coinsurance</u>	Outpatient surgical facility fee may apply.
If you need immediate medical attention	<u>Emergency room care</u>	\$150 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$150 <u>copayment</u> /visit; <u>deductible</u> does not apply	None
	<u>Emergency medical transportation</u>	No charge	No charge	Must be <u>medically necessary</u>
	<u>Urgent care</u>	\$25 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u> ; <u>deductible</u> does not apply	30% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits may be denied.
	Physician/surgeon fees	No charge	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No <u>copayment</u> for the first office visit then \$15 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Members may self-refer for outpatient services. Self-referrals may only be made to Anthem participating <u>providers</u> . Virtual visits (telehealth) benefits available.
	Inpatient services	10% <u>coinsurance</u> ; <u>deductible</u> does not apply	30% <u>coinsurance</u>	The <u>Provider</u> or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of non- <u>emergency services</u> , in order to receive the in <u>network</u> level of benefits. If <u>preauthorization</u> is not obtained for an inpatient admission, benefits may be denied.
If you are pregnant	Office visits	No charge	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Self-referrals may only be made to Anthem participating <u>providers</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery professional services	No charge	30% <u>coinsurance</u>	If <u>preauthorization</u> is not obtained for an inpatient admission, benefits may be denied.
	Childbirth/delivery facility services	10% <u>coinsurance</u> ; <u>deductible</u> does not apply	30% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Plan</u> covers paramedical supportive services; does not cover daily living assistance.
	<u>Rehabilitation services</u>	\$25 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Coverage is limited to 75 visits for in <u>network</u> and out of <u>network</u> Physical, Occupational and Speech therapy combined per Calendar Year.
	<u>Habilitation services</u>	\$25 <u>copayment</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Coverage is limited to 100 days per calendar year combined in and out of <u>network</u> . If <u>preauthorization</u> is not obtained, benefits may be denied.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	30% <u>coinsurance</u> ; <u>deductible</u> does not apply	Not subject to the overall <u>deductible</u> .
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Not subject to the overall <u>deductible</u> . Self-referrals may only be made to Anthem participating <u>providers</u> .
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)*

- | | | |
|---------------------------|--|--|
| • Cosmetic Surgery | • Infertility Treatment | • Private Duty Nursing |
| • Dental Care (Adult) | • Long Term Care | • Routine Foot Care (unless you have diabetes, vascular or systemic disease) |
| • Dental Care (Pediatric) | • Non-emergency care when traveling outside the U.S. | • Weight Loss Programs |
| • Glasses for a child | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|---|--------------------------------|
| • Acupuncture | • Chiropractic Care (up to 36 visits per calendar year) | • Routine eye care (Adult) |
| • Bariatric Surgery (with prior authorization) | • Hearing Aids (frequency and dollar limits apply) | • Routine eye care (Pediatric) |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Maine Municipal Employees Health Trust, 1-800-852-8300 or www.mmeht.org, Maine Bureau of Insurance, Department of Professional and Financial Regulation, 34 State House Station, Augusta, ME 04333, (800) 300-5000, the U.S. Department of Labor's Employee Benefits Security Administration, 1-866-444-3272 or www.dol.gov/ebsa/healthreform or the U.S. Department of Health and Human Services, 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.coverme.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Maine Municipal Employees Health Trust, 60 Community Drive, Augusta, ME 04330-9486, www.mmeht.org
- Anthem BCBS ME; ATTN: Grievances and Appeals, P.O. Box 218, North Haven, CT 06473-0218
- Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform
- Maine Bureau of Insurance, Department of Professional and Financial Regulation, 34 State House Station, Augusta, ME 04333, (800) 300-5000, www.maine.gov/pfr/insurance/
- Additionally, a consumer assistance program can help you file your appeal. Contact Consumers for Affordable Health Care, P.O. Box 2490, 108 Sewall St. Suite 200, Augusta, ME 04330, (800) 965-7476, www.maine cahc.org

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section. —————

* For more information about limitations and exceptions, see the Health Trust Plan Document

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> copayment	\$25
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$870

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> copayment	\$25
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay*:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,000
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> copayment	\$25
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$50
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$350


*Note: These numbers assume the patient does not participate in the plan's diabetes wellness program. If you have diabetes and participate in the plan's wellness program, you may be able to reduce your costs. For more information about the diabetes wellness program, please contact Maine Municipal Employees Health Trust at 1-800-852-8300 for information about the diabetes wellness program.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call us at 1-800-852-8300 or visit www.mmeht.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-852-8300 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$500/individual or \$1,000/family for in <u>network providers</u> ; \$1,000/individual or \$2,000/family for <u>out of network providers</u>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Primary care, <u>Preventive care</u> , <u>Specialist</u> visits and certain <u>prescription drugs</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	\$2,000 individual / \$4,000 family for in <u>network providers</u> ; \$3,000 individual / \$6,000 family for <u>out-of-network providers</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Copayments</u> on certain services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . However, <u>in-network copayments</u> will be capped at \$5,500 individual / \$11,000 family. This means that you will not have to pay more than \$7,500 individual / \$15,000 family for all covered services received in <u>network</u> (including <u>copayments</u>).
Will you pay less if you use a <u>network provider</u>?	Yes. See www.mmeht.org or call 1-800-852-8300 for a list of <u>network providers</u> . Costs may vary by site of service and how the <u>provider</u> bills.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No <u>copayment</u> for the first visit then \$20 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$20 <u>copayment</u> /visit then 20% <u>coinsurance</u>	Virtual visits (telehealth) benefits available.
	<u>Specialist</u> visit	\$35 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$35 <u>copayment</u> /visit then 20% <u>coinsurance</u>	Virtual visits (telehealth) benefits available.
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	The <u>provider</u> must contact Anthem Blue Cross and Blue Shield/AIM and obtain <u>preauthorization</u> .
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.mmeht.org	Generic drugs (Tier 1 Select & Tier 1 Standard)	Select: \$8 <u>copayment</u> /prescription each 30-day supply (retail) \$16 <u>copayment</u> /prescription 90-day supply (mail order) Standard: \$15 <u>copayment</u> /prescription each 30-day supply (retail) \$30 <u>copayment</u> /prescription 90-day supply (mail order)		<u>Prescription drugs</u> are not subject to the overall <u>deductible</u> . Step Therapy and <u>Preauthorization</u> may apply to some drugs. <u>Specialty drugs</u> may have separate cost structures and means of delivery. <u>Specialty medications</u> may only be filled at a specialty pharmacy in quantities up to a 30-day supply, regardless of the tier in which they fall. Certain exceptions may apply*. For specific information, contact www.mmeht.org .
	Preferred brand drugs (Tier 2)	\$35 <u>copayment</u> /prescription each 30-day supply (retail) \$70 <u>copayment</u> /prescription 90-day supply (mail order)		
	Non-preferred brand drugs (Tier 3)	\$60 <u>copayment</u> /prescription each 30-day supply (retail) \$120 <u>copayment</u> /prescription 90-day supply (mail order)		
	Lifestyle & <u>Specialty drugs</u> (Tier 4)	\$80 <u>copayment</u> /prescription each 30-day supply (retail pharmacy for lifestyle drugs; specialty pharmacy for <u>specialty drugs</u>) \$160 <u>copayment</u> /prescription 90-day supply (mail order for lifestyle drugs only; 90-day supply not available for <u>specialty drugs</u>)		

*For more information about limitations and exceptions, see the Health Trust Plan Document

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$200 <u>copayment</u> /visit; <u>deductible</u> does not apply	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Must be <u>medically necessary</u>
	<u>Urgent care</u>	\$35 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$35 <u>copayment</u> /visit then 20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , benefits may be denied.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No <u>copayment</u> for the first office visit then \$20 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$20 <u>copayment</u> /visit then 20% <u>coinsurance</u>	Virtual visits (telehealth) benefits available.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	The <u>Provider</u> or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of non- <u>emergency services</u> , in order to receive the in <u>network</u> level of benefits. If <u>preauthorization</u> is not obtained for an inpatient admission, benefits may be denied.
If you are pregnant	Office visits	\$20 PCP/\$35 <u>Specialist copayment</u> /visit; <u>deductible</u> does not apply	\$20 PCP/\$35 <u>Specialist copayment</u> /visit then 20% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).

*For more information about limitations and exceptions, see the Health Trust Plan Document

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	If <u>preauthorization</u> is not obtained for an inpatient admission, benefits may be denied.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Plan</u> covers paramedical supportive services; does not cover daily living assistance.
	<u>Rehabilitation services</u>	\$35 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$35 <u>copayment</u> /visit then 20% <u>coinsurance</u>	Coverage is limited to 75 visits for in <u>network</u> and out of <u>network</u> Physical, Occupational and Speech therapy combined per Calendar Year.
	<u>Habilitation services</u>	\$35 <u>copayment</u> /visit; <u>deductible</u> does not apply	\$35 <u>copayment</u> /visit then 20% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Coverage is limited to 100 days per calendar year combined in and out of <u>network</u> . If <u>preauthorization</u> is not obtained, benefits may be denied.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	40% <u>coinsurance</u> ; <u>deductible</u> does not apply	Not subject to the overall <u>deductible</u> .
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u> ; <u>deductible</u> does not apply	Not subject to the overall <u>deductible</u> .
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)*

- | | | |
|---------------------------|--|--|
| • Cosmetic Surgery | • Infertility Treatment | • Private Duty Nursing |
| • Dental Care (Adult) | • Long Term Care | • Routine Foot Care (unless you have diabetes, vascular or systemic disease) |
| • Dental Care (Pediatric) | • Non-emergency care when traveling outside the U.S. | • Weight Loss Programs |
| • Glasses for a child | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|--|---|--------------------------------|
| • Acupuncture | • Chiropractic Care (up to 36 visits per calendar year) | • Routine eye care (Adult) |
| • Bariatric Surgery (with prior authorization) | • Hearing Aids (frequency and dollar limits apply) | • Routine eye care (Pediatric) |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Maine Municipal Employees Health Trust, 1-800-852-8300 or www.mmeht.org, Maine Bureau of Insurance, Department of Professional and Financial Regulation, 34 State House Station, Augusta, ME 04333, (800) 300-5000, the U.S. Department of Labor's Employee Benefits Security Administration, 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services, 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.coverme.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

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- Anthem BCBS ME; ATTN: Grievances and Appeals, P.O. Box 218, North Haven, CT 06473-0218
- Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform
- Maine Bureau of Insurance, Department of Professional and Financial Regulation, 34 State House Station, Augusta, ME 04333, (800) 300-5000, www.maine.gov/pfr/insurance/
- Additionally, a consumer assistance program can help you file your appeal. Contact Consumers for Affordable Health Care, P.O. Box 2490, 108 Sewall St. Suite 200, Augusta, ME 04330, (800) 965-7476, www.maine cahc.org

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

*For more information about limitations and exceptions, see the Health Trust Plan Document

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist</u> copayment	\$35
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$1,500
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,110

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist</u> copayment	\$35
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay*:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$100
<u>Copayments</u>	\$1,100
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,220

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist</u> copayment	\$35
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$200
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,100

*Note: These numbers assume the patient does not participate in the plan's diabetes wellness program. If you have diabetes and participate in the plan's wellness program, you may be able to reduce your costs. For more information about the diabetes wellness program, please contact Maine Municipal Employees Health Trust at 1-800-852-8300 for information about the diabetes wellness program.

**MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
TOWN OF WINTERPORT**

MEDICAL PROGRAM SUMMARY - January 1, 2023 to December 31, 2023

All benefits shown are In-Network. Services received Out-of-Network, if covered, may be paid at a lower level of benefits.
Please consult your Plan Document or Summary Plan Description booklet for more information.

All figures shown (deductibles, copays, and coinsurance) reflect what the Member pays towards the cost of services.

	POS A		POS C		PPO 500	
	Please Note: The POS A plan has been "frozen" effective January 1, 2016. No new groups may begin offering the POS A plan after that date.					
DEDUCTIBLE Individual / Family	\$0 (No deductible)		\$0 (No deductible)		\$500 / \$1,000	
CO-INSURANCE (Member pays)	10% for most services		10% for most services		20%	
OUT OF POCKET MAXIMUM Deductible plus Coinsurance Individual / Family	\$1000 / \$2,000		\$1,500 / \$3,000		\$2,000 / \$4,000	
COPAYS:						
Office Visit Copay	\$10 PCP / \$20 Specialist		\$15 PCP / \$25 Specialist		\$20 PCP / \$35 Specialist	
Mental Health Outpatient Copay (waived for telehealth visits in 2023)	\$10		\$15		\$20	
Emergency Room Copay	\$150		\$150		\$200	
Walk-In or Urgent Care Center Copay	\$20		\$25		\$35	
PREVENTIVE CARE:						
Preventive Care, including mammograms, Pap tests, women's preventive health services, colonoscopies, PSA tests, and routine physicals	0%		0%		0%; deductible waived	
Preventive Lab and X-Ray	0%		0%		0%; deductible waived	
Preventive Eye Exams (Limited benefits)	0%		0%		0%; deductible waived	
OTHER SERVICES:						
In Patient Hospital Services	10% (0% for Physician Services)		10% (0% for Physician Services)		Deductible then 20%	
Out Patient Surgical Facility	\$100 copay		\$100 copay		Deductible then 20%	
Diagnostic Lab & X-Ray	0%		0%		Deductible then 20%	
Advanced Imaging (MRI/CT/PET)	\$100 copay Copays limited to \$300 per Cal Yr		\$100 copay Copays limited to \$300 per Cal Yr		Deductible then 20%	
Chiropractic Care	\$20 copay Limited to 36 visits per Cal Yr		\$25 copay Limited to 36 visits per Cal Yr		\$35 copay Limited to 36 visits per Cal Yr	
Physical, Speech and Occupational Therapy	\$20 copay Limited to 75 Visits per Cal Yr (Combined Limit)		\$25 copay Limited to 75 Visits per Cal Yr (Combined Limit)		\$35 copay Limited to 75 Visits per Cal Yr (Combined Limit)	
PRESCRIPTION DRUGS (5 TIER): Tier 1-Select Generic / Tier 1- Standard / Tier 2 / Tier 3 / Tier 4- Specialty and Lifestyle	5-Tier Rx		5-Tier Rx		5-Tier Rx	
RX COPAY (Each 1-30 day supply at retail pharmacy)	\$4/\$10/\$30/\$50/\$60		\$4/\$10/\$30/\$50/\$60		\$8/\$15/\$35/\$60/\$80	
RX COPAY (31-90 day supply via mail order)	\$8/\$20/\$60/\$100/\$120		\$8/\$20/\$60/\$100/\$120		\$16/\$30/\$70/\$120/\$160	
OTHER:						
Cap on In-Network Copays (includes medical and Rx copays) Individual / Family	\$5,500 / \$11,000		\$5,000 / \$10,000		\$5,500 / \$11,000	

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

Traditional Point of Service Plan (POS A)

Effective January 1, 2023

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org.

	In-Network	Out-of-Network
Please Note: In order to receive In-Network level of benefits under the Point of Service plan, all services (except emergency or urgent/acute care situations) must be authorized in advance by the participant's Primary Care Physician. Services received Out-of-Network cannot be used to satisfy the In-Network Out-of-Pocket Maximum. Similarly, services received In-Network cannot be used to satisfy the Out-of-Network Deductible or Out-of-Pocket Maximum		
BENEFIT DESCRIPTION		All charges subject to Max. Allow.
<ul style="list-style-type: none"> Deductible Coinsurance Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year ⁽¹⁾ Lifetime Maximum 	\$0 Plan pays 90% or 80% \$1,000 Single / \$2,000 Family Unlimited	\$250 Single / \$500 Family Plan pays 80% \$2,250 Single / \$4,500 Family Unlimited
Inpatient Services		
<ul style="list-style-type: none"> Unlimited days of care in semi-private room ⁽²⁾⁽³⁾ Physician services Intensive care Mental health services/Substance abuse services ⁽⁴⁾ Ancillary services, lab tests, x-rays, medications Anesthesia Maternity care Newborn care 	90% 100% 90% 90% 90% 90% 90% 90%	80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 90% 80% after deductible 80% after deductible
Outpatient Services		
<ul style="list-style-type: none"> Any physician office visit, diagnosis and treatment (PCP) Any physician office visit, diagnosis and treatment (Specialist) Lab & X-ray – Diagnostic Lab & X-ray – Preventive Colonoscopies (Diagnostic) Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) ⁽³⁾ Physical exams and Well-child care Immunizations/Flu Shots Covered surgical procedures Mental health services/Substance abuse services ⁽⁴⁾ Maternity care Gynecological exam - Preventive Physical, Speech or Occupational Therapy ⁽⁸⁾ Outpatient facility fees Ambulance (medically necessary) 	No copay for the first visit and then 100% after \$10 copay per visit 100% after \$20 copay 100% 100% 100% (Outpatient surgical facility fee may apply) 100% after \$100 copay ⁽⁵⁾ 100% 100% 100% after \$100 copay ⁽⁶⁾ No copay for the first visit and then 100% after \$10 copay per visit 100% ⁽⁷⁾ 100% ⁽⁷⁾ 100% after \$20 copay 100%; \$100 copay for surgical facility 100%	80% after deductible 80% after deductible 80% after deductible 100% (no deductible) Not covered 80% after deductible Not covered 100% (no deductible) 80% after deductible 80% after deductible 80% after deductible 80% after deductible 100% (no deductible) 80% after deductible 80% after deductible 100%
Emergency Room Services		
<ul style="list-style-type: none"> Emergency/Acute care Non-emergency care 	100% after \$150 copay 100% after \$150 copay	100% after \$150 copay 100% after \$150 copay
Other Services		
<ul style="list-style-type: none"> Walk-In or Urgent Care Center Home Health/Hospice care Skilled nursing facility ⁽³⁾⁽¹⁰⁾ Human tissue & organ transplants Durable Medical Equipment Oral surgery (limited benefits) Eye exams - Preventive Chiropractic care 	100% after \$20 copay ⁽⁹⁾ 100% 100% 90% 80% 100% 100% ⁽⁷⁾ 100% after \$20 copay ⁽⁷⁾⁽¹¹⁾	80% after deductible 80% after deductible 80% after deductible Not covered 70% (no deductible) 100% 100% (no deductible) 80% after deductible
Prescription Drugs		
Each 30-day supply – Retail Pharmacy (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$4 / \$10 / \$30/ \$50/ \$60	Copays: \$4 / \$10 / \$30/ \$50/ \$60
90 day supply – Mail Order (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$8 / \$20 / \$60 / \$100 / \$120	Copays: \$8 / \$20 / \$60 / \$100 / \$120
Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.		

