

Maine Education Association (MEA) Benefits Trust health plans

Keeping the focus on you and your health

Effective
July 1, 2016



NEW! Vision benefits effective July 1, 2016

Now enjoy coverage on eyeglasses, contact lenses and more with your new Blue View VisionSM plan.



Vision

See **page 3** for more information.

The MEA Benefits Trust and Anthem Blue Cross and Blue Shield (Anthem) in Maine work hard to offer you **quality benefits at competitive prices**. The MEA Benefits Trust is pleased to negotiate these benefits and help contain your plan costs.

Table of contents

MEA Choice Plus	2
MEA Standard Plan	3
MEA Standard 500 Plan	3
MEA Standard 1000 Plan	3
Benefit comparison chart	4
Take care of yourself by using your preventive care benefits	8
Your prescription drug coverage helps you manage the high cost of medicines	11
Blue View Vision benefits	12
The Member Assistance Program is free and confidential	13
Health and wellness programs help you take charge of your health	14
Get rewarded for taking care of yourself	15
Onlife Health wellness program	15
Use convenient walk-in centers and LiveHealth Online	16
How Anthem protects your privacy	18
Your rights and responsibilities as an Anthem member	19
Your MEA Benefits Trust health plans enrollment notice	21

Earn financial incentives

Get rewarded by taking part in our health and wellness programs. See pages 14-15 for details.

The MEA Benefits Trust and Anthem invite you to:

Spread the health

Your Anthem health benefits make it easy for you to get the care and support you need to be a positive health influence on your family, friends and co-workers. These benefits include:

- **100% preventive care** – Most routine well visits, health screenings, childhood immunizations, well-baby care and women’s preventive care are fully covered when you use network doctors.
- **Choice** – Anthem’s large network of doctors, hospitals and other health care providers makes it easier for you to get the care you need when and where you need it.
- **Prescription drug coverage** – This helps control your out-of-pocket costs and offers even more savings on generics.
- **Coverage for emergencies** – Urgent and emergency care is covered wherever you are.
- **Health management programs** – Health and wellness programs help you make healthy lifestyle choices and manage long-term (chronic) health issues like asthma and diabetes.



Earn dollars for taking care of your health

Check out your plan’s incentive programs:

- **Anthem ConditionCare Incentive program** – You can lower some health care costs if you use a ConditionCare program to help manage certain chronic health problems.
- **Healthy Rewards** – Members 18 years old and older can earn financial rewards for actively participating in ConditionCare and Future Moms programs.

MEA Choice Plus

Network focused for **maximum savings**

In this point-of-service (POS) plan, you'll have the most coverage when you see doctors who are in the plan's (HMO Choice) network. You'll also need to choose a primary care physician (PCP) who will refer you to specialists, if necessary. The plan does cover out-of-network care; however, your out-of-pocket costs will be higher.

This plan covers:

- Preventive care at 100%
- Screenings and immunizations
- Well-child care
- Inpatient and outpatient care
- Emergency care

Plus:

- You'll need to choose a PCP.
- The plan's HMO Choice network has more than 4,000 health care providers.
- You're covered when you're away from home.
- Benefits are available for non-network providers, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use network providers.
- You can use Anthem and MEA Benefits Trust health and wellness programs to help you be your healthiest.

Ten tips for making the most of your **coverage:**

- 1 Know what your benefits cover before you go to the doctor.
- 2 Be ready to pay any copay at the time of service.
- 3 Show your member ID card(s) to the office staff.
- 4 Use network doctors and hospitals to lower your out-of-pocket costs.
- 5 Use emergency services for emergencies only.
- 6 Use LiveHealth Online or a walk-in center instead of the emergency room when it's not an emergency.
- 7 Notify your employer of any change of address or coverage status.
- 8 Enroll a new spouse or baby within 60 days. Contact your benefit office or go to anthem.com for forms.
- 9 Take advantage of Anthem's health and wellness programs to help you get and stay healthy.
- 10 Call us at the toll-free number on your Anthem ID card if you have any questions about your coverage.

Find a **network doctor** at **anthem.com**

An updated list of network providers is available at anthem.com. You can search by location, specialty or even languages spoken. If you don't have Internet access, call the number on your Anthem ID card for help finding a network provider.

MEA Standard Plan

MEA Standard 500 Plan

MEA Standard 1000 Plan

Note: For school units whose contract language on health insurance benefits is determined by collective bargaining agreements, introducing any new plans is subject to collective bargaining.

More choices with network advantages

With these preferred provider organization (PPO) plans, you'll get the most mileage out of your benefits when you choose a doctor from the plans' network. These plans cover out-of-network care; however, your out-of-pocket costs will be higher.

These plans cover:

- Preventive care at 100%
- Screenings and immunizations
- Well-child care
- Inpatient and outpatient care
- Emergency care

Plus:

- It's important to choose a PCP and see that doctor for your preventive care and general care when you're not feeling well. Referrals are not required to see a specialist.
- The plan's BlueChoice PPO network has more than 4,000 health care providers.
- You're covered when you're away from home.
- Benefits are available for non-network providers, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use network providers.
- You can use Anthem's health and wellness programs to help you manage and improve your health.

