

# Agenda

## Winterport Town Council

|              |   |
|--------------|---|
| DATE         | June 27, 2023   |
| TIME         | 7:00 PM   |
| LOCATION     | 44 Main Street, Winterport                                      |
| NEXT MEETING | * New year, Council Must Schedule at First TC Meeting of New FY |

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
  4. APPOINTMENTS & RESIGNATIONS
  5. COMMITTEE MINUTES
5. PUBLIC COMMENTS
6. COMMITTEE REPORTS
7. UNFINISHED BUSINESS
8. NEW BUSINESS
  1. DEPARTMENT FUNDS / EXPENDITURES
9. MANAGER'S REPORT
10. COUNCILOR'S COMMENTS
11. EXECUTIVE SESSION
  1. M.R.S.A. 405(6)(A) / . M.R.S.A. 405(6)(C)
12. ADJOURNMENT

# Minutes

## Winterport Town Council

|                            |                                    |
|----------------------------|------------------------------------|
| DATE                       | May 30th, 2023                     |
| TIME                       | 7:00 PM                            |
| MEETING CALLED TO ORDER BY | Maggie English-Flanagan at 7:06 PM |

### COUNCIL MEMBERS IN ATTENDANCE

*Chair – Maggie English-Flanagan*

*Councilor Stephen Cooper*

*Councilor Kevin Kelley*

*Councilor Tammy Higgins*

*Councilor Ann Ronco*

### PLEDGE OF ALLEGIANCE

*Pledge of Allegiance was led by Manager Ashey*

### APPROVAL OF THE AGENDA

**Motion:** Councilor Ronco, 2<sup>nd</sup> Councilor Kelley

**Vote:** Passed – 5-0

**Resolution:**

### CONSENT AGENDA

**Motion:** Councilor Ronco, 2<sup>nd</sup> Councilor Kelley

**Vote:** Passed – 5-0

**Resolution:** Add regularly scheduled meetings to the agenda and removal of meeting scheduled for June 13<sup>th</sup> due to conflict with voting

### PUBLIC COMMENT

*Alan Cohen discussed “no mow may” and offered to set up a group to add flowers to the front of the town office. See recording for further information.*

### COMMITTEE REPORTS

**Broadband Committee:** Matt Williams with the broadband committee provided an update. See recording for further information.

## UNFINISHED BUSINESS

*No unfinished business*

## NEW BUSINESS

1. **Tax Acquired Property Bids (Blind Own Lane):** Manager Ashey reported the bids for the property at Blind Own Lane. There was no bids on the property on the Lebanon Rd.

**Motion:** Councilor Cooper, 2<sup>nd</sup> Councilor Ronco

**Vote:** Passed – 5-0

**Resolution:** Bid was awarded to Stacy Brown for \$3,333.00

## MANAGER’S REPORT

1. *Town Manager’s Report is attached as Exhibit A.*

## COUNCILOR’S COMMENTS

1. Councilor Higgins inquired about an update to the school’s budget. Manager Ashey reported that the number he used in the budget is accurate. See report for further details.
2. Councilor Kelley asked for the FY 22-23 audit be added to the agenda for the next session.
3. Councilor Cooper asked about how to post the regularly scheduled meetings for the next FY. Manager Ashey stated the calendar will be on the new website, physically posted in specific town locations, and on Facebook.

## EXECUTIVE SESSION

1. M.R.S.A.405(6)(A) / M.R.S.A. 405(6)(C)

*A. Council entered executive session at 8:45 PM*

**Motion:** Councilor Ronco, 2<sup>nd</sup> Councilor Kelley

**Vote:** Passed – 5-0

**Resolution:**

*B. Council Exited Executive Session at 9:45PM*

**Motion:** Councilor Ronco, 2<sup>nd</sup> Councilor Kelley

**Vote:** Passed – 5-0

**Resolution:**

## ADJOURNMENT

*Meeting was adjourned at 9:45pm*

**Motion:** Councilor Ronco, 2<sup>nd</sup> Councilor Kelley

**Vote:** Passed – 5-0

**Resolution:**

Respectfully submitted,

A handwritten signature in black ink that reads "Casey J Ashey". The signature is written in a cursive style with a large, stylized 'C' and 'A'.

Town Manager

*Note: All Winterport Town Council Meetings are recorded. See audio recording for further information.*

| Type         | Check | Amount           | Date     | Wrnt | Payee                                  |
|--------------|-------|------------------|----------|------|--|
| R            | 37488 | 376.41           | 06/28/23 | 120  | 0029 AIM FUND SERVICES, INC.           |
| R            | 37489 | 100.00           | 06/28/23 | 120  | 0519 Atwood C Woodman                  |
| R            | 37490 | 29.50            | 06/28/23 | 120  | 0490 CAMDEN NATIONAL BANK              |
| R            | 37491 | 80.57            | 06/28/23 | 120  | 0999 Casey Ashey                       |
| R            | 37492 | 22.13            | 06/28/23 | 120  | 0042 CENTRAL MAINE POWER CO.           |
| R            | 37493 | 60.83            | 06/28/23 | 120  | 0875 Consolidated Communications       |
| R            | 37494 | 330.00           | 06/28/23 | 120  | 0337 DAVID L. NASON                    |
| R            | 37495 | 15.00            | 06/28/23 | 120  | 0632 Dept. of Environmental Protection |
| R            | 37496 | 634.64           | 06/28/23 | 120  | 1002 Edward Jones                      |
| R            | 37497 | 1,169.33         | 06/28/23 | 120  | 1006 F.W. Webb                         |
| R            | 37498 | 7,800.00         | 06/28/23 | 120  | 0955 Gunnett Tree & Land Care          |
| R            | 37499 | 1,000.00         | 06/28/23 | 120  | 0923 Jacki Robbins                     |
| R            | 37500 | 222.00           | 06/28/23 | 120  | 0916 Jacqueline Robbins                |
| R            | 37501 | 522.75           | 06/28/23 | 120  | 0377 JAMES W. WADMAN, CPA              |
| R            | 37502 | 1,718.00         | 06/28/23 | 120  | 0927 Maine Commercial Tire             |
| R            | 37503 | 5,577.52         | 06/28/23 | 120  | 0123 MAINE MUNICIPAL HEALTH TRUST      |
| R            | 37504 | 314.40           | 06/28/23 | 120  | 0624 Maureen Black                     |
| R            | 37505 | 2,520.00         | 06/28/23 | 120  | 0151 PITNEY BOWES GLOBAL FINANCIAL     |
| R            | 37506 | 4,255.70         | 06/28/23 | 120  | 0175 SECRETARY OF STATE                |
| R            | 37507 | 1,200.00         | 06/28/23 | 120  | 0602 Thumbs Up Landscaping             |
| R            | 37508 | 800.00           | 06/28/23 | 120  | 0573 Town of Hampden                   |
| R            | 37509 | 1,463.05         | 06/28/23 | 120  | 0679 Town of Winterport                |
| R            | 37510 | 92.50            | 06/28/23 | 120  | 0199 TREASURER STATE OF MAINE          |
| R            | 37511 | 81.37            | 06/28/23 | 120  | 1003 W.B. Mason                        |
| R            | 37512 | 100.00           | 06/28/23 | 120  | 0925 Waldo County Critter Control      |
| R            | 37513 | 1,400.00         | 06/28/23 | 120  | 0912 Weaver's Earthwork                |
| R            | 37514 | 294.00           | 06/28/23 | 120  | 0258 WELLMAN PAVING INC                |
| R            | 37515 | 829.46           | 06/28/23 | 120  | 0385 WHITE SIGN                        |
| <b>Total</b> |       | <b>33,009.16</b> |          |      |  |