- (1) In-Network copays will be capped at \$5,500 single / \$11,000 family. This means that you will not have to pay more than \$6,500 single / \$13,000 family for all covered services received In-Network (including deductible, coinsurance, and copays).
- (2) Private rooms covered when medically necessary.
- (3) The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission or outpatient advanced imaging procedure and obtain certification. If certification is not obtained, benefits may be denied.
- (4) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. The Provider or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits.
- (5) Advanced Imaging copays limited to \$300 per person per calendar year.
- (6) Copay applies only when there is a facility charge billed.
- (7) Participants may self-refer to a participating provider.
- (8) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).
- (9) For a current list of In-Network Walk-In or Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.
- (10) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).
- (11) Acute chiropractic care may be self-referred to a participating chiropractor for up to 36 visits per calendar year.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

Comprehensive Point of Service Plan (POS C)

Effective January 1, 2023

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org.

	In-Network	Out-of-Network
Please Note: In order to receive In-Network level of benefits under the Point of Service plan, all services (except emergency or urgent/acute care situations) must be authorized in advance by the participant's Primary Care Physician. Services received Out-of-Network cannot be used to satisfy the In-Network Out-of-Pocket Maximum. Similarly, services received In-Network cannot be used to satisfy the Out-of-Network Deductible or Out-of-Pocket Maximum.		
BENEFIT DESCRIPTION		All charges subject to Max. Allow.
<ul style="list-style-type: none"> Deductible Coinsurance Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year ⁽¹⁾ Lifetime Maximum 	\$0 Plan pays 90% or 80% \$1,500 Single / \$3,000 Family Unlimited	\$250 Single / \$500 Family Plan pays 70% \$2,250 Single / \$4,500 Family Unlimited
Inpatient Services		
<ul style="list-style-type: none"> Unlimited days of care in semi-private room ⁽²⁾⁽³⁾ Physician services Intensive care Mental health services/Substance abuse services ⁽⁴⁾ Ancillary services, lab tests, x-rays, medications Anesthesia Maternity care Newborn care 	90% 100% 90% 90% 90% 90% 90% 90%	70% after deductible 70% after deductible 70% after deductible 70% after deductible 70% after deductible 90% 70% after deductible 70% after deductible
Outpatient Services		
<ul style="list-style-type: none"> Any physician office visit, diagnosis and treatment (PCP) Any physician office visit, diagnosis and treatment (Specialist) Lab & X-ray – Diagnostic Lab & X-ray – Preventive Colonoscopies (Diagnostic) Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) ⁽³⁾ Physical exams and Well-child care Immunizations/Flu Shots Covered surgical procedures Mental health services/Substance abuse services ⁽⁴⁾ Maternity care Gynecological exam – Preventive Physical, Speech or Occupational Therapy ⁽⁸⁾ Outpatient facility fees Ambulance (medically necessary) 	No copay for the first visit and then 100% after \$15 copay per visit 100% after \$25 copay per visit 100% 100% 100% <i>(Outpatient surgical facility fee may apply)</i> 100% after \$100 copay ⁽⁵⁾ 100% 100% 100% after \$100 copay ⁽⁶⁾ <i>(Anesthesia covered at 90%)</i> No copay for the first visit and then 100% after \$15 copay per visit 100% ⁽⁷⁾ 100% ⁽⁷⁾ 100% after \$25 copay 100%; \$100 copay for surgical facility 100%	70% after deductible 70% after deductible 70% after deductible 100% (no deductible) Not covered 70% after deductible Not covered 100% (no deductible) 70% after deductible 70% after deductible 100% (no deductible) 70% after deductible 70% after deductible 100% (no deductible) 70% after deductible 100%
Emergency Room Services		
<ul style="list-style-type: none"> Emergency/Acute care Non-emergency care 	100% after \$150 copay 100% after \$150 copay	100% after \$150 copay 100% after \$150 copay
Other Services		
<ul style="list-style-type: none"> Walk-In or Urgent Care Center Home Health/Hospice care Skilled nursing facility ^{(3) (10)} Human tissue & organ transplants Durable Medical Equipment Oral surgery (limited benefits) Eye exams – Preventive Chiropractic care 	100% after \$25 copay ⁽⁹⁾ 90% 90% 90% 80% 90% 100% ⁽⁷⁾ 100% after \$25 copay ⁽⁷⁾⁽¹¹⁾	70% after deductible 70% after deductible 70% after deductible Not covered 70% (no deductible) 90% 100% (no deductible) 70% after deductible
Prescription Drugs		
Each 30-day supply – Retail Pharmacy (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$4 / \$10 / \$30/ \$50/ \$60	Copays: \$4 / \$10 / \$30/ \$50/ \$60
90 day supply – Mail Order (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$8 / \$20 / \$60 / \$100 / \$120	Copays: \$8 / \$20 / \$60 / \$100 / \$120
Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.		

- (1) In-Network copays will be capped at \$5,000 single / \$10,000 family. This means that you will not have to pay more than \$6,500 single / \$13,000 family for all covered services received In-Network (including deductible, coinsurance, and copays).
- (2) Private rooms covered when medically necessary.
- (3) The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission or outpatient advanced imaging procedure to obtain certification. If certification is not obtained, benefits may be denied.
- (4) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. The Provider or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits.
- (5) Advanced Imaging copays limited to \$300 per person per calendar year.
- (6) Copay applies only when there is a facility charge billed.
- (7) Participants may self-refer to a participating provider.
- (8) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).
- (9) For a current list of In-Network Walk-In or Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.
- (10) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).
- (11) Acute chiropractic care may be self-referred to a participating chiropractor for up to 36 visits per calendar year.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

PPO 500 Plan

Effective January 1, 2023

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org.

	In-Network	Out-of-Network
Please Note: Services received Out-of-Network cannot be used to satisfy the In-Network Deductible or Out-of-Pocket Maximum. Similarly, services received In-Network cannot be used to satisfy the Out-of-Network Deductible or Out-of-Pocket Maximum.		
BENEFIT DESCRIPTION		All charges subject to Max. Allow.
<ul style="list-style-type: none"> Deductible Coinsurance Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year ⁽¹⁾ Lifetime Maximum 	\$500 Single / \$1,000 Family Plan pays 80% \$2,000 Single / \$4,000 Family Unlimited	\$1,000 Single / \$2,000 Family Plan pays 60% \$3,000 Single / \$6,000 Family Unlimited
Inpatient Services		
<ul style="list-style-type: none"> Unlimited days of care in semi-private room ⁽²⁾⁽³⁾ Physician services Intensive care Mental health services/Substance abuse services ⁽⁴⁾ Ancillary services, lab tests, x-rays, medications Anesthesia Maternity care Newborn care 	80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible 60% after deductible 80% after deductible 60% after deductible 60% after deductible
Outpatient Services		
<ul style="list-style-type: none"> Any physician office visit, diagnosis and treatment (PCP) Any physician office visit, diagnosis and treatment (Specialist) Lab & X-ray – Diagnostic Lab & X-ray – Preventive Advanced Imaging (e.g., MRI, CT, and PET scans) ⁽³⁾ Physical exams and Well-child care Immunizations/Flu Shots Covered surgical procedures Mental health services/Substance abuse services ⁽⁴⁾ Maternity care Gynecological exam – Preventive Physical, Speech or Occupational Therapy ⁽⁵⁾ Outpatient facility fees Ambulance (medically necessary) 	No copay for the first visit and then 100% after \$20 copay per visit 100% after \$35 copay per visit 80% after deductible 100% (no deductible) 80% after deductible 100% (no deductible) 100% (no deductible) 80% after deductible No copay for the first visit and then 100% after \$20 copay per visit 100% after \$20 copay (PCP) or \$35 copay (Specialist) 100% no deductible 100% after \$35 copay 80% after deductible 80% after deductible	80% after \$20 copay 80% after \$35 copay 60% after deductible 80% (no deductible) 60% after deductible 80% (no deductible) 80% (no deductible) 60% after deductible 80% after \$20 copay 80% after \$20 copay (PCP) or \$35 copay (Specialist) 80% no deductible 80% after \$35 copay 60% after deductible 80% after deductible
Emergency Room Services		
<ul style="list-style-type: none"> Emergency/Acute care Non-emergency care 	100% after \$200 copay 100% after \$200 copay	100% after \$200 copay 100% after \$200 copay
Other Services		
<ul style="list-style-type: none"> Walk-In or Urgent Care Center Home Health/Hospice care Skilled nursing facility ⁽³⁾⁽⁷⁾ Human tissue & organ transplants Durable Medical Equipment Oral surgery (limited benefits) Eye exams – Preventive Chiropractic care ⁽⁸⁾ 	100% after \$35 copay ⁽⁶⁾ 80% after deductible 80% after deductible 80% after deductible 80% (no deductible) 80% after deductible 100% (no deductible) 100% after \$35 copay	80% after \$35 copay 60% after deductible 60% after deductible 60% after deductible 60% (no deductible) 80% after deductible 80% (no deductible) 80% after \$35 copay
Prescription Drugs		
Each 30-day supply – Retail Pharmacy (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$8 / \$15 / \$35 / \$60 / \$80	Copays: \$8 / \$15 / \$35 / \$60 / \$80
90 day supply – Mail Order (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$16 / \$30 / \$70 / \$120 / \$160	Copays: \$16 / \$30 / \$70 / \$120 / \$160
Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.		

- (1) In-Network copays will be capped at \$5,500 single / \$11,000 family. This means that you will not have to pay more than \$7,500 single / \$15,000 family for all covered services received In-Network (including deductible, coinsurance, and copays).
- (2) Private rooms covered when medically necessary.
- (3) The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission, or outpatient advanced imaging procedure to obtain certification. If certification is not obtained, benefits may be denied.
- (4) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. The Provider or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits.
- (5) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).
- (6) For a current list of In-Network Walk-In or Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.
- (7) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).
- (8) Acute chiropractic care will be covered for up to 36 visits per calendar year (combined In-Network and Out-of-Network).



MAINE MUNICIPAL
EMPLOYEES HEALTH TRUST



Your Employee Assistance Program is here to support you

When you or your household members are facing personal or work-related challenges, the Anthem Blue Cross and Blue Shield Employee Assistance Program (EAP) can help you. These services are available at no cost to you:



Counseling with up to three visits for each issue, including face-to-face or online visits through LiveHealth Online¹



Legal consultation with a 30-minute phone or in-person meeting, discounted fees to retain a lawyer, and online resources



Financial consultation including a phone meeting with financial professionals during business hours



ID recovery for help with reporting to consumer credit agencies, filling out paperwork, and negotiating with creditors



myStrength, a “health club for your mind,” featuring e-learning modules, mood trackers, videos, and tools to make a personal action plan



Dependent care and daily living resources for information on child care, adoption, summer camps, college placement, elder care, and assisted living



Other anthemEAP.com resources, well-being articles, podcasts, webinars, and tools for depression, anxiety, relationships, alcohol use, and eating habits



Crisis consultation with a toll-free number for emergencies and help at any hour of any day

Help 24/7, 365 days a year

For assistance, please call **800-647-9151**, or visit **anthemEAP.com** and enter MMEHT to log in.

Everything you share is confidential.²

¹ Appointments subject to the availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call the National Suicide Prevention Lifeline, 800-273-TALK (800-273-8255), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

² In accordance with federal and state law, and professional ethical standards. This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Simple, smart, and all about you

Get instant access to your health plan information
at [anthem.com](https://www.anthem.com) or with our SydneySM Health.

Check claims

See what's covered and
what you owe.

See benefits

Check what your plan covers and
how much you might pay

Get your ID card

Share, fax, or email your ID
card right from your device.

Find a doctor

Look for doctors in your health plan.

Get medicine

Refill your prescriptions online.

Estimate costs

Compare costs and quality
for common procedures.

Get discounts

Save on health-related
products and services.

Manage healthcare accounts

Pay or reimburse yourself for
healthcare expenses. See your
account balance anytime.



**Find everything you need to know about
your benefits — all in one place.**



Use your smartphone
camera to scan this
QR code.

Expanding your virtual care options

Find complete care support,
on your time, through the
Sydney Health app

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions¹ for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
 - Routine care, including virtual annual preventive care (wellness) visit and prescription refills.^{1,2,3,4}
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

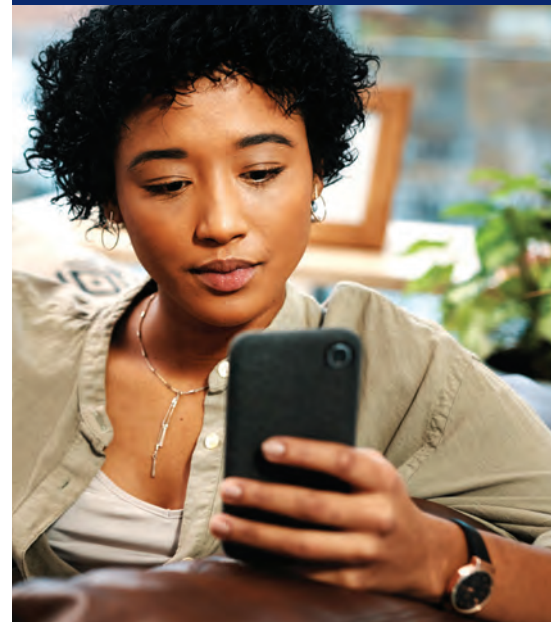
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at the PCP copay.

▶ Download our
Sydney Health
mobile app today.



Set up your account right away and it
will be ready to use when you need it.



85% of virtual visits
resolve
the person's need.⁵

¹ Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.

² Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.

³ Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

⁴ Your doctor will determine if a prescription is needed at time of visit.

⁵ K Health analysis of Q4 2020 visit depositions.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company.

In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Preventing diabetes just got easier



Introducing Lark Digital Health Coaching

People with prediabetes have higher than normal blood sugar which can substantially increase the risk of developing type 2 diabetes. People often don't even know they have prediabetes, because it can occur with no symptoms. The good news is that there are steps you can take now to decrease your risk.

Maine Municipal Health Trust has teamed up with Anthem and Lark to bring you access to the tools you need to take those steps and prevent type 2 diabetes. Available 24/7 on your smartphone, the Lark Diabetes Prevention Program is included at no extra cost as a benefit of your health plan, administered by Anthem. If you qualify, you'll also get a digital scale with the opportunity to earn a Fitbit®.

Together we can help you:



Create healthy eating habits



Make time for physical activity



Improve sleep quality



Reach or maintain a healthy weight



Manage stress levels

Get started with a quick eligibility survey

Scan this QR code with your smartphone camera to get started.



or visit
Lark.com/AnthemEnroll



"Cheerful encouragement and suggestions. I've recommended it to several friends."



"It puts you on the exact path you need to go and educates you on that path along the way. I'm down 10 pounds already just from applying the tips to my everyday life."

Eligibility requirements for the Lark Diabetes Prevention Program include qualifying as prediabetic according to a survey designed by the Centers for Disease Control and membership in a participating health plan. You may be eligible to earn health-related devices such as a scale or Fitbit® at no cost to you. The ability to earn health-related devices may vary by health plan and may contain minimum program engagement requirements, such as weighing in, completing missions with your digital coach, and logging activity or meals. Eligibility determinations are made by Lark at its sole discretion.

Fitbit is a registered trademark of Fitbit Inc.



"I attribute my success to my Diabetes Educator! I felt a real connection with her immediately and she showed me she truly cared about my health and me. My diabetes educator listened to what I was saying and worked with me to adjust my medication. Before long, I was feeling better, more rested, clear-headed and physically stronger. The TDES® program and my diabetes educator changed my life!"

– **Debra Palmer**
Waldo CAP
TDES® Program Graduate



"A great program for people with diabetes –no matter how long you have had diabetes."

