

DirigoChoice PPO Summary of Benefits

Calendar Year Deductible	Varies according to subsidy level and plan	
General		
Mental Health (non-biologically based)		
Calendar Year Out of Pocket Maximum (OOP)	Varies according to subsidy level and plan	
	In-Network Benefit	Out-of-Network Benefit
Coinsurance	The Plan pays 70%	The Plan pays 50%
	The Member pays 30% Unless otherwise indicated	The Member pays 50% Unless otherwise indicated
Copayment	\$25 Copayment where indicated	\$35 Copayment where indicated
Service	In-Network Benefit The Plan Pays:	Out-of-Network Benefit The Plan Pays:
Hospital Services		
Inpatient	70% after Deductible	50% after Deductible
Outpatient		
Emergency Room Services	70% after Deductible	70% after Deductible
Screening Mammograms	100%, no Copayment or Deductible	100%, no Copayment or Deductible
Professional Services		
Inpatient	70% after Deductible	50% after Deductible
Outpatient		
Diagnostic tests, x-rays, and surgery		
Endoscopic Procedures (including Colonoscopies)	70% after Deductible	50% after Deductible
Maternity Care		
Pre- & Post-natal	\$25 Copayment first prenatal visit, then 100%	\$35 Copayment first prenatal visit, then 70%
Delivery	70% after Deductible	50% after Deductible
Physician Office Visits		
Sick Care	100% after \$25 Copayment, Deductible does not apply	70% after \$35 Copayment, Deductible does not apply
Specialists	100%, no Copayment or Deductible	50% after \$35 Copayment, Deductible does not apply
Routine/Preventive (including any associated diagnostic tests and x-rays)		

<p>Hearing aids</p> <p>For Members through the age limit required by Maine law². Limited to one (1) hearing aid every 36 months, per hearing impaired ear, up to a limit of \$1,400</p>	70% after Deductible	50% after Deductible
<p>Other Services</p> <p>Occupational, Speech, and Physical Therapies – Combined limit of \$3,000 per calendar year</p> <p>Chiropractic Care / Manipulative Therapy Combined limit of 40 visits per calendar year</p> <p>Skilled Nursing Facility – Up to 100 days per Member per calendar year</p> <p>Hospice</p> <p>Home Health Care</p> <p>Ambulance</p> <p>Cardiac Rehabilitation – Up to 24 visits per Member per calendar year Durable</p> <p>Medical Equipment – Up to \$3,500 per Member per calendar year</p> <p>Prostheses (excluding limbs)</p> <p>Prostheses for limb replacement</p> <p>Smoking Cessation: Smoking Cessation Program – up to \$35 per program /\$70 per lifetime</p> <p>Physician Office Visits – up to 2 per Member per calendar year</p> <p>Smoking Cessation Medications</p>	<p>70% after Deductible</p> <p>70% after Deductible</p> <p>70% after Deductible</p> <p>100% after \$25 Copayment, Deductible does not apply</p> <p>70% after Deductible</p> <p>70% after Deductible</p> <p>70% after Deductible</p> <p>70% after Deductible</p> <p>70% after Deductible</p> <p>70%, Deductible does not apply</p> <p>100%, no Copayment or Deductible</p> <p>100% after \$25 Copayment, Deductible does not apply</p> <p>See the Prescription Drug section for additional information</p>	<p>50% after Deductible</p> <p>50% after Deductible</p> <p>50% after Deductible</p> <p>50% after \$35 Copayment, Deductible does not apply</p> <p>50% after Deductible</p> <p>70% after Deductible</p> <p>50% after Deductible</p> <p>50% after Deductible</p> <p>50% after Deductible</p> <p>70%, Deductible does not apply</p> <p>100%, no Copayment or Deductible</p> <p>70% after \$35 Copayment, Deductible does not apply</p> <p>See the Prescription Drug section for additional information</p>