Maine Education Association (MEA) Benefits Trust health plans

So what's included with your health plan?

We're glad you asked. Check out this guide to learn about all the extras you get to be your healthy best.

Effective
July 1, 2017

Anthem BlueCross BlueShield

MEA Benefits Trust

Take a look inside to learn about your plan options, what's changing and some of the great programs and services available to you.

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anthem.com meabt.org

With the MEA Benefits Trust, **you get quality benefits** from Anthem Blue Cross and Blue Shield (Anthem) — **at competitive prices.**

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A program that **pays you back**?

That's right. Get rewarded by taking part in our health and wellness programs. See pages 18-19 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 doctors in the plan (also called "the network").
- **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.

Get rewarded 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** — You and your spouse or domestic partner, 18 years old and older can earn financial rewards for actively participating in ConditionCare or Future Moms.
- **Onlife Health Wellness Program** — You can earn and redeem points for prepaid debit cards by getting screenings, working with a health coach, and completing challenges and other activities.

MEA Choice Plus (POS)

Save the most when you see a doctor in the plan

Choose a primary care doctor (also called a primary care physician, or PCP) who will refer you to specialists, if necessary. The plan does cover you when you see a doctor outside the plan; 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 primary care doctor.
- The Choice Plus plan has more than 4,000 health care providers.
- You're covered when you're away from home.
- You're covered to see providers outside the plan, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use providers in the plan.
- 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 to the office staff.
4. Use doctors and hospitals in the plan 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 **doctor in the plan** at **anthem.com**

An updated list of providers in the plan 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 provider in the plan.

MEA Standard Plan (PPO)
MEA Standard 500 Plan (PPO)
MEA Standard 1000 Plan (PPO)

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 plan savings

With these preferred provider organization (PPO) plans, you'll get the most mileage out of your benefits when you choose a doctor in the plan. These plans cover you when you see a doctor outside the plan; 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 primary care doctor 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.
- These plans have more than 4,000 health care providers.
- You're covered when you're away from home.
- Benefits are available for providers outside the plan, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use providers in the plan.
- You can use Anthem's health and wellness programs to help you manage and improve your health.

Blue View Vision

All members enrolled in the MEABT medical plans are automatically enrolled in Blue View Vision coverage.

Benefits include:

- Routine eye exams and materials, including glasses and contacts.
  - — A routine eye exam every 12 months.
  - — Money toward the purchase price of an eyeglass frame every 24 months. 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 36,000 eye doctors at more than 27,000 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** (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®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

To find eye doctors in the Blue View Vision plan near you:

- Log in or register at anthem.com.
- Under *Useful Tools* on the right, select **Find a Doctor**.
- Next, select "Vision Professional" under the "I'm looking for a" drop-down menu or search by name.
- Choose the reason for your visit.
- Select **Search**.

If you're searching for an eye doctor before your Blue View Vision benefits begin — select the Search as a Guest option.

So what's new with my benefits?

Take a look at the **benefit changes** for each health plan. These take effect on July 1, 2017:

MEA Choice Plus

- ↑ Individual primary care physician (PCP) referred deductible increased from $100 to $200
- ↑ Individual PCP referred coinsurance limit increased from $700 to $1,000
- ↓ Individual copay limit decreased from $6,050 to $5,950

MEA Standard Plan

- ↑ Individual coinsurance limit when you go to a hospital, doctor or other health care professional in your plan increased from $600 to $1,000
- ↓ Individual copay limit decreased from $6,050 to $5,950
- ↑ $25 **specialist copay** added
- ↑ **Beginning January 2018**, you'll no longer get credit toward your new calendar-year deductible for charges that were applied to your deductible during the last three months of the calendar year before.

MEA Standard 500 Plan

- ↑ Individual copay limit increased from $4,350 to $4,650
- ↑ $30 **specialist copay** added
- ↑ **Beginning January 2018**, you'll no longer get credit toward your new calendar-year deductible for charges that were applied to your deductible during the last three months of the calendar year before.

MEA Standard 1000 Plan

- ↑ Individual copay limit increased from $3,850 to $4,150
- ↑ $30 **specialist copay** added
- ↑ **Beginning January 2018**, you'll no longer get credit toward your new calendar-year deductible for charges that were applied to your deductible during the last three months of the calendar year before.