– **Nicky Clark**
TDES® Program Graduate



"Thanks to enrolling in TDES®, I have better eating habits. My A1C was 11; it now ranges between 7.3 - 8.0."

– **Reginald Winslow**
Ellsworth Water Department
MMEHT Member
TDES® Program Graduate



11 Parkwood Drive
Augusta, Maine 04345
tdes@mcdph.org
(207) 622-7566 x252
www.tdes.me

A Program Presented by



www.mcdph.org

In Partnership with



Maine Municipal
Employees Health Trust

www.mmeht.org



**Do You Have Diabetes
or Prediabetes?**

**Do You Want to
Save Money?**



Maine Municipal
Employees Health Trust

TDES[®]

Telephonic Diabetes Education & Support[®] Program

- **12 month program** with up-to-date diabetes information along with customized support to help you manage your diabetes
- **Monthly telephone calls** at your convenience
- **Individualized services** provided by experienced and certified professional diabetes educators

TDES²!

Telephonic Diabetes Education & Support[®] to the *Second POWER!*

- **Follow-up program** for TDES[®] graduates
- **Focus on self-management** of your diabetes to include further education, goal setting and life style changes
- **4 to 6 scheduled calls** over the course of one year

TDES²! Continues

Graduates of the *TDES²!* program may continue self-management diabetes education with 4 to 6 calls over one additional year.

FREQUENTLY ASKED QUESTIONS

How do I save money?

As long as you are active in a TDES[®] program, you will receive a 12 month waiver of pharmacy copays for:

- test strips (blood and/or ketones)
- lancets
- medications (pills and/or insulin)
- insulin syringes/pen needles

Note: Insulin pump supplies are not included

How do I improve my health?

- Learn how to self-manage your diabetes
- Learn how food can affect your blood sugar
- Understand your medication and how it works

Maine Municipal Employees Health Trust invests in their members

This program is covered for employees, retirees and adult family members 18 years of age or older; those with prediabetes, type 1 or type 2; and those not previously enrolled in TDES[®].

Note: You may only enroll in TDES[®] once. After you have completed the TDES[®] program you may be eligible for additional education via *TDES²!* and *TDES²! Continues*. Please contact us for more information.

It's easy to sign up!

Online:

Visit www.tdes.me and select "Click Here To Apply"

By Mail:

Go to www.tdes.me and print the forms to complete, or contact TDES[®] Project Coordinator for an application. Mail your completed application to:

TDES[®] Project Coordinator

MCD Public Health

11 Parkwood Drive, Augusta, ME 04330

For more information contact:

TDES[®] Project Coordinator

tdes@mcdph.org

207.622.7566 ext. 252



"I started because of the pharmacy (copayment waiver) benefit but I continued thanks to monthly contact with my educator helping me to succeed in controlling my diabetes."

– MMEHT Member & TDES[®] Graduate



Walk In Centers

A Smart Choice for Care



What is a walk-in center?

They're doctor's offices or clinics that take patients without an appointment. They are usually open longer hours including evenings and weekends. That's why these centers are a smart choice when you need care quickly and can't get an appointment at your primary doctor's office or it's after their regular business hours.

What kind of care can I get at a walk-in center?

The doctors and nurses at these centers can help you with all kinds of things such as minor cuts and burns, sprains and strains, sports injuries, sore throats, earaches and the flu. Some centers do X-rays or run other tests on site and can let you know quickly if you need more specialized care.

Which walk-in center do I go to?

There are many in-network walk-in centers covered by your health plan, and there is a listing of them on the back of this flyer. Find one close to you and put it in your phone for easy access when you need it. You also can find centers in your plan at anthem.com. Just go to the Find Care section and follow the steps. The list is also available at www.mmeht.org.

How much does it cost to go to a walk-in center or urgent care facility?

The copay at an in-network walk-in center or urgent care facility is equal to your specialist co-pay and much less than an emergency room copay. To find out your specific costs and what you're covered for, call the Maine Municipal Employees Health Trust at 1-800-852-8300. Member Services Representatives are available Monday through Friday from 8:00 a.m. to 4:30 p.m.

Not sure if it's an emergency?

The emergency rule of thumb is to call 911 or go to the nearest ER if you think delaying care could put your health at serious risk. If you're still not sure where to go for care, let a nurse help you decide. You can call the 24/7 Nurseline anytime day or night at 1-800-337-4770.

MMEHT Member Services: 1-800-852-8300

In-Network Walk In Centers in Maine

Contact the Health Trust member services department at 1-800-852-8300 to confirm the center is still in-network.

Auburn

ConvenientMD LLC, 590 Center St.
 1-207-955-5565
 St. Mary's Urgent Care, 791 Turner Street
 1-207-330-3900

Augusta

Concentra, 219 Capitol Street Suite 2
 1-866-944-6046
 ConvenientMD LLC, 4 Whitten Rd.
 1-207-466-2400
 Maine General Express Care,
 15 Enterprise Drive
 1-207-621-8880

Bangor

Concentra, 34 Gilman Road
 1-207-941-8300
 ConvenientMD LLC, 543 Broadway
 1-207-517-3838
 Eastern Maine Medical Center's Walk-In
 Care Center, 915 Union Street, Suite 4
 1-207-973-8030
 Penobscot Community Health Center,
 1012 Union St
 1-207-945-5247
 Penobscot Community Health Center,
 6 Telcom Drive
 1-207-947-0147

Belfast

Penobscot Community Health Center,
 53 Schoodic Dr.
 1-207-338-6900

Berwick

Berwick Walk-In Care, 4 Dana Drive
 1-207-698-6700

Brewer

Penobscot Community Health Center,
 735 Wilson Street
 1-207-989-1567

Bridgton

N Bridgton Family Practice & Walk-In Clinic,
 14 Wyonegonic Road
 1-207-647-9021

Brunswick

Concentra, 11 Medical Center Drive
 1-207-725-2697
 ConvenientMD LLC, 193 Bath Road
 1-207-424-2272
 Mid Coast Walk-in Clinic,
 22 Station Avenue, Suite 102
 1-207-406-7500

Caribou

Aroostook Medical Center,
 118 Bennett Dr, Suite 130
 1-207-498-3476

East Millinocket

MRH Walk-in Clinic, 87 Main St
 1-207-447-4700

East Waterboro

SMHC Walk-In Care, 10 Goodall Drive
 1-207-490-7760

Ellsworth

ConvenientMD LLC, 235 High Street
 1-207-412-5200

Freeport

Freeport Medical Center,
 23 Durham Road, Suite 201
 1-207-865-3491

Gardiner

MGMC Express Care, 5 Central Maine Xing
 1-207-582-6608

Gorham

Mercy Express Care,
 19 South Gorham Crossing
 1-207-839-9101

Gray

Gray Urgent Care LLC, 6 Turnpike Acres Rd,
 Unit 2
 1-207-657-1165

Houlton

Katahdin Valley Health Center,
 59 Bangor Street
 1-207-521-0022

Jackman

Jackman Community Health Center,
 376 Main St
 1-207-668-7755

Kennebunk

SMHC Walk-in Care, 2 Livewell Drive
 1-207-467-6900

Kittery

MyHealth Walk-in Care, 35 Walker Street
 1-207-439-4430

Lewiston

Concentra, 59 East Avenue
 1-866-944-6046

Lincoln

Health Access Network Inc,
 175 West Broadway
 1-207-794-6700

Norway

Concentra, 176 Main Street
 1-866-944-6046

Old Town

Penobscot Community Health Ct
 242 Brunswick Street
 1-207-827-6128

Porter

Sacopee Valley Health Center,
 70 Main Street
 1-207-625-8126

Portland

ConvenientMD LLC, 191 Marginal Way
 1-207-517-3838

Presque Isle

The Aroostook Medical Center,
 23 North Street, Suite 2
 1-207-760-9278

Saco

Convenient MD LLC, 506 Main Street
 1-207-571-7991
 Southern Maine Health Care,
 655 Main Street
 1-207-294-5600

Sanford

ConvenientMD LLC, 1420 Main St.
 1-207-850-5744
 Sanford Care Center, 1474 Main Street
 1-207-608-8425
 Southern Maine Health Care, 25A June St.
 1-207-490-7900

Scarborough

ClearChoiceMD Urgent Care, 273 Payne Rd
 1-207-618-9355

South Portland

Careall PC, 230 Waterman Drive
 1-207-358-3188
 Concentra, 400 Southborough Drive
 1-207-761-1100
 Concentra, 85 Western Avenue
 1-866-944-6046

Waterville

MGMC Express Care, 211 Main Street
 1-207-877-3450
 Inland Hosp Walk-In-Care,
 174 Kennedy Memorial Drive
 1-207-861-6140

Wells

York Hospital Walk-in Care,
 112-114 Sanford Rd.
 1-207-646-5211

Westbrook

ConvenientMD LLC, 950 Main Street
 1-207-517-3800
 Mercy Express Care, 40 Park Rd
 1-207-857-8174

Windham

Mercy Express Care, 409 Roosevelt Trail
 1-207-893-0290

York

York Hospital Walk-in Care, 343 US RT 1
 1-207-351-2600

In-Network Urgent Care Facilities:

Boothbay Harbor

St. Andrew's Urgent Care
 6 St. Andrew's Street
 1-207-633-2121

Portland

Maine Medical Center Urgent Care
 335 Brighton Avenue
 1-207-222-7081



Save Time and Money with Prescription Home Delivery

Save on Medications you take regularly (such as high blood pressure or diabetes) when you have them delivered by mail, in 90 day supplies, from Anthem's CarelonRx Home Delivery Pharmacy.

Savings

If you purchase a 90-day supply of a prescription medication through the mail order service, you will only be charged two applicable copays. If you purchase a 90-day supply at any retail pharmacy, you will be charged three applicable copays.

Convenience

Mail delivery means no more trips to the pharmacy and if you choose automatic refill and/or renewal, you won't need to keep track of that either!

Safety

Every order is filled by a licensed pharmacist, then quality checked before shipping. Packages are discreet, weather and tamper-proof.



How to get started!

Ask your doctor for a prescription for a 90-day supply of your medication

If this is a new prescription, you may wish to also get a prescription for a 30 day supply, to be filled at a retail pharmacy while you wait for your first mail-order to be processed. Prescriptions can be submitted to the mail order pharmacy by mail or fax, or online at **www.anthem.com**.

Place your order

Log on to **www.anthem.com** and choose *Pharmacy*. On your personal pharmacy page, select *View Your Prescriptions* under *Switch to a 90-Day Supply*. For the drugs you want to switch to home delivery, choose *Switch to a 90-day Supply* and then *Select Prescriber*. You can also add or update your shipping address, shipping options and payment method on this page. Or, you can complete the *Prescription Drug Mail Order Form* on the Health Trust website at **www.mmeht.org**. Under the *Medical Plans* header, select the *Prescription Drugs* page, and mail the completed form to CarelonRx with your prescriptions. You may also call CarelonRx Home Delivery Pharmacy at 1-833-236-6196.

Pay for your prescription

You can pay by debit or credit card, use your Flexible Spending Account (FSA) debit card, or enroll for electronic funds transfer (EFT) payments. To set up your payments, select *Complete your Profile* and *Communication Preferences* from your personal pharmacy page, then *Change Payment Method* to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org

MMEHT OFFICE USE ONLY

Subgroup No. _____

Effective Date _____

Status _____

Entered by: _____

Medical Plan Application for Enrollment/Change
PLEASE PRINT

1. EMPLOYER SECTION	Employer _____		Enrollment Reason: <input type="checkbox"/> New Hire <input type="checkbox"/> Newly Eligible on (date & reason) _____ <input type="checkbox"/> New Group (initial enrollment) <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Portability or Qualifying Event <input type="checkbox"/> Employer Change-Dept/Union Change _____			
	Date of Employment _____	Elected Official (Yes or No) _____				
	Annual wages or salary _____	Hours worked per week _____				
2. PLAN CHOICE	<input type="checkbox"/> PPO _____ (indicate plan) <input type="checkbox"/> Point of Service _____ (indicate plan)					
3. EMPLOYEE NAME ADDRESS & TELEPHONE	Employee Legal Name _____				Social Security Number _____	
	Mailing Address _____				Phone (home/cell) _____	
	Town _____ State _____ Zip _____				Phone (work) _____	
4. CHANGE STATUS	Type of change: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change – provide previous name: _____ <input type="checkbox"/> Add dependent(s) listed in section 5 below <input type="checkbox"/> Drop dependent(s) listed in section 5 below					
	Reason for change: <input type="checkbox"/> Adoption <input type="checkbox"/> Birth (if grandchild see below*) <input type="checkbox"/> Court order <input type="checkbox"/> Covered by other insurance <input type="checkbox"/> Death <input type="checkbox"/> Discharge from the Military <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution of Domestic Partnership <input type="checkbox"/> Entrance to the Military <input type="checkbox"/> Involuntary loss of coverage <input type="checkbox"/> Marriage <input type="checkbox"/> Other _____ <input type="checkbox"/> * Grandchild - Coverage for 31 days from birth only. Please contact the Health Trust with questions.					
5. MEMBER AND FAMILY INFORMATION	You may apply to cover your legal spouse, domestic partner (DP) (provided your employer offers this benefit and the Trust receives a completed affidavit verifying qualification) and children between birth and 26 years of age.					
	Legal Name (Last, First, MI)	Date of Birth MO/DA/YR	Gender M F	Social Security Number	Primary Care Physician (PCP) (www.anthem.com)	Current Patient?
	Self				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/> Spouse or <input type="checkbox"/> Domestic Partner				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
	Child				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
	Child				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
Child				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>	
6. SIGNATURE	I am requesting coverage for myself and all dependents listed, including any type of change selected in the Change Status section as indicated above. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to obtain insurance or benefit coverage for the purpose of defrauding the plan or insurance carrier. Penalties may include imprisonment, fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the Plan Document. I understand that, under a POS plan, each family member's care must be provided or arranged by his/her Primary Care Physician (PCP) except as described in my Summary Plan Description. Employee Signature: _____ Date: _____					
7. ELECTION NOT TO ENROLL	<input type="checkbox"/> I elect not to enroll in health coverage at this time. I understand that if I choose to enroll at a later date, enrollment may be available only during the open enrollment period, unless portability or special enrollment provisions apply. NAME (PRINT) _____ EMPLOYER _____ SIGNATURE _____ DATE _____					

For questions, please call the Health Trust at 207-621-2645 or (within Maine) 800-852-8300 * FAX (207) 624-0166

BASIC LIFE INSURANCE BENEFITS

The MMEHT Health Plan includes quality life insurance coverage (through Standard Insurance Company) for participants.

Basic Coverage

Basic coverage (including Accidental Death & Dismemberment) equal to one times an active employee's annual salary rounded to the next multiple of \$1,000 (with a maximum of \$100,000) is provided to all employees (including eligible elected and appointed officials) participating in the MMEHT Health Plan. (Benefits may be less for some elected officials.) Any employee who is eligible to participate in the Health Trust Health Plan, but does not elect coverage because he or she is covered as a dependent under another employer's group health plan, may participate in the Basic Life and Basic AD&D plan, at a monthly cost of \$0.30 per thousand dollars of coverage.



Benefits are reduced by 50% (for active employees) at age 70.

Accelerated Benefit

Standard Insurance Company will pay up to 75% of the insured's Life benefit (subject to a minimum benefit of \$ 5,000 or 10% of your insurance, whichever is greater) if they receive a request and proof that the employee is terminally ill and is certified by a physician to have 12 months or less to live. Any benefit amount paid under the Accelerated Benefit will be paid in a lump sum. The insured must be covered for at least \$10,000 to be eligible for this benefit.

Retirees or Surviving Spouses

Retirees or surviving spouses who continue with the MMEHT Health Plan receive Basic Life and Basic AD&D coverage of \$2,000. Accidental Death & Dismemberment coverage for retirees and surviving spouses will terminate at age 70.

This outline is intended only as a summary of the MMEHT Life Insurance Plan. All benefits and conditions are subject to the terms of the master policy issued by Standard Insurance Company.

**For more information, please contact the Health Trust at 1-800-852-8300
or speak with your Field Service Representative.**



MAINE MUNICIPAL
EMPLOYEES HEALTH TRUST

SUPPLEMENTAL LIFE INSURANCE BENEFITS

Supplemental Life

In addition to the Health Trust's Basic Life insurance coverage, an employer may elect to offer its employees Supplemental Life Insurance. In order to purchase Supplemental Life coverage, the employee must first be enrolled in either the Basic Life or the Basic Life No Medical plan.



Supplemental Life allows employees to purchase life insurance in addition to their Basic Life insurance policy. Employees may choose to purchase coverage equal to an additional one, two, or three times their annual salary. The first level of coverage (one times salary) is a guaranteed issue, provided the employee enrolls when first eligible for the coverage. If an employee enrolls in 1x additional supplemental coverage, they will have coverage for twice their annual base salary, as the benefit is in addition to the basic life policy. Therefore, an additional 2x will triple the basic coverage amount and 3x will quadruple the basic coverage amount.

Any employee who purchases 2x or 3x supplemental coverage, or wishes to enroll after their initial eligibility period, will be required to complete a medical evidence of insurability (EOI) review. The Standard Insurance Company reserves the right to deny the coverage request after review of the EOI.

