

STATE OF MAINE -- POINT OF SERVICE BENEFIT OVERVIEW -- Effective July 1, 2009

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.
 Translation: If you need Spanish-language assistance to understand this document, you may request it at no additional cost by calling the customer service number on the back of your id card or in your booklet.

Benefit	Primary Care Physician Benefit Level		Self-Referred Level
	Preferred	Referred Level	
IMPORTANT INFORMATION	<p>To receive benefits at the Preferred or Referred level, the services must be provided or authorized by your Primary Care Physician (PCP) unless otherwise stated. Please see page 10 for a list of Preferred Hospitals. A complete list of preferred PCPs is available on the State of Maine member page on Anthem.com or by calling the Customer Service Department at the telephone number on your ID card.</p> <p>Benefits are based on a maximum allowance for covered services. The maximum allowance is the most that will be paid for a particular service.</p> <p>You are responsible for any copayments, deductibles and coinsurance that may apply.</p> <p>Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.</p> <p>Ask your professional or provider whether the services you have received are included in the copayment amount.</p>		<p>Benefits are based on a maximum allowance for covered services. The maximum allowance is the most that will be paid for a particular service.</p> <p>Coverage described in this column applies when you self-refer to providers or professionals. (The Primary Care Physician does NOT provide or authorize services.)</p> <p>You may be responsible for filing claims and paying balance bills in addition to the copayments, deductible, and coinsurance. You may also need to pay the provider or professional up front.</p>
INPATIENT ADMISSION REVIEW Note: Your PCP calls 1-800-392-1016	<p>Scheduled inpatient admissions, except for planned cesarean sections, require preadmission authorization by the Primary Care Physician.</p> <p>For emergency admissions, you should call your Primary Care Physician within 48 hours after admission.</p>		<p>For scheduled inpatient admissions, excluding planned cesarean sections, you or someone you designate must call 1-800-392-1016 for preadmission review. If you self-refer and do NOT call for review before admission, benefits can be reduced by up to \$500. The \$500 penalty does not apply to emergency admissions.</p> <p>For emergency admissions you or someone you designate should call within 48 hours after admission.</p> <p>For maternity admissions you or someone you designate must call if the hospital stay is longer than 48 hours for a normal vaginal delivery or longer than 96 hours for a cesarean section.</p>

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24 HOUR NURSELINE CALL 1-800-607-3262	The 24-Hour Nurse Line is a free service included in your health plan. The 24-Hour Nurse Line can help you understand your health concern and research available options for the care you may need. The Nurse Line does not take the place of doctor visits.		
CALENDAR YEAR DEDUCTIBLE	None	\$200 Individual/\$400 Family	\$200 Individual/\$400 Family
CALENDAR YEAR COINSURANCE LIMIT	None	\$500 Individual/\$1,000 Family	\$1,800 Individual/\$3,600 Family
CALENDAR YEAR OUT-OF-POCKET LIMIT <i>Deductible and Coinsurance combined.</i> Copayments do not apply to the deductible or the out-of-pocket limit (Coinsurance paid under the PCP level of benefits counts toward your out-of-pocket limit under the self-referred benefit level. Deductibles and coinsurance paid under the self-referred benefit level do not count toward your out-of-pocket limit under the PCP level of benefits.)	None	\$700 Individual/\$1,400 Family	\$2,000 Individual/\$4,000 Family
LIFETIME MAXIMUM	Unlimited		\$1,000,000
HOSPITAL SERVICES (Services billed by a hospital) <u>Inpatient</u> General medical & surgical care <u>Outpatient</u> <ul style="list-style-type: none"> • Ambulatory Surgery • Laboratory tests and x-ray imaging services; other OP services • High Tech Diagnostics (SPECT, Nuclear Cardiology, MRI, CT Scan, PET Scan) • Colonoscopies (Screening & Medically Necessary) <u>Professional Services</u> Professional fees billed by a hospital	<p>100% -- no deductible/ no copay</p> <p>100% -- no deductible/ no copay</p> <p>100% -- no deductible</p> <p>100% after \$50 copay (no deductible)</p> <p>100% - no deductible</p> <p>100% -- no deductible</p>	<p>100% after \$100 copay per day up to \$300 per person per calendar year (no deductible)</p> <p>100% after \$50 copay (no deductible)</p> <p>100% after referred level deductible</p> <p>100% after \$50 copay (no deductible)</p> <p>100% - no deductible</p> <p>100% after referred level deductible</p>	<p>75% after self-referred deductible</p> <p>75% after self-referred deductible</p> <p>75% after self-referred deductible</p> <p>100% after \$50 copay (no deductible)</p> <p>75% after self-referred deductible</p> <p>75% after self-referred deductible</p>