**Count**

|        |    |
|--------|----|
| Checks | 28 |
| Voids  | 0  |

**A / P Warrant**

Warrant 120

| Jrnl   | Check | Month | Invoice Description | Reference |                 |             |
|--|-------|-------|---------------------|-----------|-----------------|-------------|
| Description                                    |       |       | Account             | Proj      | Amount          | Encumbrance |
| <b>00029 AIM FUND SERVICES, INC.</b>           |       |       |                     |           |                 |             |
| 0539   | 37488 | 06    | June 2023           |           |                 |             |
| Employer Match                                 |       |       | G 1-215-00          |           | 130.39          | 0.00        |
| Employee Contribution                          |       |       | G 1-227-00          |           | 246.02          | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>376.41</b>   |             |
| <b>00519 Atwood C Woodman</b>                  |       |       |                     |           |                 |             |
| 0539   | 37489 | 06    | FD Inspection       |           |                 |             |
| FD Inspection                                  |       |       | E 35-30-30          |           | 100.00          | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>100.00</b>   |             |
| <b>00490 CAMDEN NATIONAL BANK</b>              |       |       |                     |           |                 |             |
| 0539   | 37490 | 06    | Office supplies     |           |                 |             |
| Office supplies                                |       |       | E 20-20-10          |           | 29.50           | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>29.50</b>    |             |
| <b>00999 Casey Ashey</b>                       |       |       |                     |           |                 |             |
| 0539   | 37491 | 06    | mileage             |           |                 |             |
| mileage  |       |       | E 20-70-16          |           | 80.57           | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>80.57</b>    |             |
| <b>00042 CENTRAL MAINE POWER CO.</b>           |       |       |                     |           |                 |             |
| 0539   | 37492 | 06    | service             |           |                 |             |
| 231-037-0355-001 ST LIGHT                      |       |       | E 97-70-68          |           | 22.13           | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>22.13</b>    |             |
| <b>00875 Consolidated Communications</b>       |       |       |                     |           |                 |             |
| 0539   | 37493 | 06    | June 2023           |           |                 |             |
| June 2023                                      |       |       | E 60-80-20          |           | 60.83           | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>60.83</b>    |             |
| <b>00337 DAVID L. NASON</b>                    |       |       |                     |           |                 |             |
| 0539   | 37494 | 06    | Excavator Rental    |           |                 |             |
| Excavator Rental                               |       |       | E 50-30-32          |           | 150.00          | 0.00        |
| Excavator Rental                               |       |       | E 50-30-32          |           | 180.00          | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>330.00</b>   |             |
| <b>00632 Dept. of Environmental Protection</b> |       |       |                     |           |                 |             |
| 0539   | 37495 | 06    | June 2023           |           |                 |             |
| June 2023                                      |       |       | G 1-207-01          |           | 15.00           | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>15.00</b>    |             |
| <b>01002 Edward Jones</b>                      |       |       |                     |           |                 |             |
| 0539   | 37496 | 06    | Casey Retirement    |           |                 |             |
| Emp Match                                      |       |       | G 1-215-00          |           | 317.32          | 0.00        |
| Emp IRA  |       |       | G 1-227-00          |           | 317.32          | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>634.64</b>   |             |
| <b>01006 F.W. Webb</b>                         |       |       |                     |           |                 |             |
| 0539   | 37497 | 06    | Fire department     |           |                 |             |
| Fire department                                |       |       | E 35-30-30          |           | 1,169.33        | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>1,169.33</b> |             |
| <b>00955 Gunnett Tree &amp; Land Care</b>      |       |       |                     |           |                 |             |
| 0539   | 37498 | 06    | Clark/Goshen Rd     |           |                 |             |
| Clark/Goshen Rd                                |       |       | E 50-30-70          |           | 4,900.00        | 0.00        |
| Clark/Goshen Rd                                |       |       | E 50-30-70          |           | 2,900.00        | 0.00        |
| <b>Vendor Total-</b>                           |       |       |                     |           | <b>7,800.00</b> |             |
| <b>00923 Jacki Robbins</b>                     |       |       |                     |           |                 |             |
| 0539   | 37499 | 06    | Assessing           |           |                 |             |

Warrant 120

| Jrnl                                       | Check                | Month | Invoice Description | Reference   |  |
|--|----------------------|-------|---------------------|-------------|--|
| Description                                | Account              | Proj  | Amount              | Encumbrance |  |
| Assessing                                  | E 12-30-24           |       | 1,000.00            | 0.00        |  |
|  | <b>Vendor Total-</b> |       | <b>1,000.00</b>     |             |  |
| <b>00916 Jacqueline Robbins</b>            |                      |       |                     |             |  |
| 0539 37500 06 June 2023 Plumb permits      | G 1-217-00           |       | 222.00              | 0.00        |  |
|  | <b>Vendor Total-</b> |       | <b>222.00</b>       |             |  |
| <b>00377 JAMES W. WADMAN, CPA</b>          |                      |       |                     |             |  |
| 0539 37501 06 Services                     | E 20-30-46           |       | 522.75              | 0.00        |  |
| AUDIT SERVICES                             |                      |       |                     |             |  |
|  | <b>Vendor Total-</b> |       | <b>522.75</b>       |             |  |
| <b>00927 Maine Commercial Tire</b>         |                      |       |                     |             |  |
| 0539 37502 06 Fire Dept                    | E 35-30-28           |       | 1,718.00            | 0.00        |  |
| Fire Dept                                  |                      |       |                     |             |  |
|  | <b>Vendor Total-</b> |       | <b>1,718.00</b>     |             |  |
| <b>00123 MAINE MUNICIPAL HEALTH TRUST</b>  |                      |       |                     |             |  |
| 0539 37503 06 Health 2023                  |                      |       |                     |             |  |
| EMPLOYEE HEALTH/DENTAL                     | E 15-10-95           |       | 5,419.32            | 0.00        |  |
| INCOME PROTECTION                          | E 15-10-96           |       | 30.89               | 0.00        |  |
| DENTAL INS COPAY                           | G 1-226-02           |       | 87.58               | 0.00        |  |
| INCOME PRO COPAY                           | G 1-223-00           |       | 39.73               | 0.00        |  |
|  | <b>Vendor Total-</b> |       | <b>5,577.52</b>     |             |  |
| <b>00624 Maureen Black</b>                 |                      |       |                     |             |  |
| 0539 37504 06 Mileage June 2023            | E 20-70-16           |       | 314.40              | 0.00        |  |
| Mileage                                    |                      |       |                     |             |  |
|  | <b>Vendor Total-</b> |       | <b>314.40</b>       |             |  |
| <b>00151 PITNEY BOWES GLOBAL FINANCIAL</b> |                      |       |                     |             |  |
| 0539 37505 06 Postage                      | E 20-30-25           |       | 2,520.00            | 0.00        |  |
| METER RENTAL                               |                      |       |                     |             |  |
|  | <b>Vendor Total-</b> |       | <b>2,520.00</b>     |             |  |
| <b>00175 SECRETARY OF STATE</b>            |                      |       |                     |             |  |
| 0539 37506 06 BMV WK 06/19-23/2023         |                      |       |                     |             |  |
| STATE FEES                                 | G 1-205-00           |       | 2,416.50            | 0.00        |  |
| TITLE FEES                                 | G 1-204-00           |       | 231.00              | 0.00        |  |
| SALES TAX                                  | G 1-204-01           |       | 1,608.20            | 0.00        |  |
|  | <b>Vendor Total-</b> |       | <b>4,255.70</b>     |             |  |
| <b>00602 Thumbs Up Landscaping</b>         |                      |       |                     |             |  |
| 0539 37507 06 Mowing                       | E 75-10-51           |       | 1,200.00            | 0.00        |  |
| Mowing                                     |                      |       |                     |             |  |
|  | <b>Vendor Total-</b> |       | <b>1,200.00</b>     |             |  |
| <b>00573 Town of Hampden</b>               |                      |       |                     |             |  |
| 0539 37508 06 Cleaned catch basins         | E 50-30-55           |       | 800.00              | 0.00        |  |
| Cleaned catch basins                       |                      |       |                     |             |  |
|  | <b>Vendor Total-</b> |       | <b>800.00</b>       |             |  |
| <b>00679 Town of Winterport</b>            |                      |       |                     |             |  |
| 0539 37509 06 Paywk06-19-23/2023           |                      |       |                     |             |  |
| Medicare                                   | G 1-211-00           |       | 179.76              | 0.00        |  |
| FICA                                       | G 1-212-00           |       | 768.60              | 0.00        |  |
| Federal                                    | G 1-213-00           |       | 514.69              | 0.00        |  |
|  | <b>Vendor Total-</b> |       | <b>1,463.05</b>     |             |  |
| <b>00199 TREASURER STATE OF MAINE</b>      |                      |       |                     |             |  |

