

Schedule of Benefits

Mending Health • Mending Direct Primary Care Gold \$0 Ded (\$0 DPC + \$0 PCP + \$0 Mental Health) • Maine
54879ME0020006-00

Overview

The Schedule of Benefits (SOB) is a summary of benefit limits and Cost-Sharing amounts You must pay for certain Covered Benefits. However, it is intended to help you compare covered benefits and is a summary only. Please see Your Evidence of Coverage or reach out to customer service at 1-877-522-5151 for additional coverage details.

This is a HMO network Plan where it is highly encouraged to establish a relationship with a singular Primary Care Provider, whether that be a Direct Primary Care (DPC) provider or a more traditional PCP. You have access to both the “Mending Health Maine MP Network” and the “Mending Health Maine DPC Network”. The DPC Network is unique to this Plan and Mending’s most popular benefit. Your overall Network includes providers and facilities throughout the states of Maine and New Hampshire. However, there are hospitals, health care facilities, physicians or other health care providers that are not included in this Plan’s Network. Please check Mending’s Network Directory to check if a provider is In-Network with Mending in your Plan. All services and supplies must be provided by a Mending Network Provider, unless:

- The services are for Emergency Care, ambulance services related to an Emergency for transportation to a Hospital, or Urgent Care services received at an Urgent Care Center; or
- Are authorized by Mending.

A Note About Direct Primary Care

Mending’s Network of Primary Care providers includes Direct Primary Care providers (DPCs), which is a higher access and more relationship-based model of care. DPCs typically have a small patient panel which affords much more time and flexibility for their patients, like You. Mending’s DPCs provide tailored care during unrushed visits, which ultimately helps build a more trusted doctor-patient relationship. Once You select the DPC that best fits You and Your needs, You will see the same provider consistently, whether it is in-person, over video (Telemedicine), or other modes of communication like phone calls, email, or even text. There is no Member Cost-Share for any of these visits or communications – including the monthly membership fee of being part of a DPC practice. In-Network Primary Care visits are covered in full by Mending Health.

To take full advantage of this unique benefit, please reach out to our care guide team at 1-877-522-5151 and We will help you set up a relationship with one of our Direct Primary Care (DPC) providers.

Prior Authorization

Coverage for certain benefits requires Prior Authorization. If you do not receive Prior Authorization when required, payment for care may be denied. To verify Prior Authorization requirements, call Customer Service at 1-877-522-5151, or refer to the Prior Authorization List at mendinghealth.com.

Plan Year 2026	
In-Network Deductible	\$0 Individual \$0 Family
In-Network Maximum Out of Pocket	\$8,800 Individual \$17,600 Family

Medical Benefits

Service	In-Network Cost-Share	Limits/Explanations
Primary Care Office Visit	Covered in full	
Specialist Office Visit	Up to \$35 Copay	
Preventive Care Visits Including, but not limited to, Routine Annual Physical Exam, Immunizations, Well-Baby Care, Well-Child Care, Cancer Screening Mammography, Prostate Cancer Screening Exam, Colorectal Cancer Screening Exam, Ovarian and Cervical Cancer Screening Exam, Prenatal Visits	Covered in full	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay.
Allergy Testing, Serum, and Injections	Up to \$35 Copay	The benefit also includes injections. Cost-Share driven by provider / setting
Routine Labs and Diagnostic Testing	50% Coinsurance	
Diagnostic Imaging Includes X-rays, Ultrasound, Echo	50% Coinsurance	Cost-Share driven by provider / setting
Advanced Imaging and Radiology Includes CT Scans, MRI, PET Scans	50% Coinsurance	Preauthorization may be required
Chiropractic Care	\$30 Copay	Limited to 40 Visits per Year, combined with Manipulative Therapy. Cost-Share is driven by provider/setting
Outpatient Procedure (Including Facility charges)	50% Coinsurance	Preauthorization may be required
Outpatient Physician Services	50% Coinsurance	Preauthorization may be required
Emergency Care	50% Coinsurance	Non-Network Emergency Room and Ambulance services are covered at the Network Cost-Sharing amount if the services are for an emergency condition as defined in your Plan
Ambulance Transportation	50% Coinsurance	
Urgent Care	\$100 Copay	When temporarily out of the State, Non-Network Urgent Care services are covered at the Network Cost-Sharing amount. Cost-Share

		is driven by provider/setting
Inpatient Care (Including Facility and Physician charges)	50% Coinsurance	Preauthorization Required
Skilled Nursing Facility	50% Coinsurance	Limited to 150 days per Year. Preauthorization Required
Outpatient Mental Health Care, Serious Mental Illness, and Chemical Dependency	Covered in full	
Maternity Care Childbirth/Delivery Professional Services	50% Coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere (i.e., ultrasound)
Outpatient Rehabilitation Services Physical Therapy, Occupational Therapy, Speech Therapy	\$30 Copay	Rehab/Hab covered with shared limits for Physical Therapy, Occupational Therapy, and Speech Therapy. 60 visits combined per calendar year. Cost share driven by provider/setting. Visit limits do not apply to treatment of Autism Spectrum Disorder
Habilitation Services Physical Therapy, Occupational Therapy, Speech Therapy	\$30 Copay	
Home Health Care	50% Coinsurance	Preauthorization required
Hospice Care	50% Coinsurance	Members can receive benefits for Hospice Care services by a Home Health Agency covered up to 24 hours during each day of care. Respite Care covered for up to a 48-hour period
Durable Medical Equipment (DME)	50% Coinsurance	Preauthorization may be required
Diabetes Management Diabetes Self-Management Training, Diabetes Education, Diabetes Care Management	Covered in full	
Diabetes Equipment and Supplies	50% Coinsurance	
Hearing Aids and Cochlear Implants	50% Coinsurance	Limited to \$3,000 per hearing aid for each hearing-impaired ear every 36 months
Pediatric Vision	Covered in full	Covered up to age 19 for 1 Exam per Year and 1 prescribed frames and lenses or contact lenses covered once every 24 months

Fertility Treatment Diagnostic Care, Preservation Services, Treatment	50% Coinsurance	IVF, GIFT, ZIFT and FET limited to two lifetime cycles. Storage of reproductive material covered from time of cryopreservation for up to 5 years. Preauthorization may be required
All Other Covered Medical Benefits (Not specified herein)	50% Coinsurance	Preauthorization may be required

Pharmacy Benefits

	In-Network Cost-Share	Limits/Explanations
Retail Pharmacy (30 Day Supply)		
Tier 1 Generic Drugs	\$15 Copay	90-day supply for Maintenance Drugs and Mail Order is subject to 3x retail Cost-Sharing amount. Narcotics are limited to a 30-day supply. Your cost for a covered insulin drug will not exceed \$35 per 30-day supply for \$105 per 90-day supply. Preauthorization/step therapy may be required
Tier 2 Preferred Brand Name Drugs	\$50 Copay	
Tier 3 Non-Preferred Drugs	\$100 Copay	
Tier 4 Specialty Pharmacy Drugs and Oral Anticancer Medications	\$200 Copay	No 90-day supply available for Maintenance Drugs or Mail Order. Preauthorization may be required

Eligible American Indians are exempt from Cost-Sharing requirements when Covered Services are rendered by an Indian Health Service, Indian Tribe, Tribal Organization or Urban Indian Organization, or through Referral under contract health services.

You may contact the Maine Bureau of Insurance to obtain information on companies, coverage, rights or complaints at 1-800-300-5000 or <https://www.maine.gov/pfr/insurance/home>. You may write the Maine Bureau of Insurance at: 34 State House Station, Augusta, Maine 04333.