Welcome to Blue View Vision



All members enrolled in the MEABT medical plans will automatically be enrolled in Blue View Vision coverage, effective July 1, 2016.

Benefits include:

- Routine eye exams and materials, including glasses and contacts.
 - A routine eye exam every 12 months.
 - Once every 24 months you may select an eyeglass frame and receive an allowance toward the purchase price. You can also select eyeglass lenses or a supply of contact lenses every 24 months.
 - Access to one of the nation's largest vision networks with over 33,000 eye doctors at more than 26,000 locations. You choose how to get your glasses or contacts.
 - Use independent optometrists, ophthalmologists or opticians.
 - Order glasses online at glasses.com (or call 1-800-GLASSES).
 - Order contacts at [ContactsDirect](http://ContactsDirect.com) (visit contactsdirect.com or call 1-844-5-LENSES) or at 1-800 CONTACTS® (call or visit 1800contacts.com).
 - Visit national optical retail stores including [LensCrafters®](http://LensCrafters.com), [Sears OpticalSM](http://SearsOptical.com), [Target Optical®](http://TargetOptical.com), [JCPenney® Optical](http://JCPenneyOptical.com) and most [Pearle Vision®](http://PearleVision.com) locations.
- To find a network provider near you:
- Go to anthem.com.
 - Under *Useful Tools* on the right, select **Find a Doctor**.
 - Next, select a type of provider, place or name.
 - Select **Search**.

Note: if you are searching for an eye doctor before your Blue View Vision benefits begin, choose the Search as a Guest option.

Benefit comparison

Plans effective July 1, 2016 — June 30, 2017

	MEA Choice Plus	
Service	Higher benefit level	Self-referred benefit level
Important information	Coverage in this column applies to maximum allowances for covered services provided or authorized by your PCP	Coverage described in this column applies to maximum allowances for self-referred, covered services (those not authorized or performed by your PCP)
Primary care physician required	Yes	
Doctor office visits — sick care	100% after \$15 PCP copay 100% after \$25 specialist copay	65% after deductible
Preventive and well-care services (see pages 8-10) <small>Note: Members can self-refer to a participating obstetrician/gynecologist (OB/GYN) for their annual well-woman exam.</small>	100%	Not covered
Calendar-year deductible	\$100 per member \$200 per family	\$250 per member \$500 per family
Coinsurance limit	\$700 per member \$1,400 per family	\$2,250 per member \$4,500 per family
Deductible + coinsurance limit	\$800 per member \$1,600 per family	\$2,500 per member \$5,000 per family
Calendar-year copay maximum (office visits, emergency room (ER) and prescription copays apply)	\$6,050 per member \$12,100 per family	
Utilization management	All inpatient admissions, except emergency and maternity admissions, are subject to pre-admission authorization by your PCP.	All inpatient admissions, except emergency and maternity admissions, are subject to pre-admission authorization. You, your doctor or the provider must call Anthem Medical Management at 1-800-392-1016 .
Hospital services Inpatient Outpatient Emergency care in ER (Copay is waived if you are admitted.)	85% after deductible 85% after deductible 100% after \$200 copay	65% after deductible 65% after deductible 100% after \$200 copay
Professional services Inpatient Outpatient diagnostic tests Outpatient surgery Maternity	85% after deductible	65% after deductible
High-tech diagnostic radiology (including, but not limited to, CT scans, MRI/MRAs, nuclear cardiology and PET scans) These services require prior authorization.	85% after deductible	65% after deductible
Occupational therapy (OT), physical therapy (PT) and speech therapy	85% after deductible Office visit copay will apply to OT/PT evaluation or re-evaluation	65% after deductible
	No annual limit	
Chiropractic care — physical manipulations	85% after deductible	85% after deductible in-network provider 65% after deductible out-of-network provider
	You get up to 36 visits per calendar year when self-referring to a network provider. After 36 visits, PCP referral is required for payment at the higher benefit level. You have a limit of 40 visits per member, per calendar year.	

The percentages in the chart below show what the plan pays.
 For example, if it covers a service at 85%, your share (coinsurance) would be 15%.

