

Effective July 1, 2024



Care and support that match your life

Discover benefits that support your whole health and well-being



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 your whole health and well-being — **with the 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 at a glance

Here are the benefit changes for each health plan. They will take effect on **July 1, 2024**.

MEA Choice Plus and Standard Plan

- Coinsurance percentage for most services, after deductible, will change from 85% to 80% for the referred level and 65% to 60% for the self-referred level.
- Coinsurance limit will increase from \$1,000 to \$1,500 per individual.
- Copay maximum will decrease from \$7,900 to \$7,750 per individual.
- Primary care physician (PCP) copay will increase from \$15 to \$20. Specialist copay will increase from \$25 to \$30.
- Emergency room copay will increase from \$200 to \$300.

MEA Standard 500 Plan

- Coinsurance percentage for most services, after deductible, will change from 80% to 75% for in-network services and 60% to 55% for out-of-network services.
- Coinsurance limit will increase from \$2,000 to \$2,500 per individual.
- Copay maximum will decrease from \$6,600 to \$6,450 per individual.
- PCP copay will increase from \$20 to \$25. Specialist copay will increase from \$30 to \$35.
- Emergency room copay will increase from \$200 to \$300.

MEA Standard 1000 Plan

- Coinsurance percentage for most services, after deductible, will change from 80% to 75% for in-network services and 60% to 55% for out-of-network services.
- Coinsurance limit will increase from \$2,000 to \$2,500 per individual.
- Copay maximum will decrease from \$6,100 to \$5,950 per individual.
- PCP copay will increase from \$20 to \$25. Specialist copay will increase from \$30 to \$35.
- Emergency room copay will increase from \$200 to \$300.

All plans – New benefits

- **Fertility benefits:** As mandated by the State of Maine, coverage is included for medically necessary fertility services. Medically necessary covered services include procedures to determine an individual’s fertility and services such as artificial insemination (three lifetime cycle limit), egg retrieval and cryopreservation, and in vitro fertilization (two lifetime cycle limit). Please call Anthem Customer Service at the number on the back of your health plan ID card for additional benefit details.
- **Coverage for recreational prosthetics:** As mandated by the State of Maine, coverage is included for one prosthetic device that meets the medical needs of a participant under age 18 for recreational purposes.
- **Coverage for certain dental procedures for a member who has been diagnosed with cancer:** As mandated by the State of Maine, certain medically necessary dental procedures are covered for a member who has been diagnosed with cancer. Routine preventive dental care is not covered.
- **Coverage for over-the-counter hearing aids:** Benefits must be accessed by using Anthem’s preferred provider partner **TruHearing**. Contact TruHearing at **877-653-9397**.
- **Building Healthy Families:** All-in-one program that supports growing families whether you’re trying to conceive, expecting a child, or raising young children. Call **833-812-1776** for more information on the program.

All plans – Continued benefits

- **Aspire365:** A long-term in-home treatment program that provides primary mental health, primary substance use, and co-occurring disorder treatment. Services can be coordinated with your schedule including in-person and telehealth sessions.
- **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 **SydneySM Health** app.
- **LiveHealth Online:** Copays will continue to be waived for video visits with a board-certified doctor, psychologist, or psychiatrist from your smartphone, tablet, or computer with a camera. Sign up at **livehealthonline.com** or download the app to begin.



A closer look at your benefits

Building Healthy Families

This all-in-one program can help your family grow strong with support at every stage, from family planning and pregnancy through the toddler years. Plus, if your family story includes adoption, surrogacy, or single parenthood, the resources will be tailored to meet your needs.

When you enroll in Building Healthy Families (BHF), you'll have 24/7 support through the Sydney Health app or on **anthem.com** at no extra cost to you and unlimited access to:

Tools to help you stay organized

Log newborn feedings, diaper changes, growth, vaccinations, and your child's developmental milestones.

Health and wellness expertise for you and your family

Explore a library with thousands of educational articles and videos on everything from family planning to parenting tips.

Personalized pregnancy support

A Family Care Coach to chat with during pregnancy for help navigating your Building Healthy Families experience.

