

July 2023



Explore health and wellness benefits that fit your life

Health and wellness benefits designed with you in mind

You have a health plan with benefits that **meet your individual needs**. That’s why they are worth exploring. We offer the tools, resources, services, and programs to support you throughout your healthcare journey – **with Maine Education Association (MEA) Benefits Trust by your side**.

Please contact us at **207-622-4418** or **888-622-4418** or **meabt.org**.

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New benefit information

Here are the benefit changes for each health plan. They will take effect on **July 1, 2023**:

MEA Choice Plus

- The annual copay maximum will increase from \$7,500 per individual to \$7,900 per individual.

MEA Standard Plan

- The annual copay maximum will increase from \$7,500 per individual to \$7,900 per individual.

MEA Standard 500 Plan

- The annual copay maximum will increase from \$6,200 per individual to \$6,600 per individual.

MEA Standard 1000 Plan

- The annual copay maximum will increase from \$5,700 per individual to \$6,100 per individual.

All plans

- \$0 copay for the first primary care visit in your plan year, then your PCP copay will apply for each additional visit in your plan year.
- Through the **SydneySM Health** app, you have access to a full range of **virtual primary care** services through a dedicated care team. **Chat** with a doctor or have a video visit at a time and place that works for you at no additional cost.
- You have access to **Lark**, a personal **diabetes prevention coaching program** that can help you determine if you're at risk for prediabetes and, if needed, take steps to address it. Access **Lark** on the **Sydney Health** app. This program is no additional cost.
- LiveHealth Online copays will be waived.
- Effective with the end of the Public Health Emergency, at home COVID-19 tests will no longer be covered.



Introducing personal diabetes prevention coaching

Roughly 96 million Americans are living with prediabetes, but 80% aren't even aware they have it.* Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke.

That's why Anthem has partnered with **Lark** to offer a **Diabetes Prevention Program** that can help you determine if you're at risk for prediabetes and, if needed, take steps to address it.

Participate in this program at no extra cost as part of your health plan. Go to lark.com/anthem, or scan the QR code below, and take a quick one-minute survey to see if you could benefit from Lark's Diabetes Prevention Program. You can also access Lark using the Sydney Health app under Programs in My Health Dashboard.



lark

*Centers for Disease Control and Prevention website: *Prediabetes - Your Chance to Prevent Type 2 Diabetes* (accessed September 2022): cdc.gov.

We've expanded your virtual care options

We've been offering individuals in our health plans virtual, urgent, and specialty care through LiveHealth Online for more than a decade, but we know people want increased access to care virtually. That's why we created a faster, more-convenient way to access all types of care.

Sydney Health gives you access to virtual primary care at no additional cost.

- Comprehensive primary care, coordinated by a care team.
- Preventive care through virtual annual wellness visits and lab screenings.^{12,13}

- Urgent care, 24/7.
- A personalized care plan and follow-up visits.
- Guidance on the care you need based on feedback you provide in the Symptom Checker.
- Unlimited access to care for common health concerns, like flu or allergy management, as well as prescription refills and referrals.¹⁴

Scan this QR code with your phone's camera to download our Sydney Health app.



Rewards for your healthy lifestyle

MEABT offers a variety of incentive programs to encourage you on your wellness journey.

New to Virgin Pulse!



Secret Level 5

We know that some of our participants reach Level 4 (18,000 points) with days still left in the quarter. As an added bonus, we thought it would be **FUN** to add an additional level to the program. Once a participant reaches level 4 (18,000 points), a new **Secret Level 5** will be unlocked. Upon completing Level 5, participants will earn a chance at one of five drawings each for \$50.00 in pulse cash.

Earn rewards by making healthy choices

Virgin Pulse is an online platform with tools and support to help you make changes to your physical health, activity level, mental health, and day-to-day stressors. With over 100 points-earning activities, you can define what wellness means to you and earn your incentive with your choice of healthy behaviors.

Select from the list of healthy activities and watch your rewards add up. Track your steps, workouts, sleep, and healthy habits to earn quickly. Participants can earn \$62.50 each quarter and up to \$250 after completing four quarters.¹

Conveniently earn more points:

- Add extra points for activity minutes, steps, and workouts.
- Take advantage of points for preventive screenings and annual physicals.
- Earn 10- and 20-day bonuses for activity, daily cards, and healthy habits.
- Collect \$62.50 Pulse Cash per quarter, earning up to \$250 after four quarters.
- Cash in, or continue to grow your rewards.

	Level 1	Level 2	Level 3	Level 4	Total	New Secret Level 5
Points	2,000	5,000	12,000	18,000	18,000	Unlock Level 4 to find out
Rewards	\$5 Pulse Cash	\$10 Pulse Cash	\$20 Pulse Cash	\$27.50 Pulse Cash	\$62.50 each quarter Pulse Cash	Eligibility for five \$50 Pulse Cash Drawings.