MEA Standard Plan		MEA Standard 500 Plan		MEA Standard 1000 Plan	
In network	Out of network	In network	Out of network	In network	Out of network
Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals in the Blue Choice network		Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals in the Blue Choice network		Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals in the Blue Choice network	
Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals not in the Blue Choice network		Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals not in the Blue Choice network		Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals not in the Blue Choice network	
No		No		No	
100% after \$15 copay (PCP or specialist)	80% after \$15 copay (PCP or specialist)	100% after \$20 copay (PCP or specialist)	80% after \$20 copay (PCP or specialist)	100% after \$20 copay (PCP or specialist)	80% after \$20 copay (PCP or specialist)
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
\$200 per member \$400 per family		\$500 per member \$1,000 per family		\$1,000 per member \$2,000 per family	
\$600 per member \$1,200 per family		\$2,000 per member \$4,000 per family		\$2,000 per member \$4,000 per family	
\$800 per member \$1,600 per family		\$2,500 per member \$5,000 per family		\$3,000 per member \$6,000 per family	
\$6,050 per member \$12,100 per family		\$4,350 per member \$8,700 per family		\$3,850 per member \$7,700 per family	
All inpatient admissions, except emergency and maternity admissions, are subject to pre-admission authorization. You, your doctor or the provider must call Anthem Medical Management at 1-800-392-1016 .		All inpatient admissions, except emergency and maternity admissions, are subject to pre-admission authorization. You, your doctor or the provider must call Anthem Medical Management at 1-800-392-1016 .		All inpatient admissions, except emergency and maternity admissions, are subject to pre-admission authorization. You, your doctor or the provider must call Anthem Medical Management at 1-800-392-1016 .	
85% after deductible 85% after deductible 100% after \$200 copay	65% after deductible 65% after deductible 100% after \$200 copay	80% after deductible 80% after deductible 100% after \$200 copay	60% after deductible 60% after deductible 100% after \$200 copay	80% after deductible 80% after deductible 100% after \$200 copay	60% after deductible 60% after deductible 100% after \$200 copay
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible Office visit copay will apply to OT/PT evaluation or re-evaluation	65% after deductible Office visit copay and 20% coinsurance will apply to OT/PT evaluation or re-evaluation	80% after deductible Office visit copay will apply to OT/PT evaluation or re-evaluation	60% after deductible Office visit copay and 20% coinsurance will apply to OT/PT evaluation or re-evaluation	80% after deductible Office visit copay will apply to OT/PT evaluation or re-evaluation	60% after deductible Office visit copay and 20% coinsurance will apply to OT/PT evaluation or re-evaluation
60 visits per member, per calendar year for all therapies combined		60 visits per member, per calendar year for all therapies combined		60 visits per member, per calendar year for all therapies combined	
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
You get up to 40 visits per member, per calendar year		You get up to 40 visits per member, per calendar year		You get up to 40 visits per member, per calendar year	

Benefit comparison

Plans effective July 1, 2016 — June 30, 2017

Service	MEA Choice Plus	
	Higher benefit level	Self-referred benefit level
Nutritional counseling	100%	65% after deductible
Smoking cessation education programs	100%	65% after deductible
Doctor follow-up visits	100%	65% after deductible
Prescribed medicines (see page 3)	100%	Prescription drug copay applies
Skilled nursing facility	85% after deductible	65% after deductible
	You get up to 100 days per member, per calendar year.	
Home health care	85% after deductible	65% after deductible
Hospice	100%	65% after deductible
Acupuncture	85% after deductible	85% after deductible
Durable medical equipment	85% after deductible	65% after deductible
Pediatric dental varnish (not covered under the retiree plans)	100% up to age 5	Not covered
Early intervention services (for children up to 3 years old)	85% after deductible	65% after deductible
Autism spectrum disorders: applied behavior analysis	85% after deductible	65% after deductible
Mental health Managed by Anthem Behavioral Health, inpatient services require preauthorization. Failure to comply with the requirements outlined in your <i>Certificate of Coverage</i> may result in a penalty of up to \$300.	This coverage level applies when you or your covered dependents get preauthorization from Anthem Behavioral Health, at 1-800-755-0851 , for all inpatient mental health and substance abuse services, and receive those services from the provider that the mental health care manager indicates. PCP referral is not required.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health, at 1-800-755-0851 , for preauthorization of inpatient mental health and substance abuse services or choose to receive services from a provider other than the provider the mental health care manager indicates. (You may have to pay balance bills in addition to the deductible and coinsurance amounts.) PCP referral is not required.
Mental health and substance abuse services Inpatient Residential treatment facility Outpatient Office visits	85% after deductible 85% after deductible 85% (no deductible) 100% after \$15 PCP copay	65% after deductible 65% after deductible 65% after deductible 65% after deductible
Prescription drug coverage for each 30-day supply	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications	
Home delivery and select retail pharmacies for up to a 90-day supply (Please ask your pharmacy if it offers this benefit.)	Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications	

This is an overview of your benefits. For more detailed information, please contact your benefits administrator or ask us for a copy of the *Certificate of Coverage* (*Certificate*) for your health plan. If there are discrepancies between this benefit overview and the *Certificate of Coverage*, the *Certificate* will govern.

The percentages in the chart below show what the plan pays.
 For example, if it covers a service at 85%, your share (coinsurance) would be 15%.