Enroll today:

1. Visit **anthem.com** or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** and then choose the **Building Healthy Families** tile.

You can also scan this QR code with your phone's camera to get started.



TruHearing

Get over-the-counter (OTC) hearing aids with existing hearing aid coverage utilizing TruHearing, Anthem's preferred provider. Traditional and OTC hearing aid devices are interchangeable for the benefit, and coverage level is based on the network availability.

TruHearing's advanced technology provides higher-quality, more natural sound with options that fit your lifestyle and budget. To find a provider, go to *Find Care* on **anthem.com** and search "TruHearing" or "Hearing Aid Equipment."

For more information, call **877-653-9397**.

Mental health and substance use support from Aspire365

There may be times when you are having troubling thoughts or behavior changes, or may be experiencing substance use, anxiety, or trauma. If you or any of your loved ones have experienced any of these mental health conditions, Aspire365 is available to help.

A long-term in-home treatment program, Aspire365 provides Primary Mental Health, Primary Substance Use,

and Co-Occurring Disorder treatment. The program brings care conveniently to you and services can be coordinated with your schedule. To get treatment when and where you need it, call Aspire365 at **385-352-9696**.

Scan this QR code with your phone's camera to learn more about Aspire365.



Personal diabetes prevention coaching

Roughly 98 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 at right with your phone's camera, 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**.

Upon qualified registration, participants will receive a wireless scale. As participants progress through four milestones, they'll improve their health, reduce diabetes risk, and have the opportunity to earn a fitness tracker and 5,000 Virgin Pulse points.



lark

* Centers for Disease Control and Prevention: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (December 30, 2022); cdc.gov.

Rewards for your healthy lifestyle

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

Earn up to \$250 with Virgin Pulse

Our Wellbeing program is designed to help you build healthy habits, manage stress, stay active, and make healthy changes. By staying engaged in the Virgin Pulse program, you'll earn points towards \$62.50 each quarter to total \$250 a year. As an added bonus, once you've finished Level 4 (18,000 points), **Secret Level 5** will be unlocked. Upon completing Level 5, participants will earn a chance at one of five drawings each for \$50 in Pulse Cash.

Health coaching (one-on-one support)

A personal health coach can be a helping hand when you need it, offering resources to keep you accountable and focused. Coaches provide support, private conversations, connections to your needs and goals, accountability, and success. Register for coaching today and earn Virgin Pulse points along your journey to better health.

Who are the Virgin Pulse Health Coaches?

Our coaches come from a mix of backgrounds and experiences, including: nurses, personal trainers, psychologists, nutritionists, emotional health coaches, and financial coaches.



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 Pulse Cash 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.

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.
- Browse informative content that helps you work on your fitness, mindfulness, and other areas, in the Media Library.
- Cash in, or continue to grow your rewards.

	Level 1	Level 2	Level 3	Level 4	Total	Secret Level 5
Points	2,000	5,000	12,000	18,000	18,000	Finish 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

Strive for healthy with cash rewards

- 1 Sign up for your Virgin Pulse account at join.virginpulse.com/meabt or scan the QR code with your phone's camera. 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 health plan 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. ET, at **855-689-6884**.

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

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. This streamlined experience makes 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

Connect with a dedicated therapist online through Talkspace



- Talk to licensed therapists by video, chat, or phone (for ages 13+).
- 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 and complete a short series of questions, then enter "MAP MEABT" in the *Organization Name* field.



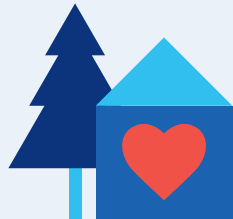
Start using your MAP benefits today

Call **855-686-5615** and tell the representative you are an MEA Benefits Trust member. You can also scan the QR code with your phone's camera to learn more about your MAP benefits or visit anthemeap.com.



Live
Your
Best
Life
Now

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 with your phone's camera or go to **Maine Education Association Benefits Trust MAP | Anthem** (anthemeap.com) to start using the resources.