There is no annual open enrollment period for supplemental life coverage

*Please see the reverse side for additional coverage details and premiums.

For more information, please contact the Health Trust at 1-800-852-8300

or speak with your Field Service Representative.



SUPPLEMENTAL COVERAGE

Supplemental coverage participants may select coverage equal to up to 3 times their annual earnings, as indicated in the chart below. Medical evidence of insurability (EOI) will be required for coverage amounts exceeding the Guaranteed Issue amount of 1 times their annual earnings or \$100,000, whichever is less. Rates are \$0.30 per thousand dollars of coverage, per month. Benefits are reduced by 50% at age 70.

	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM			MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
ANNUAL SALARY	*LIFE NO MED	**1 X SUPP	**2 X SUPP	**3 X SUPP		ANNUAL SALARY	*LIFE NO MED	**1 X SUPP	**2 X SUPP	**3 X SUPP
\$10,000	3.00	3.00	6.00	9.00		\$56,000	16.80	16.80	33.60	50.40
\$11,000	3.30	3.30	6.60	9.90		\$57,000	17.10	17.10	34.20	51.30
\$12,000	3.60	3.60	7.20	10.80		\$58,000	17.40	17.40	34.80	52.20
\$13,000	3.90	3.90	7.80	11.70		\$59,000	17.70	17.70	35.40	53.10
\$14,000	4.20	4.20	8.40	12.60		\$60,000	18.00	18.00	36.00	54.00
\$15,000	4.50	4.50	9.00	13.50		\$61,000	18.30	18.30	36.60	54.90
\$16,000	4.80	4.80	9.60	14.40		\$62,000	18.60	18.60	37.20	55.80
\$17,000	5.10	5.10	10.20	15.30		\$63,000	18.90	18.90	37.80	56.70
\$18,000	5.40	5.40	10.80	16.20		\$64,000	19.20	19.20	38.40	57.60
\$19,000	5.70	5.70	11.40	17.10		\$65,000	19.50	19.50	39.00	58.50
\$20,000	6.00	6.00	12.00	18.00		\$66,000	19.80	19.80	39.60	59.40
\$21,000	6.30	6.30	12.60	18.90		\$67,000	20.10	20.10	40.20	60.30
\$22,000	6.60	6.60	13.20	19.80		\$68,000	20.40	20.40	40.80	61.20
\$23,000	6.90	6.90	13.80	20.70		\$69,000	20.70	20.70	41.40	62.10
\$24,000	7.20	7.20	14.40	21.60		\$70,000	21.00	21.00	42.00	63.00
\$25,000	7.50	7.50	15.00	22.50		\$71,000	21.30	21.30	42.60	63.90
\$26,000	7.80	7.80	15.60	23.40		\$72,000	21.60	21.60	43.20	64.80
\$27,000	8.10	8.10	16.20	24.30		\$73,000	21.90	21.90	43.80	65.70
\$28,000	8.40	8.40	16.80	25.20		\$74,000	22.20	22.20	44.40	66.60
\$29,000	8.70	8.70	17.40	26.10		\$75,000	22.50	22.50	45.00	67.50
\$30,000	9.00	9.00	18.00	27.00		\$76,000	22.80	22.80	45.60	68.40
\$31,000	9.30	9.30	18.60	27.90		\$77,000	23.10	23.10	46.20	69.30
\$32,000	9.60	9.60	19.20	28.80		\$78,000	23.40	23.40	46.80	70.20
\$33,000	9.90	9.90	19.80	29.70		\$79,000	23.70	23.70	47.40	71.10
\$34,000	10.20	10.20	20.40	30.60		\$80,000	24.00	24.00	48.00	72.00
\$35,000	10.50	10.50	21.00	31.50		\$81,000	24.30	24.30	48.60	72.90
\$36,000	10.80	10.80	21.60	32.40		\$82,000	24.60	24.60	49.20	73.80
\$37,000	11.10	11.10	22.20	33.30		\$83,000	24.90	24.90	49.80	74.70
\$38,000	11.40	11.40	22.80	34.20		\$84,000	25.20	25.20	50.40	75.60
\$39,000	11.70	11.70	23.40	35.10		\$85,000	25.50	25.50	51.00	76.50
\$40,000	12.00	12.00	24.00	36.00		\$86,000	25.80	25.80	51.60	77.40
\$41,000	12.30	12.30	24.60	36.90		\$87,000	26.10	26.10	52.20	78.30
\$42,000	12.60	12.60	25.20	37.80		\$88,000	26.40	26.40	52.80	79.20
\$43,000	12.90	12.90	25.80	38.70		\$89,000	26.70	26.70	53.40	80.10
\$44,000	13.20	13.20	26.40	39.60		\$90,000	27.00	27.00	54.00	81.00
\$45,000	13.50	13.50	27.00	40.50		\$91,000	27.30	27.30	54.60	81.90
\$46,000	13.80	13.80	27.60	41.40		\$92,000	27.60	27.60	55.20	82.80
\$47,000	14.10	14.10	28.20	42.30		\$93,000	27.90	27.90	55.80	83.70
\$48,000	14.40	14.40	28.80	43.20		\$94,000	28.20	28.20	56.40	84.60
\$49,000	14.70	14.70	29.40	44.10		\$95,000	28.50	28.50	57.00	85.50
\$50,000	15.00	15.00	30.00	45.00		\$96,000	28.80	28.80	57.60	86.40
\$51,000	15.30	15.30	30.60	45.90		\$97,000	29.10	29.10	58.20	87.30
\$52,000	15.60	15.60	31.20	46.80		\$98,000	29.40	29.40	58.80	88.20
\$53,000	15.90	15.90	31.80	47.70		\$99,000	29.70	29.70	59.40	89.10
\$54,000	16.20	16.20	32.40	48.60		\$100,000	30.00	30.00	60.00	90.00
\$55,000	16.50	16.50	33.00	49.50						



DEPENDENT LIFE INSURANCE BENEFITS

Dependent Life

In addition to the Basic Life insurance coverage, an employer may elect to offer its employees Dependent Life Insurance. This benefit covers an employee's legally wed spouse and children up to 26 years of age. In order to purchase Dependent Life coverage, the employee must first be enrolled in either the Basic Life or the Basic Life No Medical plan.



The employee can choose from one of two coverage options for his/her dependents (spouse and children). The monthly premium for Dependent Life coverage is dependent upon which option the employee elects.

OPTION A:

Spouse	½ employee's Basic Coverage amount (\$5,000 maximum)
Children	Birth - 26 yrs. ½ employee's Basic Coverage amount (\$5,000 maximum)
Rates	\$1.50 per month

OPTION B:

½ employee's Basic Coverage amount (\$50,000 maximum)
Birth - 26 yrs. ½ employee's Basic Coverage amount (\$5,000 maximum)
\$3.20 per month

**A member cannot be covered as both an employee/retiree under Basic or Supplemental coverage and also as a dependent under Dependent Life coverage. There is no annual open enrollment period for dependent life coverage.*

For more information, please contact the Health Trust at 1-800-852-8300
or speak with your Field Service Representative.



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330
www.mmeht.org

MMEHT LIFE PLAN

Standard Insurance Co.
Group Policy No. 648982

EMPLOYEE ENROLLMENT FORM

Employer	Date of Hire	Annual Salary
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Employee Legal Name _____ Soc. Sec. # _____
Employee Address: _____
Phone (H) _____ (W) _____ Gender ____ Marital Status ____ Date of Birth _____

I would like to enroll in the following Life Insurance coverage(s):

Type of Coverage – Check coverage and level option(s) desired only if offered by your employer

Basic Life ☐
Life – No Medical ☐
Supplemental Life ☐ Please enroll me for: ☐ 1x ☐ 2x ☐ 3x salary.
Dependent Life ☐ Please enroll me in: ☐ Option A ☐ Option B

Dependent Information: Complete only if enrolling in Dependent Life

Name	Date of Birth	Relationship

Beneficiary Designation: Note: Please designate each name as Primary (P) or Contingent (C) in last column

Name	Relationship	Address	Percentage	P or C

I hereby apply for life insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the Maine Municipal Employees Health Trust. If I do not elect the health coverage, I understand that I have the option to enroll in Basic Life for a monthly premium. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.

Enrolling in Life Insurance: Signature _____ Date: _____

I do not wish to enroll in **Basic Life** ☐, **Supplemental Life** ☐, or **Dependent Life** ☐, at this time. I understand that if I do not enroll when I am first eligible, I will be subject to Evidence of Insurability at a later date. (Please check all appropriate boxes as indicated above.)

Not Enrolling in Life: Signature _____ Date: _____

PLEASE READ IMPORTANT INFORMATION ON THE NEXT PAGE

HT011C 10/2017 Send completed form to: MMEHT, 60 Community Drive, Augusta, Maine 04330 or Fax (207) 624-0166

DEFINITIONS: **Primary Beneficiary** – The person or persons you want to receive the life insurance benefits if you die.
 Contingent Beneficiary –The person or persons you want to receive the life insurance benefit if no Primary Beneficiary is alive on the date of your death.

Note:

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries who are then still living, unless their shares are specified. If there is no named beneficiary or if no beneficiary survives, settlement will be made in the following order: surviving spouse; equal shares to surviving children; equal shares to surviving parents; equal shares to surviving siblings; your Estate.

A member cannot be covered as both an employee/retiree under Basic or Supplemental coverage and also as a dependent under Dependent Life coverage.

IMPORTANT NOTICE:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

General Disclosure:

Group Life Insurance coverage is issued by Standard Insurance Company. The phone number for Life Claims is: 1-800-628-8600. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Standard Insurance Company, the terms of the Group Contract will govern.

Please Mail Completed Form to:

Maine Municipal Employees Health Trust
60 Community Drive
Augusta, Maine 04330

(207) 623-8428

1-800-452-8786 (within Maine) Fax (207) 624-0166



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org

Standard Insurance Company
Group Policy No. 648982

MMEHT LIFE PLAN EMPLOYEE CHANGE FORM

1. TYPE OF CHANGE	Beneficiary Change <input type="checkbox"/>	Name Change <input type="checkbox"/> Previous Name: _____	Address Change <input type="checkbox"/>	Benefit Change <input type="checkbox"/>																				
2. EMPLOYER SECTION	Employer: _____		Date of Hire: _____	Annual Salary: \$ _____																				
3. EMPLOYEE SECTION	Employee Legal Name: _____ Soc. Sec. #: _____ Employee Address: _____ Phone (H): _____ (W): _____ Gender: _____ Marital Status: _____ Date of Birth: _____																							
4. PLAN OPTIONS	I would like to change my Life Insurance coverage(s) as specified below (you may only select coverage options offered by your employer): <table border="1"><thead><tr><th>Type of Coverage</th><th>Add</th><th>Drop</th><th>Level</th></tr></thead><tbody><tr><td>Basic Life</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>N/A</td></tr><tr><td>Supplemental Life</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> 1x salary <input type="checkbox"/> 2x salary* <input type="checkbox"/> 3x salary*</td></tr><tr><td>Dependent Life</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Option A <input type="checkbox"/> Option B * Requires Evidence of Insurability</td></tr><tr><td colspan="4">Specify Change: _____</td></tr></tbody></table>				Type of Coverage	Add	Drop	Level	Basic Life	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Supplemental Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1x salary <input type="checkbox"/> 2x salary* <input type="checkbox"/> 3x salary*	Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Option A <input type="checkbox"/> Option B * Requires Evidence of Insurability	Specify Change: _____			
Type of Coverage	Add	Drop	Level																					
Basic Life	<input type="checkbox"/>	<input type="checkbox"/>	N/A																					
Supplemental Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1x salary <input type="checkbox"/> 2x salary* <input type="checkbox"/> 3x salary*																					
Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Option A <input type="checkbox"/> Option B * Requires Evidence of Insurability																					
Specify Change: _____																								
NOTE: PLEASE DESIGNATE EACH NAME AS PRIMARY (P) OR CONTINGENT (C) IN LAST COLUMN																								
5. BENEFICIARY DESIGNATION	Name	Relationship	Address	Percentage	P or C																			
NOTE: COMPLETE ONLY IF ENROLLING IN DEPENDENT LIFE																								
6. DEPENDENT INFORMATION	Name	Date of Birth	Relationship																					
7. AUTHORIZED SIGNATURE	I hereby apply for life insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the Maine Municipal Employees Health Trust. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance. SIGNATURE: _____ DATE: _____																							

PLEASE READ IMPORTANT INFORMATION ON THE NEXT PAGE

DEFINITIONS: **Primary Beneficiary** – The person or persons you want to receive the life insurance benefits if you die.
 Contingent Beneficiary –The person or persons you want to receive the life insurance benefit if no Primary Beneficiary is alive on the date of your death.

Note:

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries who are then still living, unless their shares are specified. If there is no named beneficiary or if no beneficiary survives, settlement will be made in the following order: surviving spouse; equal shares to surviving children; equal shares to surviving parents; equal shares to surviving siblings; your Estate.

IMPORTANT NOTICE:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

General Disclosure:

Group Life Insurance coverage is issued by Standard Insurance Company. The telephone number for Life Claims is: 1-800-628-8600. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Standard Insurance Company, the terms of the Group Contract will govern.

Please Mail Completed Form to:

Maine Municipal Employees Health Trust
60 Community Drive
Augusta, Maine 04330

(207) 621-2645

1-800-852-8300 (within Maine) Fax (207) 624-0166

INCOME PROTECTION PLAN

The MMEHT Income Protection Plan is a short-term disability plan that provides income benefits to employees who are unable to work due to a non-job related accident, injury or illness.



Benefit Options:

Three Levels of Coverage

40% of Salary

55% of Salary

70% of Salary

Benefits Begin:

1st Day of full disability for an Accident

8th Day of full disability for an Illness

Benefits: Paid regardless of sick leave or other income the employee may receive. Benefits will, however, be offset by the amount of any disability income payments received from the Maine Public Employees Retirement System, or under U.S. Social Security, if such payments are made as the result of the same disability that the IPP benefit is covering.

- Benefits are paid on a weekly basis.
- Partial benefits are paid if an employee returns to work for less than the employee's normal work schedule.
- The maximum benefit an employee may receive is \$1,000 per week.
- Benefits will be paid for a maximum of 52 weeks for each separate period of disability.

Premium Calculation:

ANNUAL SALARY ROUNDED UP TO THE NEXT DOLLAR X .% REQUESTED X .0214 /12 = MONTHLY PREMIUM

*If any portion of the premium is paid by the employer, that same portion of the benefit will be taxable income.

*If any portion of the premium is paid by the employee on a pre-tax basis, that portion of the benefit will be taxable income

Exclusions/Limitations:

- Any period when not under the care of a physician.
- Any disability which may be covered by a third party liability claim.
- Any disability covered by a Workers' Compensation Act or any similar local, state, or federal statute.
- Any disability sustained or resulting from duty as a member of the armed forces.

No benefits are payable for claims submitted more than 90 days following the onset of total disability.

Eligibility: The MMEHT Income Protection Plan is available to benefit eligible employees who work an average of at least twenty (20) hours per week on a year round basis, or greater, as determined by your employer's guidelines.

**This document is intended only as a limited summary of the MMEHT Income Protection Plan. All benefits, exclusions, and limitations are subject to the terms of the Plan Document.*

For more information, please contact the Health Trust at 1-800-852-8300 or speak with your Field Service Representative.



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org

MMEHT OFFICE USE ONLY
Subgroup No.
Effective Date
Status
Entered by:

**INCOME PROTECTION PLAN APPLICATION
ENROLLMENT/CHANGE FORM**

Please Print

EMPLOYER SECTION	Employer		Enrollment Reason: <input type="checkbox"/> New Hire <input type="checkbox"/> Newly Eligible on (date & reason) _____ <input type="checkbox"/> New Group (initial enrollment) <input type="checkbox"/> Increase/Decrease Coverage <input type="checkbox"/> Late Enrollee <input type="checkbox"/> Employer Change-Dept/Union Change _____
	Date of Employment	Hours worked per week	
	Annual wages or salary	MMEHT Department Code	
	Is employee actively working as of the effective date of coverage, or available to work if it is not a regularly scheduled workday? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	*Employer Signature: _____ *Title: _____		

Employee: Complete this section only if you are enrolling in the Income Protection Plan coverage.

If you do not wish to enroll, please complete the "Election Not to Enroll" section below.