Benefit comparison

Plans effective July 1, 2017 — June 30, 2018

	MEA Choice Plus (POS)	
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)
PCP required	Yes	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 12-14) Members can self-refer to an obstetrician/gynecologist (OB/GYN) in the plan for their annual well-woman exam.	100%	Not covered
★ **Calendar-year deductible**	$200 per member $400 per family	$250 per member $500 per family
★ **Coinsurance limit**	$1,000 per member $2,000 per family	$2,250 per member $4,500 per family
★ **Deductible + coinsurance limit**	$1,200 per member $2,400 per family	$2,500 per member $5,000 per family
★ **Calendar-year copay maximum** (office visits, emergency room and prescription copays apply)	$5,950 per member $11,900 per family	
Utilization management	All inpatient admissions, except emergency and maternity admissions, need pre-admission authorization by your PCP.	All inpatient admissions, except emergency and maternity admissions, need pre-admission authorization. You, your doctor or the provider must call Anthem Medical Management at **1-800-392-1016**.
Hospital services (Copay is waived if you are admitted)		
Inpatient	85% after deductible	65% after deductible
Outpatient	85% after deductible	65% after deductible
Emergency care in emergency room	100% after $200 copay	100% after $200 copay
Professional services		
Inpatient	85% after deductible	65% after deductible
Outpatient diagnostic tests	85% after deductible	65% after deductible
Outpatient surgery	85% after deductible	65% after deductible
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 preauthorization.	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 No annual limit	65% after deductible No annual limit

★ Benefit change

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*, go by what the *Certificate* says.

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

MEA Standard Plan (PPO)		MEA Standard 500 Plan (PPO)		MEA Standard 1000 Plan (PPO)	
In your plan	**Outside your plan**	**In your plan**	**Outside your plan**	**In your plan**	**Outside your plan**
Coverage in this column applies to maximum allowances for covered services when you get health care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you get 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 get health care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you get 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 get health care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you get health care from providers or professionals **not** in the Blue Choice network.
No	No	No	No	No	No
100% after $15 PCP copay 100% after $25 specialist copay	80% after $15 PCP copay 80% after $25 specialist copay	100% after $20 PCP copay 100% after $30 specialist copay	80% after $20 PCP copay 80% after $30 specialist copay	100% after $20 PCP copay 100% after $30 specialist copay	80% after $20 PCP copay 80% after $30 specialist copay
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	
$1,000 per member $2,000 per family		$2,000 per member $4,000 per family		$2,000 per member $4,000 per family	
$1,200 per member $2,400 per family		$2,500 per member $5,000 per family		$3,000 per member $6,000 per family	
$5,950 per member $11,900 per family		$4,650 per member $9,300 per family		$4,150 per member $8,300 per family	
All inpatient admissions, except for emergency and maternity, need pre-approval before admission. You, your doctor or the provider must call Anthem Medical Management at **1-800-392-1016**.		All inpatient admissions, except for emergency and maternity, need pre-approval before admission. You, your doctor or the provider must call Anthem Medical Management at **1-800-392-1016**.		All inpatient admissions, except for emergency and maternity, need pre-approval before admission. You, your doctor or the provider must call Anthem Medical Management at **1-800-392-1016**.	
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
100% after $200 copay	100% after $200 copay	100% after $200 copay	100% after $200 copay	100% after $200 copay	100% after $200 copay
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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	

Benefit comparison

Plans effective July 1, 2017 — June 30, 2018

	MEA Choice Plus (POS)	
Service	**Higher benefit level**	**Self-referred benefit level**
Chiropractic care — physical manipulations	85% after deductible	85% after deductible for a provider inside your plan 65% after deductible for a provider outside your plan
	You get up to 36 visits per calendar year when self-referring to a provider in the plan. After 36 visits, a PCP referral is required for payment at the higher benefit level. You have a limit of 40 visits per member per calendar year.	
Nutritional counseling	100%	65% after deductible
Stop smoking education programs Doctor follow-up visits Prescribed medicines (see page 14)	100% 100% 100%	65% after deductible 65% after deductible Prescription drug copay applies
Skilled nursing facility	85% after deductible You get up to 100 days per member per calendar year	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 This benefit is managed by Anthem Behavioral Health. Inpatient mental and substance abuse services must be preapproved by calling Anthem Behavioral Health at **1-800-755-0851**. You may be penalized up to $300 if you don't get preapproval. For more information about this benefit, please see your *Certificate of Coverage*.	This coverage level applies when you or your covered dependents get preapproval from Anthem Behavioral Health, and get inpatient health and substance abuse services from a provider referred to you by a mental health manager. You do not need a PCP referral.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health, and do not get inpatient health and substance abuse services preapproved and from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.
Mental health and substance abuse services		
Inpatient	85% after deductible	65% after deductible
Residential treatment facility	85% after deductible	65% after deductible
Outpatient	85% , no deductible	65% after deductible
Office visits	100% after $15 PCP copay	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	