LiveHealth Online

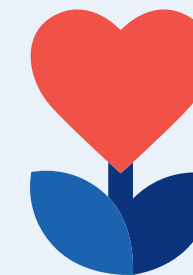
You can have a video visit with a board-certified doctor from your smartphone, tablet, or computer with a camera at no additional cost. No appointment is necessary. This is a great option when your doctor or clinic is unavailable. Doctors can treat rashes, infections, colds, and the flu, as well as provide sleep and lactation support. You can even see a dermatologist, and the doctors can send a prescription to your pharmacy, if needed.⁴

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**, seven days a week, 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.



These programs help Dave better manage his own and his family's health at no added cost while earning rewards along the way.

MEABT plans in action

Meet Dave

Dave is a teacher who is parenting young children. He and his wife, Lauren, are expecting a new baby after having Hazel (5) and Scarlett (2). Dave and Lauren know they'll need extra support for their growing family. As an MEABT member, Dave can take advantage of his family's benefits to manage their needs.

Regular and preventive checkups

Dave knows he needs to take care of his health, including having regular checkups. He hasn't seen his primary care doctor in a while, so before the baby arrives, he's going to schedule an annual physical. At the appointment, Dave plans to ask his doctor about preventive cancer screenings and vaccines, and which ones are recommended for him based on his health history, family history, and age.

LiveHealth Online

Over a school holiday, Scarlett starts tugging on her ears and acts very fussy. Scarlett has had ear infections before, but the family doctor's office is closed.

Rather than go to urgent care, Dave turns to LiveHealth Online, which is available 24/7 without needing an appointment. Using his laptop, Dave and Scarlett have a video visit with a doctor at no additional cost. Dave describes Scarlett's symptoms, and the doctor provides a treatment plan and calls in a prescription.¹ LiveHealth Online saves Dave the time and cost of a trip to urgent care and Scarlett feels better faster.

Building Healthy Families

Dave enrolls in Building Healthy Families (BHF), Anthem's all-in-one program that supports growing families at every stage, from family planning and pregnancy through the toddler years.

Using the Sydney Health app, Dave can access this convenient hub 24/7 for personalized content, parenting resources, and appointment reminders.

MEABT Virgin Pulse Wellness Program

While Dave has a full plate, he wants to stay active and eat better to help manage stress. He chooses to earn incentive points by tracking daily exercise, healthy habits, and many other physical, nutritional, and emotional health activities. At any time, Dave can also connect with a health coach to create a customized program.

By engaging with MEABT's Virgin Pulse Wellness Program, Dave can earn Pulse Points and up to \$62.50 in Pulse Cash each quarter, which adds up to \$250 after four quarters.

Member Assistance Program

Lauren struggles with finding time to take care of herself while caring for her family. This causes her to feel depressed at times. 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 mental health.

To start, Lauren is going to access MAP's health and wellness webinars. If, at any time, she 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.²

Know your care options to save time and money

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.

Compare your options

24/7 NurseLine	Virtual care	Primary care doctor	Urgent care center	Emergency room
A registered nurse is available by phone, 24/7, to answer health questions and help you decide where to go for care	24/7 access to doctors through the Sydney Health app or LiveHealth Online — no appointment needed	Usually available during normal business hours and may also provide medical advice by phone or video and after hours	For serious but non-life-threatening issues; many are open 7 days a week with extended hours, and they usually offer X-ray and lab services	Open 24/7/365 — life-threatening emergencies only; using the ER for non-life-threatening issues can cost you a lot in time and money
Your cost \$0 Provider cost \$0	Your cost \$0 Provider cost \$39–\$175	Your cost \$20–\$25 Provider cost \$198	Your cost \$20–\$25 Provider cost \$247	Your cost \$300 Provider cost \$2,019
Allergies, diarrhea, eye infection, fever, flu-like symptoms, rash, ear or sinus pain, urinary tract infection (UTI) A nurse is always available to help answer your questions. Call 800-337-4770 .	Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, UTI, sore throat, earaches, bumps, minor cuts and scrapes, and other non-emergency symptoms	Allergies, cold and flu symptoms, sinus issues, ear and eye infections, headaches or migraines, sore or strep throat, UTI, preventive exams and vaccinations, ongoing care support	Sprains, strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, UTI	Signs of a heart attack, such as chest pain or difficulty breathing; signs of a stroke, such as sudden numbness or slurred speech; severe burns or bleeding; other life-threatening symptoms

The care options and list of symptoms are not all-inclusive. If possible, consult your primary care doctor for more guidance. Provider costs are based on an average. Costs subject to change.