Diabetes Prevention Program offered by Lark

The **Lark** program is designed to help participants make meaningful lifestyle changes through coaching and education that will prevent or delay the onset of type 2 diabetes. Upon qualified registration, participants will receive a wireless scale and as participants progress through four milestones they will improve their health, reduce their diabetes risk, and have the opportunity to earn a fitness tracker and 5,000 **Virgin Pulse Points**. Participants can access the program through the Sydney Health app to see if they qualify.

Strive for healthy with cash rewards

How to begin:

- 1 Sign up for your Virgin Pulse account by going to join.virginpulse.com/meabt or scan the QR code. If you are already a member, please sign in at member.virginpulse.com.
- 2 Sign up with your name as it appears on your Anthem member ID card. **Download the Virgin Pulse mobile app for iOS or Android.**
- 3 Access your account and track your activity anywhere, anytime.



Eligibility: Employees, retirees, spouses, domestic partners, and dependents 18 to 26 years old are eligible, if covered under the MEABT health plan.

For questions, please call Virgin Pulse, Monday through Friday, 8 a.m. to 9 p.m., at **855-689-6884**.

Please note: An activity tracking device is not required to participate.



Blue View Vision

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

With Blue View Vision, you have enhanced vision benefits with yearly eye exams, plus coverage on eyeglasses and contact lenses. You'll have access to one of the nation's largest vision networks that includes over 39,000 eye doctors at over 28,000 locations.* This means choosing what works best for you to receive your glasses or contacts.

- Use independent doctors or optometrists.
- Order online at [glasses.com](https://www.glasses.com) (or call 800-GLASSES).
- Order contacts at ContactsDirect® (visit [contactsdirect.com](https://www.contactsdirect.com) or call 844-5LENSES) or at 1-800 CONTACTS® (call or visit [1800contacts.com](https://www.1800contacts.com)).
- Visit national optical retail stores, including LensCrafters®, most Pearle Vision®, and Target Optical® locations.

* Anthem Blue Cross Blue Shield: *Vision: We take the big picture view* (accessed January 2022): [specialtybenefits.info/abcbs](https://www.specialtybenefits.info/abcbs).



To make the most of your vision benefits, see eye doctors in the **Blue View Vision** plan's network.

Log in or register at **anthem.com**. Select **Find Care**, then **Vision**. If you're searching for an eye doctor before your Blue View Vision benefits begin — select the **search as a guest** option.

If your eye doctor isn't in your plan's network, you can still see them, but you'll pay more of the costs for your eye exams, glasses, or contacts.

A closer look at Blue View Vision benefits

Benefits	In the plan's network	Outside the plan's 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) Standard plastic bifocal lenses (1 pair) Standard plastic trifocal lenses (1 pair) 	\$25 copay, then covered in full \$25 copay, then covered in full \$25 copay, then covered in full	\$36 allowance \$54 allowance \$69 allowance
Eyeglass lens enhancements	When obtaining covered eyewear in the Blue View Vision plan's network, 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) Standard polycarbonate (for children under age 19) Factory scratch coating 	\$0 after eyeglass lens copay \$0 after eyeglass lens copay \$0 after eyeglass lens copay	No allowance on lens enhancements if you receive them outside of the Blue View Vision plan's network
Contact lenses*	Once every 24 months, you may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.	
<ul style="list-style-type: none"> Elective conventional lenses Elective disposable lenses Nonelective contact lenses 	\$150 allowance, then 15% off any remaining balance \$150 allowance (no additional discount) Covered in full	\$105 allowance \$105 allowance \$210 allowance

For more information on your vision benefits or to find a claim form for care outside of the plan's network, visit [anthem.com/meabt](https://www.anthem.com/meabt) or call 866-723-0515.

*Your contact lens allowance can only be applied toward the first purchase of contacts during a benefit period. You can't use the remaining amount toward another purchase, and it can't 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

Your Member Assistance Program (MAP) offers valuable resources designed to help you overcome challenges that can impact your health, family life, and job performance. There is now a streamlined experience to make it convenient for you to access MAP's most widely used services.

- Counseling sessions
- Legal and financial consultations
- Dependent care referrals
- Convenience services
- Online help and resources
- Tobacco-free resources
- Identity (ID) theft recovery and monitoring
- Member center
- Health and wellness webinars
- Let's Talk Depression Center

A new way to connect with a dedicated therapist online through Talkspace.



- Talk to licensed therapists by video, chat, or phone.
- Find specialists for a wide range of issues, such as anxiety, parenting, and substance use.
- Access weekly mental health news and tips.

To start therapy visit [talkspace.com/associatecare](https://www.talkspace.com/associatecare) and complete a short series of questions, then enter "EAP MEABT" in the *Organization Name* field.