Winterport  
10:51 AM

**A / P Warrant**

06/27/2023

Page 3

Warrant 120

| Jrnl                                      | Check | Month | Invoice Description   | Reference |                  |
|---|-------|-------|-----------------------|-----------|------------------|
| Description                               |       |       | Account               | Proj      | Amount           |
|   |       |       |                       |           | Encumbrance      |
| 0539                                      | 37510 | 06    | Plumbing Permits      |           |                  |
| PLUMBING FEES                             |       |       | G 1-207-00            |           | 92.50            |
|   |       |       |                       |           | 0.00             |
|   |       |       | <b>Vendor Total-</b>  |           | <b>92.50</b>     |
| <b>01003 W.B. Mason</b>                   |       |       |                       |           |                  |
| 0539                                      | 37511 | 06    | Office Supplies       |           |                  |
| Office Supplies                           |       |       | E 20-20-20            |           | 81.37            |
|   |       |       |                       |           | 0.00             |
|   |       |       | <b>Vendor Total-</b>  |           | <b>81.37</b>     |
| <b>00925 Waldo County Critter Control</b> |       |       |                       |           |                  |
| 0539                                      | 37512 | 06    | Beavers               |           |                  |
| Beavers                                   |       |       | E 50-30-32            |           | 100.00           |
|   |       |       |                       |           | 0.00             |
|   |       |       | <b>Vendor Total-</b>  |           | <b>100.00</b>    |
| <b>00912 Weaver's Earthwork</b>           |       |       |                       |           |                  |
| 0539                                      | 37513 | 06    | North Rd Culvert      |           |                  |
| North Rd Culvert                          |       |       | E 50-30-75            |           | 1,400.00         |
|   |       |       |                       |           | 0.00             |
|   |       |       | <b>Vendor Total-</b>  |           | <b>1,400.00</b>  |
| <b>00258 WELLMAN PAVING INC</b>           |       |       |                       |           |                  |
| 0539                                      | 37514 | 06    | Gravel                |           |                  |
| Gravel                                    |       |       | E 50-20-75            |           | 294.00           |
|   |       |       |                       |           | 0.00             |
|   |       |       | <b>Vendor Total-</b>  |           | <b>294.00</b>    |
| <b>00385 WHITE SIGN</b>                   |       |       |                       |           |                  |
| 0539                                      | 37515 | 06    | Signs                 |           |                  |
| Signs                                     |       |       | E 50-20-10            |           | 829.46           |
|   |       |       |                       |           | 0.00             |
|   |       |       | <b>Vendor Total-</b>  |           | <b>829.46</b>    |
|   |       |       | <b>Prepaid Total-</b> |           | <b>0.00</b>      |
|   |       |       | <b>Current Total-</b> |           | <b>33,009.16</b> |
|   |       |       | <b>EFT Total-</b>     |           | <b>0.00</b>      |
|   |       |       | <b>Warrant Total-</b> |           | <b>33,009.16</b> |

STEPHEN COOPER

Kevin Kelley

Tammy Higgins

MARGARET ENGLISH-FLANAGAN

ANN RONCO

TOWN MANAGERS APPROVAL:



WARRANT: 119

| Check        | D / D       | Check           | Employee               | Gross Pay       |
|--------------|-------------|-----------------|------------------------|-----------------|
| 378478       | 0.00        | 834.33          | 222 Jeffery R Anderson | 1,004.00        |
| 378479       | 0.00        | 1,107.84        | 192 Casey J Ashe       | 1,586.54        |
| 378480       | 0.00        | 143.81          | 194 Alan Barton        | 155.72          |
| 378481       | 0.00        | 197.38          | 212 Alan Barton        | 215.04          |
| 378482       | 0.00        | 759.84          | 135 Maureen Black      | 1,038.80        |
| 378483       | 0.00        | 508.80          | 206 Marie R Chausse    | 593.20          |
| 378484       | 0.00        | 539.32          | 178 Randy Kenneson     | 701.20          |
| 378485       | 0.00        | 114.24          | 48 DAVID L NASON       | 175.70          |
| 378486       | 0.00        | 335.75          | 207 Jay Temple         | 377.46          |
| 378487       | 0.00        | 284.66          | 209 Wendy Wallace      | 350.75          |
| <b>Total</b> | <b>0.00</b> | <b>4,825.97</b> |                        | <b>6,198.41</b> |

|                      |                 |
|----------------------|-----------------|
| Put into A/P         | 1,959.71        |
| Taken out of A/P     | (0.00)          |
| <b>Total Payroll</b> | <b>6,785.68</b> |

| Count  |    |
|--------|----|
| Checks | 10 |

STEPHEN COOPER

Kevin Kelley

Tammy Higgins

MARGARET ENGLISH-FLANAGAN



ANN RONCO

TOWN MANAGERS APPROVAL:



## MEMORANDUM

### TOWN OF WINTERPORT

State of Maine

44 Main Street

207-223-5055

To: Town Council

From: Casey Ashley, Town Manager

Date: May 30th , 2023

RE: Manager's Report

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

- Tax Acquired Property Account 1989 was processed. A reserve account inside the General Ledger was created for the remaining funds after back taxes were paid. This was the suggestion from the auditor as new case law from the supreme court provides previous landowners with the proceeds from the sale. I am waiting for the State of Maine to provide guidance. See Exhibit A for the MMAs review of Tyler V Hennepin County, Minnesota.
- Multiple road projects are underway. Ditching, culvert work, tree removal and brush cutting. These projects are costing more than the line items have called for. However, there is money that is in the department that was appropriated, and I have asked the council to re-allocate funds to cover the cost. I have also contracted with Fine Line Pavement Striping to get roads striped that was not completed last year. They were in hopes of starting prior to July 1<sup>st</sup>.
- Monthly cash and check reconciliation is being forwarded to Kellie Bowden (our Auditor). She is doing a great job, and this seems to be working very well.
- The new lawn mower is in and will be purchased July 1<sup>st</sup>.
- We are moving forward with ACH payments through Camden National and will start to process employee pay through direct deposit and pay our AP through online. This limits fraudulent behavior and is much more secure, plus relieves a time burden on anyone processing payroll.
- While working with Camden National, I located a "reserve account" for the Public Works department with \$10,000.00 in the account. After speaking with the Public Works Supervisor, I would recommend we purchase a trailer.
- I am looking into options for replacement of the Bobcat at the TS. It may be more beneficial for the town to look into purchasing an excavator vs another skid-steer as the excavator could do the works that the skid-steer does, plus do work around the town. We currently have had to rent/sub contract out excavator work. The Public Woks Supervisor is willing to run an excavator. We are looking at competitive