Care options

Your primary care 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.

Virtual care — 24/7 access to healthcare providers

- **Sydney Health** — Chat or have a video visit with a board-certified doctor at a time and place that works for you. You can use Sydney Health for virtual primary care or for conditions like rashes, earaches, and sinus infections. Download or log in to the Sydney Health app to get started.
- **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.* Sign up at **livehealthonline.com** or download the app on your phone or tablet.

LiveHealth Online Psychiatry and Psychology — Get support from a psychiatrist, psychologist, or therapist.

In most cases, you can make an appointment with a psychologist or therapist within four days or less,* or a psychiatrist within 14 days. Psychologists and therapists provide talk therapy, while a psychiatrist prescribes medicines, if needed.*

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**, seven days a week, 7 a.m. to 11 p.m. ET.

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.

Urgent care 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.

* Appointments are subject to availability. Prescription availability is defined by physician judgment.



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.

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 health plan 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** 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

An updated list of doctors in the plan’s network is available at **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 quality, lower-cost care using our *Find Care* tool.

Log in to **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 awards they have received for 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** app and access the same health information anywhere, anytime.

Benefit comparison

Plans effective July 1, 2024, to June 30, 2025

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

The percentages in the chart below show what the plan pays.

For example, if it covers a service at 80%, your share of the costs (coinsurance) is 20%.

		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).
Primary care physician (PCP) required		Yes	Yes
*	Doctor office visits — sick care	\$0 for the first visit, then \$20 PCP copay 100% after \$30 specialist copay	65% after deductible
Preventive and well-care services (see page 20) 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	\$1,500 per member \$3,000 per family	\$2,750 per member \$5,500 per family
*	Deductible + coinsurance limit	\$1,700 per member \$3,400 per family	\$3,000 per member \$6,000 per family
*	Calendar-year copay maximum (Office visits, emergency room, and prescription copays apply.)	\$7,750 per member \$15,500 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	80% after deductible	60% after deductible
	Outpatient	80% after deductible	60% after deductible
*	Emergency care in emergency room	100% after \$300 copay	100% after \$300 copay
Professional services			
	Inpatient	80% after deductible	60% after deductible
	Outpatient diagnostic tests	80% after deductible	60% after deductible
	Outpatient surgery	80% after deductible	60% after deductible
	Maternity	80% after deductible	60% after deductible
High-tech diagnostic radiology (including, but not limited to, CT scans, MRI/MRAs, nuclear cardiology, and PET scans). These services require preapproval.		80% after deductible	60% after deductible
Occupational therapy (OT), physical therapy (PT), and speech therapy		80% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation. No annual limit	60% after deductible No annual limit
Chiropractic care — physical manipulations		80% after deductible	80% after deductible for a provider in your plan's network 60% after deductible for a provider outside your plan's network
		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.	