MEA Standard Plan		MEA Standard 500 Plan		MEA Standard 1000 Plan	
In network	Out of network	In network	Out of network	In network	Out of network
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	Prescription drug copay applies	100%	Prescription drug copay applies	100%	Prescription drug copay applies
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
No annual limit		No annual limit		No annual limit	
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
Not covered		Not covered		Not covered	
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100% up to age 5	80%, no deductible, up to age 5	100% up to age 5	80%, no deductible, up to age 5	100% up to age 5	80%, no deductible, up to age 5
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
This coverage level applies when you or your covered dependents obtain preauthorization from Anthem Behavioral Health, at 1-800-755-0851 , for all inpatient mental health and substance abuse services, and receive those services from the provider that the mental health care manager indicates.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health, at 1-800-755-0851 , for preauthorization of inpatient mental health and substance abuse services or choose to receive services from a provider other than the provider the mental health care manager indicates. (You may have to pay balance bills in addition to deductible and coinsurance amounts.)	This coverage level applies when you or your covered dependents obtain preauthorization from Anthem Behavioral Health, at 1-800-755-0851 , for all inpatient mental health and substance abuse services, and receive those services from the provider that the mental health care manager indicates.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health, at 1-800-755-0851 , for preauthorization of inpatient mental health and substance abuse services or choose to receive services from a provider other than the provider the mental health care manager indicates. (You may have to pay balance bills in addition to deductible and coinsurance amounts.)	This coverage level applies when you or your covered dependents obtain preauthorization from Anthem Behavioral Health, at 1-800-755-0851 , for all inpatient mental health and substance abuse services, and receive those services from the provider that the mental health care manager indicates.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health, at 1-800-755-0851 , for preauthorization of inpatient mental health and substance abuse services or choose to receive services from a provider other than the provider the mental health care manager indicates. (You may have to pay balance bills in addition to deductible and coinsurance amounts.)
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% (no deductible)	65% (no deductible)	80% (no deductible)	60% (no deductible)	80% (no deductible)	60% (no deductible)
100% after \$15 copay	80% after \$15 copay	100% after \$20 copay	80% after \$20 copay	100% after \$20 copay	80% after \$20 copay
Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications		Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications		Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications	
Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications		Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications		Tier 1: \$20 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications	

Take care of yourself by using your preventive care benefits

Regular checkups and exams can help you stay well and catch problems early. They may even save your life.

Our health plans offer the services listed here at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.



Child preventive care:

- Preventive physical exams
- Screening tests:
 - Behavioral counseling to promote a healthy diet
 - Blood pressure
 - Cervical dysplasia screening
 - Cholesterol and lipid level
 - Depression screening
 - Development and behavior screening
 - Type 2 diabetes screening
 - Hearing screening
 - Height, weight and body mass index (BMI)
 - Hemoglobin or hematocrit (blood count)
 - HPV screening (female)
 - Lead testing
 - Newborn screening
 - Screening and counseling for obesity
 - Counseling for those 10 to 24 years old, with fair skin, about ways to lower their risk for skin cancer
 - Oral (dental health) assessment when done as part of a preventive care visit
 - Screening and counseling for sexually transmitted infections
 - Tobacco use: related screening and behavioral counseling
 - Vision screening² when done as part of a preventive care visit
- Immunizations:
 - Diphtheria, tetanus and pertussis (whooping cough)
 - Haemophilus influenzae type b (Hib)
 - Hepatitis A and Hepatitis B
 - HPV
 - Influenza (flu)
 - Measles, mumps and rubella (MMR)
 - Meningococcal (meningitis)
 - Pneumococcal (pneumonia)
 - Polio
 - Rotavirus
 - Varicella (chickenpox)

Adult preventive care:

- Preventive physical exams
- Screening tests:
 - Alcohol misuse: related screening and behavioral counseling
 - Aortic aneurysm screening (men who have smoked)
 - Behavioral counseling to promote a healthy diet
 - Blood pressure
 - Bone density test to screen for osteoporosis
 - Cholesterol and lipid (fat) level
 - Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
 - Depression screening
 - Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
 - Type 2 diabetes screening
 - Eye chart test for vision²
 - Hearing screening
 - Height, weight and BMI
 - HIV screening and counseling
 - Lung cancer screening for those ages 55 through 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years⁶
 - Obesity: related screening and counseling
 - Prostate cancer, including digital rectal exam and PSA test
 - Sexually transmitted infections: related screening and counseling
 - Tobacco use: related screening and behavioral counseling
 - Violence, interpersonal and domestic: related screening and counseling
- Immunizations:
 - Diphtheria, tetanus and pertussis (whooping cough)
 - Hepatitis A and Hepatitis B
 - HPV
 - Influenza (flu)
 - Meningococcal (meningitis)
 - Measles, mumps and rubella (MMR)
 - Pneumococcal (pneumonia)
 - Varicella (chickenpox)
 - Zoster (shingles) for those 60 years and older



Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁵
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This information is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this information and the group policy, the provisions of the group policy will govern. Please see your *combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations*.

¹ The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Customer Service number on your ID card.

² Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ Check your medical policy for details.

⁴ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage. We recommend using an in-network durable medical equipment (DME) supplier.

⁵ This benefit also applies to those younger than 19.

⁶ You may be required to get prior authorization for these services.



A word about **pharmacy** items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item and take the prescription to an in-network pharmacy. If you want the item covered at 100%, you have to have the prescription, even if the item does not need a prescription to purchase it.

Preventive drugs and other pharmacy items — age appropriate:

- Children
 - Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
 - Fluoride supplements for children from birth through 6 years old
 - Iron supplements for children 6 to 12 months
- Adults
 - Aspirin use for the prevention of cardiovascular disease including aspirin for men 45 to 75 years old and women 55 to 79 years old
 - Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
 - Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved OTC products, for those 18 years old and older
 - Vitamin D for men and women older than 65 years old
- Women
 - Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and OTC items like female condoms or spermicides^{1,2}
 - Low-dose aspirin (81 mg) for pregnant women who are at an increased risk of pre-eclampsia
 - Folic acid for women 55 years old or younger
 - Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)³

¹ A cost share may apply for other prescription contraceptives, based on your drug benefits.
² This benefit also applies to those younger than 19 years old.
³ You may be required to get prior authorization for these services.