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

MEA Standard Plan (PPO)		MEA Standard 500 Plan (PPO)		MEA Standard 1000 Plan (PPO)	
In your plan	**Outside your plan**	**In your plan**	**Outside your plan**	**In your plan**	**Outside your plan**
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.	
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100% 100% 100%	80%, no deductible 80%, no deductible Prescription drug copay applies	100% 100% 100%	80%, no deductible 80%, no deductible Prescription drug copay applies	100% 100% 100%	80%, no deductible 80%, no deductible Prescription drug copay applies
85% after deductible No annual limit	65% after deductible No annual limit	80% after deductible No annual limit	60% after deductible No annual limit	80% after deductible No annual limit	60% after deductible 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	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 preapproved from Anthem Behavioral Health, and get inpatient health and substance abuse services from a provider referred to you by a mental health manager.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health for preapproval and do not get inpatient health and substance abuse services from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.	This coverage level applies when you or your covered dependents obtain preapproved from Anthem Behavioral Health, and get inpatient health and substance abuse services from a provider referred to you by a mental health manager.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health for preapproval and do not get inpatient health and substance abuse services from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.	This coverage level applies when you or your covered dependents obtain preapproved from Anthem Behavioral Health, and get inpatient health and substance abuse services from a provider referred to you by a mental health manager.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health for preapproval and do not get inpatient health and substance abuse services from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the 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	

Meet Stephanie

MEABT **plans in action**

Stephanie is in her late 40s and had a pretty serious heart attack recently, which lead to the following health care services during the calendar year:

- Emergency room visit
- Two weeks in the hospital
- Post-heart attack rehabilitation
- Three specialist visits

The following chart lists Stephanie's out-of-pocket costs for these services under the four MEABT plans:

Health care service	Hospital/doctor charges	Stephanie's out-of-pocket costs			
		Choice Plus Plan	Standard Plan	Standard 500 Plan	Standard 1000 Plan
Emergency room visit	$5,000	$0 – copay waived*	$0 – copay waived*	$0 – copay waived*	$0 – copay waived*
Two weeks in hospital	$75,000	$1,200 ($200 deductible; 15% of remainder to out-of-pocket maximum)	$1,200 ($200 deductible; 15% of remainder to out-of-pocket maximum)	$2,500 ($500 deductible; 20% of remainder to out-of-pocket maximum)	$3,000 ($1,000 deductible; 20% of remainder to out-of-pocket maximum)
Post-heart attack rehabilitation	$15,000	$0	$0	$0	$0
Three specialists visits	$300	$75 (3 x $25)	$75 (3 x $25)	$90 (3 x $30)	$90 (3 x $30)
Total charges	**$95,300**	**$1,275**	**$1,275**	**$2,590**	**$3,090**

*Emergency room copay waived when admitted.

Here's a tip to save money

Remember to use doctors and facilities in your plan. You'll spend less out of pocket.

Take care of yourself

Use 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, 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 plan.

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 an existing illness. 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:

- Physical exams
- Screening tests:
  - Behavioral counseling to promote a healthy diet
  - Blood pressure
  - Cervical dysplasia screening
  - Cholesterol and fat (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)
  - Human papillomavirus (HPV) for females
  - Lead testing
  - Newborn screening
  - Screening and counseling for obesity
  - Counseling for fair-skinned children and young adults (10 to 24 years of age) about lowering 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 screening[2] when done as part of a preventive care visit
- Immunizations:
  - Diphtheria, tetanus and pertussis (whooping cough)
  - Haemophilus influenza 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:

- 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 vision[2]
  - Hearing screening
  - Height, weight and body mass index (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 years[6]
  - Obesity: related screening and counseling
  - Prostate cancer, including digital rectal exam and prostate-specific antigen (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
  - Human papillomavirus (HPV)
  - Influenza (flu)
  - Measles, mumps and rubella (MMR)
  - Meningococcal (meningitis)
  - Pneumococcal (pneumonia)
  - Varicella (chickenpox)
  - Zoster (shingles)

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 met[3]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[4,5,7]
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening[5]
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV[5]
- 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 conditions.