## MEMORANDUM

### TOWN OF WINTERPORT

State of Maine

44 Main Street

207-223-5055

To: Town Council

From: Casey Ashley, Town Manager

Date: May 30th , 2023

RE: Manager's Report

- 
- Town Meeting is over. Thank you to everyone who participated. I felt as though it went very well. Jacob Gran did a wonderful job as moderator.
  - We are about to enter the end of year process. We will close early on Thursday to get everything done.
  - July 3 - Monday. Employees are wanting to use Vacation time to take the day off. If granted, we will not have enough staff to remain open. I would like to announce the closure of the office and allow staff the time off that they have earned.
  - We have our date for the annual audit. We are first on the list this year, and will be starting the process the end of July.
  - The Meadow Rd has a culvert that is maintained by DOT. With the town re-paving the road, I would recommend replacing the culvert as it has reached its life expectancy. I talked with DOT and they are unable to do the labor as they are short staffed and have their resources elsewhere. They are willing to pay for the material but we would have to pay for the labor. I received a quote for \$1600. I would like to do the project to protect our assets as DOT will have to take up pavement that we lay to fix the problem in the future.
  - I have been asked by a citizen to purchase the old rock rake attachment for the tractor that is next to the salt shed. It is currently unusable in its current condition. Citizen has offered \$800.
  - I have contracted Lance Dube to start with painting the lobby and the conference chambers. He will be starting July 17.
  - There was a motorcycle crash on the Boston Rd. The operator stated the to the State Police that he lost control of his motorcycle due to a rock pushing a section of asphalt up. The asphalt was cut open and the rock removed. There is another "bad" rock on the Stream Road that we plan on cutting out and removing.
  - I have verified with Wellman Paving that they will start Paving in July.
  - I have spoken with our Maine Municipal Health Insurance Rep. She has put together some numbers for the Town to offer as additional plans. I will be discussing with the council to further discuss the appropriate options to offer.

Respectfully Submitted,



## MEMORANDUM

**TOWN OF WINTERPORT**

**State of Maine**

44 Main Street

207-223-5055

To: Town Council

From: Casey Ashey, Town Manager

Date: May 30th , 2023

RE: Manager's Report

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*Casey J. Ashey*

Town Manager

# MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

## 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<br>Traditional   | POS C  | POS 200  | PPO 500  | PPO 1500   | PPO 2500   |
|---|--|--|--|--|--|--|
|   | <b>Please Note:</b> 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<br>Individual / Family   | \$0 (No deductible)  | \$0 (No deductible)  | \$200 / \$400  | \$500 / \$1,000  | \$1,500 / \$3,000  | \$2,500 / \$5,000  |
| CO-INSURANCE (Member pays)  | 10% for most services  | 10% for most services  | 20%  | 20%  | 20%  | 20%  |
| OUT OF POCKET MAXIMUM<br>Deductible plus Coinsurance<br>Individual / Family   | \$1000 / \$2,000   | \$1,500 / \$3,000  | \$1,700 / \$3,400  | \$2,000 / \$4,000  | \$4,000 / \$8,000  | \$5,000 / \$10,000   |
| <b>COPAYS:</b>  |  |  |  |  |  |  |
| Office Visit Copay (First PCP visit per calendar year paid at 100%)   | \$10 PCP / \$20 Specialist   | \$15 PCP / \$25 Specialist                                     | \$20 PCP / \$30 Specialist                                     | \$20 PCP / \$35 Specialist                                     | \$25 PCP / \$40 Specialist                                     | \$25 PCP / \$40 Specialist                                     |
| Mental Health Outpatient Copay (First visit per calendar year paid at 100% / copay waived for visits via telehealth in 2023)          | \$10   | \$15   | \$20   | \$20   | \$25   | \$25   |
| Emergency Room Copay  | \$150  | \$150  | \$150  | \$200  | \$200  | \$200  |
| Walk-In or Urgent Care Center Copay   | \$20   | \$25   | \$30   | \$35   | \$40   | \$40   |
| <b>PREVENTIVE CARE:</b>   |  |  |  |  |  |  |
| Preventive Care, including mammograms, Pap tests, women's preventive health services, colonoscopies, PSA tests, and routine physicals | 0%   | 0%   | 0%; deductible waived  | 0%; deductible waived  | 0%; deductible waived  | 0%; deductible waived  |
| Preventive Lab and X-Ray  | 0%   | 0%   | 0%; deductible waived  | 0%; deductible waived  | 0%; deductible waived  | 0%; deductible waived  |
| Preventive Eye Exams (Limited benefits)   | 0%   | 0%   | 0%; deductible waived  | 0%; deductible waived  | 0%; deductible waived  | 0%; deductible waived  |
| <b>OTHER SERVICES:</b>  |  |  |  |  |  |  |
| In Patient Hospital Services  | 10% (0% for Physician Services)  | 10% (0% for Physician Services)                                | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  |
| Out Patient Surgical Facility   | \$100 copay  | \$100 copay  | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  |
| Diagnostic Lab & X-Ray  | 0%   | 0%   | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  |
| Advanced Imaging (MRI/CT/PET)   | \$100 copay<br>Copays limited to \$300 per Cal Yr  | \$100 copay<br>Copays limited to \$300 per Cal Yr              | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  | Deductible then 20%  |
| Chiropractic Care   | \$20 copay<br>Limited to 36 visits per Cal Yr  | \$25 copay<br>Limited to 36 visits per Cal Yr                  | \$30 copay<br>Limited to 36 visits per Cal Yr                  | \$35 copay<br>Limited to 36 visits per Cal Yr                  | \$40 copay<br>Limited to 36 visits per Cal Yr                  | \$40 copay<br>Limited to 36 visits per Cal Yr                  |
| Physical, Speech and Occupational Therapy   | \$20 copay<br>Limited to 75 Visits per Cal Yr (Combined Limit)   | \$25 copay<br>Limited to 75 Visits per Cal Yr (Combined Limit) | \$30 copay<br>Limited to 75 Visits per Cal Yr (Combined Limit) | \$35 copay<br>Limited to 75 Visits per Cal Yr (Combined Limit) | \$40 copay<br>Limited to 75 Visits per Cal Yr (Combined Limit) | \$40 copay<br>Limited to 75 Visits per Cal Yr (Combined Limit) |
| <b>PRESCRIPTION DRUGS (5 TIER):</b><br>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  | 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  | \$8/\$15/\$35/\$60/\$80  | \$8/\$20/\$40/\$70/\$80  | \$8/\$20/\$40/\$70/\$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                                     | \$16/\$30/\$70/\$120/\$160                                     | \$16/\$40/\$80/\$140/\$160                                     | \$16/\$40/\$80/\$140/\$160                                     |
| <b>OTHER:</b><br>Cap on In-Network Copays (includes medical and Rx copays) Individual / Family  | \$5,500 / \$11,000   | \$5,000 / \$10,000   | \$4,800 / \$9,600  | \$5,500 / \$11,000   | \$3,500 / \$7,000  | \$2,500 / \$5,000  |
| Employee  | \$1,354.83   | \$1,192.26   | \$1,135.09   | \$1,097.53   | \$1,000.55   | \$944.64   |
| Employee & Spouse   | \$3,039.12   | \$2,674.42   | \$2,546.12   | \$2,461.92   | \$2,244.35   | \$2,118.98   |
| Employee & Child(ren)   | \$2,210.72   | \$1,945.42   | \$1,852.10   | \$1,790.87   | \$1,632.60   | \$1,541.39   |
| Employee & Family   | \$3,039.12   | \$2,674.42   | \$2,546.12   | \$2,461.92   | \$2,244.35   | \$2,118.98   |

MEMPH - This is a summary for comparative purposes only. In the case of any discrepancies, the official contract or plan document will govern.

# MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

## Point of Service 200 Plan (POS-200)

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](mailto:htservice@memun.org).**

|   | In-Network  | Out-of-Network  |
|---|---|---|
| Please Note: In order to receive <b>In-Network</b> 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 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.   |   |   |
| <b>BENEFIT DESCRIPTION</b>  |   | <b>All charges subject to Max. Allow.</b>   |
| <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year <sup>(1)</sup></li> <li>Lifetime Maximum</li> </ul>   | \$200 Single/\$400 Family<br>Plan pays 80%<br>\$1,700 Single / \$3,400 Family<br>Unlimited  | \$300 Single / \$600 Family<br>Plan pays 60%<br>\$2,300 Single / \$4,600 Family<br>Unlimited  |
| <b>Inpatient Services</b>   |   |   |
| <ul style="list-style-type: none"> <li>Unlimited days of care in semi-private room <sup>(2)(3)</sup></li> <li>Physician services</li> <li>Intensive care</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Ancillary services, lab tests, x-rays, medications</li> <li>Anesthesia</li> <li>Maternity care</li> <li>Newborn care</li> </ul>   | 80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible  | 60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>80% after deductible<br>60% after deductible<br>60% after deductible  |
| <b>Outpatient Services</b>  |   |   |
| <ul style="list-style-type: none"> <li>Any physician office visit, diagnosis and treatment (PCP)</li> <li>Any physician office visit, diagnosis and treatment (Specialist)</li> <li>Lab &amp; X-ray – Diagnostic</li> <li>Lab &amp; X-ray – Preventive</li> <li>Colonoscopies (Diagnostic)</li> <li>Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) <sup>(3)</sup></li> <li>Physical exams and Well-child care</li> <li>Immunizations/Flu Shots</li> <li>Covered surgical procedures</li> <li>Mental Health Services/Substance Abuse Services <sup>(4)</sup></li> <li>Maternity care</li> <li>Gynecological exam – Preventive</li> <li>Physical, Speech or Occupational Therapy <sup>(6)</sup></li> <li>Outpatient facility fees</li> <li>Ambulance (medically necessary)</li> </ul> | No copay for the first visit and then 100% after \$20 copay per visit<br>\$30 copay<br>80% after deductible<br>100% (no deductible)<br>80% after deductible<br>80% after deductible<br>100% (no deductible)<br>100% (no deductible)<br>80% after deductible<br>No copay for the first visit and then 100% after \$20 copay per visit<br>100% after \$20 copay (PCP) or \$30 copay (Specialist) <sup>(5)</sup><br>100% (no deductible) <sup>(5)</sup><br>100% after \$30 copay<br>80% after deductible<br>80% after deductible | 60% after deductible<br>60% after deductible<br>60% after deductible<br>80% (no deductible)<br>Not covered<br>60% after deductible<br>Not covered<br>80% (no deductible)<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>80% (no deductible)<br>60% after deductible<br>60% after deductible<br>80% after deductible |
| <b>Emergency Room Services</b>  |   |   |
| <ul style="list-style-type: none"> <li>Emergency/Acute care</li> <li>Non-emergency care</li> </ul>  | 100% after \$150 copay<br>100% after \$150 copay  | 100% after \$150 copay<br>100% after \$150 copay  |
| <b>Other Services</b>   |   |   |
| <ul style="list-style-type: none"> <li>Walk-In or Urgent Care Center</li> <li>Home Health/Hospice care</li> <li>Skilled nursing facility <sup>(3)(8)</sup></li> <li>Human tissue &amp; organ transplants</li> <li>Durable Medical Equipment</li> <li>Oral surgery (limited benefits)</li> <li>Eye exams – Preventive</li> <li>Chiropractic care</li> </ul>  | 100% after \$30 copay <sup>(7)</sup><br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% (no deductible)<br>80% after deductible<br>100% (no deductible) <sup>(5)</sup><br>100% after \$30 copay <sup>(5)(9)</sup>   | 60% after deductible<br>60% after deductible<br>60% after deductible<br>Not covered<br>60% after deductible<br>80% after deductible<br>100% (no deductible)<br>60% after deductible   |
| <b>Prescription Drugs</b>   |   |   |
| Each <b>30-day</b> supply – Retail Pharmacy<br>(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   |
| <b>90 day</b> supply – Mail Order<br>(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 \$4,800 single / \$9,600 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) Participants may self-refer to a participating provider.

(6) 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).

(7) 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](http://www.mmeht.org).

(8) Skilled nursing facility services limited to 100 days per calendar year (combined In-Network and Out-of-Network).

(9) Acute chiropractic care may be self-referred to a participating chiropractor for up to 36 visits per calendar year.

# 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](mailto: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   |   |  |
| <b>BENEFIT DESCRIPTION</b>  |   | <b>All charges subject to Max. Allow.</b>  |
| <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year <sup>(1)</sup></li> <li>Lifetime Maximum</li> </ul>   | \$0<br>Plan pays 90% or 80%<br>\$1,000 Single / \$2,000 Family<br>Unlimited   | \$250 Single / \$500 Family<br>Plan pays 80%<br>\$2,250 Single / \$4,500 Family<br>Unlimited   |
| <b>Inpatient Services</b>   |   |  |
| <ul style="list-style-type: none"> <li>Unlimited days of care in semi-private room <sup>(2)(3)</sup></li> <li>Physician services</li> <li>Intensive care</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Ancillary services, lab tests, x-rays, medications</li> <li>Anesthesia</li> <li>Maternity care</li> <li>Newborn care</li> </ul>   | 90%<br>100%<br>90%<br>90%<br>90%<br>90%<br>90%<br>90%   | 80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>90%<br>80% after deductible<br>80% after deductible  |
| <b>Outpatient Services</b>  |   |  |
| <ul style="list-style-type: none"> <li>Any physician office visit, diagnosis and treatment (PCP)</li> <li>Any physician office visit, diagnosis and treatment (Specialist)</li> <li>Lab &amp; X-ray – Diagnostic</li> <li>Lab &amp; X-ray – Preventive</li> <li>Colonoscopies (Diagnostic)</li> <li>Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) <sup>(3)</sup></li> <li>Physical exams and Well-child care</li> <li>Immunizations/Flu Shots</li> <li>Covered surgical procedures</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Maternity care</li> <li>Gynecological exam - Preventive</li> <li>Physical, Speech or Occupational Therapy <sup>(8)</sup></li> <li>Outpatient facility fees</li> <li>Ambulance (medically necessary)</li> </ul> | No copay for the first visit and then 100% after \$10 copay per visit<br>100% after \$20 copay<br>100%<br>100%<br>100%<br>(Outpatient surgical facility fee may apply)<br>100% after \$100 copay <sup>(5)</sup><br>100%<br>100%<br>100% after \$100 copay <sup>(6)</sup><br>No copay for the first visit and then 100% after \$10 copay per visit<br>100% <sup>(7)</sup><br>100% <sup>(7)</sup><br>100% after \$20 copay<br>100%; \$100 copay for surgical facility<br>100% | 80% after deductible<br>80% after deductible<br>80% after deductible<br>100% (no deductible)<br>Not covered<br>80% after deductible<br>Not covered<br>100% (no deductible)<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>100% (no deductible)<br>80% after deductible<br>80% after deductible<br>100% |
| <b>Emergency Room Services</b>  |   |  |
| <ul style="list-style-type: none"> <li>Emergency/Acute care</li> <li>Non-emergency care</li> </ul>  | 100% after \$150 copay<br>100% after \$150 copay  | 100% after \$150 copay<br>100% after \$150 copay   |
| <b>Other Services</b>   |   |  |
| <ul style="list-style-type: none"> <li>Walk-In or Urgent Care Center</li> <li>Home Health/Hospice care</li> <li>Skilled nursing facility <sup>(3)(10)</sup></li> <li>Human tissue &amp; organ transplants</li> <li>Durable Medical Equipment</li> <li>Oral surgery (limited benefits)</li> <li>Eye exams - Preventive</li> <li>Chiropractic care</li> </ul>   | 100% after \$20 copay <sup>(9)</sup><br>100%<br>100%<br>90%<br>80%<br>100%<br>100% <sup>(7)</sup><br>100% after \$20 copay <sup>(7)(11)</sup>   | 80% after deductible<br>80% after deductible<br>80% after deductible<br>Not covered<br>70% (no deductible)<br>100%<br>100% (no deductible)<br>80% after deductible   |
| <b>Prescription Drugs</b>   |   |  |
| Each <b>30-day</b> supply – Retail Pharmacy<br>(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  |
| <b>90 day</b> supply – Mail Order<br>(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](http://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](mailto:htservice@memun.org).**

