

# A plan for good health

Check out this guide to learn about all the extras  
you get to be your healthy best

Effective July 1, 2020



**See how your plans  
and programs can  
support your health  
and overall well-being.**

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

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## So what's new with my benefits?

Take a look at the **benefit changes** for each health plan. These take effect on July 1, 2020:

### MEA Choice Plus

- ↑ The annual copay maximum will increase from \$6,700 per individual to \$6,950 per individual.
- ↓ The LiveHealth Online copayment is reduced from a \$15 PCP copay to an \$8 copay.
- ✚ Benefits have been added for the following services:
  - Temporomandibular Joint (TMJ) services.
  - Travel and lodging expenses up to \$10,000 due to a transplant.
  - Adult hearing aids up to \$3,000 per hearing aid per hearing impaired ear every 36 months.

### MEA Standard Plan

- ↑ The annual copay maximum will increase from \$6,700 per individual to \$6,950 per individual.
- ↓ The LiveHealth Online copayment is reduced from a \$15 PCP copay to an \$8 copay.
- ✚ Benefits have been added for the following services:
  - Temporomandibular Joint (TMJ) services.
  - Travel and lodging expenses up to \$10,000 due to a transplant.
  - Adult hearing aids up to \$3,000 per hearing aid per hearing impaired ear every 36 months.
  - Acupuncture services up to 12 visits per calendar year for pain management.

### MEA Standard 500 Plan

- ↑ The annual copay maximum will increase from \$5,400 per individual to \$5,650 per individual.
- ↓ The LiveHealth Online copayment is reduced from a \$20 PCP copay to a \$10 copay.
- ✚ Benefits have been added for the following services:
  - Temporomandibular Joint (TMJ) services.
  - Travel and lodging expenses up to \$10,000 due to a transplant.
  - Adult hearing aids up to \$3,000 per hearing aid per hearing impaired ear every 36 months.
  - Acupuncture services up to 12 visits per calendar year for pain management.

### MEA Standard 1000 Plan

- ↑ The annual copay maximum will increase from \$4,900 per individual to \$5,150 per individual.
- ↓ The LiveHealth Online copayment is reduced from a \$20 PCP copay to a \$10 copay.
- ✚ Benefits have been added for the following services:
  - Temporomandibular Joint (TMJ) services.
  - Travel and lodging expenses up to \$10,000 due to a transplant.
  - Adult hearing aids up to \$3,000 per hearing aid per hearing impaired ear every 36 months.
  - Acupuncture services up to 12 visits per calendar year for pain management.

## MEA Choice Plus (POS)

### Save the most when you see a doctor in the plan

Choose a primary care doctor (also called a primary care physician, or PCP). You'll get a referral from them when you go to specialists. The plan does cover you when you see a doctor outside the plan. However, your out-of-pocket costs will be higher.

#### This plan covers:

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

#### Plus:

- You'll need to choose a primary care doctor.
- The Choice Plus plan has more than 4,000 health care providers.
- You're covered when you're away from home.
- You're covered to see providers outside the plan, but you'll pay more of the costs.

- You don't need to fill out claim forms when you use providers in the plan.
- You can use Anthem and MEA Benefits Trust health and wellness programs to help you be your healthiest.

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

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

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

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

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

### More choices with plan savings

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

#### These plans cover:

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

#### Plus:

- It's important to choose a primary care doctor and see that doctor for your preventive care and general care when you're not feeling well. Referrals are not required to see a specialist.
- These plans have more than 4,000 health care providers.
- You're covered when you're away from home.

- Benefits are available for providers outside the plan, but you'll pay more of the costs.
- You don't need to fill out claim forms when you use providers in the plan.
- You can use Anthem's health and wellness programs to help you manage and improve your health.

**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.

### Care & Cost Finder

#### Find doctors and compare quality and cost to others in your area

What if you could find doctors and at the same time check how they compare in quality and cost with other doctors? Well, you can!

Just log in to [anthem.com](https://www.anthem.com) and select **Find a Doctor**. You can search for doctors, hospitals and other health care professionals in your plan. You'll see all sorts of details on them, like the type of care they provide, how to get to their offices, what languages they speak, their gender, any awards they've gotten for high-quality care and more.

Plus, you'll be able to see what you can expect to pay when you go to them — even compare doctors side by side for cost and quality together. It's just one of the ways your health plan helps you balance getting quality care and keeping your health care costs under control.

