

July 1, 2025



Retirement or separation from employment

Choose benefits you can count on

This guide is for informational purposes only. You must enroll in a health plan for your benefits to start.



Choose your plan with confidence

You deserve peace of mind when it comes to your healthcare. An Anthem health plan gives you that and more, supporting you every step of the way — from employment through retirement — with coverage that fits your needs and your budget.

Review the health plans before making your selection. You'll want to check to see if your doctors are in the plan's network, which will help you make the most of your benefits and save money.

MEA Choice Plus Value **NEW** Plan

The point of service (POS) plan gives you access to care providers in the Blue Choice New England POS network including Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont with a \$2,500 individual deductible. A primary care physician (PCP) is required for this plan, but PCP referrals are not necessary. However, you must use participating New England care providers to receive in-network benefits.

MEA Choice Plus

Planning for expense 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.

MEA Standard Plans

With a preferred provider organization (PPO) plan, you can go to almost any doctor or hospital — giving you more choices and flexibility. You can get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- Choose a primary care doctor in the plan's network to save money on preventive care, such as checkups and screenings.
- No referral is needed from your primary care doctor to see a specialist, such as an orthopedic doctor or a cardiologist — saving you time and money.
- You'll pay less if you choose doctors and facilities in your plan's network.
- You can see providers who aren't part of the PPO, but you'll pay more.



Your Medicare Advantage plan Anthem Medicare Preferred PPO with Senior Rx Plus Plan (after age 65)

This plan provides coverage for services such as doctor office visits, preventive care services, prescription drug benefits, inpatient and outpatient hospital services, emergency care services, foreign travel emergency, and vision and hearing services.

This plan gives you more flexibility, can help save you money, and offers tools and programs to support your whole health. Some of the highlights include:

- A **\$0 copay** for an annual wellness visit when you see a doctor in your plan's network.
- **Freedom to choose** from any doctor, care provider, or specialist who participates in Medicare anywhere in the United States, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. You do not need referrals for care.
- Coverage for **emergency care** both inside and outside of the U.S.
- **24/7 NurseLine** for access to a registered nurse, day or night.
- **LiveHealth Online** virtual visits with a doctor or therapist anytime, anywhere, for a \$0 copay.
- Access to **SpecialOffers** from our partners to help you be your healthiest and get discounts.
- Hearing benefits through **Hearing Care Solutions**, including a comprehensive hearing exam and coverage for hearing aids.
- Access to the **SydneySM Health** app, where you can find care, compare costs, view plan information, fill prescriptions, and have a virtual visit with a doctor.

Rules and regulations for MEABT Anthem health plans

Help and support

For questions about the MEA Choice Plus Plan, MEA Choice Plus Value Plan, or any of the Standard Plans, call Member Services at **833-772-4121**.

For help with the Medicare Advantage plan, call the First Impressions Team at **844-951-0624**.

Patty Whitcomb

Anthem account specialist

207-822-7556

patty.whitcomb@anthem.com

Sharon Beaulieu

MEA Benefits Trust benefit manager

207-622-4418 x2207

sbeaulieu@meabt.org

Bargaining rule

If your local association changes their health insurance carrier, then all retirees will need to choose a health plan from that insurance company or plan. You won't be able to stay with the MEABT Anthem health plan. This is in compliance with Maine State law.

Basic eligibility rules

If you have terminated employment with MEABT, you can continue coverage under the Anthem MEABT health plan:

- **If you're younger than 50 years of age**, you must have:
 - Ten years of continuous active service and MEABT health plan coverage.
 - Active participation and coverage in the MEABT Health Plan for the immediate 12 months before retirement or employment is terminated.
- **If you're older than 50**, you must have:
 - Five years of continuous active service and MEABT health plan coverage.
 - Active participation and coverage in the MEABT Health Plan for the immediate 12 months before retirement or employment is terminated.

Your employer must be in the MEABT Anthem health plan on your date of retirement or termination of employment. You must add any dependents before you move from the active plan to the retiree plan. After retirement, you can only add new dependents to your plan within 60 days of marriage or the birth or adoption of a child.

You'll receive a direct bill or pension deduction for the Anthem MEABT health plan.

Your eligibility to continue health insurance is not based on participation in Maine Public Employees Retirement System (MainePERS). If you meet the guidelines above, you are eligible to use the retirement group policy. If you are not part of MainePERS, you will be billed directly.



Understanding your retirement

Beginning the retirement process

You're required to request the proper paperwork when you plan to retire, as it's not an automatic process. It's recommended to start this process a minimum of three months before your retirement date.

