

MaineHealth[®]

SUMMARY OF MATERIAL MODIFICATIONS TO THE MAINEHEALTH EMPLOYEE HEALTH PLAN HEALTH PARTNERS HMO OPTION

Effective January 1, 2006

The MaineHealth Employee Health Plan HMO Option has been amended and this Summary of Material Modification describes the changes made to the HMO Summary Plan Description. You should read this summary, along with the Summary Plan Description and the Benefit Overview of the Employee Health Plan HMO Option to gain an understanding of how these modifications affect the benefits provided under the plan.

ELIGIBILITY

The “**Additional Special Enrollment Rights**” provision is changed by adding the following to the list of conditions required for enrollment:

1. The member no longer resides in such coverage’s permitted service area provided that no other coverage under the plan is available to the Member;
2. Benefits are no longer offered to a class of similarly situated individuals. For example, if a Plan terminates health coverage for all part-time workers, the part-time workers incur a loss of eligibility for coverage, even if the Plan continues to provide coverage to other employees;
3. The application of the lifetime maximum benefit through another carrier’s coverage;
4. A dependent loses eligible dependent status. An employee who is already enrolled in a benefit option may enroll in another option under the Plan due to a dependent losing eligible dependent status.

COBRA

The **Continuation of Coverage – COBRA** provision is changed by adding the following:

CONTINUATION OF COVERAGE DUE TO MILITARY SERVICE

In the event you are no longer actively at work due to military service in the Armed Forces of the United States, you may elect to continue health coverage for yourself and your Dependents (if any) under this Plan in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

Military service means performance of duty on a voluntary or involuntary basis, and includes active duty, active duty for training, initial active duty for training, inactive duty training, and full-time National Guard duty.

You may elect to continue to cover yourself and your eligible dependents (if any) under this Certificate and upon payment of any required contribution for health coverage. This may include

the amount the employer normally pays on your behalf. If your military service is for a period of time less than 31 days, you may not be required to pay more than the active employee contribution, if any, for continuation of health coverage. If continuation is elected under this provision, the maximum period of health coverage under this Certificate shall be the lesser of:

- The 18-month period (24 months if continuation is elected on or after 12/10/2004) beginning on the first date of your absence from work; or
- The day after the date on which you fail to apply for or return to a position of employment.

Regardless whether you continue your health coverage, if you return to your position of employment your health coverage and that of your eligible dependents (if any) may be reinstated under this Plan.

PRIMARY CARE PHYSICIAN

The “**Specialist and Referrals**” subsection is changed by adding the following:

You may receive eye care services from a Preferred Network in-network eye care provider without obtaining a referral from your primary care physician for a maximum of two visits, one initial visit and one follow-up visit, for each occurrence requiring urgent care. See the “Covered Services” section; subsection “Eye Care Services” for information about this benefit.

COVERED SERVICES

The “**Dental Care**” provision is deleted and replaced with the following:

DENTAL CARE

Benefits are provided for only the following teeth and jaw services:

- Setting a jaw fracture;
- Removing a tumor (but not a root cyst);
- Removing impacted or unerupted teeth in a non-hospital or non-rural health center setting;
- Repairing or replacing dental prostheses damaged by an accidental bodily injury within six months of the date of the injury or within six months of the effective date of coverage, whichever is later;
- Treatment within six months of an accidental injury to repair or replace natural teeth or within six months of the effective date of coverage, whichever is later.

MASSAGE THERAPY

Benefits are provided for massage therapy when performed by a registered physical therapist, occupational therapist, chiropractor or licensed massage therapist, as part of a medically necessary treatment plan. Please refer to your Benefit Overview for the applicable limit. Prior to obtaining services, a referral from your Primary Care Physician is required. *Licensed Massage Therapists have been added to the definition of “Professional / Other Professionals”.*

ORTHOGNATHIC SURGERY

Benefits are provided for medically necessary orthognathic surgery. Orthognathic surgery deemed to be cosmetic by the plan administrator is not covered. *The "exclusion" of orthognathic surgery has been deleted in its entirety.*

NETWORK FACILITIES

Any reference to Preferred Facility should be replaced with Preferred Network Benefit Level. Any reference to Non-Preferred Facility should be replaced with Participating Benefit Level.

NETWORK PROVIDERS AND PROFESSIONALS

Network Providers and Professionals are further defined as Preferred Network and Participating Network providers and professionals.

MODIFICATIONS TO THE FOLLOWING COVERED SERVICE TAKE EFFECT JANUARY 1, 2005

METABOLIC FORMULA AND LOW PROTEIN FOOD PRODUCTS

The Plan currently provides benefits for metabolic formula up to \$3,000 per member per calendar year for special modified low-protein food products for patients with diseases caused by inborn errors of metabolism. Effective January 1, 2005 in addition to covering this benefit for inborn errors of metabolism, the Plan will also provide benefits for protein intolerance. To be covered, these products must be specifically manufactured for patients with diseases caused by inborn errors of metabolism or protein intolerance.

If you have any questions regarding the changes described in this summary, please call the MaineHealth Corporate Benefits Coordinator at (207) 662-3484.