Your prescription drug coverage helps you manage the high cost of medicines



Save more with generics

Your drug plan has three copay levels called “tiers”:

- **Tier 1** includes all generic drugs (except in rare cases) and some preferred drugs. Your copay is \$10. **Example:** generic cholesterol drugs lovastatin and simvastatin.
- **Tier 2** includes preferred drugs with a \$35 copay. **Example:** brand-name drug Advair.
- **Tier 3** includes nonpreferred medications with a \$60 copay. **Example:** brand-name drug Zetia.
- **Tier 4** includes specialty drugs with an \$85 copay.

Your doctor will decide which drug is best for you. Most doctors will also help you find a drug that treats your condition at the lowest cost. To learn about how Anthem’s Pharmacy and Therapeutics Committee assigns drugs to tiers, or to find out which tier your prescription falls under, go to [anthem.com/meabt](https://www.anthem.com/meabt).

Choose from thousands of network pharmacies

You’ll have access to more than 56,000 chain and independent pharmacies across the country.

Visit [anthem.com](https://www.anthem.com) for details.

Save a trip with our home delivery pharmacy

This convenient service fills prescriptions promptly. Registered pharmacists check for safety and accuracy, and prescriptions are mailed to you in confidential, secure packaging. Depending on your health plan and the type of medicine, you may be able to order up to a 90-day supply with a lower copay. You’ll even get phone call reminders when you’re due for a refill. To get started with the Home Delivery Pharmacy, just call **1-866-217-2328**, Monday through Friday, 8:30 a.m. to 8 p.m. ET.

Specialty drugs and pharmacies

Specialty pharmacies provide medicine for long-term health problems, like multiple sclerosis, cancer and rheumatoid arthritis. Some specialty drugs need to be injected, infused or inhaled. They often need to be handled or stored differently, such as being refrigerated.

Members must get specialty drug prescriptions filled at Accredo or another pharmacy in the specialty pharmacy network. Only a 30-day supply for specialty drugs will be covered. To find a pharmacy in the specialty network, call the Customer Service number on your Anthem ID card.

If you choose to use Accredo, you can get home delivery and reach nurses and pharmacists 24/7 with questions. Accredo offers:

- One-on-one service from a pharmacy care advocate.
- A special nursing program for people with certain health issues.
- Home delivery to the address you choose.
- Refill-reminder phone calls.
- Special packaging that keeps medicines cool, when needed.

For more information about Accredo, call **1-800-870-6419**, Monday through Friday, 8 a.m. to 10 p.m. ET.

Blue View Vision benefits

With Blue View Vision, you now have enhanced vision benefits with yearly eye exams plus coverage on eyeglasses, contact lenses and more.

To get the most out of your vision benefits, it's important that you see Blue View Vision network eye doctors.

Your Blue View Vision benefits at a glance

Benefits	In network	Out of network
Routine eye exam once every 12 months	\$0 copay, then covered in full	\$80 allowance
Eyeglass frames	Once every 24 months you may select an eyeglass frame and receive an allowance toward the purchase price	
	\$150 allowance, then 20% off any remaining balance	\$64 allowance
Eyeglass lenses (standard)	Once every 24 months you may receive any one of the following lens options:	
<ul style="list-style-type: none"> Standard plastic single vision lenses (1 pair) 	\$25 copay, then covered in full	\$36 allowance
<ul style="list-style-type: none"> Standard plastic bifocal lenses (1 pair) 	\$25 copay, then covered in full	\$54 allowance
<ul style="list-style-type: none"> Standard plastic trifocal lenses (1 pair) 	\$25 copay, then covered in full	\$69 allowance
Eyeglass lens enhancements	When obtaining covered eyewear from a Blue View Vision provider, you may add any of the following lens enhancements at no extra cost.	
<ul style="list-style-type: none"> Transitions® lenses (for children under age 19) 	\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out of network
<ul style="list-style-type: none"> Standard polycarbonate (for children under age 19) 	\$0 after eyeglass lens copay	
<ul style="list-style-type: none"> Factory scratch coating 	\$0 after eyeglass lens copay	
Contact lenses¹	Once every 24 months, you may choose contact lenses instead of eyeglass lenses and get an allowance toward the cost of a supply of contact lenses.	
<ul style="list-style-type: none"> Elective conventional lenses 	\$150 allowance, then 15% off any remaining balance	\$105 allowance
<ul style="list-style-type: none"> Elective disposable lenses 	\$150 allowance (no additional discount)	\$105 allowance
<ul style="list-style-type: none"> Nonelective contact lenses 	Covered in full	\$210 allowance

For more information on your vision benefits, visit [anthem.com/MEABT](https://www.anthem.com/MEABT).

The Member Assistance Program is free and confidential



You and your household members can get help dealing with a wide range of problems. From relationship, parenting and family concerns to emotional issues like stress, anxiety, depression and grief. Even substance abuse and financial and legal matters. All services are free and confidential.