Your premium deductions during the summer

Most teacher contracts make sure that health insurance premiums are paid by the school during July and August. If you retire on July 1 and immediately start to receive your MainePERS direct deposit:

- No deduction will occur from your July MainePERS direct deposit.
- A deduction will occur from the August MainePERS direct deposit. Premiums are deducted one month in advance.

You may be eligible for contributions from the State of Maine

The State of Maine contribution is only for certain staff members defined by the Maine Department of Education. The State does not contribute to the cost of coverage for dependents.

You'll only be eligible for contributions from the State of Maine if you have:

- Reached the normal retirement age.
- Your position classification code must start with a "Y". If you don't know what your code is, please verify it with your Human Resources representative at your central office.
- Authorized premiums to be deducted from your MainePERS direct deposit.

Paying for your health plan premiums

If you're not receiving a MainePERS direct deposit, you'll receive a bill at your home address. This includes:

- Educators or staff members retiring before normal retirement age.
- Support staff not eligible for a MainePERS check.

If there is a delay in getting your MainePERS direct deposit, Anthem will direct bill you at home for your share of the cost and bill the State for their contribution for eligible employees.

If you receive a MainePERS direct deposit prior to reaching your normal retirement age, you will not be entitled to the State of Maine's contribution.

Once you have reached your normal retirement age, you will need to contact Anthem to complete a form to receive the State of Maine contribution.



MEABT health plan break coverage provisions

If you're eligible to continue health plan coverage under the Basic Rules, you're entitled to one break in coverage, which may last no longer than five years, or reaching the age of 62, whichever comes first.

- During the break, you must be covered by comprehensive health insurance similar to the MEABT Anthem health plan. You must submit proof of coverage when returning to the MEABT Anthem health plan. This requirement is not met by:
 - Very high deductible plans.
 - Very limited policies paying small amounts only for hospital stays.
 - Single disease policies (such as cancer policies).
- The break must end within five years or when a participant reaches age 62, whichever comes first.
- You're not considered to be on a break if you're covered as a dependent of another participant under the MEABT Anthem health plan.

If you terminate your employment and choose not to continue your health insurance coverage at that time, you'll have a one-time opportunity to re-enroll at the time of your retirement (pension through MainePERS) if you:

- Meet one of the Retirement Basic Eligibility Rules.
- Have 25 years of MainePERS credible service.
- Haven't retired through MainePERS.

There is no time limitation to this rule other than returning at the time of their retirement through MainePERS.

Remember, it's your responsibility to monitor your break time. Neither Anthem nor the MEABT will notify you at the end of your break time. Please notify us 60 days in advance of your return for paperwork to complete the process. Failure to do this could jeopardize your participation in the retirement health plan.



Additional plan details

Children: Children can remain on the parent's policy until the first of the month following their 26th birthday.

Plan additions: Retirement group doesn't allow additions unless they're due to marriage, new domestic partnership, or birth or adoption of a child. Plan changes are permitted when transferring from active status to retirement status.

Changes during annual enrollment: Annual enrollment under the retiree plan only allows you to change your health plan option — it doesn't allow you to add dependents.

Survivor spouse provisions: If an employee dies while insured under the health plan, their spouse and dependents who were covered at the time of their death will be eligible to continue MEABT Anthem health plan coverage. The premium will be deducted from the MainePERS check if applicable, or they'll be direct billed. If the surviving spouse remarries, the group MEABT Anthem health plan coverage will end the first of the month following the remarriage date.

Active/retirement: Any teacher who has reached normal

retirement age may return to service. You may not return to employment after retirement with the same employer for at least 30 calendar days after the termination of employment and may not return to employment before the effective date of your retirement.

Spouses or domestic partners employed by MEA covered school departments: As long as both spouses/domestic partners are employed by or retired from MEA covered school departments, you can change from a single policy to a two-person/family (or vice versa) plan at any time. For example, if one of you retires and it's less expensive to go onto your actively working partner's MEA plan, and your partner's school department allows it, you should do whatever is financially better for you.

MEA Benefits Trust

Application for Transfer of the Health Plan to Retirement Status



Please return this form to your employer — If you are now retired, please mail this form to: Anthem Blue Cross and Blue Shield
 Enrollment and Billing
 2 Gannett Drive
 South Portland, ME 04106

If you have any questions about this form, call Anthem Blue Cross and Blue Shield (Anthem) at: 888-399-8706

Please complete electronically or print legibly using black ink.

Section 1: Applicant information — Dependent coverage is only available to those members now covered on your policy.