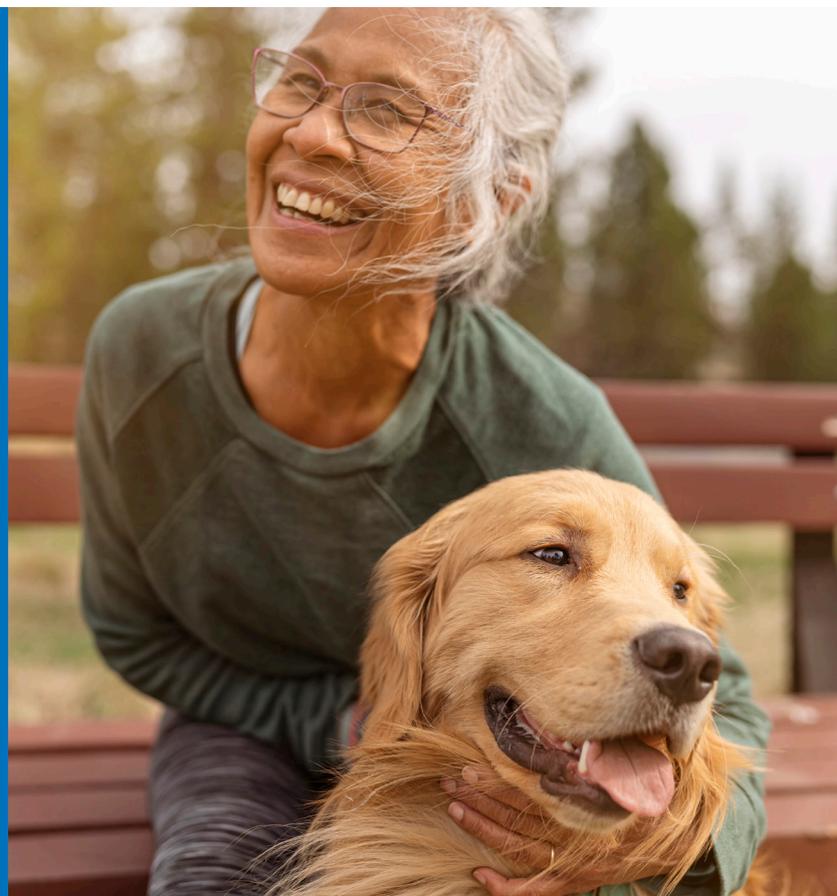
Start using your **MAP benefits today**

Call **855-686-5615** and tell the representative you are an MEA Benefits Trust member. Use the QR code below to learn more about your MAP benefits or visit [anthemmap.com](https://www.anthemmap.com) and enter the member login, "MEABT"



Emotional Well-being Resources

Emotional Well-being Resources, administered by Learn to Live — Offers digital tools and online programs to help develop resilience, reduce stress, and practice mindfulness, including 1:1 coaching to help you prioritize wellness. Scan the QR code or go to [anthemmap.com](https://www.anthemmap.com) and enter "MEABT" to start using the resources.





Sydney Health

With the SydneySM Health mobile app, you can make informed decisions about the care you receive. Connect to information about your Anthem benefits — personalized and all in one place. Sydney Health keeps your information organized, so that you can spend less time looking for information and more time focused on your health and priorities.

What to expect from Sydney Health

- **Convenient experience** — The app is designed to help you quickly find what you need, with access to information, Member Services, LiveHealth Online video doctor visits, wellness resources, and an interactive chat feature.
- **My Health Dashboard** — This dashboard is your hub for personalized health and wellness. Find programs that interest you and build an action plan to help you meet your health goals.
- **Find Care** — You can use this tool to help you find a doctor who is right for you in your plan's network. Results are carefully matched with your unique needs, preferences, and plan details.
- **Virtual primary care** — Through the Sydney Health app, you can chat with a doctor or have a video visit at a time and place that works for you at no additional cost.
- **Diabetes Prevention Program offered by Lark** — Anthem has partnered with Lark to offer a **Diabetes Prevention Program** that can help you determine if you're at risk for prediabetes and, if needed, take steps to address it. Find the Lark screen under **Programs** in **My Health Dashboard** to take the one-minute survey.



How to download the Sydney Health app

Open the App Store[®] or Google Play[™] app on your smartphone and search for Sydney Health.



Satisfy well-being goals with support programs, tools, and services

Anthem meets you where you are to support your health and wellness goals. You can even choose the level of involvement you want, from calling a nurse with a question to receiving ongoing help with a chronic health issue.

Anthem.com health resources

Online preventive guidelines can provide you with a better understanding of the importance of annual physicals, immunizations, screenings, and tests.

Find Care can show you how much it may cost for certain services — like labs and X-rays — and can help you decide where to go.