PLAN CHOICE	I elect to be insured at <input type="checkbox"/> 40% <input type="checkbox"/> 55% <input type="checkbox"/> 70% of salary as a weekly benefit and hereby authorize my employer to withhold from payroll the amount necessary to make coverage effective.			
NAME, ADDRESS & TELEPHONE	Employee Legal Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Social Security Number
	Mailing Address			Phone (home/cell)
	Town	State	Zip	Phone (work)
SIGNATURE	<p>I am requesting coverage, or a change in coverage, for myself. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete, or misleading information to obtain insurance or benefits coverage for the purpose of defrauding the plan or insurance carrier. Penalties may include imprisonment, fines, or denial of insurance benefits. I understand that the benefits I am applying for are subject to the terms and conditions stated in the applicable Health Trust Plan Document and that benefits will be coordinated with other insurance programs. I understand that I am subject to the Plan's subrogation rights and responsibilities, as defined by the Plan in the applicable Health Trust Plan Document and/or Summary Plan Description. Any dispute of claim will be resolved by the grievance procedures established in the applicable Health Trust Plan Document.</p> <p>Employee Signature: _____ Date: _____</p>			

ELECTION NOT TO ENROLL	<input type="checkbox"/> I elect not to enroll in Income Protection coverage at this time, and understand that if I apply at a future date, enrollment may not be permissible without evidence of good health.	
	NAME (print) _____	EMPLOYER _____
	SIGNATURE _____	DATE _____

Email completed form to htbilling@memun.org or fax (207) 624-0166
For questions, please call the Billing & Enrollment Dept. at 207-621-2645 or (within Maine) 800-452-8786 EXT. 2585

PLEASE RETAIN A COPY FOR YOUR RECORDS

**MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
TOWN OF WINTERPORT**

MEDICAL PROGRAM SUMMARY - January 1, 2023 to December 31, 2023

All benefits shown are In-Network. Services received Out-of-Network, if covered, may be paid at a lower level of benefits. Please consult your Plan Document or Summary Plan Description booklet for more information.

All figures shown (deductibles, copays, and coinsurance) reflect what the Member pays towards the cost of services.

	POS C	PPO 500
DEDUCTIBLE Individual / Family	\$0 (No deductible)	\$500 / \$1,000
CO-INSURANCE (Member pays)	10% for most services	20%
OUT OF POCKET MAXIMUM Deductible plus Coinsurance Individual / Family	\$1,500 / \$3,000	\$2,000 / \$4,000
COPAYS:		
Office Visit Copay	\$15 PCP / \$25 Specialist	\$20 PCP / \$35 Specialist
Mental Health Outpatient Copay (waived for telehealth visits in 2023)	\$15	\$20
Emergency Room Copay	\$150	\$200
Walk-In or Urgent Care Center Copay	\$25	\$35
PREVENTIVE CARE:		
Preventive Care, including mammograms, Pap tests, women's preventive health services, colonoscopies, PSA tests, and routine physicals	0%	0%; deductible waived
Preventive Lab and X-Ray	0%	0%; deductible waived
Preventive Eye Exams (Limited benefits)	0%	0%; deductible waived
OTHER SERVICES:		
In Patient Hospital Services	10% (0% for Physician Services)	Deductible then 20%
Out Patient Surgical Facility	\$100 copay	Deductible then 20%
Diagnostic Lab & X-Ray	0%	Deductible then 20%
Advanced Imaging (MRI/CT/PET)	\$100 copay Copays limited to \$300 per Cal Yr	Deductible then 20%
Chiropractic Care	\$25 copay Limited to 36 visits per Cal Yr	\$35 copay Limited to 36 visits per Cal Yr
Physical, Speech and Occupational Therapy	\$25 copay Limited to 75 Visits per Cal Yr (Combined Limit)	\$35 copay Limited to 75 Visits per Cal Yr (Combined Limit)
PRESCRIPTION DRUGS (5 TIER): Tier 1-Select Generic / Tier 1- Standard / Tier 2 / Tier 3 / Tier 4- Specialty and Lifestyle	5-Tier Rx	5-Tier Rx
RX COPAY (Each 1-30 day supply at retail pharmacy)	\$4/\$10/\$30/\$50/\$60	\$8/\$15/\$35/\$60/\$80
RX COPAY (31-90 day supply via mail order)	\$8/\$20/\$60/\$100/\$120	\$16/\$30/\$70/\$120/\$160
OTHER:		
Cap on In-Network Copays (includes medical and Rx copays) Individual / Family	\$5,000 / \$10,000	\$5,500 / \$11,000

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

Comprehensive Point of Service Plan (POS C)

Effective January 1, 2023

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org.

	In-Network	Out-of-Network
Please Note: In order to receive In-Network level of benefits under the Point of Service plan, all services (except emergency or urgent/acute care situations) must be authorized in advance by the participant's Primary Care Physician. Services received Out-of-Network cannot be used to satisfy the In-Network Out-of-Pocket Maximum. Similarly, services received In-Network cannot be used to satisfy the Out-of-Network Deductible or Out-of-Pocket Maximum.		
BENEFIT DESCRIPTION		All charges subject to Max. Allow.
<ul style="list-style-type: none"> Deductible Coinsurance Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year ⁽¹⁾ Lifetime Maximum 	\$0 Plan pays 90% or 80% \$1,500 Single / \$3,000 Family Unlimited	\$250 Single / \$500 Family Plan pays 70% \$2,250 Single / \$4,500 Family Unlimited
Inpatient Services		
<ul style="list-style-type: none"> Unlimited days of care in semi-private room ⁽²⁾⁽³⁾ Physician services Intensive care Mental health services/Substance abuse services ⁽⁴⁾ Ancillary services, lab tests, x-rays, medications Anesthesia Maternity care Newborn care 	90% 100% 90% 90% 90% 90% 90% 90%	70% after deductible 70% after deductible 70% after deductible 70% after deductible 70% after deductible 90% 70% after deductible 70% after deductible
Outpatient Services		
<ul style="list-style-type: none"> Any physician office visit, diagnosis and treatment (PCP) Any physician office visit, diagnosis and treatment (Specialist) Lab & X-ray – Diagnostic Lab & X-ray – Preventive Colonoscopies (Diagnostic) Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) ⁽³⁾ Physical exams and Well-child care Immunizations/Flu Shots Covered surgical procedures Mental health services/Substance abuse services ⁽⁴⁾ Maternity care Gynecological exam – Preventive Physical, Speech or Occupational Therapy ⁽⁸⁾ Outpatient facility fees Ambulance (medically necessary) 	No copay for the first visit and then 100% after \$15 copay per visit 100% after \$25 copay per visit 100% 100% 100% <i>(Outpatient surgical facility fee may apply)</i> 100% after \$100 copay ⁽⁵⁾ 100% 100% 100% after \$100 copay ⁽⁶⁾ <i>(Anesthesia covered at 90%)</i> No copay for the first visit and then 100% after \$15 copay per visit 100% ⁽⁷⁾ 100% ⁽⁷⁾ 100% after \$25 copay 100%; \$100 copay for surgical facility 100%	70% after deductible 70% after deductible 70% after deductible 100% (no deductible) Not covered 70% after deductible Not covered 100% (no deductible) 70% after deductible 70% after deductible 100% (no deductible) 70% after deductible 70% after deductible 100% (no deductible) 70% after deductible 100%
Emergency Room Services		
<ul style="list-style-type: none"> Emergency/Acute care Non-emergency care 	100% after \$150 copay 100% after \$150 copay	100% after \$150 copay 100% after \$150 copay
Other Services		
<ul style="list-style-type: none"> Walk-In or Urgent Care Center Home Health/Hospice care Skilled nursing facility ^{(3) (10)} Human tissue & organ transplants Durable Medical Equipment Oral surgery (limited benefits) Eye exams – Preventive Chiropractic care 	100% after \$25 copay ⁽⁹⁾ 90% 90% 90% 80% 90% 100% ⁽⁷⁾ 100% after \$25 copay ⁽⁷⁾⁽¹¹⁾	70% after deductible 70% after deductible 70% after deductible Not covered 70% (no deductible) 90% 100% (no deductible) 70% after deductible
Prescription Drugs		
Each 30-day supply – Retail Pharmacy (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$4 / \$10 / \$30/ \$50/ \$60	Copays: \$4 / \$10 / \$30/ \$50/ \$60
90 day supply – Mail Order (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$8 / \$20 / \$60 / \$100 / \$120	Copays: \$8 / \$20 / \$60 / \$100 / \$120
Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.		

- (1) In-Network copays will be capped at \$5,000 single / \$10,000 family. This means that you will not have to pay more than \$6,500 single / \$13,000 family for all covered services received In-Network (including deductible, coinsurance, and copays).
- (2) Private rooms covered when medically necessary.
- (3) The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission or outpatient advanced imaging procedure to obtain certification. If certification is not obtained, benefits may be denied.
- (4) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. The Provider or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits.
- (5) Advanced Imaging copays limited to \$300 per person per calendar year.
- (6) Copay applies only when there is a facility charge billed.
- (7) Participants may self-refer to a participating provider.
- (8) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).
- (9) For a current list of In-Network Walk-In or Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.
- (10) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).
- (11) Acute chiropractic care may be self-referred to a participating chiropractor for up to 36 visits per calendar year.

MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

PPO 500 Plan

Effective January 1, 2023

This is a summary of plan benefits. In the case of any inadvertent discrepancies, the plan document will govern.

For specific information regarding plan provisions, please contact the Health Trust Service Representatives at 1-800-852-8300 or htservice@memun.org.

	In-Network	Out-of-Network
Please Note: Services received Out-of-Network cannot be used to satisfy the In-Network Deductible or Out-of-Pocket Maximum. Similarly, services received In-Network cannot be used to satisfy the Out-of-Network Deductible or Out-of-Pocket Maximum.		
BENEFIT DESCRIPTION		All charges subject to Max. Allow.
<ul style="list-style-type: none"> Deductible Coinsurance Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year ⁽¹⁾ Lifetime Maximum 	\$500 Single / \$1,000 Family Plan pays 80% \$2,000 Single / \$4,000 Family Unlimited	\$1,000 Single / \$2,000 Family Plan pays 60% \$3,000 Single / \$6,000 Family Unlimited
Inpatient Services		
<ul style="list-style-type: none"> Unlimited days of care in semi-private room ⁽²⁾⁽³⁾ Physician services Intensive care Mental health services/Substance abuse services ⁽⁴⁾ Ancillary services, lab tests, x-rays, medications Anesthesia Maternity care Newborn care 	80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible 60% after deductible 80% after deductible 60% after deductible 60% after deductible
Outpatient Services		
<ul style="list-style-type: none"> Any physician office visit, diagnosis and treatment (PCP) Any physician office visit, diagnosis and treatment (Specialist) Lab & X-ray – Diagnostic Lab & X-ray – Preventive Advanced Imaging (e.g., MRI, CT, and PET scans) ⁽³⁾ Physical exams and Well-child care Immunizations/Flu Shots Covered surgical procedures Mental health services/Substance abuse services ⁽⁴⁾ Maternity care Gynecological exam – Preventive Physical, Speech or Occupational Therapy ⁽⁵⁾ Outpatient facility fees Ambulance (medically necessary) 	No copay for the first visit and then 100% after \$20 copay per visit 100% after \$35 copay per visit 80% after deductible 100% (no deductible) 80% after deductible 100% (no deductible) 100% (no deductible) 80% after deductible No copay for the first visit and then 100% after \$20 copay per visit 100% after \$20 copay (PCP) or \$35 copay (Specialist) 100% no deductible 100% after \$35 copay 80% after deductible 80% after deductible	80% after \$20 copay 80% after \$35 copay 60% after deductible 80% (no deductible) 60% after deductible 80% (no deductible) 80% (no deductible) 60% after deductible 80% after \$20 copay 80% after \$20 copay (PCP) or \$35 copay (Specialist) 80% no deductible 80% after \$35 copay 60% after deductible 80% after deductible
Emergency Room Services		
<ul style="list-style-type: none"> Emergency/Acute care Non-emergency care 	100% after \$200 copay 100% after \$200 copay	100% after \$200 copay 100% after \$200 copay
Other Services		
<ul style="list-style-type: none"> Walk-In or Urgent Care Center Home Health/Hospice care Skilled nursing facility ⁽³⁾⁽⁷⁾ Human tissue & organ transplants Durable Medical Equipment Oral surgery (limited benefits) Eye exams – Preventive Chiropractic care ⁽⁸⁾ 	100% after \$35 copay ⁽⁶⁾ 80% after deductible 80% after deductible 80% after deductible 80% (no deductible) 80% after deductible 100% (no deductible) 100% after \$35 copay	80% after \$35 copay 60% after deductible 60% after deductible 60% after deductible 60% (no deductible) 80% after deductible 80% (no deductible) 80% after \$35 copay
Prescription Drugs		
Each 30-day supply – Retail Pharmacy (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$8 / \$15 / \$35 / \$60 / \$80	Copays: \$8 / \$15 / \$35 / \$60 / \$80
90 day supply – Mail Order (Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)	Copays: \$16 / \$30 / \$70 / \$120 / \$160	Copays: \$16 / \$30 / \$70 / \$120 / \$160
Specialty medications may only be filled through specialty pharmacies and in quantities up to a 30 day supply. Some specialty medications may be subject to partial fills for new prescriptions. Please contact the Health Trust with any questions.		

- (1) In-Network copays will be capped at \$5,500 single / \$11,000 family. This means that you will not have to pay more than \$7,500 single / \$15,000 family for all covered services received In-Network (including deductible, coinsurance, and copays).
- (2) Private rooms covered when medically necessary.
- (3) The Provider or Participant must contact Anthem Blue Cross and Blue Shield before any scheduled hospital or skilled nursing facility admission, or outpatient advanced imaging procedure to obtain certification. If certification is not obtained, benefits may be denied.
- (4) All services must be pre-authorized by Anthem Blue Cross and Blue Shield. The Provider or Participant must contact Anthem Blue Cross and Blue Shield's Mental Health Administrator for review of inpatient non-emergency services in order to receive the In-Network level of benefits.
- (5) Combined physical, speech, and occupational therapy benefits (including those billed by a chiropractor or a D.O.) limited to 75 visits per person per calendar year (combined In-Network and Out-of-Network).
- (6) For a current list of In-Network Walk-In or Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at www.mmeht.org.
- (7) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).
- (8) Acute chiropractic care will be covered for up to 36 visits per calendar year (combined In-Network and Out-of-Network).



MAINE MUNICIPAL
EMPLOYEES HEALTH TRUST



Your Employee Assistance Program is here to support you

When you or your household members are facing personal or work-related challenges, the Anthem Blue Cross and Blue Shield Employee Assistance Program (EAP) can help you. These services are available at no cost to you:



Counseling with up to three visits for each issue, including face-to-face or online visits through LiveHealth Online¹



Legal consultation with a 30-minute phone or in-person meeting, discounted fees to retain a lawyer, and online resources



Financial consultation including a phone meeting with financial professionals during business hours



ID recovery for help with reporting to consumer credit agencies, filling out paperwork, and negotiating with creditors



myStrength, a “health club for your mind,” featuring e-learning modules, mood trackers, videos, and tools to make a personal action plan



Dependent care and daily living resources for information on child care, adoption, summer camps, college placement, elder care, and assisted living



Other anthemEAP.com resources, well-being articles, podcasts, webinars, and tools for depression, anxiety, relationships, alcohol use, and eating habits



Crisis consultation with a toll-free number for emergencies and help at any hour of any day

Help 24/7, 365 days a year

For assistance, please call **800-647-9151**, or visit **anthemEAP.com** and enter MMEHT to log in.

Everything you share is confidential.²

¹ Appointments subject to the availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call the National Suicide Prevention Lifeline, 800-273-TALK (800-273-8255), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

² In accordance with federal and state law, and professional ethical standards. This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

127680MMEHTABS BY 09/20

Simple, smart, and all about you

Get instant access to your health plan information
at [anthem.com](https://www.anthem.com) or with our SydneySM Health.

Check claims

See what's covered and
what you owe.

See benefits

Check what your plan covers and
how much you might pay

Get your ID card

Share, fax, or email your ID
card right from your device.

Find a doctor

Look for doctors in your health plan.

Get medicine

Refill your prescriptions online.

Estimate costs

Compare costs and quality
for common procedures.

Get discounts

Save on health-related
products and services.

Manage healthcare accounts

Pay or reimburse yourself for
healthcare expenses. See your
account balance anytime.



**Find everything you need to know about
your benefits — all in one place.**



Use your smartphone
camera to scan this
QR code.



Expanding your virtual care options

Find complete care support,
on your time, through the
Sydney Health app

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low or no-additional cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions¹ for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
 - Routine care, including virtual annual preventive care (wellness) visit and prescription refills.^{1,2,3,4}
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

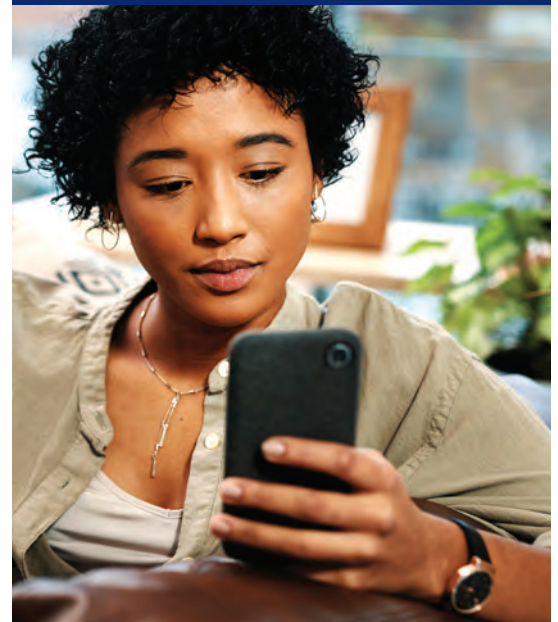
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at the PCP copay.

▶ Download our
Sydney Health
mobile app today.



Set up your account right away and it
will be ready to use when you need it.



85% of virtual visits
resolve
the person's need.⁵

¹ Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.

² Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.

³ Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

⁴ Your doctor will determine if a prescription is needed at time of visit.

⁵ K Health analysis of Q4 2020 visit depositions.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

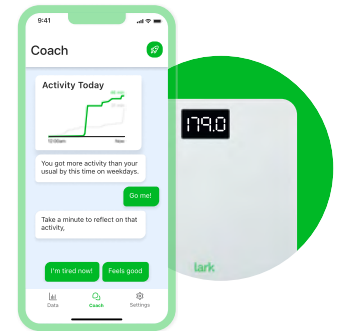
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company.

In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Preventing diabetes just got easier



Introducing Lark Digital Health Coaching

People with prediabetes have higher than normal blood sugar which can substantially increase the risk of developing type 2 diabetes. People often don't even know they have prediabetes, because it can occur with no symptoms. The good news is that there are steps you can take now to decrease your risk.

Maine Municipal Health Trust has teamed up with Anthem and Lark to bring you access to the tools you need to take those steps and prevent type 2 diabetes. Available 24/7 on your smartphone, the Lark Diabetes Prevention Program is included at no extra cost as a benefit of your health plan, administered by Anthem. If you qualify, you'll also get a digital scale with the opportunity to earn a Fitbit®.

Together we can help you:



Create healthy eating habits



Make time for physical activity



Improve sleep quality



Reach or maintain a healthy weight



Manage stress levels

Get started with a quick eligibility survey

Scan this QR code with your smartphone camera to get started.



or visit
Lark.com/AnthemEnroll



"Cheerful encouragement and suggestions. I've recommended it to several friends."



"It puts you on the exact path you need to go and educates you on that path along the way. I'm down 10 pounds already just from applying the tips to my everyday life."

Eligibility requirements for the Lark Diabetes Prevention Program include qualifying as prediabetic according to a survey designed by the Centers for Disease Control and membership in a participating health plan. You may be eligible to earn health-related devices such as a scale or Fitbit® at no cost to you. The ability to earn health-related devices may vary by health plan and may contain minimum program engagement requirements, such as weighing in, completing missions with your digital coach, and logging activity or meals. Eligibility determinations are made by Lark at its sole discretion.

Fitbit is a registered trademark of Fitbit Inc.



"I attribute my success to my Diabetes Educator! I felt a real connection with her immediately and she showed me she truly cared about my health and me. My diabetes educator listened to what I was saying and worked with me to adjust my medication. Before long, I was feeling better, more rested, clear-headed and physically stronger. The TDES® program and my diabetes educator changed my life!"

– **Debra Palmer**
Waldo CAP
TDES® Program Graduate



"A great program for people with diabetes –no matter how long you have had diabetes."

– **Nicky Clark**
TDES® Program Graduate



"Thanks to enrolling in TDES®, I have better eating habits. My A1C was 11; it now ranges between 7.3 - 8.0."

– **Reginald Winslow**
Ellsworth Water Department
MMEHT Member
TDES® Program Graduate



11 Parkwood Drive
Augusta, Maine 04345
tdes@mcdph.org
(207) 622-7566 x252
www.tdes.me

A Program Presented by



www.mcdph.org

In Partnership with



Maine Municipal
Employees Health Trust

www.mmeht.org



**Do You Have Diabetes
or Prediabetes?**

**Do You Want to
Save Money?**



Maine Municipal
Employees Health Trust

TDES[®]

Telephonic Diabetes Education & Support[®] Program

- **12 month program** with up-to-date diabetes information along with customized support to help you manage your diabetes
- **Monthly telephone calls** at your convenience
- **Individualized services** provided by experienced and certified professional diabetes educators

TDES²!

Telephonic Diabetes Education & Support[®] to the *Second POWER!*

- **Follow-up program** for TDES[®] graduates
- **Focus on self-management** of your diabetes to include further education, goal setting and life style changes
- **4 to 6 scheduled calls** over the course of one year

TDES²! Continues

Graduates of the *TDES²!* program may continue self-management diabetes education with 4 to 6 calls over one additional year.

FREQUENTLY ASKED QUESTIONS

How do I save money?

As long as you are active in a TDES[®] program, you will receive a 12 month waiver of pharmacy copays for:

- test strips (blood and/or ketones)
- lancets
- medications (pills and/or insulin)
- insulin syringes/pen needles

Note: Insulin pump supplies are not included

How do I improve my health?

- Learn how to self-manage your diabetes
- Learn how food can affect your blood sugar
- Understand your medication and how it works

Maine Municipal Employees Health Trust invests in their members

This program is covered for employees, retirees and adult family members 18 years of age or older; those with prediabetes, type 1 or type 2; and those not previously enrolled in TDES[®].

Note: You may only enroll in TDES[®] once. After you have completed the TDES[®] program you may be eligible for additional education via *TDES²!* and *TDES²! Continues*. Please contact us for more information.

It's easy to sign up!

Online:

Visit www.tdes.me and select "Click Here To Apply"

By Mail:

Go to www.tdes.me and print the forms to complete, or contact TDES[®] Project Coordinator for an application. Mail your completed application to:

TDES[®] Project Coordinator

MCD Public Health

11 Parkwood Drive, Augusta, ME 04330

For more information contact:

TDES[®] Project Coordinator

tdes@mcdph.org

207.622.7566 ext. 252



"I started because of the pharmacy (copayment waiver) benefit but I continued thanks to monthly contact with my educator helping me to succeed in controlling my diabetes."

– MMEHT Member & TDES[®] Graduate



Walk In Centers

A Smart Choice for Care



What is a walk-in center?

They're doctor's offices or clinics that take patients without an appointment. They are usually open longer hours including evenings and weekends. That's why these centers are a smart choice when you need care quickly and can't get an appointment at your primary doctor's office or it's after their regular business hours.

What kind of care can I get at a walk-in center?

The doctors and nurses at these centers can help you with all kinds of things such as minor cuts and burns, sprains and strains, sports injuries, sore throats, earaches and the flu. Some centers do X-rays or run other tests on site and can let you know quickly if you need more specialized care.

Which walk-in center do I go to?

There are many in-network walk-in centers covered by your health plan, and there is a listing of them on the back of this flyer. Find one close to you and put it in your phone for easy access when you need it. You also can find centers in your plan at anthem.com. Just go to the Find Care section and follow the steps. The list is also available at www.mmeht.org.

How much does it cost to go to a walk-in center or urgent care facility?

The copay at an in-network walk-in center or urgent care facility is equal to your specialist co-pay and much less than an emergency room copay. To find out your specific costs and what you're covered for, call the Maine Municipal Employees Health Trust at 1-800-852-8300. Member Services Representatives are available Monday through Friday from 8:00 a.m. to 4:30 p.m.

Not sure if it's an emergency?

The emergency rule of thumb is to call 911 or go to the nearest ER if you think delaying care could put your health at serious risk. If you're still not sure where to go for care, let a nurse help you decide. You can call the 24/7 Nurseline anytime day or night at 1-800-337-4770.

MMEHT Member Services: 1-800-852-8300

In-Network Walk In Centers in Maine

Contact the Health Trust member services department at 1-800-852-8300 to confirm the center is still in-network.

Auburn

ConvenientMD LLC, 590 Center St.
 1-207-955-5565
 St. Mary's Urgent Care, 791 Turner Street
 1-207-330-3900

Augusta

Concentra, 219 Capitol Street Suite 2
 1-866-944-6046
 ConvenientMD LLC, 4 Whitten Rd.
 1-207-466-2400
 Maine General Express Care,
 15 Enterprise Drive
 1-207-621-8880

Bangor

Concentra, 34 Gilman Road
 1-207-941-8300
 ConvenientMD LLC, 543 Broadway
 1-207-517-3838
 Eastern Maine Medical Center's Walk-In
 Care Center, 915 Union Street, Suite 4
 1-207-973-8030
 Penobscot Community Health Center,
 1012 Union St
 1-207-945-5247
 Penobscot Community Health Center,
 6 Telcom Drive
 1-207-947-0147

Belfast

Penobscot Community Health Center,
 53 Schoodic Dr.
 1-207-338-6900

Berwick

Berwick Walk-In Care, 4 Dana Drive
 1-207-698-6700

Brewer

Penobscot Community Health Center,
 735 Wilson Street
 1-207-989-1567

Bridgton

N Bridgton Family Practice & Walk-In Clinic,
 14 Wyonegonic Road
 1-207-647-9021

Brunswick

Concentra, 11 Medical Center Drive
 1-207-725-2697
 ConvenientMD LLC, 193 Bath Road
 1-207-424-2272
 Mid Coast Walk-in Clinic,
 22 Station Avenue, Suite 102
 1-207-406-7500

Caribou

Aroostook Medical Center,
 118 Bennett Dr, Suite 130
 1-207-498-3476

East Millinocket

MRH Walk-in Clinic, 87 Main St
 1-207-447-4700

East Waterboro

SMHC Walk-In Care, 10 Goodall Drive
 1-207-490-7760

Ellsworth

ConvenientMD LLC, 235 High Street
 1-207-412-5200

Freeport

Freeport Medical Center,
 23 Durham Road, Suite 201
 1-207-865-3491

Gardiner

MGMC Express Care, 5 Central Maine Xing
 1-207-582-6608

Gorham

Mercy Express Care,
 19 South Gorham Crossing
 1-207-839-9101

Gray

Gray Urgent Care LLC, 6 Turnpike Acres Rd,
 Unit 2
 1-207-657-1165

Houlton

Katahdin Valley Health Center,
 59 Bangor Street
 1-207-521-0022

Jackman

Jackman Community Health Center,
 376 Main St
 1-207-668-7755

Kennebunk

SMHC Walk-in Care, 2 Livewell Drive
 1-207-467-6900

Kittery

MyHealth Walk-in Care, 35 Walker Street
 1-207-439-4430

Lewiston

Concentra, 59 East Avenue
 1-866-944-6046

Lincoln

Health Access Network Inc,
 175 West Broadway
 1-207-794-6700

Norway

Concentra, 176 Main Street
 1-866-944-6046

Old Town

Penobscot Community Health Ct
 242 Brunswick Street
 1-207-827-6128

Porter

Sacopee Valley Health Center,
 70 Main Street
 1-207-625-8126

Portland

ConvenientMD LLC, 191 Marginal Way
 1-207-517-3838

Presque Isle

The Aroostook Medical Center,
 23 North Street, Suite 2
 1-207-760-9278

Saco

Convenient MD LLC, 506 Main Street
 1-207-571-7991
 Southern Maine Health Care,
 655 Main Street
 1-207-294-5600

Sanford

ConvenientMD LLC, 1420 Main St.
 1-207-850-5744
 Sanford Care Center, 1474 Main Street
 1-207-608-8425
 Southern Maine Health Care, 25A June St.
 1-207-490-7900

Scarborough

ClearChoiceMD Urgent Care, 273 Payne Rd
 1-207-618-9355

South Portland

Careall PC, 230 Waterman Drive
 1-207-358-3188
 Concentra, 400 Southborough Drive
 1-207-761-1100
 Concentra, 85 Western Avenue
 1-866-944-6046

Waterville

MGMC Express Care, 211 Main Street
 1-207-877-3450
 Inland Hosp Walk-In-Care,
 174 Kennedy Memorial Drive
 1-207-861-6140

Wells

York Hospital Walk-in Care,
 112-114 Sanford Rd.
 1-207-646-5211

Westbrook

ConvenientMD LLC, 950 Main Street
 1-207-517-3800
 Mercy Express Care, 40 Park Rd
 1-207-857-8174

Windham

Mercy Express Care, 409 Roosevelt Trail
 1-207-893-0290

York

York Hospital Walk-in Care, 343 US RT 1
 1-207-351-2600

In-Network Urgent Care Facilities:

Boothbay Harbor

St. Andrew's Urgent Care
 6 St. Andrew's Street
 1-207-633-2121

Portland

Maine Medical Center Urgent Care
 335 Brighton Avenue
 1-207-222-7081



Save Time and Money with Prescription Home Delivery

Save on Medications you take regularly (such as high blood pressure or diabetes) when you have them delivered by mail, in 90 day supplies, from Anthem's CarelonRx Home Delivery Pharmacy.

Savings

If you purchase a 90-day supply of a prescription medication through the mail order service, you will only be charged two applicable copays. If you purchase a 90-day supply at any retail pharmacy, you will be charged three applicable copays.



Convenience

Mail delivery means no more trips to the pharmacy and if you choose automatic refill and/or renewal, you won't need to keep track of that either!

Safety

Every order is filled by a licensed pharmacist, then quality checked before shipping. Packages are discreet, weather and tamper-proof.

How to get started!

Ask your doctor for a prescription for a 90-day supply of your medication

If this is a new prescription, you may wish to also get a prescription for a 30 day supply, to be filled at a retail pharmacy while you wait for your first mail-order to be processed. Prescriptions can be submitted to the mail order pharmacy by mail or fax, or online at **www.anthem.com**.

Place your order

Log on to **www.anthem.com** and choose *Pharmacy*. On your personal pharmacy page, select *View Your Prescriptions* under *Switch to a 90-Day Supply*. For the drugs you want to switch to home delivery, choose *Switch to a 90-day Supply* and then *Select Prescriber*. You can also add or update your shipping address, shipping options and payment method on this page. Or, you can complete the *Prescription Drug Mail Order Form* on the Health Trust website at **www.mmeht.org**. Under the *Medical Plans* header, select the *Prescription Drugs* page, and mail the completed form to CarelonRx with your prescriptions. You may also call CarelonRx Home Delivery Pharmacy at 1-833-236-6196.

Pay for your prescription

You can pay by debit or credit card, use your Flexible Spending Account (FSA) debit card, or enroll for electronic funds transfer (EFT) payments. To set up your payments, select *Complete your Profile* and *Communication Preferences* from your personal pharmacy page, then *Change Payment Method* to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org

MMEHT OFFICE USE ONLY

Subgroup No. _____

Effective Date _____

Status _____

Entered by: _____

Medical Plan Application for Enrollment/Change
PLEASE PRINT

1. EMPLOYER SECTION	Employer _____		Enrollment Reason: <input type="checkbox"/> New Hire <input type="checkbox"/> Newly Eligible on (date & reason) _____ <input type="checkbox"/> New Group (initial enrollment) <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Portability or Qualifying Event <input type="checkbox"/> Employer Change-Dept/Union Change _____			
	Date of Employment _____	Elected Official (Yes or No) _____				
	Annual wages or salary _____	Hours worked per week _____				
2. PLAN CHOICE	<input type="checkbox"/> PPO _____ (indicate plan) <input type="checkbox"/> Point of Service _____ (indicate plan)					
3. EMPLOYEE NAME ADDRESS & TELEPHONE	Employee Legal Name _____				Social Security Number _____	
	Mailing Address _____				Phone (home/cell) _____	
	Town _____		State _____		Zip _____ Phone (work) _____	
4. CHANGE STATUS	Type of change: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change – provide previous name: _____ <input type="checkbox"/> Add dependent(s) listed in section 5 below <input type="checkbox"/> Drop dependent(s) listed in section 5 below					
	Reason for change: <input type="checkbox"/> Adoption <input type="checkbox"/> Birth (if grandchild see below*) <input type="checkbox"/> Court order <input type="checkbox"/> Covered by other insurance <input type="checkbox"/> Death <input type="checkbox"/> Discharge from the Military <input type="checkbox"/> Divorce <input type="checkbox"/> Dissolution of Domestic Partnership <input type="checkbox"/> Entrance to the Military <input type="checkbox"/> Involuntary loss of coverage <input type="checkbox"/> Marriage <input type="checkbox"/> Other _____ <input type="checkbox"/> * Grandchild - Coverage for 31 days from birth only. Please contact the Health Trust with questions.					
5. MEMBER AND FAMILY INFORMATION	You may apply to cover your legal spouse, domestic partner (DP) (provided your employer offers this benefit and the Trust receives a completed affidavit verifying qualification) and children between birth and 26 years of age.					
	Legal Name (Last, First, MI)	Date of Birth MO/DA/YR	Gender M F	Social Security Number	Primary Care Physician (PCP) (www.anthem.com)	Current Patient?
	Self				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/> Spouse or <input type="checkbox"/> Domestic Partner				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
	Child				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
	Child				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>
Child				PCP Name/Address(city/town)	Y <input type="checkbox"/> N <input type="checkbox"/>	
6. SIGNATURE	I am requesting coverage for myself and all dependents listed, including any type of change selected in the Change Status section as indicated above. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to obtain insurance or benefit coverage for the purpose of defrauding the plan or insurance carrier. Penalties may include imprisonment, fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the Plan Document. I understand that, under a POS plan, each family member's care must be provided or arranged by his/her Primary Care Physician (PCP) except as described in my Summary Plan Description. Employee Signature: _____ Date: _____					
7. ELECTION NOT TO ENROLL	<input type="checkbox"/> I elect not to enroll in health coverage at this time. I understand that if I choose to enroll at a later date, enrollment may be available only during the open enrollment period, unless portability or special enrollment provisions apply. NAME (PRINT) _____ EMPLOYER _____ SIGNATURE _____ DATE _____					

For questions, please call the Health Trust at 207-621-2645 or (within Maine) 800-852-8300 * FAX (207) 624-0166

BASIC LIFE INSURANCE BENEFITS

The MMEHT Health Plan includes quality life insurance coverage (through Standard Insurance Company) for participants.