|   | In-Network   | Out-of-Network   |
|---|--|--|
| Please Note: In order to receive <b>In-Network</b> 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.   |  |  |
| <b>BENEFIT DESCRIPTION</b>  |  | <b>All charges subject to Max. Allow.</b>  |
| <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year <sup>(1)</sup></li> <li>Lifetime Maximum</li> </ul>   | \$0<br>Plan pays 90% or 80%<br>\$1,500 Single / \$3,000 Family<br>Unlimited  | \$250 Single / \$500 Family<br>Plan pays 70%<br>\$2,250 Single / \$4,500 Family<br>Unlimited   |
| <b>Inpatient Services</b>   |  |  |
| <ul style="list-style-type: none"> <li>Unlimited days of care in semi-private room <sup>(2)(3)</sup></li> <li>Physician services</li> <li>Intensive care</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Ancillary services, lab tests, x-rays, medications</li> <li>Anesthesia</li> <li>Maternity care</li> <li>Newborn care</li> </ul>   | 90%<br>100%<br>90%<br>90%<br>90%<br>90%<br>90%<br>90%  | 70% after deductible<br>70% after deductible<br>70% after deductible<br>70% after deductible<br>70% after deductible<br>90%<br>70% after deductible<br>70% after deductible  |
| <b>Outpatient Services</b>  |  |  |
| <ul style="list-style-type: none"> <li>Any physician office visit, diagnosis and treatment (PCP)</li> <li>Any physician office visit, diagnosis and treatment (Specialist)</li> <li>Lab &amp; X-ray – Diagnostic</li> <li>Lab &amp; X-ray – Preventive</li> <li>Colonoscopies (Diagnostic)</li> <li>Advanced Imaging Procedures (e.g., MRI, CT, and PET scans) <sup>(3)</sup></li> <li>Physical exams and Well-child care</li> <li>Immunizations/Flu Shots</li> <li>Covered surgical procedures</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Maternity care</li> <li>Gynecological exam – Preventive</li> <li>Physical, Speech or Occupational Therapy <sup>(8)</sup></li> <li>Outpatient facility fees</li> <li>Ambulance (medically necessary)</li> </ul> | No copay for the first visit and then 100% after \$15 copay per visit<br>100% after \$25 copay per visit<br>100%<br>100%<br>100%<br><i>(Outpatient surgical facility fee may apply)</i><br>100% after \$100 copay <sup>(5)</sup><br>100%<br>100%<br>100% after \$100 copay <sup>(6)</sup><br><i>(Anesthesia covered at 90%)</i><br>No copay for the first visit and then 100% after \$15 copay per visit<br>100% <sup>(7)</sup><br>100% <sup>(7)</sup><br>100% after \$25 copay<br>100%; \$100 copay for surgical facility<br>100% | 70% after deductible<br>70% after deductible<br>70% after deductible<br>100% (no deductible)<br>Not covered<br>70% after deductible<br>Not covered<br>100% (no deductible)<br>70% after deductible<br>70% after deductible<br>100% (no deductible)<br>70% after deductible<br>70% after deductible<br>100% (no deductible)<br>70% after deductible<br>100% |
| <b>Emergency Room Services</b>  |  |  |
| <ul style="list-style-type: none"> <li>Emergency/Acute care</li> <li>Non-emergency care</li> </ul>  | 100% after \$150 copay<br>100% after \$150 copay   | 100% after \$150 copay<br>100% after \$150 copay   |
| <b>Other Services</b>   |  |  |
| <ul style="list-style-type: none"> <li>Walk-In or Urgent Care Center</li> <li>Home Health/Hospice care</li> <li>Skilled nursing facility <sup>(3) (10)</sup></li> <li>Human tissue &amp; organ transplants</li> <li>Durable Medical Equipment</li> <li>Oral surgery (limited benefits)</li> <li>Eye exams – Preventive</li> <li>Chiropractic care</li> </ul>  | 100% after \$25 copay <sup>(9)</sup><br>90%<br>90%<br>90%<br>80%<br>90%<br>100% <sup>(7)</sup><br>100% after \$25 copay <sup>(7)(11)</sup>   | 70% after deductible<br>70% after deductible<br>70% after deductible<br>Not covered<br>70% (no deductible)<br>90%<br>100% (no deductible)<br>70% after deductible  |
| <b>Prescription Drugs</b>   |  |  |
| Each <b>30-day</b> supply – Retail Pharmacy<br>(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  |
| <b>90 day</b> supply – Mail Order<br>(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](http://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](mailto: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.  |  |   |
| <b>BENEFIT DESCRIPTION</b>   |  | <b>All charges subject to Max. Allow.</b>   |
| <ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year <sup>(1)</sup></li> <li>Lifetime Maximum</li> </ul>  | \$500 Single / \$1,000 Family<br>Plan pays 80%<br>\$2,000 Single / \$4,000 Family<br>Unlimited   | \$1,000 Single / \$2,000 Family<br>Plan pays 60%<br>\$3,000 Single / \$6,000 Family<br>Unlimited  |
| <b>Inpatient Services</b>  |  |   |
| <ul style="list-style-type: none"> <li>Unlimited days of care in semi-private room <sup>(2)(3)</sup></li> <li>Physician services</li> <li>Intensive care</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Ancillary services, lab tests, x-rays, medications</li> <li>Anesthesia</li> <li>Maternity care</li> <li>Newborn care</li> </ul>  | 80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible   | 60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>80% after deductible<br>60% after deductible<br>60% after deductible  |
| <b>Outpatient Services</b>   |  |   |
| <ul style="list-style-type: none"> <li>Any physician office visit, diagnosis and treatment (PCP)</li> <li>Any physician office visit, diagnosis and treatment (Specialist)</li> <li>Lab &amp; X-ray – Diagnostic</li> <li>Lab &amp; X-ray – Preventive</li> <li>Advanced Imaging (e.g., MRI, CT, and PET scans) <sup>(3)</sup></li> <li>Physical exams and Well-child care</li> <li>Immunizations/Flu Shots</li> <li>Covered surgical procedures</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Maternity care</li> <li>Gynecological exam – Preventive</li> <li>Physical, Speech or Occupational Therapy <sup>(5)</sup></li> <li>Outpatient facility fees</li> <li>Ambulance (medically necessary)</li> </ul> | No copay for the first visit and then 100% after \$20 copay per visit<br>100% after \$35 copay per visit<br>80% after deductible<br>100% (no deductible)<br>80% after deductible<br>100% (no deductible)<br>100% (no deductible)<br>80% after deductible<br>No copay for the first visit and then 100% after \$20 copay per visit<br>100% after \$20 copay (PCP) or \$35 copay (Specialist)<br>100% no deductible<br>100% after \$35 copay<br>80% after deductible<br>80% after deductible | 80% after \$20 copay<br>80% after \$35 copay<br>60% after deductible<br>80% (no deductible)<br>60% after deductible<br>80% (no deductible)<br>80% (no deductible)<br>60% after deductible<br>80% after \$20 copay<br>80% after \$20 copay (PCP) or \$35 copay (Specialist)<br>80% no deductible<br>80% after \$35 copay<br>60% after deductible<br>80% after deductible |
| <b>Emergency Room Services</b>   |  |   |
| <ul style="list-style-type: none"> <li>Emergency/Acute care</li> <li>Non-emergency care</li> </ul>   | 100% after \$200 copay<br>100% after \$200 copay   | 100% after \$200 copay<br>100% after \$200 copay  |
| <b>Other Services</b>  |  |   |
| <ul style="list-style-type: none"> <li>Walk-In or Urgent Care Center</li> <li>Home Health/Hospice care</li> <li>Skilled nursing facility <sup>(3)(7)</sup></li> <li>Human tissue &amp; organ transplants</li> <li>Durable Medical Equipment</li> <li>Oral surgery (limited benefits)</li> <li>Eye exams – Preventive</li> <li>Chiropractic care <sup>(8)</sup></li> </ul>  | 100% after \$35 copay <sup>(6)</sup><br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% (no deductible)<br>80% after deductible<br>100% (no deductible)<br>100% after \$35 copay   | 80% after \$35 copay<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% (no deductible)<br>80% after deductible<br>80% (no deductible)<br>80% after \$35 copay  |
| <b>Prescription Drugs</b>  |  |   |
| Each <b>30-day</b> supply – Retail Pharmacy<br>(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   |
| <b>90 day</b> supply – Mail Order<br>(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](http://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

