Schedule of Benefits

Taro Health • Direct Primary Care Silver • $0 PCP, Mental Health, Labs, Generics • Maine
54879ME0020003-00

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 1-833-928-0569 for additional coverage details.

This is a traditional HMO network Plan. You have access to both the "Taro Health Maine MP Network" and the "Taro Health Maine DPC Network". Your Network includes providers 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. All services and supplies must be provided by a Taro 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 Taro.

Direct Primary Care

Network Primary Care visits are always covered in full by Taro Health. In addition, Taro's Network Primary Care providers are Direct Primary Care providers (DPCs), which means they take on a smaller patient panel to have more time and flexibility for their patients, like You. Taro's DPCs provide tailored care during unrushed visits, which ultimately helps build a more trusted patient-physician relationship. Once You select the DPC that best fits You and Your needs, You will see the same physician 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. To take full advantage of this unique benefit, please reach out to customer service at 1-833-928-0569 and We will help you set up a relationship with one of our Direct Primary Care 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 1-833-928-0569, or refer to the Prior Authorization List at tarohealth.com.

Plan Year 2024	
Network Deductible	$7,550 Individual $15,100 Family
Network Maximum Out of Pocket	$9,000 Individual $18,000 Family

Medical Benefits

Service	Network Cost-Share	Limits/Explanations
Direct Primary Care Visit	Covered in full	All Primary Care Services (with the exception of OB/GYN and Pediatrician) must be provided by a Network Direct Primary Care provider
Primary Care Office Visit	Covered in full	
Specialist Office Visit	Up to $150 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, Gynecological exams, Pap tests, 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 $150 copay	The benefit also includes injections. Cost-Share driven by provider / setting
Routine Labs	Covered in full	
Diagnostic Imaging X-rays	$200 copay before deductible	Cost-Share driven by provider / setting
Imaging and Radiology CT Scans, MRI, PET Scans	$450 copay before deductible	Preauthorization may be required
Chiropractic Care	$150 copay before deductible	Limited to 40 Visits per Year, combined with Manipulative Therapy. Cost-Share is driven by provider/setting
Outpatient Facility Fee Ambulatory Surgery Center	Covered in full after deductible	Preauthorization may be required
Outpatient Physician Services	Covered in full after deductible	Preauthorization may be required
Emergency Care	Covered in full after deductible	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	Covered in full after deductible	
Urgent Care	$100 copay before deductible	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)	Covered in full after deductible	Preauthorization Required
Skilled Nursing Facility	Covered in full after deductible	Limited to 150 days per Year. Preauthorization Required
Mental Health Care, Serious Mental Illness, and Chemical Dependency Office Visit	Covered in full	
Maternity Care Prenatal and Postnatal Care recommended by the USPSTF and HRSA	Covered in full	Note: Depending on the type of services (such as Specialist Office Visits, Diagnostic Imaging Services, etc.), the applicable Cost-Sharing will apply.
Outpatient Rehabilitation and Habilitation Services Physical Therapy and Occupational Therapy	$150 copay before deductible	Hab and Rehab PT and OT is limited to 20 visits per Member per Year, combined. Hab and Rehab ST is limited to a total of 60 total combined visits per Member per Year, combined.
Outpatient Rehabilitation and Habilitation Services Speech Therapy	$150 copay before deductible	
Home Health Care	Covered in full after deductible	Preauthorization required
Hospice Care	Covered in full after deductible	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) Orthotics, Prosthetics **Prosthetics for Limb Replacement** Prosthetic devices to replace arms and legs, in whole or in part, including hands and feet	Covered in full after deductible Covered in full after deductible	Preauthorization may be required
Diabetes Management Diabetes Self-Management Training, Diabetes Education, Diabetes Care Management	Covered in full	
Diabetes Equipment and Supplies	Included in Our formulary. See Pharmacy Benefits below for the Cost-Sharing amount	

Hearing Aids and Cochlear Implants	Covered in full after deductible	Limited to $3,000 per hearing aid for each hearing-impaired ear every 36 months for members over age 19. $3,000 limit does not apply to members through age 18
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	Covered in full after deductible	IVF, GIFT, ZIFT and FET limited to two lifetime cycles. Storage of reproductive material covered from time of cryopreservation for up to 5 years
All Other Covered Medical Benefits (Not specified herein)	Covered in full after deductible	Preauthorization may be required

Pharmacy Benefits

	Network Cost-Share	Limits/Explanations
Retail Pharmacy (30 Day Supply)		
Tier 1 Generic Drugs	Covered in full	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	$160 copay before deductible	
Tier 3 Non-Preferred Drugs	Covered in full after deductible	
Tier 4 Specialty Pharmacy Drugs	Covered in full after deductible	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.