Just contact the MEA Benefits Trust Member Assistance Program (MAP) through Anthem. **It doesn't matter if you have insurance coverage, you and your household members can access the MAP.** Call the MAP 24/7 to set up free visits with licensed therapists, attorneys, financial advisors and other professionals.

Through your MAP, you're eligible for:

- **Counseling sessions** — Get three face-to-face sessions, per issue, with a licensed therapist — no deductibles or copays. If you need further assistance, your MAP can help you coordinate with available resources.
- **Legal and financial help** — Get an initial 30-minute consultation with a qualified attorney (per issue per 12-month period) or financial advisor (unlimited).
- **Dependent care referrals** — Find child care and elder care providers by contacting the MAP.
- **Convenience services** — Find resources and information on pet sitters, educational choices for you and your children, summer camp programs and much more.
- **Website** — Visit anthemeap.com for articles, self-assessments, and audio and videos on well-being, health and wellness, the workplace, child care, elder care, adoption and education.
- **Smoking cessation** — Get help quitting tobacco by talking to a health coach over the phone. You can also access a 10-session online Living Free module and tip sheets on quitting.
- **ID recovery and credit monitoring** — Sign up for free credit monitoring on the MAP website. Find your risk level and learn how to prevent or resolve identity theft. Get help filing paperwork, reporting identity theft to consumer credit agencies and repairing your debt history.
- **Member center** — Access a list of MAP providers in your area and a routine counseling referral service.
- **Health and wellness webinars and skill builders** — Visit the MAP website to view a recorded webinar on a variety of topics or engage in a training session to learn or brush up on skills like being more assertive, better manage your time or care for an aging relative.
- **myStrength** — “The health club for your mind” — This online and mobile app resource offers evidenced-based tools for help with stress, depression, anxiety and substance use.
- **CareFamily** — From the MAP website you can find, hire and manage in-home care providers for aging loved ones.

Start using your **MAP benefits today**

Call **1-855-686-5615** and let the representative know you're an MEA Benefits Trust member, or go to anthemeap.com and log in using “MEA Benefits Trust.”

Health and wellness programs help you take charge of your health



Anthem's health and wellness programs meet you where you are today to help you get and stay healthy. You can even choose the level of involvement you want, from calling a nurse with a question to getting ongoing help with a chronic health issue.

Health resources —

Find information at your fingertips:

- **Health Assessment** — Assess your health risks and take steps to improve your health.
- **Anthem Healthy Solutions Newsletter** — Stay current on the latest health information.
- **AudioHealth Library** — Access a recorded library of more than 400 health topics available toll free at **1-800-607-3262**, 24/7.
- **Online preventive guidelines** — Get a better understanding of the importance of checkups, immunizations, screenings and tests.

Health extras —

Get discounts on health-related products:

- **SpecialOffers@anthemSM** — Get member discounts on everything from fitness club memberships and weight-loss programs to laser eye surgery. To access SpecialOffers discounts, simply:
 1. Log in to **anthem.com**.
 2. Choose the **Discounts** tab on the home page's green tool bar.
 3. Select the desired category.

You can also go to **anthem.com/specialoffers** and select **Maine**.

Health guidance —

Make informed health care decisions:

- **24/7 NurseLine** — Talk to a registered nurse about your symptoms and get help choosing the right level of care. Call **1-800-607-3262**, any time. To talk to a Spanish-speaking nurse, call **1-800-545-9648**.
- **Future Moms** — Get support when you're pregnant, planning to become pregnant or have just had a baby.

You can earn financial incentives for participating. To sign up for Future Moms, call **1-866-347-8360**.

- **Behavioral Health Care Managers** — Get confidential help with behavioral health questions, from benefits to treatment options.
- **Decision-support tools** — Use online tools at **anthem.com** to compare hospital costs and quality measures, find drug and health care costs, learn about treatment options for different health conditions and much more.
- **Staying Healthy Reminders** — Get postcards and phone call reminders to schedule important health screenings.

Health management —

Get help with a chronic or serious health problem:

- **Comprehensive medical management** — These are services focused on getting you quality care.
- **ConditionCare** — This program helps you stay on top of ongoing health issues, like asthma and other lung conditions, diabetes and heart problems. Someone may call you based on your claims record — or you can call **1-866-596-9812** to see if you're eligible to participate. You can earn financial incentives for enrolling.
- **Transplant program** — You have access to the Blue Distinction Transplant Center network, which includes facilities that are recognized for their quality care and transplant expertise.
- **ComplexCare** — Nurse care managers offer extra support if you have multiple health issues.
- **Neonatal intensive care** — A specialized team can work with you, your family and your doctors to make sure your baby gets the best care possible.

Get rewarded for taking care of yourself

Earn financial incentives for participating in one or more of these programs:

- **ConditionCare Incentive program** — If you participate in ConditionCare, your share of routine condition-related health costs may be waived. Your pharmacy copays for some medicines you take all the time may also be lower.
- **Healthy Rewards** — If you're eligible for ConditionCare or Future Moms and 18 years old or older, you can enroll in Healthy Rewards and get a \$100 gift card for completing each step below. The more steps you take, the more \$100 gift cards you earn.
 - Take a Health Assessment with one of our ConditionCare nurses.
 - Reach one of the health goals you choose with your ConditionCare nurse.
 - Enroll in Future Moms and take a Health Assessment.
 - Stay enrolled in Future Moms through 28 weeks of pregnancy and take another Health Assessment.
 - Stay enrolled in Future Moms through delivery and take an assessment after you give birth.
- **Claim your reward** — Register or log in at anthem.com. Choose **Health and Wellness** and then select **Rewards**. If you need help with the Rewards website, call **1-877-489-6505**.