## PPO 1500 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](mailto: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   |  |  |
| <b>BENEFIT DESCRIPTION</b><br><ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year <sup>(1)</sup></li> <li>Lifetime Maximum</li> </ul>  | \$1,500 Single / \$3,000 Family<br>Plan pays 80%<br>\$4,000 Single / \$8,000 Family<br>Unlimited   | <b>All charges subject to Max. Allow.</b><br>\$2,500 Single / \$5,000 Family<br>Plan pays 60%<br>\$4,000 Single / \$8,000 Family<br>Unlimited  |
| <b>Inpatient Services</b><br><ul style="list-style-type: none"> <li>Unlimited days of care in semi-private room <sup>(2)(3)</sup></li> <li>Physician services</li> <li>Intensive care</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Ancillary services, lab tests, x-rays, medications</li> <li>Anesthesia</li> <li>Maternity care</li> <li>Newborn care</li> </ul>   | 80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible   | 60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>80% after deductible<br>60% after deductible<br>60% after deductible   |
| <b>Outpatient Services</b><br><ul style="list-style-type: none"> <li>Any physician office visit, diagnosis and treatment (PCP)</li> <li>Any physician office visit, diagnosis and treatment (Specialist)</li> <li>Lab &amp; X-ray – Diagnostic</li> <li>Lab &amp; X-ray – Preventive</li> <li>Advanced Imaging (e.g., MRI, CT, and PET scans) <sup>(3)</sup></li> <li>Physical exams and Well-child care</li> <li>Immunizations/Flu Shots</li> <li>Covered surgical procedures</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Maternity care</li> <li>Gynecological exam – Preventive</li> <li>Physical, Speech or Occupational Therapy <sup>(5)</sup></li> <li>Outpatient facility fees</li> <li>Ambulance (medically necessary)</li> </ul> | No copay for the first visit and then 100% after \$25 copay per visit<br>100% after \$40 copay<br>80% after deductible<br>100% (no deductible)<br>80% after deductible<br>100% (no deductible)<br>100% (no deductible)<br>80% after deductible<br>No copay for the first visit and then 100% after \$25 copay per visit<br>100% after \$25 copay (PCP) or \$40 copay (Specialist)<br>100% (no deductible)<br>100% after \$40 copay<br>80% after deductible<br>80% after deductible | 80% after \$25 copay<br>80% after \$40 copay<br>60% after deductible<br>80% (no deductible)<br>60% after deductible<br>80% (no deductible)<br>80% (no deductible)<br>80% (no deductible)<br>60% after deductible<br>80% after \$25 copay<br>80% after \$25 copay (PCP) or \$40 copay (Specialist)<br>80% (no deductible)<br>80% after \$40 copay<br>60% after deductible<br>80% after deductible |
| <b>Emergency Room Services</b><br><ul style="list-style-type: none"> <li>Emergency/Acute care</li> <li>Non-emergency care</li> </ul>   | 100% after \$200 copay<br>100% after \$200 copay   | 100% after \$200 copay<br>100% after \$200 copay   |
| <b>Other Services</b><br><ul style="list-style-type: none"> <li>Walk-In or Urgent Care Center</li> <li>Home Health/Hospice care</li> <li>Skilled nursing facility <sup>(3)(7)</sup></li> <li>Human tissue &amp; organ transplants</li> <li>Durable Medical Equipment</li> <li>Oral surgery (limited benefits)</li> <li>Eye exams – Preventive</li> <li>Chiropractic care <sup>(8)</sup></li> </ul>   | 100% after \$40 copay <sup>(6)</sup><br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% (no deductible)<br>80% after deductible<br>100% (no deductible)<br>100% after \$40 copay   | 80% after \$40 copay<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% (no deductible)<br>80% after deductible<br>80% (no deductible)<br>80% after \$40 copay   |
| <b>Prescription Drugs</b><br>Each <b>30-day</b> supply – Retail Pharmacy<br>(Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)<br><br><b>90 day</b> supply copay – Mail Order<br>(Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)<br>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.  | Copays: \$8 / \$20 / \$40 / \$70 / \$80<br><br>Copays: \$16 / \$40 / \$80 / \$140 / \$160  | Copays: \$8 / \$20 / \$40 / \$70 / \$80<br><br>Copays: \$16 / \$40 / \$80 / \$140 / \$160  |

(1) In-Network copays will be capped at \$3,500 single / \$7,000 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 and Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at [www.mmeht.org](http://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

## PPO 2500 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](mailto: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.  |  |   |
| <b>BENEFIT DESCRIPTION</b><br><ul style="list-style-type: none"> <li>Deductible</li> <li>Coinsurance</li> <li>Deductible + Coinsurance Out-of-Pocket Max. Per Calendar Year <sup>(1)</sup></li> <li>Lifetime Maximum</li> </ul>  | \$2,500 Single / \$5,000 Family<br>Plan pays 80%<br>\$5,000 Single / \$10,000 Family<br>Unlimited  | <b>All charges subject to Max. Allow.</b><br>\$5,000 Single / \$10,000 Family<br>Plan pays 60%<br>\$7,000 Single / \$14,000 Family<br>Unlimited   |
| <b>Inpatient Services</b><br><ul style="list-style-type: none"> <li>Unlimited days of care in semi-private room <sup>(2)(3)</sup></li> <li>Physician services</li> <li>Intensive care</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Ancillary services, lab tests, x-rays, medications</li> <li>Anesthesia</li> <li>Maternity care</li> <li>Newborn care</li> </ul>   | 80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% after deductible   | 60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>80% after deductible<br>60% after deductible<br>60% after deductible  |
| <b>Outpatient Services</b><br><ul style="list-style-type: none"> <li>Any physician office visit, diagnosis and treatment (PCP)</li> <li>Any physician office visit, diagnosis and treatment (Specialist)</li> <li>Lab &amp; X-ray – Diagnostic</li> <li>Lab &amp; X-ray – Preventive</li> <li>Advanced Imaging (e.g., MRI, CT, and PET scans) <sup>(3)</sup></li> <li>Physical exams and Well-child care</li> <li>Immunizations/Flu Shots</li> <li>Covered surgical procedures</li> <li>Mental health services/Substance abuse services <sup>(4)</sup></li> <li>Maternity care</li> <li>Gynecological exam – Preventive</li> <li>Physical, Speech or Occupational Therapy <sup>(5)</sup></li> <li>Outpatient facility fees</li> <li>Ambulance (medically necessary)</li> </ul> | No copay for the first visit and then 100% after \$25 copay per visit<br>100% after \$40 copay<br>80% after deductible<br>100% (no deductible)<br>80% after deductible<br>100% (no deductible)<br>100% (no deductible)<br>80% after deductible<br>No copay for the first visit and then 100% after \$25 copay per visit<br>100% after \$25 copay (PCP) or \$40 copay (Specialist)<br>100% (no deductible)<br>100% after \$40 copay<br>80% after deductible<br>80% after deductible | 80% after \$25 copay<br>80% after \$40 copay<br>60% after deductible<br>80% (no deductible)<br>60% after deductible<br>80% (no deductible)<br>80% (no deductible)<br>60% after deductible<br>80% after \$25 copay<br>80% after \$25 copay (PCP) or \$40 copay (Specialist)<br>80% (no deductible)<br>80% after \$40 copay<br>60% after deductible<br>80% after deductible |
| <b>Emergency Room Services</b><br><ul style="list-style-type: none"> <li>Emergency/Acute care</li> <li>Non-emergency care</li> </ul>   | 100% after \$200 copay<br>100% after \$200 copay   | 100% after \$200 copay<br>100% after \$200 copay  |
| <b>Other Services</b><br><ul style="list-style-type: none"> <li>Walk-In or Urgent Care Center</li> <li>Home Health/Hospice care</li> <li>Skilled nursing facility <sup>(3)(7)</sup></li> <li>Human tissue &amp; organ transplants</li> <li>Durable Medical Equipment</li> <li>Oral surgery (limited benefits)</li> <li>Eye exams – Preventive</li> <li>Chiropractic care <sup>(8)</sup></li> </ul>   | 100% after \$40 copay <sup>(6)</sup><br>80% after deductible<br>80% after deductible<br>80% after deductible<br>80% (no deductible)<br>80% after deductible<br>100% (no deductible)<br>100% after \$40 copay   | 80% after \$40 copay<br>60% after deductible<br>60% after deductible<br>60% after deductible<br>60% (no deductible)<br>80% after deductible<br>80% (no deductible)<br>80% after \$40 copay  |
| <b>Prescription Drugs</b><br>Each <b>30-day</b> supply – Retail Pharmacy<br>(Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)<br><br><b>90 day</b> supply – Mail Order<br>(Tier 1-Select Generic/ Tier 1-Standard/ Tier 2/ Tier 3/ Tier 4)<br>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.  | Copays: \$8 / \$20 / \$40 / \$70 / \$80<br><br>Copays: \$16 / \$40 / \$80 / \$140 / \$160  | Copays: \$8 / \$20 / \$40 / \$70 / \$80<br><br>Copays: \$16 / \$40 / \$80 / \$140 / \$160   |