Basic Coverage

Basic coverage (including Accidental Death & Dismemberment) equal to one times an active employee's annual salary rounded to the next multiple of \$1,000 (with a maximum of \$100,000) is provided to all employees (including eligible elected and appointed officials) participating in the MMEHT Health Plan. (Benefits may be less for some elected officials.) Any employee who is eligible to participate in the Health Trust Health Plan, but does not elect coverage because he or she is covered as a dependent under another employer's group health plan, may participate in the Basic Life and Basic AD&D plan, at a monthly cost of \$0.30 per thousand dollars of coverage.



Benefits are reduced by 50% (for active employees) at age 70.

Accelerated Benefit

Standard Insurance Company will pay up to 75% of the insured's Life benefit (subject to a minimum benefit of \$ 5,000 or 10% of your insurance, whichever is greater) if they receive a request and proof that the employee is terminally ill and is certified by a physician to have 12 months or less to live. Any benefit amount paid under the Accelerated Benefit will be paid in a lump sum. The insured must be covered for at least \$10,000 to be eligible for this benefit.

Retirees or Surviving Spouses

Retirees or surviving spouses who continue with the MMEHT Health Plan receive Basic Life and Basic AD&D coverage of \$2,000. Accidental Death & Dismemberment coverage for retirees and surviving spouses will terminate at age 70.

This outline is intended only as a summary of the MMEHT Life Insurance Plan. All benefits and conditions are subject to the terms of the master policy issued by Standard Insurance Company.

**For more information, please contact the Health Trust at 1-800-852-8300
or speak with your Field Service Representative.**



MAINE MUNICIPAL
EMPLOYEES HEALTH TRUST

SUPPLEMENTAL LIFE INSURANCE BENEFITS

Supplemental Life

In addition to the Health Trust's Basic Life insurance coverage, an employer may elect to offer its employees Supplemental Life Insurance. In order to purchase Supplemental Life coverage, the employee must first be enrolled in either the Basic Life or the Basic Life No Medical plan.



Supplemental Life allows employees to purchase life insurance in addition to their Basic Life insurance policy. Employees may choose to purchase coverage equal to an additional one, two, or three times their annual salary. The first level of coverage (one times salary) is a guaranteed issue, provided the employee enrolls when first eligible for the coverage. If an employee enrolls in 1x additional supplemental coverage, they will have coverage for twice their annual base salary, as the benefit is in addition to the basic life policy. Therefore, an additional 2x will triple the basic coverage amount and 3x will quadruple the basic coverage amount.

Any employee who purchases 2x or 3x supplemental coverage, or wishes to enroll after their initial eligibility period, will be required to complete a medical evidence of insurability (EOI) review. The Standard Insurance Company reserves the right to deny the coverage request after review of the EOI.

There is no annual open enrollment period for supplemental life coverage

*Please see the reverse side for additional coverage details and premiums.

For more information, please contact the Health Trust at 1-800-852-8300

or speak with your Field Service Representative.



SUPPLEMENTAL COVERAGE

Supplemental coverage participants may select coverage equal to up to 3 times their annual earnings, as indicated in the chart below. Medical evidence of insurability (EOI) will be required for coverage amounts exceeding the Guaranteed Issue amount of 1 times their annual earnings or \$100,000, whichever is less. Rates are \$0.30 per thousand dollars of coverage, per month. Benefits are reduced by 50% at age 70.

	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM			MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
ANNUAL SALARY	*LIFE NO MED	**1 X SUPP	**2 X SUPP	**3 X SUPP		ANNUAL SALARY	*LIFE NO MED	**1 X SUPP	**2 X SUPP	**3 X SUPP
\$10,000	3.00	3.00	6.00	9.00		\$56,000	16.80	16.80	33.60	50.40
\$11,000	3.30	3.30	6.60	9.90		\$57,000	17.10	17.10	34.20	51.30
\$12,000	3.60	3.60	7.20	10.80		\$58,000	17.40	17.40	34.80	52.20
\$13,000	3.90	3.90	7.80	11.70		\$59,000	17.70	17.70	35.40	53.10
\$14,000	4.20	4.20	8.40	12.60		\$60,000	18.00	18.00	36.00	54.00
\$15,000	4.50	4.50	9.00	13.50		\$61,000	18.30	18.30	36.60	54.90
\$16,000	4.80	4.80	9.60	14.40		\$62,000	18.60	18.60	37.20	55.80
\$17,000	5.10	5.10	10.20	15.30		\$63,000	18.90	18.90	37.80	56.70
\$18,000	5.40	5.40	10.80	16.20		\$64,000	19.20	19.20	38.40	57.60
\$19,000	5.70	5.70	11.40	17.10		\$65,000	19.50	19.50	39.00	58.50
\$20,000	6.00	6.00	12.00	18.00		\$66,000	19.80	19.80	39.60	59.40
\$21,000	6.30	6.30	12.60	18.90		\$67,000	20.10	20.10	40.20	60.30
\$22,000	6.60	6.60	13.20	19.80		\$68,000	20.40	20.40	40.80	61.20
\$23,000	6.90	6.90	13.80	20.70		\$69,000	20.70	20.70	41.40	62.10
\$24,000	7.20	7.20	14.40	21.60		\$70,000	21.00	21.00	42.00	63.00
\$25,000	7.50	7.50	15.00	22.50		\$71,000	21.30	21.30	42.60	63.90
\$26,000	7.80	7.80	15.60	23.40		\$72,000	21.60	21.60	43.20	64.80
\$27,000	8.10	8.10	16.20	24.30		\$73,000	21.90	21.90	43.80	65.70
\$28,000	8.40	8.40	16.80	25.20		\$74,000	22.20	22.20	44.40	66.60
\$29,000	8.70	8.70	17.40	26.10		\$75,000	22.50	22.50	45.00	67.50
\$30,000	9.00	9.00	18.00	27.00		\$76,000	22.80	22.80	45.60	68.40
\$31,000	9.30	9.30	18.60	27.90		\$77,000	23.10	23.10	46.20	69.30
\$32,000	9.60	9.60	19.20	28.80		\$78,000	23.40	23.40	46.80	70.20
\$33,000	9.90	9.90	19.80	29.70		\$79,000	23.70	23.70	47.40	71.10
\$34,000	10.20	10.20	20.40	30.60		\$80,000	24.00	24.00	48.00	72.00
\$35,000	10.50	10.50	21.00	31.50		\$81,000	24.30	24.30	48.60	72.90
\$36,000	10.80	10.80	21.60	32.40		\$82,000	24.60	24.60	49.20	73.80
\$37,000	11.10	11.10	22.20	33.30		\$83,000	24.90	24.90	49.80	74.70
\$38,000	11.40	11.40	22.80	34.20		\$84,000	25.20	25.20	50.40	75.60
\$39,000	11.70	11.70	23.40	35.10		\$85,000	25.50	25.50	51.00	76.50
\$40,000	12.00	12.00	24.00	36.00		\$86,000	25.80	25.80	51.60	77.40
\$41,000	12.30	12.30	24.60	36.90		\$87,000	26.10	26.10	52.20	78.30
\$42,000	12.60	12.60	25.20	37.80		\$88,000	26.40	26.40	52.80	79.20
\$43,000	12.90	12.90	25.80	38.70		\$89,000	26.70	26.70	53.40	80.10
\$44,000	13.20	13.20	26.40	39.60		\$90,000	27.00	27.00	54.00	81.00
\$45,000	13.50	13.50	27.00	40.50		\$91,000	27.30	27.30	54.60	81.90
\$46,000	13.80	13.80	27.60	41.40		\$92,000	27.60	27.60	55.20	82.80
\$47,000	14.10	14.10	28.20	42.30		\$93,000	27.90	27.90	55.80	83.70
\$48,000	14.40	14.40	28.80	43.20		\$94,000	28.20	28.20	56.40	84.60
\$49,000	14.70	14.70	29.40	44.10		\$95,000	28.50	28.50	57.00	85.50
\$50,000	15.00	15.00	30.00	45.00		\$96,000	28.80	28.80	57.60	86.40
\$51,000	15.30	15.30	30.60	45.90		\$97,000	29.10	29.10	58.20	87.30
\$52,000	15.60	15.60	31.20	46.80		\$98,000	29.40	29.40	58.80	88.20
\$53,000	15.90	15.90	31.80	47.70		\$99,000	29.70	29.70	59.40	89.10
\$54,000	16.20	16.20	32.40	48.60		\$100,000	30.00	30.00	60.00	90.00
\$55,000	16.50	16.50	33.00	49.50						



DEPENDENT LIFE INSURANCE BENEFITS

Dependent Life

In addition to the Basic Life insurance coverage, an employer may elect to offer its employees Dependent Life Insurance. This benefit covers an employee's legally wed spouse and children up to 26 years of age. In order to purchase Dependent Life coverage, the employee must first be enrolled in either the Basic Life or the Basic Life No Medical plan.



The employee can choose from one of two coverage options for his/her dependents (spouse and children). The monthly premium for Dependent Life coverage is dependent upon which option the employee elects.

OPTION A:

Spouse	½ employee's Basic Coverage amount (\$5,000 maximum)
Children	Birth - 26 yrs. ½ employee's Basic Coverage amount (\$5,000 maximum)
Rates	\$1.50 per month

OPTION B:

½ employee's Basic Coverage amount (\$50,000 maximum)
Birth - 26 yrs. ½ employee's Basic Coverage amount (\$5,000 maximum)
\$3.20 per month

**A member cannot be covered as both an employee/retiree under Basic or Supplemental coverage and also as a dependent under Dependent Life coverage. There is no annual open enrollment period for dependent life coverage.*

For more information, please contact the Health Trust at 1-800-852-8300
or speak with your Field Service Representative.



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330
www.mmeht.org

MMEHT LIFE PLAN

Standard Insurance Co.
Group Policy No. 648982

EMPLOYEE ENROLLMENT FORM

Employer	Date of Hire	Annual Salary
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Employee Legal Name _____ Soc. Sec. # _____
Employee Address: _____
Phone (H) _____ (W) _____ Gender ____ Marital Status ____ Date of Birth _____

I would like to enroll in the following Life Insurance coverage(s):

Type of Coverage – Check coverage and level option(s) desired only if offered by your employer

Basic Life ☐
Life – No Medical ☐
Supplemental Life ☐ Please enroll me for: ☐ 1x ☐ 2x ☐ 3x salary.
Dependent Life ☐ Please enroll me in: ☐ Option A ☐ Option B

Dependent Information: Complete only if enrolling in Dependent Life

Name	Date of Birth	Relationship

Beneficiary Designation: Note: Please designate each name as Primary (P) or Contingent (C) in last column

Name	Relationship	Address	Percentage	P or C

I hereby apply for life insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the Maine Municipal Employees Health Trust. If I do not elect the health coverage, I understand that I have the option to enroll in Basic Life for a monthly premium. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.

Enrolling in Life Insurance: Signature _____ Date: _____

I do not wish to enroll in **Basic Life** ☐, **Supplemental Life** ☐, or **Dependent Life** ☐, at this time. I understand that if I do not enroll when I am first eligible, I will be subject to Evidence of Insurability at a later date. (Please check all appropriate boxes as indicated above.)

Not Enrolling in Life: Signature _____ Date: _____

PLEASE READ IMPORTANT INFORMATION ON THE NEXT PAGE

HT011C 10/2017 Send completed form to: MMEHT, 60 Community Drive, Augusta, Maine 04330 or Fax (207) 624-0166

DEFINITIONS: **Primary Beneficiary** – The person or persons you want to receive the life insurance benefits if you die.
 Contingent Beneficiary –The person or persons you want to receive the life insurance benefit if no Primary Beneficiary is alive on the date of your death.

Note:

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries who are then still living, unless their shares are specified. If there is no named beneficiary or if no beneficiary survives, settlement will be made in the following order: surviving spouse; equal shares to surviving children; equal shares to surviving parents; equal shares to surviving siblings; your Estate.

A member cannot be covered as both an employee/retiree under Basic or Supplemental coverage and also as a dependent under Dependent Life coverage.

IMPORTANT NOTICE:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

General Disclosure:

Group Life Insurance coverage is issued by Standard Insurance Company. The phone number for Life Claims is: 1-800-628-8600. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Standard Insurance Company, the terms of the Group Contract will govern.

Please Mail Completed Form to:

Maine Municipal Employees Health Trust
60 Community Drive
Augusta, Maine 04330

(207) 623-8428

1-800-452-8786 (within Maine) Fax (207) 624-0166



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org

Standard Insurance Company
Group Policy No. 648982

MMEHT LIFE PLAN EMPLOYEE CHANGE FORM

1. TYPE OF CHANGE	Beneficiary Change <input type="checkbox"/>	Name Change <input type="checkbox"/> Previous Name: _____	Address Change <input type="checkbox"/>	Benefit Change <input type="checkbox"/>
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2. EMPLOYER SECTION	Employer: _____	Date of Hire: _____	Annual Salary: \$ _____
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3. EMPLOYEE SECTION	Employee Legal Name: _____ Soc. Sec. #: _____		
	Employee Address: _____		
	Phone (H): _____ (W): _____ Gender: _____ Marital Status: _____ Date of Birth: _____		

4. PLAN OPTIONS	I would like to change my Life Insurance coverage(s) as specified below (you may only select coverage options offered by your employer):			
	<u>Type of Coverage</u>	<u>Add</u>	<u>Drop</u>	<u>Level</u>
	Basic Life	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	Supplemental Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1x salary <input type="checkbox"/> 2x salary* <input type="checkbox"/> 3x salary*
	Dependent Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Option A <input type="checkbox"/> Option B * Requires Evidence of Insurability
	Specify Change: _____			

NOTE: PLEASE DESIGNATE EACH NAME AS PRIMARY (P) OR CONTINGENT (C) IN LAST COLUMN

5. BENEFICIARY DESIGNATION	Name	Relationship	Address	Percentage	P or C

NOTE: COMPLETE ONLY IF ENROLLING IN DEPENDENT LIFE

6. DEPENDENT INFORMATION	Name	Date of Birth	Relationship

7. AUTHORIZED SIGNATURE	I hereby apply for life insurance to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the Maine Municipal Employees Health Trust. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance.	
	SIGNATURE: _____	DATE: _____

PLEASE READ IMPORTANT INFORMATION ON THE NEXT PAGE

DEFINITIONS: **Primary Beneficiary** – The person or persons you want to receive the life insurance benefits if you die.
 Contingent Beneficiary –The person or persons you want to receive the life insurance benefit if no Primary Beneficiary is alive on the date of your death.

Note:

If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries who are then still living, unless their shares are specified. If there is no named beneficiary or if no beneficiary survives, settlement will be made in the following order: surviving spouse; equal shares to surviving children; equal shares to surviving parents; equal shares to surviving siblings; your Estate.

IMPORTANT NOTICE:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

General Disclosure:

Group Life Insurance coverage is issued by Standard Insurance Company. The telephone number for Life Claims is: 1-800-628-8600. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Standard Insurance Company, the terms of the Group Contract will govern.

Please Mail Completed Form to:

Maine Municipal Employees Health Trust
60 Community Drive
Augusta, Maine 04330

(207) 621-2645

1-800-852-8300 (within Maine) Fax (207) 624-0166

INCOME PROTECTION PLAN

The MMEHT Income Protection Plan is a short-term disability plan that provides income benefits to employees who are unable to work due to a non-job related accident, injury or illness.



Benefit Options:

Three Levels of Coverage

40% of Salary

55% of Salary

70% of Salary

Benefits Begin:

1st Day of full disability for an Accident

8th Day of full disability for an Illness

Benefits: Paid regardless of sick leave or other income the employee may receive. Benefits will, however, be offset by the amount of any disability income payments received from the Maine Public Employees Retirement System, or under U.S. Social Security, if such payments are made as the result of the same disability that the IPP benefit is covering.

- Benefits are paid on a weekly basis.
- Partial benefits are paid if an employee returns to work for less than the employee's normal work schedule.
- The maximum benefit an employee may receive is \$1,000 per week.
- Benefits will be paid for a maximum of 52 weeks for each separate period of disability.

Premium Calculation:

ANNUAL SALARY ROUNDED UP TO THE NEXT DOLLAR X .% REQUESTED X .0214 /12 = MONTHLY PREMIUM

*If any portion of the premium is paid by the employer, that same portion of the benefit will be taxable income.

*If any portion of the premium is paid by the employee on a pre-tax basis, that portion of the benefit will be taxable income

Exclusions/Limitations:

- Any period when not under the care of a physician.
- Any disability which may be covered by a third party liability claim.
- Any disability covered by a Workers' Compensation Act or any similar local, state, or federal statute.
- Any disability sustained or resulting from duty as a member of the armed forces.

No benefits are payable for claims submitted more than 90 days following the onset of total disability.

Eligibility: The MMEHT Income Protection Plan is available to benefit eligible employees who work an average of at least twenty (20) hours per week on a year round basis, or greater, as determined by your employer's guidelines.