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BARIATRIC SURGERY See Preferred Level Facilities List for hospitals designated as Preferred for bariatric surgery.	100% -- no deductible (Maine Medical Center and Eastern Maine Medical Center only)	100% after referred level deductible	75% after self-referred deductible
EMERGENCY ROOM CARE All other services associated with the emergency room care may be subject to the Referred Level deductible.	In an emergency, seek care immediately. Emergency room visit is covered at 100% after you pay a \$75 copayment. If you are admitted to the hospital from the emergency room, the emergency room copayment is waived and the applicable cost shares will be applied.		
WALK IN CENTER See the designated facility locations at the end of this Benefit Summary	100% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		75% after self-referred deductible
NON-HOSPITAL AMBULATORY SURGERY FACILITY	100% after \$50 copay (no deductible)		75% after self-referred deductible
NON-HOSPITAL LABORATORY & IMAGING HIGH TECH DIAGNOSTIC (SPECT, Nuclear Cardiology, MRI, CT Scan, PET Scan)	100% after referred level deductible 100% after \$50 copay (no deductible)		
AMBULANCE	100% after referred level deductible		
PROFESSIONAL / PHYSICIAN SERVICES -			Not Covered
Preventive Care	100% after \$0 copay when performed by your preferred PCP 100% after \$10 copay when performed by your participating PCP		
Immunizations	100% -- no deductible		100% after \$15 specialist copay
Lab/Pathology	100% -- no deductible		
X-rays/Diagnostic Tests	100% -- no deductible		
Well Woman Care	100% after \$0 preferred PCP copay/\$10 participating PCP copay, or 100% after \$15 specialist copay <i>You do not need PCP referral for an annual gynecological exam.</i>		100% after \$15 specialist copay
Immunizations	100% -- no deductible		
Lab/Pathology	100% -- no deductible		
X-rays/Diagnostic Tests	100% -- no deductible		
	Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		

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PROFESSIONAL / PHYSICIAN SERVICES (Continued) -			
Office Visits *	100% after \$0 PCP copay 100% after \$15 specialist copay	100% after \$10 PCP copay, or 100% after \$15 specialist copay	75% after self-referred deductible
Maternity First visit *	100% after \$0 PCP copay 100% \$15 specialist copay	100% after \$10 PCP copay, or 100% after \$15 specialist copay	75% after self-referred deductible
Pre/Postnatal Care /Delivery	100%		75% after self-referred deductible
<u>Inpatient Visits, Surgeries, and Other Professional Services</u>	100% after \$0 deductible (When performed by your Preferred PCP)	100% after referred level deductible	75% after self-referred deductible
<u>Colonoscopies</u> (Screening & Medically Necessary)	100% after \$0 deductible		75% after self-referred deductible
MAMMOGRAM	100% -- no deductible		
CHIROPRACTIC	100% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		75% after self-referred deductible
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY	100% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		75% after self-referred deductible <i>(Up to a \$3,000 limit per member per calendar year)</i>

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ROUTINE EYE EXAM * <i>(One routine eye exam per calendar year up to age 19, adults 65 and over, and people with diabetes. All other adults, one every two years. No referral required)</i>	100% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		
AUDIOLOGY *	100% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		75% after self-referred deductible
ACUPUNCTURE	80% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		50% after self-referred deductible
CARDIAC REHABILITATION Phase II *	100% after \$15 specialist copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.		Not Covered
Phase III	50% after referred level deductible		Not Covered
PULMONARY REHABILITATION	100% after \$0 deductible	100% after referred level deductible	75% after self-referred deductible