Flu shots are administered by local health professionals or annual flu shot clinics at your school's health services.

SpecialOffersSM 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 find the discounts available to you:

1. Log in to **anthem.com**.
2. Choose **Care** and select **Discounts**.

Transplant program includes benefits for travel and lodging expenses related to your transplant, up to \$10,000.

Diabetes Prevention Program offered by Lark can help you determine if you're at risk for prediabetes and, if needed, take steps to address it.

Health guidance

24/7 NurseLine connects you to a registered nurse who can answer questions about a health issue or help you decide where to receive care. Call **800-337-4770** anytime. To speak to a Spanish-speaking nurse, call **800-545-9648**. You can also listen to short recordings on hundreds of health topics in English and Spanish in the AudioHealth Library.

Behavioral healthcare managers help answer behavioral health questions, such as how to improve your eating habits or how to benefit from different treatment options.

Future Moms supports mothers in having a healthy pregnancy, and includes video visits with a certified lactation consultant. Breast pumps are also available at no extra cost through a network covered provider. To sign up for Future Moms, call the number on your Anthem ID card.

Health management

Case Management includes nurse case managers who can help you to recover from serious illness or major surgery, and be discharged from the hospital and heal at home. Programs include:

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

ConditionCare is a no-cost health and wellness program that can help you address long-term conditions, such as diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, heart failure, and end-stage renal disease.

It provides access to health professionals, including dietitians and nurses, who can offer guidance and support in your health goals. You might receive a call from us to see whether a ConditionCare program is a good fit for your needs based on your claims record — or you can call the Member Services number on your Anthem ID card to see if you're eligible to participate.¹



LiveHealth Online

You can have a video visit with a board-certified doctor from your smartphone, tablet, or computer with a camera at no additional cost. No appointment necessary. This is a great option when your doctor or clinic is unavailable. Doctors can treat rashes, infections, colds, and the flu, as well as provide sleep and lactation support. You can even see a dermatologist, and the doctors can send a prescription to your pharmacy, if needed.²

LiveHealth Online Psychiatry and Psychology

Once you log in to livehealthonline.com or the app, select **Psychology** or **Psychiatry** to schedule an appointment with the person you want to see. You can also call LiveHealth Online at **844-784-8409** from 7 a.m. to 11 p.m. ET. You will receive an email confirming your appointment.

You must be at least 10 years old to see a therapist online. You can also call the MAP at **855-686-5615** for a coupon code to use for your first three visits.



Sign up at
livehealthonline.com
or download the Sydney
Health app to begin.



MEABT plans in action

Meet Alex

Alex has prediabetes. As an MEABT member, she can take advantage of her benefits to manage her condition. She understands all of the additional benefits she has and wants to put them to good use.

Diabetes Prevention Program offered by Lark

Alex enrolls in Lark's diabetes prevention program so she will receive access to expert medical support to help manage her condition.

Lark is a new diabetes prevention program that offers coaching that can help her determine if she's at risk for prediabetes and, if needed, take steps to address it. Lark is part of Alex's health plan and is no extra cost.

Member Assistance Program

Alex struggles with depression as she manages her prediabetes. She knows she needs help and calls the Member Assistance Program (MAP). She is connected with a specially trained behavioral health specialist who listens to her concerns and offers her tools and resources to help manage her emotions. If, at any time, Alex needs additional help, her MAP representative can arrange in-person or virtual support with a counselor. This confidential member program is available to her at no extra cost, 24 hours a day, seven days a week.*

* In accordance with state and federal laws and professional and ethical guidelines.



MEABT Virgin Pulse Wellness Program

Making healthy decisions is important to Alex for managing her prediabetes. She chooses to earn incentive points by tracking daily exercise, healthy habits, sleep, and many other physical, nutritional, and emotional health activities. At any time, Alex can also connect with a health coach to create a customized program for her success. By engaging with Lark and MEABT's Virgin Pulse Wellness Program she reduces her diabetes risk, and earns a fitness tracker along with 5,000 Virgin Pulse Points. She also earns gift cards up to \$62.50 each quarter, or \$250 per year.



Being able to access all of these extra programs helps Alex better manage her condition, while earning rewards along the way to better health.

MEA Choice Plus (point of service)

Save more when you see a doctor in your plan's network

Planning for expenses is not only about money. It's about you, your health, and your financial security. That's why choosing a primary care doctor (also called a primary care physician, or PCP) is important. You will receive a referral from them when you go to specialists. The plan covers you when you see a doctor outside the plan's network, but your out-of-pocket costs may be higher.

This plan covers:

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

Plus:

- You will need to choose a primary care doctor.
- The Choice Plus plan has more than 4,000 doctors and other healthcare professionals in the network.
- You are covered when away from home.
- You are covered to see doctors outside the plan's network, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use doctors in the plan's network.
- You can use Anthem and MEA Benefits Trust's health and wellness programs to help you be your healthiest.