- (1) In-Network copays will be capped at \$2,500 single / \$5,000 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 and Urgent Care Centers, please call the Health Trust at 1-800-852-8300, or refer to the Health Trust website at [www.mmeht.org](http://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).



MONTHLY PREMIUMS FOR POOLED (NON-RATED) GROUPS  
EFFECTIVE JANUARY 1, 2023

|  |   |  |              |              |                |                |                 |                 |
|--|---|--|--------------|--------------|----------------|----------------|-----------------|-----------------|
| M<br>E<br>D<br>I<br>C<br>A<br>L<br><br>P<br>L<br>A<br>N<br>S | <b>ACTIVE EMPLOYEES &amp; NON-MEDICARE RETIREES</b> |  | <b>POS-A</b> | <b>POS-C</b> | <b>POS 200</b> | <b>PPO 500</b> | <b>PPO 1500</b> | <b>PPO 2500</b> |
|  | Employee Only                                       |  | \$1,354.83   | \$1,192.26   | \$1,135.09     | \$1,097.54     | \$1,000.54      | \$944.64        |
|  | Employee & Spouse                                   |  | \$3,039.12   | \$2,674.42   | \$2,546.13     | \$2,461.92     | \$2,244.35      | \$2,118.98      |
|  | Employee with children                              |  | \$2,210.72   | \$1,945.43   | \$1,852.10     | \$1,790.87     | \$1,632.60      | \$1,541.39      |
|  | Family  |  | \$3,039.12   | \$2,674.42   | \$2,546.13     | \$2,461.92     | \$2,244.35      | \$2,118.98      |
|  | <b>COBRA REGULARS (18 Months)</b>                   |  |              |              |                |                |                 |                 |
|  | Employee Only                                       |  | \$1,381.93   | \$1,216.11   | \$1,157.79     | \$1,119.49     | \$1,020.55      | \$963.53        |
|  | Employee & Children                                 |  | \$2,254.93   | \$1,984.34   | \$1,889.14     | \$1,826.69     | \$1,665.25      | \$1,572.21      |
|  | Employee & Spouse or Family                         |  | \$3,099.90   | \$2,727.91   | \$2,597.05     | \$2,511.16     | \$2,289.24      | \$2,161.36      |
|  | <b>COBRA DISABILITY (up to 29 Months)</b>           |  |              |              |                |                |                 |                 |
|  | Employee Only                                       |  | \$2,032.25   | \$1,788.39   | \$1,702.63     | \$1,646.30     | \$1,500.81      | \$1,416.96      |
|  | Employee & Children                                 |  | \$3,316.08   | \$2,918.14   | \$2,778.15     | \$2,686.31     | \$2,448.90      | \$2,312.08      |
|  | Employee & Spouse or Family                         |  | \$4,558.67   | \$4,011.63   | \$3,819.19     | \$3,692.88     | \$3,366.53      | \$3,178.47      |

|                                      |   |            |
|--------------------------------------|---|------------|
| R<br>E<br>T<br>I<br>R<br>E<br>E<br>S | <b>MEDICARE RETIREE GROUP COMPANION PLAN</b>                    |            |
|                                      | <i>Participants must also have Medicare Part A &amp; Part B</i> |            |
|                                      | Retiree Only with Medicare                                      | \$629.44   |
|                                      | Retiree & Spouse with Medicare                                  | \$1,258.88 |
|                                      | <b>SPLIT CONTRACTS</b>  |            |
|                                      | <i>Dependent on Medicare eligibility</i>                        |            |
|                                      | Subscriber with Medicare, Spouse on Active Plan                 | \$1,984.27 |
|                                      | Subscriber on Active Plan, Spouse with Medicare                 | \$1,984.27 |
|                                      | Subscriber with Medicare, Spouse on Active Plan                 | \$1,821.70 |
|                                      | Subscriber on Active Plan, Spouse with Medicare                 | \$1,821.70 |

Please contact the Health Trust for Premium Rates for Retirees with children

|   |                                   |  |               |  |                     |
|---|-----------------------------------|--|---------------|--|---------------------|
| O<br>T<br>H<br>E<br>R<br><br>B<br>E<br>N<br>E<br>F<br>I<br>T<br><br>P<br>L<br>A<br>N<br>S | <b>DENTAL PLAN</b>                |  | <b>ACTIVE</b> | <b>RETIREE</b>                                 | <b>COBRA</b>        |
|   | Employee Only                     |  | \$43.79       | \$44.67  | \$44.67             |
|   | Employee & Spouse                 |  | \$75.60       | \$77.11  | \$77.11             |
|   | Employee with Children            |  | \$144.29      | \$147.17                                       | \$147.17            |
|   | Family                            |  | \$144.29      | \$147.17                                       | \$147.17            |
|   | <b>VISION PLAN</b>                |  | <b>ACTIVE</b> | <b>COBRA</b>                                   |                     |
|   | Employee Only                     |  | \$5.58        | \$5.69   |                     |
|   | Employee & Spouse                 |  | \$11.15       | \$11.37  |                     |
|   | Employee with Children            |  | \$11.94       | \$12.18  |                     |
|   | Family                            |  | \$19.09       | \$19.47  |                     |
|   | <b>INCOME PROTECTION PLAN</b>     |  | \$2.14        | Per \$100 of coverage per month                |                     |
|   | <b>LIFE (No Medical coverage)</b> |  | \$0.30        | Per \$1,000 of coverage per month              |                     |
|   | <b>SUPPLEMENTAL LIFE</b>          |  | \$0.30        | Per \$1,000 of coverage per month              |                     |
|   | <b>DEPENDENT LIFE</b>             |  | \$1.50        | for Option A                                   | \$3.20 for Option B |
|   | <b>LONG TERM DISABILITY</b>       |  |               |  |                     |
|   | EMPLOYER PAID:                    |  | \$0.44        | Per \$100 of Covered Payroll                   |                     |
|   | EMPLOYEE PAID:                    |  |               | Age banded (Call the Health Trust for details) |                     |