HEALTH INSURANCE
AND PRESCRIPTION DRUG PROGRAM

(Authorized by 5 MRSA, §285)

SUMMARY OF HEALTH INSURANCE PLAN

- The State of Maine Health Plan is available to legislators and their eligible dependents.

- Medical coverage administered by Anthem Blue Cross Blue Shield provides the highest level of coverage when medical services are received by an in-network provider. Services include, but are not limited to, regular office visits, preventive care such as annual physicals, immunizations, and well-child care. No referrals are required under the plan, but some specialists may require a referral from your PCP to see you. Legislators are responsible for any copayments, deductibles and coinsurance, if applicable.

- The Office of Employee Health and Wellness (1-800-422-4503 or 207-624-7380 or info.benefits@maine.gov) can assist with general policy and coverage inquiries. Due to federal regulations concerning confidentiality of medical information under the HIPAA (Health Insurance Portability and Accountability Act), they cannot access your medical records. Therefore, specific questions about claims should be directed to Anthem (1-844-273-4614).

- Directions on how to find a doctor / "Find Care" on the Anthem website: https://findcare.anthem.com/fc-home

    - Register and Log In or search by Member ID Number
    - ID cards can be printed from this website

- ID cards are sent by Anthem in subscriber and dependents' names. Whether they are sent by mail or by email depends on how you set up your member account.

- Legislators who wish to enroll or make a change to their health benefits need to refer to the separate **Health, Dental and Vision Benefit Enrollments and Changes document** for additional information.

- Please note: If you are adding dependents, you will need to upload required documentation (i.e., Marriage certificate, Birth Certificate, or Domestic Partner Affidavit). The Domestic Partner Affidavit that will need to be completed prior to the upload is available on the Forms page: https://www.maine.gov/bhr/oeh/forms

PREMIUMS

A. NEWLY ELECTED LEGISLATORS AND RETURNING LEGISLATORS WHO DID NOT COMPLETE THE HEALTH CREDIT PREMIUM PROGRAM REQUIREMENTS BY THE MAY 15, 2026 DEADLINE

Legislature Pays: 95% of premium for Legislator and 50% of premium for eligible dependents.

Legislator Pays: 5% of individual premium for Legislator and balance of dependent coverage, if dependent coverage is elected.

The rates paid by the Legislator are listed below and are effective as of July 1, 2026. Rates are subject to change.

Legislator Only:	$59.86 / monthly
Legislator & Spouse/Dom Partner*:	$688.70 / monthly
Legislator/Spouse/Dom Partner & Child(ren)*:	$ 926.46 / monthly
Legislator & Child(ren):	$ 421.42 / monthly

B. RETURNING LEGISLATORS WHO COMPLETED THE HEALTH CREDIT PREMIUM PROGRAM REQUIREMENTS BY MAY 15, 2026:

Legislature Pays: 100% of premium for Legislator and 50% of premium for eligible dependents.

Legislator Pays: 0% of individual premium for Legislator and balance of dependent coverage, if dependent coverage is elected.

The rates paid by the Legislator are listed below and are effective as of July 1, 2026. Rates are subject to change.

Legislator Only:	$ 0.00 / monthly
Legislator & Spouse/Dom Partner*:	$ 626.10 / monthly
Legislator/Spouse Dom Partner & Child(ren)*:	$ 863.84 / monthly
Legislator & Child(ren):	$ 358.80 / monthly

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PAYMENT OF PREMIUMS – IMPORTANT INFORMATION

- **Monthly invoices will be sent by csONE Benefit Solutions** to the Legislator's home address for their share of the individual and/or dependent coverage, as applicable. **Legislators must remit payments as directed on the invoice.**

- **If premiums are not paid when due, cancellation of the entire policy may occur, terminating both the Legislator's and dependents' coverage based on the current paid through date of the policy**. Cancellation of your health insurance plan will also cancel your prescription drug coverage for you and any covered dependents. Policies regarding method and timing of payment are subject to change.

- Pursuant to 24-A, MRSA §3957, each legislator who participates in the health insurance program will also be assessed a monthly fee of up to $4.00 for each insured person.

ANNUAL HEALTH CREDIT PREMIUM PROGRAM

(Authorized by 5 MRSA, §285 sub-§7-A)

- Each year, active members of the State of Maine Health Plan may receive up to a 5% discount on their individual health insurance premium by annually participating in the Health Premium Credit Program, with the savings starting at the start of the new plan year that begins in July.

- **The following requirements must be completed by 5:00 PM on June 17, 2027, by both the primary subscriber (e.g. employee) and covered spouse or domestic partner, to qualify for the discount beginning July, 2027.**

    1. Log in or create an account at **https://www.wellstarme.org/**
    2. Complete the wellness questionnaire
    3. Complete one of the following "My Health" options:
    - Get your numbers from your Primary Care Provider (PCP) **OR** from a free-standing lab. Please note: your PCP must send a lab order to your preferred lab.
    - **OR** Receive a Flu Shot
    - **OR** Have a Well-Being Visit
    - **OR** Have an Annual Physical Exam
    - **OR** Have a Cancer Screening

    "My Health" options may be completed between May 1, 2026, and June 17, 2027.

SUMMARY OF PRESCRIPTION COVERAGE

Benefits are provided for prescription drugs through the State of Maine health plan. Judi RX (formerly Capital RX) is the plan's Pharmacy Benefit Manager. Prescriptions may be obtained for up to a 90-day supply through the Mail Order Program or at local retail pharmacies that have agreed to the mail order reimbursement arrangement. The current costs are as follows:

	Retail Network Pharmacy (up to a 30-day supply)	**Capital Rx Mail Order & Retail Network Pharmacy** (up to a 90-day supply)
Tier 1 – Preferred and Non-Preferred Generics	$15 copay per prescription	$30 copay per prescription
Tier 2 – Preferred Brand	$40 copay per prescription	$80 copay per prescription
Tier 3 – Non-Preferred Brand	$70 copay per prescription	$140 copay per prescription
Tier 4 – Specialty	25% coinsurance up to $200	N/A
Lifestyle - Infertility/Erectile Dysfunction	$50 copay per prescription	$75 copay per prescription

You share in the cost of your benefits. You will be responsible for the copayment or coinsurance for each new prescription or refill as specified above. The copayment is payable directly to the network pharmacy at the time the prescription is dispensed.

Office of Employee Health and Wellness (1-800-422-4503 or 207-624-7380 or info.benefits@maine.gov) can assist with general policy and coverage inquiries. Due to federal regulations concerning confidentiality of medical information under the HIPAA (Health Insurance Portability and Accountability Act), they cannot access your medication records. Therefore, specific questions about claims should be directed to Judi Rx at 1-833-502-1279. Dial 711 for TTY.

ID cards are mailed by Judi RX in Subscriber names only. Contact Judi RX directly at 1-833-502-1279 or log into their website: JudiRx Pharmacy Benefits Manager if additional or replacement ID cards are needed.

Additional information about prescription coverage can be found at: Office of Employee Health, Wellness and Workers' Compensation