10 tips for making the most of your coverage:

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

Find a doctor in the plan's network at [anthem.com](https://www.anthem.com)

An updated list of doctors in the plan's network is available at [anthem.com](https://www.anthem.com). You can search by location, specialty, or languages spoken. If you don't have internet access, call the Member Services number on your Anthem ID card for help finding a doctor in the plan's network.

MEA Standard Plan (PPO)

MEA Standard 500 Plan (PPO)

MEA Standard 1000 Plan (PPO)

Seeing a doctor in your plan's network can help you spend less

With these preferred provider organization (PPO) plans, you can make the most of your benefits when you choose a doctor in the plan's network. These plans cover you when you see a doctor outside the plan, but your out-of-pocket costs may be higher.

These plans cover:

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

Plus:

- It's important to choose a primary care doctor to see 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 healthcare professionals in the network.
- You are covered when you're away from home.
- Benefits are available for care outside the plan's network, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use doctors in the plan's network.
- You can use Anthem's health and wellness programs to help you manage and improve your health.

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.

Find care

Find doctors and compare costs in your area

Choosing a doctor who is right for you makes a difference — choosing a doctor in your plan's network can help keep your costs under control. You can find high-quality, more-affordable care using our Find Care tool.

Log in to [anthem.com](https://www.anthem.com) and select **Find Care**. You can search for doctors, hospitals, and other healthcare professionals in your plan's network. You will see important details on these healthcare professionals, including the type of care they provide, directions to their offices, what languages they speak, and rewards they have received for high-quality care.

This tool can show you what you can expect to pay for healthcare services based on your plan, and how to compare doctors for quality and cost. It's one of the ways your health plan helps you balance receiving quality care and keeping your healthcare costs under control.

Find this information **on the go**



Download our **Sydney Health** mobile app and access the same health information anywhere, anytime.

Benefit comparison

Plans effective July 1, 2023, to June 30, 2024

Items marked with an asterisk (*) are benefit changes.

Service	MEA Choice Plus (POS)	
	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 (PCP) required	Yes	Yes
* Doctor office visits — sick care	\$0 for the first visit, then \$15 PCP copay 100% after \$25 specialist copay*	65% after deductible
Preventive and well-care services (see page 18) 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.)		\$7,900 per member \$15,800 per family
Utilization management	All inpatient admissions, except emergency and maternity admissions, need preadmission authorization by your PCP.	All inpatient admissions, except emergency and maternity, need preadmission authorization. You, your doctor, or other healthcare professional must call Anthem Medical Management at 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 preapproval.	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 reevaluation. No annual limit	65% after deductible No annual limit
Chiropractic care — physical manipulations	85% after deductible You receive up to 36 visits per calendar year when self-referring to a healthcare professional in the plan's network. 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.	85% after deductible for a provider in your plan's network 65% after deductible for a provider outside your plan's network

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. The information on the *Certificate of Coverage* is correct, should there be any differences in this benefit overview.

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's network	Outside your plan's network	In your plan's network	Outside your plan's network	In your plan's network	Outside your plan's network
Coverage in this column applies to maximum allowances for covered services when you receive care from doctors or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from doctors or professionals not in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from doctors or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from doctors or professionals not in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from doctors or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from doctors or professionals not in the Blue Choice network.
No	No	No	No	No	No
\$0 for the first visit, then \$15 PCP copay 100% after \$25 specialist copay	65% after deductible	\$0 for the first visit, then \$15 PCP copay 100% after \$30 specialist copay	60% after deductible	\$0 for the first visit, then \$15 PCP copay 100% after \$30 specialist copay	60% after deductible
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	
\$7,900 per member \$15,800 per family		\$6,600 per member \$13,200 per family		\$6,100 per member \$12,200 per family	
All inpatient admissions, except for emergency and maternity, need preapproval before admission. You, your doctor, or other healthcare professional must call Anthem Medical Management at 800-392-1016 .		All inpatient admissions, except for emergency and maternity, need preapproval before admission. You, your doctor, or other healthcare professional must call Anthem Medical Management at 800-392-1016 .		All inpatient admissions, except for emergency and maternity, need preapproval before admission. You, your doctor, or other healthcare professional must call Anthem Medical Management at 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
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	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	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 reevaluation. 60 visits per member per calendar year for all therapies combined.	65% after deductible	80% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation. 60 visits per member per calendar year for all therapies combined.	60% after deductible	80% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation. 60 visits per member per calendar year for all therapies combined.	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
You receive up to 40 visits per member per calendar year.		You receive up to 40 visits per member per calendar year.		You receive up to 40 visits per member per calendar year.	

Benefit comparison

Plans effective July 1, 2023, to June 30, 2024

Items marked with an asterisk (*) are benefit changes.