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, go by the provisions of the group policy. 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 by a doctor in the plan 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 a durable medical equipment supplier in the plan.

5 This benefit also applies to those younger than 19.

6 You may be required to get preapproval for these services.

7 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

A word about **pharmacy** items

For 100% coverage of over-the-counter drugs and other pharmacy items listed below, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for over-the-counter items.

Preventive drugs and other pharmacy items — age appropriate:

- Children
  - Dental fluoride varnish to prevent tooth decay of primary teeth for children ages 0 - 5
  - Fluoride supplements for children ages 0 - 6
- Adults
  - Aspirin use for the prevention of cardiovascular disease by adults ages 50 - 59
  - Colonoscopy prep kit (generic or over the counter only) when prescribed for preventive colon screening
  - Stop smoking products, including select generic prescription drugs, select brand-name drugs with no generic alternative and FDA-approved over-the-counter products, for those ages 18 and older
  - Vitamin D for adults over age 65
- Women
  - Contraceptives, including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides[1,2,4]
  - Low-dose aspirin (81 mg) for pregnant women who are at an increased risk of pre eclampsia
  - Folic acid for women ages 55 or younger who are planning and able to get pregnant
  - Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, following the U.S. Preventive Services Task Force criteria[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.
4 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

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

Save more with generics

Your drug plan has four 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**.

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** 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.

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.

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 eye doctors in the Blue Vision plan. However, if your eye doctor is outside of the plan — don't worry — you can still see them, but you'll pay more of the costs for your eye exams, glasses or contacts.

Your **Blue View Vision** benefits at a glance

Benefits	In the plan	Outside the plan
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:	
• Standard plastic single vision lenses (1 pair)	$25 copay, then covered in full	$36 allowance
• Standard plastic bifocal lenses (1 pair)	$25 copay, then covered in full	$54 allowance
• 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.	
• Transitions® lenses (for children under age 19)	$0 after eyeglass lens copay	No allowance on lens enhancements if you get them from a provider outside the Blue View Vision plan
• Standard polycarbonate (for children under age 19)	$0 after eyeglass lens copay	
• Factory scratch coating	$0 after eyeglass lens copay	
Contact lenses[1]	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.	
• Elective conventional lenses	$150 allowance, then 15% off any remaining balance	$105 allowance
• Elective disposable lenses	$150 allowance (no additional discount)	$105 allowance
• Nonelective contact lenses	Covered in full	$210 allowance

For more information on your vision benefits, visit **anthem.com/MEABT** or call **1-866-723-0515**.

1 Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period. You cannot use the remaining amount toward another purchase, and it cannot be carried over to the next benefit period.

Transitions is a registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

The Member Assistance Program is here when you need help

We all need help sometimes with life's challenges. The Member Assistance Program (MAP) is ready to help you 24 hours a day, 365 days a year – with a wide array of **free and confidential services** available to you and your household members.

No matter what's weighing on you, the MAP is ready to help:

- **Counseling sessions** — Get three face-to-face sessions, per issue, with a licensed therapist — no deductibles or copays. If you need more help, your MAP can connect you to more resources.
- **Legal and financial consultations** — 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.
- **Convenience services** — Find resources and information on pet sitters, educational choices for you and your children, summer camp programs and much more.
- **Online help and resources** — The **anthemeap.com** website has helpful resources, including information, tools, self-assessments and tips for handling situations at work and at home.
- **Stop smoking programs** — Get help quitting tobacco by talking to a health coach over the phone. You also can 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 **anthemeap.com**. 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 **anthemeap.com** 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 time management 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 **anthemeap.com** 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 "MEABT"

Your plan is loaded with programs, tools and services to help you get and stay healthy

Anthem meets 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.

Anthem.com health resources —

Health Assessment helps you get a better picture of your health and gives you suggestions of which health and wellness programs may help improve your health.

Online preventive guidelines give you a better understanding of the importance of checkups, immunizations, screenings and tests.

Estimate Your Cost shows you how much it may cost you for certain service – like labs and X-rays –and helps you decide where to go.

SpecialOffers gives you discounts on more than 50 products and services that help promote better health. Discounts are found on **anthem.com** and support vision, hearing, fitness, health, family, home and medicine. 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.
4. You can also go to anthem.com/specialoffers and select Maine.