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NUTRITIONAL COUNSELING <i>Limit: 3 visits per condition. May be extended if authorized by PCP</i>		100% after referred level deductible	75% after self-referred deductible
DURABLE MEDICAL EQUIPMENT		100% after referred level deductible	75% after self-referred deductible <i>(Up to \$3,000 per member per calendar year)</i>
CUSTOM MOLDED SHOE INSERTS FOR MEMBERS WITH DIABETES <i>(see contract language)</i>		80% after referred level deductible	50% after self-referred deductible
PROSTHETICS (EXCLUDING LIMBS) Prosthetics for limb replacement		100% after referred level deductible 100% after referred level deductible	75% after self-referred deductible 80% (deductible does not apply)
INFERTILITY TREATMENT SERVICES <i>(Up to \$20,000 lifetime limit)</i>		80% after referred level deductible Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 80%.	Not Covered
TEMPOROMANDIBULAR JOINT SYNDROME (TMJ) SERVICES *		100% after referred level deductible Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.	75% after self-referred deductible
SPECIAL SERVICES Skilled Nursing Facility <i>Limit: 100 days in a calendar year</i> Home Health Care Hospice		100% after referred level deductible 100% after referred level deductible 100% after referred level deductible	75% after self-referred deductible 75% after self-referred deductible 75% after self-referred deductible

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SMOKING CESSATION			
Smoking Cessation Program		100% after referred level deductible	75% after self-referred deductible
Prescribed Medications		Prescription Drug Copayment Applies	Prescription Drug Copayment Applies
Physician Follow-up Visits *		100% after \$0 preferred PCP copay/\$10 participating PCP copay Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.	75% after self-referred deductible

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Benefit	
<p>PRESCRIPTION DRUGS Deductible does not apply</p> <p>Certain Maine retail pharmacies can fill your prescription at the same copayments that apply to the mail service pharmacy level of benefits. Please ask your pharmacy if they offer this special arrangement, or call our Customer Service Department at the phone number on your ID card for a list of retail pharmacies that offer the mail service pharmacy level of benefits.</p> <p>You can also find a list of pharmacies that match the mail service pharmacy level of benefits on our website at: www.anthem.com. Select Member, Select “Maine” and click “Enter Site”. Click on Participating Mail Order Pharmacies.</p>	<p>Retail Pharmacy: Tier 1: \$10 copayment for up to a 59-day supply (a 60 to 90 day supply would be 2 copayments, or \$20); Tier 2: \$30 copayment for up to a 59-day supply (a 60 to 90 day supply would be 2 copayments, or \$60); Tier 3: \$45 copayment for up to a 59-day supply (a 60 to 90 day supply would be 2 copayments, or \$90); Infertility and Impotence Drugs: \$50 copayment for up to a 59-day supply (a 60 to 90 day supply would be 2 copayments, or \$100).</p> <p>If an FDA-approved generic drug is available for a brand name drug, but you or your physician choose the higher price brand name drug, then you are responsible for the brand name drug copayment plus the difference in cost between the brand name drug and the generic drug.</p> <p>Retail Pharmacy choosing to offer the Mail Service Pharmacy level of benefits: Tier 1: \$10 copayment for up to a 90 day supply Tier 2: \$30 copayment for up to 90 day supply Tier 3: \$45 copayment for up to a 90 day supply Infertility and Impotence Drugs: \$50 copayment for up to a 90 day supply</p> <p>If an FDA-approved generic drug is available for a brand name drug, but you or your physician choose the higher price brand name drug, then you are responsible for the brand name drug copayment plus the difference in cost between the brand name drug and the generic drug.</p> <p>Mail Service Pharmacy: Tier 1: \$10 copayment for up to a 90 day supply Tier 2: \$30 copayment for up to a 90 day supply Tier 3: \$45 copayment for up to a 90 day supply Infertility and Impotence Drugs: \$50 copayment for up to a 90 day supply</p> <p>If an FDA-approved generic drug is available for a brand name drug, but you or your physician choose the higher price brand name drug, then you are responsible for the brand name drug copayment plus the difference in cost between the brand name drug and the generic drug.</p>
<p>Certain prescription drugs are not covered when clinically equivalent alternatives are available – including certain proton pump inhibitors, non-sedating antihistamines, or eye drops (ophthalmic allergy agents). With a physician’s prescription, Prilosec OTC is covered at the Tier 1 copayment levels. If an FDA-approved generic drug is not covered by the Plan, the member may choose the brand name drug and pay only the brand name copay. For more information regarding your prescription drug program, please call our Customer Service Department at the toll-free phone number on the back of your member ID card.</p>	
<p>ConditionCare Incentive Program (Applicable only to Members engaged in the Asthma and Heart Failure ConditionCare Programs):</p>	
<p>Asthma prescriptions</p>	<p>Tier 1 drugs = \$0 copayment; Tier 2 drugs = \$10 copayment; Tier 3 drugs = \$30 copayment</p>
<p>Heart Failure prescriptions</p>	<p>Tier 1 drugs = \$0 copayment; Tier 2 drugs = \$10 copayment; Tier 3 drugs = \$30 copayment</p>