Service	MEA Choice Plus (POS)	
	Higher benefit level	Self-referred benefit level
Nutritional counseling	100%	65% after deductible
Stop smoking education programs Doctor follow-up visits Prescribed medicines	100% 100% 100%	65% after deductible 65% after deductible Prescription drug copay applies
Home healthcare	85% after deductible	65% after deductible
Hospice	100%	65% after deductible
Acupuncture	85% after deductible	85% after deductible
* LiveHealth Online (preferred online visit) Including virtual sleep medicine clinics, dermatology visits, and lactation support. Behavioral health visits covered at 100%.	100%	100%
Walk-in centers	100% after \$15 copay	65% after deductible
Temporomandibular joint dysfunction (TMJ)	85% after deductible	65% after deductible
Hearing aid coverage Adult hearing aids are limited to up to \$3,000 per hearing aid per hearing impaired ear every 36 months	85% after deductible	65% after deductible
Durable medical equipment	85% after deductible	65% after deductible
Pediatric dental varnish	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 use services must be preapproved by calling Anthem Behavioral Health at 800-755-0851 . For more information about this benefit, please see your <i>Certificate of Coverage</i> .	This coverage level applies when you or your covered dependents obtain preapproval from Anthem Behavioral Health and receive inpatient health and substance use services from a doctor or other healthcare professional 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 receive inpatient health and substance use services from a doctor or other healthcare professional 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 – out of network
Office visits	100%	65% after deductible – out of network
Prescription drug coverage for each 30-day supply	Tier 1a: \$10 copay / Tier 1b: \$15 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 1a: \$20 copay / Tier 1b: \$30 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. The information on the *Certificate of Coverage* is correct, should there be any differences in this benefit overview.

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's network	Outside your plan's network	In your plan's network	Outside your plan's network	In your plan's network	Outside your plan's 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
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
You receive up to 20 visits per member per calendar year.		You receive up to 20 visits per member per calendar year.		You receive up to 20 visits per member per calendar year.	
100%	N/A	100%	N/A	100%	N/A
100% after \$15 copay	65% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	60% after deductible
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	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 preapproval from Anthem Behavioral Health and receive inpatient health and substance use services from a doctor or other healthcare professional 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 receive inpatient health and substance use services from a doctor or other healthcare professional 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 preapproval from Anthem Behavioral Health and receive inpatient health and substance use services from a doctor or other healthcare professional 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 receive inpatient health and substance use services from a doctor or other healthcare professional 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 preapproval from Anthem Behavioral Health and receive 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 receive inpatient health and substance use services from a doctor or other healthcare professional 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.
65% after deductible	65% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
65% after deductible	65% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
65%, no deductible	65%, no deductible	60%, no deductible	60%, no deductible	60%, no deductible	60%, no deductible
100%	65% after deductible	100%	60% after deductible	100%	60% after deductible
Tier 1a: \$10 copay / Tier 1b: \$15 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications – in-network only		Tier 1a: \$10 copay / Tier 1b: \$15 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications – in-network only		Tier 1a: \$10 copay / Tier 1b: \$15 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications – in-network only	
Tier 1a: \$20 copay / Tier 1b: \$30 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications		Tier 1a: \$20 copay / Tier 1b: \$30 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications		Tier 1a: \$20 copay / Tier 1b: \$30 copay Tier 2: \$70 copay Tier 3: \$120 copay Tier 4: 90-day fills are not available for specialty medications	

Healthier living with preventive care benefits

Regular checkups and exams can help you stay well and find potential issues earlier.

Our health plans offer the services listed here at no extra cost.³ When you receive 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 plan's network.

The difference between preventive care and diagnostic care

Preventive care helps protect you from illness. Preventive care is when a doctor recommends services even though the patient has not shown any related symptoms. Diagnostic care is when a patient shows symptoms and a doctor recommends services to find out what is causing the symptoms.⁴

Child preventive care:

- Preventive physical exams, screenings, and tests:
 - Behavioral counseling to promote a healthy diet
 - Blood pressure
 - Cervical dysplasia screening
 - Cholesterol and lipid levels
 - Coronavirus (COVID-19)
 - Depression screening
 - Development and behavior screening
 - Type 2 diabetes screening
 - Hearing screening
 - Height, weight, and body mass index (BMI)
 - Hemoglobin or hematocrit (blood count)
 - Lead testing
 - Newborn screening
 - Obesity: related screening and counseling
 - Oral (dental health) assessment, when performed as part of a preventive care visit
 - Sexually transmitted infections screening and counseling
 - Skin cancer counseling for those ages 10 to 24 with fair skin
 - Tobacco use: related screening and behavioral counseling
 - Vision screening, when done as part of a preventive care visit⁴

Preventive care services have expanded to include certain medical devices, covered in full, for chronic health conditions such as diabetes, asthma, hypertension, liver disease, and bleeding disorders.