Health guidance —

24/7 NurseLine makes it easy for you to talk to a registered nurse who can answer questions about a medical concern or help you decide where to get care. Call 1-800-607-3262 any time. To talk to a Spanish-speaking nurse, call 1-800-545-9648. You can also listen to short recordings on hundreds of health topics in both English and Spanish in the AudioHealth Library.

Behavioral health care managers help with behavioral health questions, from benefits to treatment options.

Future Moms helps moms-to-be have a healthy pregnancy. You can earn financial incentives for participating. To sign up for Future Moms, call 1-866-347-8360.

Health management —

Case Management includes nurse case managers who help you get over a serious illness or major surgery and out of the hospital and back at home, and includes:

- The transplant program, which gives you access to the Blue Distinction Transplant Center network, which includes facilities that are recognized for their quality care and transplant expertise.
- The neonatal intensive care program, which includes a specialized team that works with you, your family and your doctors to make sure your baby gets the best care possible.

ConditionCare gives you access to health professionals including dietitians and nurses who can help improve your health. They offer guidance and support to manage long-term conditions including diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, heart failure and end-stage renal disease. 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.

More extras for you and your family —

Anthem's InsideMyPlan member newsletter helps you stay current on the latest health information.

Staying Healthy Reminder postcards and phone calls help you remember to schedule important health screenings.

Get rewarded for taking care of yourself

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

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, your enrolled spouse or domestic partner are 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 your post-partum assessment.
- **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 Hallmark Business Connections at **1-877-489-6505**.

Onlife Health wellness program[1] 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, 3]	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	3 per week	90
Complete milestone assessment	5	1 per quarter	20
Preventive doctor visit[4]	25	1 per year	25
Complete annual exam	25	1 per year	25

Note: Employees, retirees, spouses and domestic partners 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 plan 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). You won't be able to redeem points for gift cards after June 30 each year.

To learn more:

1. Log on through **OnlifeHealth.com** or visit the Onlife Health link at **meabt.org/wellness-programs**.
2. 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 Point values are subject to change.
4 Preventive doctor visits include: prostate cancer screening (men), mammograms (women), pap test (women), colonoscopy (both).

Where to get care when it's not an emergency

You may have questions about where to go when you need care right away but it's not an emergency. If your own doctor isn't available, take a look at these alternatives. They can cost you a lot less and take less time than a trip to the emergency room (ER). Depending on your plan and the services you get, you may only have a copay for the visit!

It's important to know that when you use one of these providers, the cost of some services — like labs and X-rays — may apply to your deductible or your percentage of the costs. You can use our online Estimate Your Cost and Find a Doctor tools to see how much it may cost you and help you decide where to go.

Doctor's office — Your doctor's office may have extended hours to treat common illnesses such as ear infections, sore throats and cold and flu symptoms.

LiveHealth Online — You can have a video visit with a board-certified doctor from your smartphone, tablet or computer with a webcam. This is a great option when you need care on the go. Doctors can answer your questions and assess illnesses such as rashes, infections and the flu. They can even send a prescription to your pharmacy, if needed.[1] You pay the same as your primary care physician office visit copay. For more information on LiveHealth Online or to get started, download the free mobile app or visit **livehealthonline.com.**

Retail health clinics — These clinics are found in major pharmacies or retail stores. You don't need an appointment and most of them are open seven days a week. Retail health clinics have nurse practitioners and physician assistants who can care for common issues like cuts and bumps, sore throats, ear and sinus pain and colds.

Walk-in centers — These centers usually have extended hours and you don't need an appointment. Most walk-in centers can treat problems like minor cuts and burns, sprains and strains, sports injuries, sore throats, earaches and the flu.

If it's **serious, sudden or severe** – go to the emergency room

Just remember that, depending on your plan, you may have an emergency room copay. Or the cost may apply to your deductible or percentage of the costs.

1 Prescription availability is defined by physician judgment and state regulations.

There's LiveHealth Online **Psychology**, too!