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<p>MENTAL HEALTH SERVICES:</p> <p>Important Information on Receiving Mental Health and Substance Abuse Benefits</p> <p>**Listed Mental Illnesses: State of Maine Statute requires that benefits be provided at the same benefit level provided for medical treatment for the following listed mental illnesses:</p> <p>Psychotic disorders, including schizophrenia; dissociative disorders; mood disorders; anxiety disorders; personality disorders; paraphilias; attention deficit and disruptive behavior disorders; pervasive developmental disorders; tic disorders; eating disorders, including bulimia and anorexia; and substance abuse-related disorders.</p>	<p>The higher coverage level applies when the member calls Anthem Behavioral Health at 1-800-755-0851 for preauthorization of mental health and substance abuse services and receives those services from the provider that Anthem Behavioral Health indicates and that is on the State of Maine list of preferred providers.</p> <p>For scheduled inpatient services, you or someone you designate must call 1-800-755-0851 for preauthorization. For emergency admissions, you or someone you designate should call within 48 hours of admission.</p> <p align="center">FOR OUTPATIENT SERVICES YOU MUST CALL</p> <p>1-800-755-0851 for preauthorization of mental health and substance abuse services to be directed to an appropriate provider.</p>	<p>This coverage level applies when the member calls Anthem Behavioral Health at 1-800-755-0851 for preauthorization of mental health and substance abuse services and receives those services from the provider that Anthem Behavioral Health indicates.</p> <p>For scheduled inpatient services, you or someone you designate must call 1-800-755-0851 for preauthorization. For emergency admissions, you or someone you designate should call within 48 hours of admission.</p> <p align="center">FOR OUTPATIENT SERVICES YOU MUST CALL</p> <p>1-800-755-0851 for preauthorization of mental health and substance abuse services to be directed to an appropriate provider.</p>	<p>The self-referred level applies when the member does NOT call for preauthorization of mental health or substance abuse services OR chooses to use other than the provider that the behavioral health care manager indicates.</p> <p>For scheduled inpatient services, you or someone you designate must call Anthem Behavioral Health at 1-800-755-0851 for preauthorization. For listed mental illnesses, if you do not call for preauthorization, benefits can be reduced by up to \$500. The \$500 penalty does not apply to emergency admissions.</p> <p>For emergency admissions, you or someone you designate should within 48 hours of admission.</p>

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MENTAL HEALTH SERVICES			
**Listed mental illnesses including substance abuse:			
Inpatient	100% -- no deductible/ no copay	100% after \$100 copay per day up to \$300 per person per calendar year (no deductible) Mental health inpatient copay limit is combined with medical inpatient hospital services copay limit – see page 2 of this document	75% after self-referred deductible
Day Treatment	100% -- no deductible	100% after referred level deductible	75% after self-referred deductible
Outpatient *	100% after \$0 Preferred PCP copay 100% after \$15 specialist copay	100% after \$10 participating PCP copay 100% after \$15 specialist copay	75% after self-referred deductible
Hospital Emergency Room	100% after \$75 copay	100% after \$75 copay	100% after \$75 copay
Office Visits *	100% after \$0 Preferred PCP copay 100% after \$15 specialist copay	100% after \$10 participating PCP copay 100% after \$15 specialist copay	75% after self-referred deductible
Home Health Care Services	100% after referred level deductible Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.	100% after referred level deductible Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.	75% after self-referred deductible