Check plan: <input type="checkbox"/> Single <input type="checkbox"/> 2 person <input type="checkbox"/> Family <input type="checkbox"/> Adult with child or children					Group no.			
Employee Information — If Rehired Retiree, use original school you retired from.								
School department				Occupation		Anthem member ID no.		
Current email address (other than your school email)								
Retiree Information								
Last name		First name		M.I.	Birthdate (MMDDYYYY)		Social Security no.	
Phone no.		Street address		City		State	ZIP code	
Complete only if legal spouse, domestic partner, or dependent is eligible for coverage.								
Last name		First name		M.I.	Birthdate (MMDDYYYY)		Social Security no.	

Section 2: Delete dependents — Deleted dependents will not be eligible to re-enroll.

Name	Birthdate (MMDDYYYY)	Social Security no.	Reason	Effective date (MMDDYY)
Spouse or domestic partner				
Dependent — oldest first				
Dependent				
Dependent				

Section 3: Medicare eligible — To be eligible for Medicare Advantage coverage you must have both Medicare Parts A and B. If you are age 65 or older and not eligible for premium-free Medicare, include a copy of your Social Security ineligibility letter.

Name(s) of Medicare covered person(s)			Medicare number	Medicare Part A effective date (MMDDYY)	Medicare Part B effective date (MMDDYY)	Check all reasons you qualified for Medicare		
Last name	First name	M.I.				Age 65	Disability	ESRD*
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* End Stage Renal Disease

Required information prior to sending to Anthem

For school use only	MainePERS employer code	Position class code	Termination from active group	Date health insurance ends	Signature of school official
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Section 4: MainePERS retirees

If you retired through the Maine Public Employees Retirement Systems (MainePERS) after July 1, 2012, Maine law generally requires you to reach "normal retirement age" before you can begin to receive the State of Maine contribution toward your health insurance. Your "normal retirement age" will be determined by your dates of service. To ensure that you receive the State of Maine contribution to which you may be entitled, you are required to notify Anthem on reaching "normal retirement age" as it applies to you. Please contact MainePERS with any questions pertaining to "normal retirement age."

If you are eligible for the State of Maine contribution toward retired teachers' health insurance premium, your health insurance premium must be deducted from your MainePERS pension check.

- I hereby authorize the MainePERS to deduct the proper amount to cover the cost(s) of my Anthem health coverage.
- Please check one of the following:
- I have reached my "normal retirement age" as of: (MMDDYYYY)
 - I have not reached my "normal retirement age."
 - I have elected not to transfer the Anthem health coverage.
 - I am applying for Disability Retirement: I have been approved for Disability Retirement as of: (MMDDYYYY)
 - Bill me directly
 - Deduct the Anthem health premium out of my MainePERS pension check
 - Please bill me directly for Anthem health coverage.
 - Please continue my coverage as a surviving spouse/domestic partner/dependent:
 - Bill me directly
 - Deduct the Anthem health premium out of my survivor MainePERS pension check
 - I have 25 years of creditable service, was not in service immediately prior to retirement, and am now making a one-time election to rejoin the plan at the time of my retirement, as allowed by 20-A Me. Rev. Stat § 13451(2-C).

MEA Benefits Trust Break Provision: If a participant is eligible to continue coverage, he or she shall be entitled to one break in coverage, lasting no longer than five (5) years or until reaching age 62, whichever occurs first. Other restrictions apply. For more information, please contact the MEA Benefits Trust at 888-622-4418, ext. 2207 or Anthem at 888-399-8706.

- Applying for the MEA Benefits Trust break provision effective: (MMDDYYYY)
- Returning from the MEA Benefits Trust break provision effective: (MMDDYYYY)

Section 5: Signature required

I have been advised that if at the time of retirement I am covered by the MEA Benefits Trust group health plan and meet the applicable requirements, I may request transfer of my health coverage to retirement status. That part of the monthly premium for which I am responsible will be deducted from my retirement benefit check (if applicable). If retiring on a disability retirement, I authorize the MainePERS to withhold the amount of any health insurance premium which the MEA Benefits Trust/Anthem certifies to the System is owed by me as of the date on which my disability retirement is approved (if applicable). I understand that in so doing, the MainePERS is acting as the agent of the MEA Benefits Trust; any dispute as to this withholding is to be addressed to the MEA Benefits Trust/Anthem (if applicable). *I also acknowledge that if I elected to delete dependents on this form, I will not be eligible to re-add them at a later date under the retiree group.*

I have been advised that the portion of the monthly premium for which I am responsible will be deducted from my retirement benefit check (if applicable). All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. I understand all benefits are subject to conditions stated in the group agreement and Certificate of Coverage.

My signature on this application constitutes my approval and authorization for Anthem to enforce its subrogation rights for my claims on a just and equitable basis.

In signing this application I certify that I have read and understand all the information on both sides of this form.