See a therapist or psychologist on your smartphone, tablet or computer

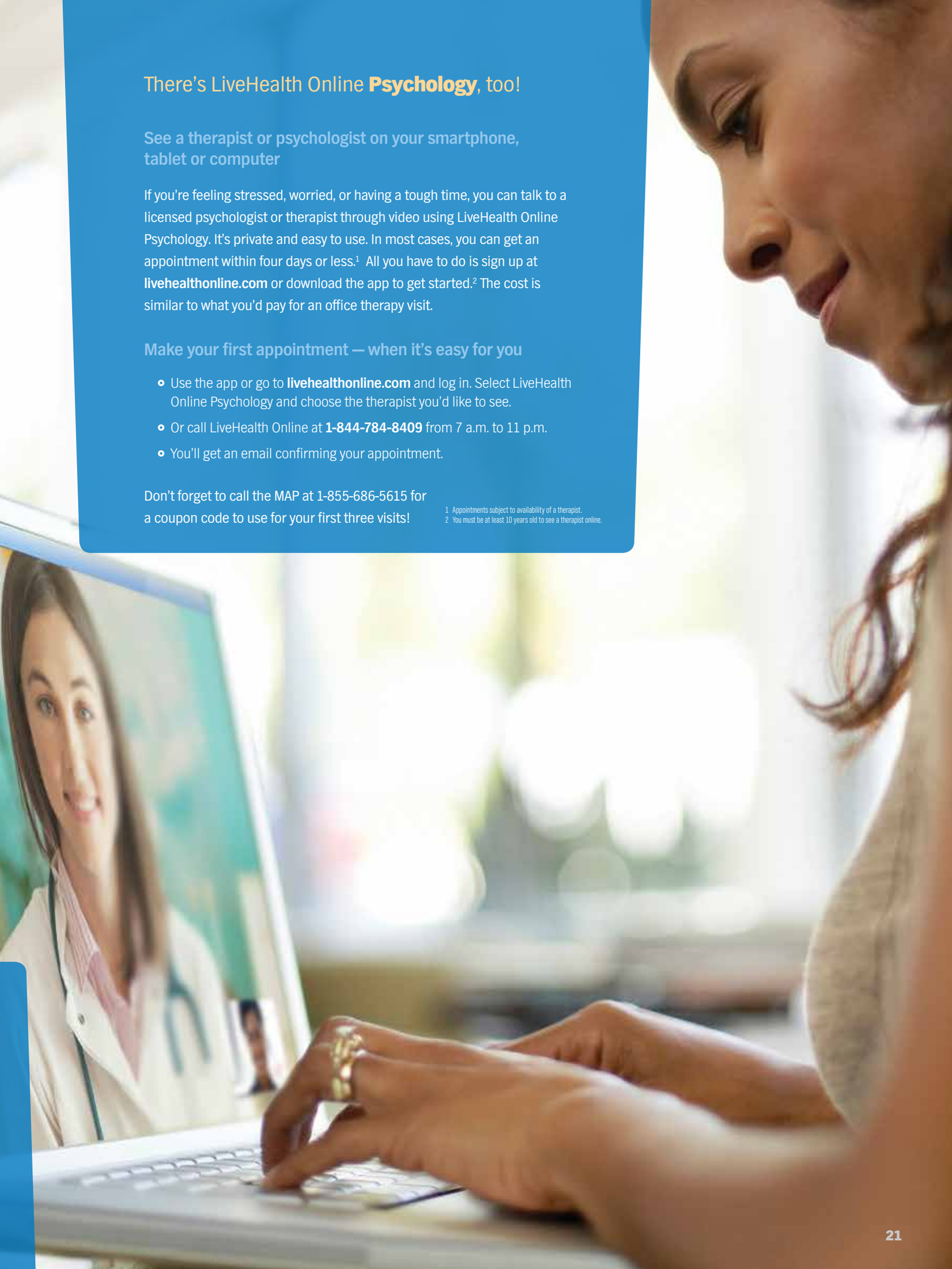
If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's private and easy to use. In most cases, you can get an appointment within four days or less.[1] All you have to do is sign up at **livehealthonline.com** or download the app to get started.[2] 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.

Don't forget to call the MAP at 1-855-686-5615 for a coupon code to use for your first three visits!

1 Appointments subject to availability of a therapist.
2 You must be at least 10 years old to see a therapist online.



Your health is your business

How Anthem protects your privacy

Anthem BlueCross BlueShield

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 for as long as you have active medical coverage with us. At no additional cost to you, these services are provided by AllClear ID, a leading and trusted identity protection provider. For more information, please go to **anthemcares.allclearid.com**.

Not a good time to enroll?

There's always **special enrollment**

If you choose not to enroll in an Anthem health plan at this time, there are special times, called special enrollment, 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 get 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 also can visit **anthem.com/meabt** or **meabt.org**.

Anthem BlueCross BlueShield

MEA Benefits Trust