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 \$20 PCP copay 100% after \$30 specialist copay	60% after deductible	\$0 for the first visit, then \$25 PCP copay 100% after \$35 specialist copay	55% after deductible	\$0 for the first visit, then \$25 PCP copay 100% after \$35 specialist copay	55% 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	
\$1,500 per member \$3,000 per family		\$2,500 per member \$5,000 per family		\$2,500 per member \$5,000 per family	
\$1,700 per member \$3,400 per family		\$3,000 per member \$6,000 per family		\$3,500 per member \$7,000 per family	
\$7,750 per member \$15,500 per family		\$6,450 per member \$12,900 per family		\$5,950 per member \$11,900 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 .	
80% after deductible 80% after deductible 100% after \$300 copay	60% after deductible 60% after deductible 100% after \$300 copay	75% after deductible 75% after deductible 100% after \$300 copay	55% after deductible 55% after deductible 100% after \$300 copay	75% after deductible 75% after deductible 100% after \$300 copay	55% after deductible 55% after deductible 100% after \$300 copay
80% after deductible 80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible	75% after deductible 75% after deductible 75% after deductible 75% after deductible	55% after deductible 55% after deductible 55% after deductible 55% after deductible	75% after deductible 75% after deductible 75% after deductible 75% after deductible	55% after deductible 55% after deductible 55% after deductible 55% after deductible
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
80% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation.	60% after deductible	75% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation.	55% after deductible	75% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation.	55% after deductible
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	
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% 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.	

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.

Benefit comparison

Plans effective July 1, 2024, to June 30, 2025

	MEA Choice Plus (POS)	
Service	Higher benefit level	Self-referred benefit level
Nutritional counseling	100%	60% after deductible
Stop smoking education programs	100%	60% after deductible
Doctor follow-up visits	100%	60% after deductible
Prescribed medicines	100%	Prescription drug copay applies.
Home healthcare	80% after deductible	60% after deductible
Hospice	100%	60% after deductible
Acupuncture	80% after deductible	80% 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 \$20 copay	60% after deductible
Temporomandibular joint dysfunction (TMJ)	80% after deductible	60% 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.	80% after deductible	60% after deductible
Durable medical equipment	80% after deductible	60% after deductible
Pediatric dental varnish	100% up to age 5	Not covered
Early intervention services (for children up to 3 years old)	80% after deductible	60% after deductible
Autism spectrum disorders: applied behavior analysis	100% after \$20 PCP copay	60% 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 Certificate of Coverage.	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	80% after deductible	60% after deductible
Residential treatment facility	80% after deductible	60% after deductible
Outpatient	80%, no deductible	60% after deductible — out of network
Office visits	100%	60% 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 80%, your share of the costs (coinsurance) is 20%.

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.
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% 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 \$20 copay	60% after deductible	100% after \$25 copay	55% after deductible	100% after \$25 copay	55% after deductible
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% 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
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
100% after \$20 copay	60% after deductible	100% after \$25 copay	55% after deductible	100% after \$25 copay	55% 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.
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
80% after deductible	60% after deductible	75% after deductible	55% after deductible	75% after deductible	55% after deductible
80%, no deductible	60%, no deductible	75%, no deductible	55%, no deductible	75%, no deductible	55%, no deductible
100%	80%, no deductible	100%	75%, no deductible	100%	75%, no 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.	

Making the most of your 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 drug 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 your 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 your 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:

- Adults
 - 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 spermicides⁸
 - 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 criteria⁵
- 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

GLP-1 (glucagon-like peptide):

At this time, the MEABT health plans do not cover medications used for weight loss, including but not limited to, Wegovy®, Saxenda, and Zepbound™, due to lack of established, peer-reviewed clinical studies demonstrating the value of these medications when compared to the long-term implications of treatment. We will continue to monitor and review the studies as they become available.

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*.

Take advantage of your 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.⁶ 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.⁵

Adult preventive care:

- Preventive physical exams, screenings, and tests:
 - Alcohol and drug use: related screening and behavioral counseling
 - Anxiety, depression, and suicide risk screenings
 - Aortic aneurysm screening (for men who have smoked)
 - Behavioral counseling to promote a healthy diet and physical activity
 - Blood pressure (hypertension)
 - 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)⁶
 - Exercise interventions for adults over age 65 to help prevent falls
 - Hepatitis B virus (HBS) screening for adults with increased risk of infection
 - 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 vision⁷
 - Type 2 diabetes screening⁸
 - 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 years⁶
 - Obesity: related screening and counseling⁸
 - Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
 - Sexually transmitted infections screening and counseling
 - Syphilis screening for adults with increased risk of infection
 - 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:
 - Diphtheria, tetanus, and pertussis (whooping cough)
 - Hepatitis A and hepatitis B
 - Human papillomavirus (HPV)
 - Influenza (flu)
 - Measles, mumps, and rubella (MMR)
 - Meningococcal (meningitis)
 - Monkeypox and/or smallpox (at risk)
 - Pneumococcal (pneumonia)
 - Respiratory syncytial virus (RSV)
 - Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
 - Varicella (chickenpox)
 - Zoster (shingles)