Applicant signature	Date (MMDDYYYY)
X	<input type="text"/>

Anthem Blue Cross and Blue Shield Group-Sponsored Health Plan Enrollment Election Form

All fields on this form are required unless noted with an asterisk*		
Group sponsor name: Maine Education Association Benefits Trust (MEABT)	Group #: MEEGR001	
Plan you will join: Anthem Medicare Preferred (PPO) with Senior Rx Plus	Requested effective date of coverage: (__/__/____) (M M / D D / Y Y Y Y) Generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.	
FIRST name:	LAST name:	MIDDLE initial:
Birthdate: (MM/DD/YYYY) (__/__/____)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone number: () <input type="checkbox"/> Cell <input type="checkbox"/> Other
Permanent residence street address (Do not enter a P.O. Box):		
City:	State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):		
Street address:	City:	State: ZIP code:
Email address: _____ Your email address will be used for communications only from Anthem Blue Cross and Blue Shield. We will not share your email address. Thank you for providing your email address and phone number. We will only use this information to occasionally contact you by email, phone call, or text with Important Plan Information. In addition, may we also contact you about additional products and services that might interest you by email. Please know you can change your preference at any time by visiting www.anthem.com or contacting customer service.		
Your Medicare information:		
Medicare Number: _____ <i>Note: The Medicare Number is required to complete your enrollment. If you do not provide your Medicare Beneficiary ID from your ID card, your enrollment into the plan may be delayed.</i>		

Please read and answer these important questions

1. Are you the retiree? Yes No

If "yes," retirement date (month/date/year): _____

If "no," name of retiree: _____ Retiree Medicare ID #: _____

2. Do you work? Yes No

Does your spouse work? Yes No

3. Do you have other medical insurance? Yes No

If "yes," what is the name of the health plan (e.g., Aetna, Humana, Cigna)? _____

What are the effective dates of coverage? _____

4. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes," please provide the following information:

Name of institution: _____

Address (number and street) and phone number of institution: _____

5. Will you have other prescription drug coverage (like VA or TRICARE) in addition to this plan? Yes No

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome Team at **1-844-951-0624**, TTY: **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, for additional information or questions you may have.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Race*		Ethnicity*
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I choose not to answer	<input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish Origin <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> I choose not to answer
What is your gender? Select one.*	Which of the following best represents how you think of yourself? Select one.*	
<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary <input type="checkbox"/> I use a different term: _____ <input type="checkbox"/> I choose not to answer	<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Straight, that is, not gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I use a different term: _____ <input type="checkbox"/> I don't know <input type="checkbox"/> I choose not to answer	

IMPORTANT: Read and sign below:

- I must keep Medicare Part A and Part B to stay in the plan I have selected.
- **Release of information:** By joining this Medicare Advantage (Part D) prescription drug plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations. I also acknowledge that Anthem Blue Cross and Blue Shield will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- The information on this enrollment election form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage begins, I must get all of my medical and prescription drug benefits from Anthem Blue Cross and Blue Shield. Benefits and services authorized by Anthem Blue Cross and Blue Shield and contained in my Anthem Medicare Preferred (PPO) with Senior Rx Plus *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Anthem Blue Cross and Blue Shield will pay for benefits or services.**
- I understand that as a member of this plan, I have the right to ask about the plan's decision regarding payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.
- I understand that by enrolling in this Medicare Advantage plan, I will automatically be disenrolled by CMS from any other Medicare Advantage plan or Medicare Part D prescription drug plan. I can only be in one Medicare Advantage plan at a time. It is my responsibility to inform the plan of any other prescription drug coverage that I have or may obtain in the future.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this enrollment election form means that I have read and understand the contents of this enrollment election form. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under state law to complete this enrollment election form, and
 2. Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

If you are the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

HIPAA authorization

If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, please complete the HIPAA (Health Insurance Portability and Accountability Act) Member Authorization Form located at www.anthem.com/forms. This form is valid for one year from the signature date.

- A printed form can be requested by contacting Member Services at the telephone number on the back of your ID card. **Sign and return it to the address on the form.**
- If you wish to continue having the authorized representative on your account, a new form is required annually.
- If you have a durable healthcare power of attorney document, it can also be returned with the HIPAA form.

Please return this enrollment election form to:

Anthem Blue Cross and Blue Shield
P.O. Box 173605
Denver, CO 80217-3605

Please refer to the Anthem Blue Cross and Blue Shield *Evidence of Coverage* for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome Team number listed in this document to request interpreter services.

Anthem Blue Cross and Blue Shield is a PPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Insurance Companies, Inc., dba Anthem Blue Cross and Blue Shield Retiree Solutions. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia with its affiliate Healthkeepers, Inc., and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Anthem



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.

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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.