Register at anthem.com to get secure access to online tools and plan details, including your health and drug claims.

Onlife Health wellness program¹ through the MEA Benefits Trust

With Onlife Health, you can earn and redeem points for prepaid debit cards by getting screenings, working with a health coach, and completing challenges and other activities.

Here's how you earn points:

Activity	Point value ²	Maximum frequency	Maximum value
Complete an online Health Assessment	40	1 per year	40
Submit a biometric screening form	25	1 per year	25
Complete an online challenge	35	2 per year	70
Complete a coaching program goal	20	4 per year	80
Track your progress	1	3 per week	156
Complete a self-directed course	20	1 per quarter	80
Read coach-recommended content	5	1 per quarter	20
Connect fitness device/app and track	1	2 per week	90
Complete milestone assessment	5	1 per quarter	20
Preventive doctor visit ³	25	1 per year	25
Complete annual exam	25	1 per year	25

Note: Employees, retirees, spouses, domestic partners and dependents ages 18 years old and older are eligible if covered under the MEABT health insurance plan and may redeem points online for prepaid debit cards at \$50 increments, up to a \$250 maximum per year. Debit cards may take 5 to 7 weeks to arrive. Points will expire at the end of the program cycle (July 1 through June 30).

To learn more:

1. Log on through OnlifeHealth.com or visit the Onlife Health link at meabt.org/wellness-programs.
2. Choose **Get Started** and log in with key code "MEABT."
3. Follow the directions to create a username and password. You'll need them whenever you access the site.

See the *My Company* page at the Onlife Health site for more information.

Questions about Onlife Health?: Call **1-877-806-9379**. Questions about your reward cards?: Call **1-888-371-2109**.

1. The Onlife Health wellness program is a standalone wellness program administered by Onlife Health, Inc.
 2. 1 point = \$1
 3. Preventive doctor visits include: prostate cancer screening (men), mammograms (women), pap test (women), colonoscopy (both).

Use convenient walk-in centers and LiveHealth Online

Trips to the ER cost you time and money. Your MEA Benefits Trust health plan helps solve this by including coverage for walk-in centers that offer after-hours and weekend care. Your plan also includes benefits for LiveHealth Online, which allows you to see a doctor right from your home or office, 24/7, when your own doctor isn't available. So you can save the ER for true emergencies and use walk-in centers or LiveHealth Online when you need nonemergency care quickly.

About **LiveHealth Online**:

- You don't need a referral or an appointment.
- You have 24/7 access to care when your regular doctor isn't available.
- You can get care right from your home or office with your smartphone, tablet or computer with a webcam.
- Through a secure, two-way video visit, a board-certified doctor can help with common health problems like the flu, colds, coughs, rashes, fever, allergies and sinus infections. You can even just get answers to your health questions.
- Doctors can send prescriptions to the drugstore of your choice, if needed.¹
- You pay the same or less than an office visit, depending on your plan.



For more information or to get started, download the free mobile app or visit livehealthonline.com. Go to the nearest emergency room if you have a true emergency.

About our designated **walk-in centers**:

- You don't need a referral — you just “walk in.”
- You can get care when your regular doctor isn't available.
- You can get help with common health problems, like sinus or ear infections, strains and sprains, cuts, sore throats, flu, colds and rashes.
- Your copay per visit is the same as your plan's specialist copay.
- Be sure to let your doctor know when you've had care at a walk-in center.



To find a walk-in center near you, please call Customer Service or visit anthem.com/meabt. You can also visit anthem.com/eralt/me.

LiveHealth Online **Psychology**

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.¹ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment — when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select LiveHealth Online Psychology and choose the therapist you'd like to see.
- Or call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.

1. Appointments subject to availability of a therapist.

Your health is your business:

How Anthem protects your privacy



Our commitment

Anthem and its affiliates and subcontractors have specific policies that address the way their members' health care and other personal information is collected, used and disclosed.

Anthem gets information from members and their health care providers that they need to determine health benefits. They may also collect personal information from sources such as other insurers. This information is received by mail, in person, by telephone and electronically. It is protected by their secure buildings, electronic systems and by their associates' written commitment to the terms and conditions of their confidentiality policy.

Health care and personal records are accessed only by associates whose specific jobs require them to do so. This information is not disclosed to or exchanged with third parties without authorization, unless its disclosure or exchange is necessary to determine benefits, comply with legal or regulatory requirements, or to permit Anthem or their consultants to perform routine business activities.

Compilations of data and statistical analyses that do not disclose or lead to the disclosure of member identity may be released to health data organizations, public health organizations or employers without violating Anthem's legal and ethical obligations of confidentiality. For all other types of disclosures, Anthem requires the requestor to get specific written consent from the member.