- Immunizations:
 - Chickenpox
 - Coronavirus (COVID-19)
 - Flu
 - Haemophilus influenzae type b (Hib)
 - Hepatitis A and hepatitis B
 - Human papillomavirus (HPV)
 - Meningitis
 - Measles, mumps, and rubella (MMR)
 - Pneumonia
 - Polio
 - Rotavirus
 - Whooping cough

Adult preventive care:

- Preventive physical exams, screenings, and tests:
 - Alcohol misuse: related screening and behavioral counseling
 - Aortic aneurysm screening (for 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)⁴
 - 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
 - Eye chart test for vision⁵
 - Type 2 diabetes screening⁶
 - Hearing screening
 - Height, weight, and body mass index (BMI)
 - Human immunodeficiency virus (HIV) screening and counseling
 - Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or who quit within the past 15 years⁴
 - Obesity: related screening and counseling⁶
 - Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
 - Sexually transmitted infections screening and counseling
 - Tobacco use: related screening and behavioral counseling
 - Tuberculosis screening
 - Violence, interpersonal, and domestic: related screening and counseling

Preventive care services have expanded to include certain medical devices, covered in full, for chronic health conditions such as diabetes, asthma, hypertension, liver disease, and bleeding disorders.

- Immunizations:
 - Coronavirus (COVID-19)
 - 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 genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁷
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{7,8,9,10}
- 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
- Human papillomavirus (HPV) screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁹
- 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 healthcare 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, the provisions of the group policy are correct. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations*.

A closer look at prescription drug coverage

Paying less with **generics**

Your drug plan has five copay levels, called tiers:

- Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions. Example: generic blood pressure drug lisinopril. The copay is \$10.
- Tier 1b drugs are low-cost medicines that offer great value compared to others that treat the same conditions. Example: generic blood pressure captopril. The copay is \$15.
- Tier 2 includes preferred drugs with a \$35 copay. Example: brand-name drug Januvia.
- Tier 3 includes nonpreferred medications with a \$60 copay. Example: brand-name drug Edarbi.
- 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 68,000 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 receive phone call reminders when you're due for a refill. To begin with the home-delivery pharmacy, call the Member Services number on the back of your member ID card.

Using **specialty drugs** and pharmacies

Specialty pharmacies provide medicine for long-term health issues, such as 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 fill their specialty drug prescriptions at CarelonRx Specialty Pharmacy or another pharmacy in the specialty pharmacy network. Only a 30-day supply for specialty drugs is covered. You can receive home delivery and access pharmacy experts 24/7 for questions.

CarelonRx 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 CarelonRx, call the Pharmacy Member Services number on the back of your member ID card. Pharmacy experts are available 24/7 for questions.



**Pharmacy Member Services
is available 24/7/365**

833-267-2133



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.
- Receive prescriptions from doctors in your plan's network and fill them at pharmacies in the plan's network.
- 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 to 5 years
 - Fluoride supplements for children ages 0 to 6 years
- Adults
 - Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia, and colorectal cancer by adults younger than 70 years of age
 - Colonoscopy prep kit (generic or over the counter only) when prescribed for preventive colon cancer screening
 - Generic low-to-moderate statins for members who are ages 40 to 75 with one or more cardiovascular disease risk factors (dyslipidemia, diabetes, hypertension, or smoking)
 - Tobacco-cessation products, including all FDA-approved brand-name and generic over-the-counter and prescription products, for those ages 18 and older
 - Preexposure prophylaxis (PrEP) for the prevention of HIV
- Women
 - Contraceptives, including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides⁹
 - Low-dose aspirin (81 mg) for pregnant women who are at an increased risk of preeclampsia
 - Folic acid for women ages 55 or younger who are planning and able to become pregnant
 - Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria³

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or healthcare 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, the provisions of the group policy are correct. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations*.



What to ask your doctor

When you see your doctor, there may be a lot of information to take in all at once. It can be helpful to plan ahead and have questions written down. Preparing for your visit can help you feel more confident about what your doctor said and what steps you should take to move forward.

Here are preparation tips and questions you can ask during your visit to help ease any anxiety you may have:

Before your visit

Make a list of the medicines, vitamins, nutritional supplements, and other treatments you use. Try to include herbal remedies and teas, over-the-counter drugs, and nutritional drinks and shakes.

Your doctor may ask you how much coffee or alcohol you have daily. Be ready to give them that information, even if they don't cover it.

If you are experiencing stress, family issues, or symptoms of anxiety, be sure to tell your doctor.

Questions to ask

- What should I do to prevent or delay potential health issues?
- Are there changes I should make to improve my health?
- Are there tests or screenings I should have, based on my age or other risk factors?
- Am I due for any vaccines?
- Do I need to come back for another visit?
- Can I call for test results?