Need this information **on the go?**



Download our **Sydney Health** mobile app and get the same great information anywhere, anytime.

# Get rewarded for building a better you!

Maybe your doctor told you to get serious about lowering your cholesterol. Or maybe you're ready to really go for your personal health goals.



**No matter what wellness journey** you want to start, Virgin Pulse is your wellness package. It's a unique online platform with tools and support to help you improve areas of your life.

**Small steps can lead to big changes.** We all have those areas of our health we want to improve, like our physical health and activity level, or our mental health and day-to-day stress. Taking it a step at a time helps set you up for success – with little help.

**Virgin Pulse will be your partner.** With over 100 different points-earning activities, you can define what wellness means to you and earn your incentive with your choice of healthy behaviors! Then, when you stick to our program, you'll build healthy habits, have fun with coworkers, and experience the lifelong rewards of health and well-being. Plus – you can earn up to \$250 in extra incentives for taking part in the program!<sup>1</sup>

**You can make it a game for more fun.** Invite friends, family and coworkers into a challenge so everyone is accountable and working together! Track progress and see your success as you earn points toward levels and incentives.

For questions, call Virgin Pulse 8 a.m. to 9 p.m. Monday through Friday at **1-855-689-6884**. You can also get 24/7 online support at [Meabt.support@virginpulse.com](mailto:Meabt.support@virginpulse.com).

## SmartShopper™

### Smart care plus cash rewards

Your health plan offers a great way to find and choose high-quality care that's more convenient and affordable. SmartShopper gives you cash rewards for choosing a high-quality, cost-effective facility for services like:

- MRIs
- CT Scan
- Colonoscopy
- Mammograms
- Physical therapy

Earn a reward anytime you and your family choose an eligible lower-cost, high value doctor or facility for certain health services. To learn more call the personal assistant team at **1-844-328-1582** or visit [smartsopper.com](http://smartsopper.com).

# Blue View Vision benefits

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

With Blue View Vision<sup>SM</sup>, you now have enhanced vision benefits with yearly eye exams, plus coverage on eyeglasses, contact lenses and more. And you choose how to get your glasses or contacts – you have access to one of the nation's largest vision networks with over 36,000 eye doctors at more than 27,000 locations.

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

## Your Blue View Vision benefits at a glance

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

\* Your contact lens allowance can only be applied toward the first purchase of contacts you make 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.

To get the most out of your vision benefits, be sure to see eye doctors in the **Blue View Vision** plan.

Log in or register at [anthem.com](http://anthem.com). Select **Find a Doctor**, then **Vision Professionals**. 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, don't worry – you can still see them, but you'll pay more of the costs for your eye exams, glasses or contacts.

For more information on your vision benefits or to find an out-of-network claim form, visit [anthem.com/meabt](http://anthem.com/meabt) or call **1-866-723-0515**.



# Benefit comparison

Plans effective July 1, 2020 to June 30, 2021

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

Service	MEA Choice Plus (POS)	
	Higher benefit level	Self-referred benefit level
Nutritional counseling	100%	65% after deductible
Stop smoking education programs	100%	65% after deductible
Doctor follow-up visits	100%	65% after deductible
Prescribed medicines	100%	Prescription drug copay applies
Home health care	85% after deductible	65% after deductible
Hospice	100%	65% after deductible
* Acupuncture MEA Standard plans have a 12-visit limit per calendar year	85% after deductible	85% after deductible
* LiveHealth Online (Preferred On-line visit)	100% after \$8 copay	100% after \$8 copay
Walk-in centers	100% after \$15 copay	65% after deductible
* TMJ	85% after deductible	65% after deductible
* Hearing Aid Coverage Adult hearing aids are limited to up to \$3,000 per hearing aid per hearing impaired ear every 36 months	85% after deductible	65% after deductible
Durable medical equipment	85% after deductible	65% after deductible
Pediatric dental varnish	100% up to age 5	Not covered
Early intervention services (for children up to 3 years old)	85% after deductible	65% after deductible
Autism spectrum disorders: applied behavior analysis	85% after deductible	65% after deductible
<b>Mental health</b> This benefit is managed by Anthem Behavioral Health. Inpatient mental and substance abuse services must be preapproved by calling Anthem Behavioral Health at <b>1-800-755-0851</b> . You may be penalized up to \$300 if you don't get preapproval. For more information about this benefit, please see your <i>Certificate of Coverage</i> .	This coverage level applies when you or your covered dependents get preapproval from Anthem Behavioral Health and get inpatient health and substance abuse services from a provider referred to you by a mental health manager.  You do not need a PCP referral.	This coverage level applies when you or your covered dependents do not contact Anthem Behavioral Health and do not get inpatient health and substance abuse services preapproved and from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.
<b>Mental health and substance abuse services</b>		
Inpatient	85% after deductible	65% after deductible
Residential treatment facility	85% after deductible	65% after deductible
Outpatient	85%, no deductible	65% after deductible
Office visits	100% after \$15 PCP copay	65% after deductible
Prescription drug coverage for each 30-day supply	Tier 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	