Your right to access your personal information

Upon written request, and with proper identification, a member or authorized representative can see and copy, or obtain a copy of, any recorded personal information about that member held by Anthem that is reasonably described and can be located and retrieved within 30 days of the request.

The member can also submit a written request to correct, amend or delete any recorded personal information about that member held by Anthem, and they will respond within 30 days of the request. Anthem will notify the member that they will either comply or not comply with the request. They

will also accept a statement about what the member thinks is the correct, relevant or fair information, or why the member disagrees with Anthem's refusal to correct, amend or delete the member's recorded personal information, and will notify others of the filing of such a statement as required by law.

Privacy agreement with contracted providers

Anthem has written agreements with all of their contracted providers requiring them to maintain the privacy of their members and to have appropriate policies and procedures to safeguard and hold confidential their members' health care or personal information.

For more information

This is a short description of Anthem's confidentiality policy. For a more complete notice of their policy, please call the number on your Anthem ID card or contact Customer Service at **1-800-482-0966**.

Maine Notice of Additional Privacy Rights

The Maine Insurance Information and Privacy Protection Act provides consumers in Maine with the following additional rights:

- The right to:
 - Obtain access to the consumer's recorded personal information in the possession or control of a regulated insurance entity.
 - Request correction if the consumer believes the information to be inaccurate.
 - Add a rebuttal statement to the file if there is a dispute.
- The right to know the reasons for an adverse underwriting decision (previous adverse underwriting decisions may not be used as the basis for subsequent underwriting decisions unless the carrier makes an independent evaluation of the underlying facts).
- The right, with very narrow exceptions, not to be subjected to pretext interviews.

Your rights and responsibilities as an Anthem member



You have the right to:

- Receive covered services from your PCP in a timely manner.
- Participate with your health care professionals and providers in making decisions about your health care.
- Receive the benefits that are covered under your health plan.
- Be treated with respect and dignity.
- Expect privacy of your personal health information, according to state and federal laws, and our policies.
- Receive information about our organization and services, our network of health care providers, and your rights and responsibilities.
- Discuss with your doctor or other provider appropriate or medically necessary care for your condition, regardless of cost or benefit coverage.
- Make recommendations about our members' rights and responsibilities policies.
- Voice complaints or appeals about:
 - Our organization.
 - Any benefit or coverage decisions we or our designated administrators make.
 - Your coverage.
 - Care provided.
- Change your PCP at any time, if your health plan requires you to have one.
- Contact the Bureau of Insurance for assistance:
Phone: 1-800-300-5000
Write: Bureau of Insurance
Department of Professional and Financial Regulation
#34 State House Station
Augusta, ME 04333-0034

You have the responsibility to:

- Choose a PCP, if required by your health plan.
- Understand your health problems and participate, to the best of your ability, with your health care providers to develop mutually agreed-upon treatment goals.
- Provide, to the extent possible, information that we and/or your health care professionals and providers need.

- Follow the plans and instructions for care that you have agreed to with your health care professional and provider.
- Tell your health care professional and provider if you do not understand your treatment plan or what is expected of you.
- Ask about treatment options; become informed.
- Refuse treatment and be informed by your health care professional and provider about the consequences of your refusal.
- Know how and when to access cost-effective and timely care in routine, urgent and emergency situations.
- Follow all health benefit plan guidelines, provisions, policies and procedures.
- Let our Customer Service department know if you have any changes to your name, address or which family members are covered under your policy.
- Provide us with the accurate and complete information needed to administer your health benefit plan, including other health benefit coverage and insurance benefits you may have in addition to your coverage with us.

Benefits and coverage for services provided under your health plan are governed by the *Subscriber Agreement* and not by this member rights and responsibilities statement.

For more information and resources, see *Frequently Asked Questions* at anthem.com.

AllClear ID

Identity protection is included with many of Anthem's health plans beginning January 1, 2016, and for as long as you have active medical coverage with us. These services are provided by AllClear ID, a leading and trusted identity protection provider. For more information, please go to anthemcares.allclearid.com.



Your MEA Benefits

Trust health plans:

Special enrollment notice

If you choose not to enroll in an Anthem health plan at this time, there are special times when you and your eligible dependents can do so:

1. **Loss of other coverage** – If you or your dependents lose eligibility for other coverage or if the employer stops contributing toward your or your dependents' other health coverage, you can enroll in an Anthem plan. **You must enroll within 60 days after the other coverage ends or after the employer stops contributing toward the other coverage.**

Example:

You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for coverage. In this case, you and your spouse, as well as other dependents on your spouse's policy, may be eligible to enroll in one of our health plans.

2. **You have a new dependent** – If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll in one of our health plans. **You must enroll within 60 days after the marriage, birth, adoption or placement for adoption.**

Example:

If you get married, you and your spouse and any other new dependents may be eligible to enroll in the plan within 60 days of getting married.

To request a special enrollment or obtain more information, contact Anthem Customer Service at **1-207-822-7272** or **1-800-482-0966**.

For more information about your MEA Benefits Trust health plans,
please call **1-888-622-4418, ext. 2240**. You can also visit
anthem.com/meabt or **meabt.org**.



Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.