Where to go for care when it's not an emergency

When you or a family member needs care, you have choices to make on where and when you should seek care if it's not an emergency.

Depending on your plan and the services you receive, you may only have a copay. 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 Care** tools to help you decide where to go, because making the best choice for care can help you save time and money.

Care options

We've expanded your virtual care options. **Virtual primary care** provides convenient and more affordable access to urgent, routine/preventive, and chronic condition care through the SydneySM Health app. Virtual primary care providers can diagnose and treat many common health conditions, prescribe medications, and conduct wellness check-ins, for no additional cost.

Your doctor — It's a good idea to check first if your doctor's office has extended hours to treat common illnesses, such as ear infections, sore throats, and cold and flu symptoms.

Walk-in centers — These centers can treat issues like minor cuts and burns, sprains and strains, sore throats, earaches, and the flu. They usually have extended hours and you don't need an appointment. You can also go to **meabt.org** and select **Resources**, then **Document Library** for help finding one.

LiveHealth Online — Have a video visit with a board-certified doctor from your smartphone, tablet, or computer with a camera. This is a great option when your doctor or clinic is unavailable. Doctors can treat rashes, infections, colds, and the flu. They can send a prescription to your pharmacy, if needed.² To join, sign up at **livehealthonline.com** or download the app on your phone or tablet.

LiveHealth Online Psychiatry and Psychology — You can also see a psychiatrist, psychologist, or therapist with LiveHealth Online. Appointments are available seven days a week, including evenings. In most cases, you can make an appointment with a psychologist or therapist within four days or less,¹¹ or a psychiatrist within 14 days. Psychologists and therapists can provide talk therapy, while a psychiatrist can also prescribe medicines, if needed.²

Once you log in to **livehealthonline.com** or the app, select Psychology or Psychiatry to choose the person you want to see. You can also call LiveHealth Online at **844-784-8409** from 7 a.m. to 11 p.m. ET. You'll receive an email confirming your appointment.

You must be at least 10 years old to see a therapist online. You can also call the MAP at **855-686-5615** for a coupon code to use for your first three visits.



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

Remember that you may have an emergency room copay or the cost may apply to your deductible or percentage of the costs.

Your right to privacy

How Anthem protects your personal information

Our commitment

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

Anthem receives information from members and their healthcare 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.

Healthcare 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 receive 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' healthcare 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.

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 healthcare professionals and providers in making decisions about your healthcare.
- 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 healthcare 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: 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 healthcare providers to develop mutually agreed-upon treatment goals.
- Provide, to the extent possible, information that we and/or your healthcare professionals and providers need.
- Follow the plans and instructions for care that you have agreed to with your healthcare professional and provider.
- Tell your healthcare 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 healthcare 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.

How to reach us

ConditionCare 866-962-0960

Future Moms 866-347-8360

24/7 NurseLine 800-337-4770

Member Assistance Program 855-686-5615

Virgin Pulse program 855-689-6884

MEA Benefits Trust 888-622-4418
(meabt.org)

When something changes for you during the year

You could have **another chance** to enroll or make changes

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.**
- 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:

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.

Example:

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

To see if you are eligible for a special enrollment during the year, contact your school district's central office.



Here for you every step of the way

We can connect you to the resources, tools, and answers you need for extra support. For more information about your MEA Benefits Trust health plans, call **888-622-4418**. You can also visit **[anthem.com/meabt](https://www.anthem.com/meabt)** or **[meabt.org](https://www.meabt.org)**.



1 As of January 1, 2017, the Equal Employment Opportunity Commission requires spouses/partners to submit a written authorization before completing a health assessment or answering any health-related questions.
2 Online prescribing only when appropriate based on physician judgment.
3 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on 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 Health Resources and Services Administration (HRSA) coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.
4 You may be required to receive preapproval for these services.
5 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.
6 The CDC-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal cardiovascular disease risk factors.
7 Check your medical policy for details.
8 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.
9 This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.
10 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.
11 Appointments are subject to the availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call, text, or chat 988 (the 988 Suicide & Crisis Lifeline) for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.
12 Your virtual annual preventive care (wellness) visit is covered in full unless your employer has a limit or cap under your benefit plan.
13 Eligible employees are those who have not yet had a wellness visit during the plan year, either virtual or in person, and their organization has chosen to offer the virtual primary care experience without a limit or cap under your benefit plan. If an employer group has a cap on the number of preventive care (wellness) visits and the employee has exceeded the cap but would like to have another wellness visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.
14 Your doctor will determine if a prescription is needed at time of visit.

The Virgin Pulse wellness program is a stand-alone wellness program administered by Virgin Pulse.

Diabetes Prevention Program is provided by Lark, an independent company.

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Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

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.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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.