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<u>Non listed mental illnesses:</u>			
Inpatient <i>Up to a combined limit of 31 days per calendar year</i>	100% -- no deductible/ no copay	100% after \$100 copay per day up to \$300 per person per calendar year (no deductible) Mental health inpatient copay limit is combined with medical inpatient hospital services copay limit – see page 2 of this document	80% after self-referred deductible
Day Treatment	100% -- no deductible Two days of day treatment equal one day of inpatient services.	100% after referred level deductible Two days of day treatment equal one day of inpatient services.	80% after self-referred deductible Two days of day treatment equal one day of inpatient services.
Outpatient* <i>Up to a combined limit (Outpatient & Office Visits) of 40 visits per calendar year.</i>	100% after \$0 Preferred PCP copay 100% after \$15 specialist copay	100% after \$10 participating PCP copay 100% after \$15 specialist copay	50% after self-referred deductible
Home Health Care Services		100% after referred level deductible Services (for example, diagnostic and surgical services) received during or associated with an office visit or services ordered or rendered by a professional or provider may be subject to the Referred Level deductible (in addition to the copayment), then paid at 100%.	75% after self-referred deductible

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***Preferred Level Facilities Effective August 1, 2009
(Except for Bariatric Care. Centers of Excellence for Bariatric Surgery are listed below)***

This list is subject to change based on State Employee Health Commission updates. Updated lists are published as soon as possible after State Employee Health Commission updates are announced. Please visit your Employee Health & Benefits web page at www.maine.gov/beh/ or the State of Maine Members web page on Anthem.com: www.anthem.com > enter as a member from Maine and go to State of Maine Members.

Aroostook Medical Center (Presque Isle) **
Blue Hill Memorial Hospital (Blue Hill) **
Cary Medical Center (Caribou)
Central Maine Medical Center (Lewiston)
Down East Community (Machias)
Eastern Maine Medical Center (Bangor)
Franklin Memorial (Farmington)
Goodall Hospital (Sanford)
Houlton Regional Hospital *
Inland Hospital (Waterville)
Maine Coast Memorial Hospital (Ellsworth)
Maine Medical Center (Portland)
MaineGeneral (Augusta/Waterville) *
Mayo Regional Hospital (Dover-Foxcroft)

Mercy Hospital (Portland)
Mid Coast Hospital (Brunswick)
Miles Memorial Hospital (Damariscotta)
Millinocket Regional Hospital
Mt. Desert Island Hospital (Bar Harbor)
Northern Maine Medical Center (Fort Kent)
Parkview Adventist Medical Center (Brunswick) *
Pen Bay Medical Center (Rockport)
Readington-Fairview General (Skowhegan) *
Sebasticook Valley Hospital (Pittsfield)
Southern Maine Medical Center (Biddeford)
St. Joseph Hospital (Bangor)
St. Mary's (Lewiston)
Stephens Memorial Hospital (Norway)
Waldo County General (Belfast) **

* Hospitals added August 1, 2009

** Hospitals added February 1, 2009

***Centers of Excellence for Bariatric Surgery
Effective July 1, 2009***

Maine Medical Center (Portland, Maine)

Eastern Maine Medical Center (Bangor, Maine)

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<i>Designated Walk In Centers</i>	Hours:
American Current Care dba Concentra 34 Gilman Road, Bangor, ME 04401 Phone: 207-941-8300	Mon-Fri: 7:00am to 7:00pm Sat: 8:00am to 12:00pm
Expresscare 325C Kennedy Memorial Drive, Waterville, ME 04901 Phone: 207-873-3961	Mon-Fri: 9:00am to 6:00pm Sat: 9:00am to 3:00pm
Freeport Medical Center 42 Mallett Drive, Freeport, ME 04032 Phone: 207-865-3491	Mon-Fri: 8:00am to 6:00pm Sat: 10:00am to 12:00pm
Goodall Express 10 Goodall Drive, Waterboro, ME 04030 Phone: 207-490-7760	Mon-Fri: 9:00am-6:00pm, Sat: 8:00am-1:00pm
Mercy Express Care 40 Park Road, Westbrook, ME 04092 Phone: 207-857-8174	Daily from 8:00am-8:00pm
Mercy Express Care 409 Roosevelt Trail, Windham, ME 04062 Phone: 207-893-0290	Daily from 8:00am-8:00pm
<p>This list is subject to change without notice. For updated information, please call Customer Service or visit the State of Maine web page on anthem.com at http://www.anthem.com/stateofmaine</p>	

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