**This document is intended only as a limited summary of the MMEHT Income Protection Plan. All benefits, exclusions, and limitations are subject to the terms of the Plan Document.*

For more information, please contact the Health Trust at 1-800-852-8300 or speak with your Field Service Representative.



Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org

MMEHT OFFICE USE ONLY
Subgroup No. _____
Effective Date _____
Status _____
Entered by: _____

**INCOME PROTECTION PLAN APPLICATION
ENROLLMENT/CHANGE FORM**

Please Print

EMPLOYER SECTION	Employer		Enrollment Reason: <input type="checkbox"/> New Hire <input type="checkbox"/> Newly Eligible on (date & reason) _____ <input type="checkbox"/> New Group (initial enrollment) <input type="checkbox"/> Increase/Decrease Coverage <input type="checkbox"/> Late Enrollee <input type="checkbox"/> Employer Change-Dept/Union Change _____
	Date of Employment	Hours worked per week	
	Annual wages or salary	MMEHT Department Code	
	Is employee actively working as of the effective date of coverage, or available to work if it is not a regularly scheduled workday? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	*Employer Signature: _____ *Title: _____		

Employee: Complete this section only if you are enrolling in the Income Protection Plan coverage.

If you do not wish to enroll, please complete the "Election Not to Enroll" section below.

PLAN CHOICE	I elect to be insured at <input type="checkbox"/> 40% <input type="checkbox"/> 55% <input type="checkbox"/> 70% of salary as a weekly benefit and hereby authorize my employer to withhold from payroll the amount necessary to make coverage effective.			
NAME, ADDRESS & TELEPHONE	Employee Legal Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Social Security Number
	Mailing Address			Phone (home/cell)
	Town	State	Zip	Phone (work)
SIGNATURE	<p>I am requesting coverage, or a change in coverage, for myself. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete, or misleading information to obtain insurance or benefits coverage for the purpose of defrauding the plan or insurance carrier. Penalties may include imprisonment, fines, or denial of insurance benefits. I understand that the benefits I am applying for are subject to the terms and conditions stated in the applicable Health Trust Plan Document and that benefits will be coordinated with other insurance programs. I understand that I am subject to the Plan's subrogation rights and responsibilities, as defined by the Plan in the applicable Health Trust Plan Document and/or Summary Plan Description. Any dispute of claim will be resolved by the grievance procedures established in the applicable Health Trust Plan Document.</p> <p>Employee Signature: _____ Date: _____</p>			

ELECTION NOT TO ENROLL	<input type="checkbox"/> I elect not to enroll in Income Protection coverage at this time, and understand that if I apply at a future date, enrollment may not be permissible without evidence of good health.	
	NAME (print) _____	EMPLOYER _____
	SIGNATURE _____	DATE _____

Email completed form to htbilling@memun.org or fax (207) 624-0166
For questions, please call the Billing & Enrollment Dept. at 207-621-2645 or (within Maine) 800-452-8786 EXT. 2585

PLEASE RETAIN A COPY FOR YOUR RECORDS

**Memorandum of Understanding
Between
Direct Communications, Inc. & Town of Winterport, Maine
With Regard To
Public-Private Partnership Agreement
(Broadband Fiber and Infrastructure Sharing)**

This Memorandum of Understanding (“MOU”) establishes a formal understanding of the shared expectations between Direct Communications Rockland, Inc./UniTel, Inc. (“DCR” or “Direct”) and Winterport, Maine (the “Town”) with regard to a contemplated Public-Private Partnership Agreement (“Agreement”).

I. Background

The Town and DCR recognize that, in working together, they can maximize their ability to provide services and facilities which will best fulfill common needs of the people of the town. The Town requests that DCR construct fiber optic telecommunications cable in order to provide highspeed fiber optic broadband to the residents and businesses of Winterport, Maine. DCR will own the network, and every unserved and underserved rooftop (as identified in the final/approved engineering design) in Winterport, Maine will have access to broadband services via the fiber optic network. Additionally, DCR will construct service drops to identified Town facilities, locations, and assets. Thus, both the Town and DCR receive mutual benefit by entering into such an agreement. The people of the Town will benefit from access to needed services at a competitive subscription rate, without the financial hurdle of any initial costs associated with drops and service installations. To achieve backbone construction, the Town will invest up to \$198,890.34. 50% up front on execution of Grant Contract with Granting Agency, with an additional 50% on completion of 50% of fiber to the curb network. DCR will direct the efforts to procure additional funds from state, federal, or other grant/loan sources, which the parties recognize is necessary for the commencement of the project. DCR agrees to match the Town’s financial investment.

II. Purpose and Intent of the MOU.

- A. The intent of this memorandum of understanding (“MOU” or “Memorandum of Understanding”) is to set out a general framework which the parties will use for the completion of a Private-Public Partnership Agreement. The terms of this Memorandum of Understanding shall be subject to negotiation of formal documents to be executed between the parties and that will include purchase terms, deliverables, representations, and agreements and all such other standard terms customary in agreements of this nature and/or consistent with the nature of the transaction and assets involved.
- B. This MOU Intends to:
 - i. Identify roles and expectations of each partner from the other during the full term of design, planning, construction, and operation of the network.
 - ii. Define the scope of the anticipated project.
 - iii. Assign duties for dealing with third parties Involved with the project.
 - iv. Clarify responsibilities for funding throughout the length of the agreement.

III. Roles and Expectations

- A. Both parties agree that DCR will own the network, and the residents of the Town will have access to Fiber Optic broadband services. Additionally, the Town will have service drops constructed to identified Town assets.
- B. Both parties acknowledge that ownership of the network and all facilities constructed or equipment associated with its operation will be retained by DCR. At no time, will the Town

place liens or mortgages or make any other claim of ownership upon the assets associated with this project or network.

- C. DCR shall grant to the Town the first right of refusal to purchase or option the full network as constructed under this Agreement on terms which have been offered by any third-party excepting affiliates or subsidiaries of DCR. DCR shall notice the Town of its intent to sell, and the Town shall have 120 days to meet the terms of the agreement to buy and to pay any consideration required thereunder. Such right of first refusal shall be granted in the event DCR or its parent organizations are involved in any merger or acquisition to an unrelated party of DCR that implicates the network.
- D. Both parties agree to negotiate in good faith to achieve a design structure that benefits the Town and DCR.
- E. Both parties recognize and agree that the coordinated date for completion makes it very likely that quick adjustments and changes with little notice may have to be made throughout the construction process. Both parties agree to make every reasonable effort to keep the other informed of such changes in materials, scope of work and to work with patience to complete construction in a timely manner.
- F. DCR will provide residents of the Town with access to highspeed fiberoptic broadband internet.
- G. DCR will construct service drops to identified Town assets.

IV. Roles and Expectations: DCR

- A. During the design and construction phases of this project DCR will work largely as a contractor to engineer and build the anticipated broadband network.
- B. DCR agrees to provide all engineering of the proposed network and will be responsible for all aspects of network construction, including: managing relationships with all necessary contractors; ensuring all construction is done to industry standards; and providing record to verify quality of work.
- C. DCR will have primary responsibility, with the support and assistance of the Town, to acquire all private property easements and accesses required for the construction of the network and customer services.
- D. DCR will provide regular construction progress updates to the 1A Waldo Broadband Coalition, and updates to the Towns upon request through its broadband committee and or town council/selectboard in order to provide reasonable assurances that completion deadlines will be met.
- E. DCR will complete all required network construction and invoices for the same on or before the date attached to the agreement's schedule.
- F. DCR will make all reasonable efforts to complete installation of residential and commercial drops and service installations in as timely a fashion as weather and property access permissions make possible. Both parties recognize that the primary economic value of this project for DCR lies in the ability to secure customer subscriptions and future revenues. As such, it is DCR's best interest to complete this work as soon as possible while allowing for accommodations due to construction circumstances and other company priorities.
- G. DCR will not charge activation or set up fees during the term of the initial construction phase. DCR agrees to charge no customers in the project area identified for installation or turn up of services if the landowner grants property access during the initial phases of construction and request. DCR reserves the right to recover costs for any construction that goes beyond a reasonable cost. This may include, but is not limited to, service being placed in an abnormal or difficult to reach location due to an unnecessary request by the property owner, the need to work around a unique property structure, or abnormally long or cumbersome drop construction and installation.

- H. DCR agrees to provide on-going services at pricing levels consistent with similar products which they offer in similar markets in the area, or, where rates are advertised, DCR will offer services at the lowest advertised rate.
- I. DCR agrees to provide care and maintenance of the network for the term of the agreement, including: repairs to the network, all required locating, providing all required splicing to ensure usability of the network, can call support for network related concerns.
- J. These services will be provided to the Town for no additional charge, aside from instances of negligence, disregard, or intentional damage caused by the Town or its agents.
- K. DCR agrees to build the network at or above all industry standards.
- L. DCR agrees to provide the Town with “as-built” network maps.

V. Roles and Expectations: The Town

- A. The Town agrees to coordinate with DCR to identify and map out the best designs, constructions, and timelines.
- B. The Town will grant access to all public rights of way, vertical assets, etc., within their control necessary for construction, installation, staging, etc. Further, they will fully cooperate with DCR, and make all reasonable efforts to assist, in the acquisition of permission to access any public rights of way, vertical asset access, or easement outside the Town’s direct control.
- C. As with public rights of way, the Town agrees to make all reasonable effort to grant when able and to assist in acquisition of all necessary permission for road, canal, railroad, bridges, or other crossings. The stated preference and intent of DCR for all bridge crossings is to hang conduit and fiber on the bridges. The Town agrees to grant such access when bridges are in their control and to encourage such access from others when bridges are outside their control.
- D. The Town agrees to mark every underground Town facility, including, but is not limited to, lateral lines.
- E. The Town agrees to locate and mark all buried utility assets owned and operated by the towns. This will include, but is not limited to, water and sewer lines.
- F. The Town agrees to allow use of industry accepted construction techniques, including but not limited to:
 - i. Boreing;
 - ii. Trenching;
 - iii. Micro Trenching;
 - iv. Aerial Placement;
 - v. Placement on town owned and controlled vertical assets;
 - vi. Other industry accepted construction techniques.
- G. Without reasonable and verifiable concerns, the Town agrees not to deny use of any of the above listed construction techniques or facilities.
- H. The Town agrees not to charge any permitting, usage, access fees, etc. to DCR above and beyond the agreed upon terms.

VI. Construction Phases and Completion

- A. The areas and locations covered as part of this project are included in the attached maps, or as agreed to during the design meeting noted in Section III.A. of this MOU.
- B. DCR may, at its sole discretion, install additional facilities within the project area for their exclusive use in or out of the Identified service area.
- C. The project’s construction phases, and completion dates are to be included in the Agreement’s attached schedules and shall be negotiated in reasonable coordination with the design plan.

- D. DCR retains the right to provide service, in accordance with established company policy and practice, at its sole discretion to any and all customers as agreed upon.

VII. 3rd Parties

- A. DCR may contract with one or more design, construction, and installation subcontractors. DCR will manage those relationships and have full and sole responsibility for identifying their roles and responsibilities and for assuring complete and full payment for services provided.
- B. DCR will make certain that no subcontractor has reason to file or places liens on the project that might compromise completion of the project or funding from the State, Federal Government, or other sources. for the same.
- C. Both parties will work together, and separately, with private property owners and other government agencies to aid with and facilitate project completion at the earliest possible time but on or before the agreed upon date in all cases.
- D. The Town agrees to not communicate or work directly with any subcontractor without prior consent from DCR.

VIII. Funding

- A. DCR will lead and direct efforts to procure additional funding. These efforts will include but are not limited to State and Federal Grants, low interest rate loans, traditional financing sources, etc. The parties recognize the acquisition of such funding is necessary to the viability of the project.
- B. The Town will contribute 50% of its committed match up front on execution of Grant Contract with Granting Agency, and 50% at completion of 50% of fiber to the curb network.
- C. DCR agrees to match the Town's financial contributions, at a minimum, the greater of a dollar-for-dollar match or the minimum requirement of the funding source sought.
- D. The parties acknowledge and agree to work in good faith to modify the terms of this agreement to conform with applicable requirements or standards established by a Granting Agency.
- E. The parties acknowledge that the network design plan may be structured in phases or zones in order to accommodate available funding and or ease of construction.
- F. The Town will not charge or collect any fees from DCR, or its contractors or affiliates, for permits, access, or other administrative functions.
- G. DCR agrees to pay the Town for any use of town's resources and personnel for specific work as part of the construction if needed and as negotiated prior to usage of those assets.
- H. In the event that DCR is unable to complete the required construction due to any reason within their reasonable control on or before the agreed upon date, the Town will have no obligation to pay DCR for work completed or in progress as of that date. Any constructed assets will remain the property of DCR and all other terms of this agreement will remain in place until construction can be completed within a reasonable timeframe. DCR will bear all responsibility and risk for an incomplete project due to reasons within DCR's reasonable control.
- I. If the project cannot be completed due to reasons within the reasonable control of the Town that are withheld by the Town for any reason the Town will be responsible to reimburse DCR for actual incurred costs (materials, labor, contractor Invoices, reasonable overhead) as of the date of failure to complete.
- J. If the project cannot be completed for reasons beyond the control of both parties, both parties agree to work together to remediate damages to either party and to seek funding and/or reimbursement from outside sources.

IX. Mutual Indemnification

DCR shall indemnify and hold harmless the Town, and their respective officers, directors, employees, agents, contractors, and sub-contractors from and against any and all third party claims, liabilities, and costs, including reasonable attorney fees, for any or all injuries to persons or property or claims for money damages, including claims for violation of intellectual property rights, arising from the negligent acts or omissions of DCR, its officers, directors, employees, agents, contractors, or sub-contractors in the performance of work under this Agreement; provided, however, DCR shall not be liable for claims arising out of the acts or omissions, or misconduct of the Town, or its respective officers, directors, employees, agents, contractors, and sub-contractors, for actions taken in reasonable reliance on the Agreement and the actions contemplated therein.

X. Term

The Term of the project, which may include zones or phases, will be set forth in a schedule attached to the Agreement.

Authorization and Signature

By signing below on behalf of my organization, I agree to the terms of this MOU and acknowledge our desire and willingness to work together with the other party to meet all of the objectives listed herein, in anticipation of a Public-Private Partnership Agreement pertaining to the development of broadband fiber infrastructure. Further, I acknowledge and accept the great value for both the Town and DCR of this program and that can be achieved by working together for its completion. By signing below, I fully commit myself and my organization to Its success.

Winterport, Maine:

Signature

Date

Name and title

Signature

Date

Name and title

Signature

Date

Name and title

Signature

Date

Name and title

Signature

Date

Name and title

Direct Communications Rockland, Inc. & UniTel

Signature

Date

Name and title

Solid Waste and Recycling Committee
July 26, 2023
Minutes

1. Call to Order: Alan Cohen called the meeting to order at 2:02
2. Roll Call: Alan Cohen, Nancy Gause, Mary Anne Royal, Casey Ashey
3. Additions to agenda: Mary Hartley correspondence
4. Approve June minutes: Motion to approve minutes as presented AC, 2nd NG, unanimous
5. Report on DEP Hearing: MAR reported on her participation in the hearing including submission of doc listing issues and concluded her testimony by saying the DEP 5 Year Plan is not workable for small towns and needs to be revised; one takeaway was a suggestion that we work with surrounding towns to create a small regional facility much like Midcoast Solid Waste Corporation; unused area of airport property a consideration for such a facility; Alan will visit area transfer stations to survey their operation and needs
6. Visits to Midcoast Solid Waste Corporation: tabled
7. Town Manager questions from minutes:
 - a. Have permits ever been revoked for violations - not to his knowledge; since the Ordinance call for this CA will work with employees to develop a workable process for enforcing the ordinance
 - b. Who is the target in 10.3 - strike
 - c. Does 10.4 need to change to reflect current practice of charging for a replacement sticker - strike
 - d. Is there a separate white goods permit re: XI - no, strike
 - e. How is the deposit of white goods documented to satisfy 13.5 - strike
 - f. Who does the restricted use in 13.6 apply to - strike after but...
 - g. Is Universal Waste training documented - CA will follow up
 - h. How much inspection of household and commercial waste takes place - no commercial waste is accepted; limited inspection of household waste
 - i. Does the town office have information on composting - CA will ask staff; AC will collect handouts to leave at the Town Office;MAR will revise Draft Ordinance and Regulations to reflect these changes; additional questions resulted in possibility of 2nd Time Around building being repurposed to house equipment, request for a copy of attendant job description;

placement of responsibility for proper disposal on residents by providing them with the rules for disposal; MAR will revise the Keep Clean doc submitted to CA to emphasize this and it will be attached to all decals issued.

8. Town Meeting addition of \$16,000 to Reserve Fund: CA reported that we will no longer need to purchase a container due to a new agreement he has with DM&J Waste; CA will bring back to next Town Meeting to release the appropriated amount
9. Other
 - a. Mary Hartley would be available at 12:00 via zoom; AC will follow up with her and if she is still interested CA will submit her name to the Town Council

10. Next meeting: August 23, 2023, 12:00, Town Office

11. Adjourn: Motion to adjourn AC, 2nd Nancy Gause, unanimous; meeting adjourned at 3:41.



Alan Cohen



Nancy Gause



Mary Anne Royal

Date Approved: 8/23/2023