Women’s preventive care:

- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁹
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{9,10,11,12}
- Chlamydia and gonorrhea screening
- 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 depression⁸
- Pelvic exam and Pap test, including screening for cervical cancer
- Urinary incontinence screening
- Well-woman visits

Child preventive care:

- Preventive physical exams, screenings, and tests:
 - Anemia screening
 - Anxiety, depression, and suicide risk screenings
 - Autism Spectrum Disorder (ASD) screening
 - Blood pressure
 - Cervical dysplasia screening
 - Cholesterol and lipid levels
 - Development and behavior screening
 - Type 2 diabetes screening
 - Hearing screening
 - Height, weight, and body mass index (BMI)
 - Hemoglobin or hematocrit (blood count)
 - Hepatitis B screening
 - HIV screening
 - Lead testing
 - Newborn screening
 - Obesity: related screening and counseling
 - Ocular prophylaxis for Gonococcal Ophthalmia Neonatorium: Preventive medication for newborns
 - 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 6 months to 24 years with fair skin
 - Sudden cardiac arrest/death risk assessment
 - Tobacco, alcohol, and drug use assessments
 - Vision screening for those ages 6 months to 5 years⁶
- 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
 - Flu
 - Haemophilus influenza type B (Hib)
 - Hepatitis A and hepatitis B
 - Human papillomavirus (HPV)
 - Meningitis
 - Measles, mumps, and rubella (MMR)
 - Pneumonia
 - Polio
 - Rotavirus
 - Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
 - Whooping cough

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*.



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. This means choosing what works best for you to receive your glasses or contacts.

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



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:	
• 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 in the Blue View Vision plan's network, 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 receive them outside of the Blue View Vision plan's network
• Standard polycarbonate (for children under age 19)	\$0 after eyeglass lens copay	
• Factory scratch coating	\$0 after eyeglass lens copay	
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.	
• 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 or to find a claim form for care outside of the plan’s network, visit **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.

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 give you 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.

SpecialOffers gives you discounts on more than 50 products and services that help promote better health. Discounts 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 go for 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 health managers help answer behavioral health questions, such as how to improve your eating habits or how to benefit from different treatment options.

Health management

Case Management includes nurse case managers who can help you develop a care plan and coordinate services after a serious illness or major surgery, or help with a hospital-to-home transition. 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.

Building Healthy Families offers digital support for growing families through the Sydney Health app or on **anthem.com** at no extra cost to you. This convenient hub provides an extensive collection of tools, resources, and information to help you navigate your family's unique journey. When you enroll, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years.

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.³



Sydney Health

With the SydneySM Health 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 can help you quickly find what you need, with access to information, Member Services, LiveHealth Online video doctor visits, Building Healthy Families, 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

Scan the QR code below with your phone's camera or open the App Store® or Google Play™ app on your mobile device and search for Sydney Health.





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. Be sure 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?

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 or meabt.org.

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 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	Virgin Pulse Program	855-689-6884
Building Healthy Families	833-812-1776	MEA Benefits Trust	888-622-4418 (meabt.org)
24/7 NurseLine	800-337-4770		
Member Assistance Program	855-686-5615		

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 certain 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 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.



¹ Prescription availability is defined by physician judgment.

² In accordance with state and federal laws and professional and ethical guidelines.

³ 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.

⁴ Online prescribing only when appropriate based on physician judgment.

⁵ 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.

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

⁷ Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

⁸ 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.

⁹ Check your medical policy for details.

¹⁰ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

¹¹ 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.

¹² 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.

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.

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.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider 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.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Virtual text and video visits powered by K Health.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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