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

For example, if it covers a service at 85%, your share (coinsurance) is 15%.

MEA Standard Plan (PPO)		MEA Standard 500 Plan (PPO)		MEA Standard 1000 Plan (PPO)	
In your plan	Outside your plan	In your plan	Outside your plan	In your plan	Outside your plan
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	Prescription drug copay applies	100%	Prescription drug copay applies	100%	Prescription drug copay applies
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
85% after deductible	65% after deductibl	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100% after \$8 copay	65% after deductible	100% after \$10 copay	60% after deductible	100% after \$10 copay	60% after deductible
100% after \$15 copay	65% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100% up to age 5	80%, no deductible, up to age 5	100% up to age 5	80%, no deductible, up to age 5	100% up to age 5	80%, no deductible, up to age 5
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
65% after deductible	65% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
65% after deductible	65% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
65%, no deductible	65%, no deductible	60%, no deductible	60%, no deductible	60%, no deductible	60%, no deductible
100% after \$15 copay	65% after deductible	100% after \$20 copay	60% after deductible	100% after \$20 copay	60% after deductible
Tier 1a: \$10 copay Tier 1b: \$15 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications		Tier 1a: \$10 copay Tier 1b: \$15 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – specialty medications		Tier 1a: \$10 copay Tier 1b: \$15 copay Tier 2: \$35 copay Tier 3: \$60 copay Tier 4: \$85 copay – 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		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. If there are discrepancies between this benefit overview and the *Certificate of Coverage*, go by what the *Certificate* says.

# Meet Laura



## MEABT plans in action

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

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

 **Here's a tip to save money**

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

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

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



# The Member Assistance Program is here when you need help



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

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

- **Counseling sessions** — Get three face-to-face sessions, per issue, with a licensed therapist. No deductibles or copays apply. If you need more help, your MAP can connect you to more resources.
- **Legal and financial consultations** — Get an initial 30-minute consultation with a qualified attorney (per issue per 12-month period) or financial advisor (unlimited).
- **Dependent care referrals** — Find child care and elder care providers.
- **Convenience services** — Find resources and information on pet sitters, educational choices for you and your children, summer camp programs, and much more.
- **Online help and resources** — The [anthemeap.com](http://anthemeap.com) website has helpful resources, including information, tools, self-assessments, and tips for handling situations at work and at home.
- **Tobacco-free resources** — On [anthemeap.com](http://anthemeap.com), you'll find lots of convenient, web-based tools and information to help you quit smoking and stay tobacco free.
- **ID theft recovery and monitoring** — Sign up for free credit monitoring on [anthemeap.com](http://anthemeap.com). Find your risk level and learn how to prevent or resolve identity theft. Get help filing paperwork, reporting identity theft to consumer credit agencies and repairing your debt history.
- **Member center** — Access a list of MAP providers in your area and a routine counseling referral service.
- **Health and wellness webinars and skill builders** — Visit [anthemeap.com](http://anthemeap.com) to view a recorded webinar on a variety of topics or engage in a training session to learn or brush up on skills like being more assertive, better time management or care for an aging relative.
- **myStrength** "The health club for your mind™" — This online and mobile app resource offers evidenced-based tools to help with issues like stress, sleep problems, chronic pain, depression, anxiety and substance use.
- **Let's Talk Depression Center** — Visit [anthemeap.com](http://anthemeap.com) for tips, tools and resources to support your emotional health.

## What to ask your doctor

Have you ever found yourself drawing a blank when it comes time to ask your doctor important questions about your health? You're not alone. Taking time before your appointment to jot down some notes can help you get the most from your visit with your doctor.



### Before your visit

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

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



### Questions to ask

- What should I do to prevent or delay health problems?
- 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?

Start using your **MAP benefits today**

Call **1-855-686-5615** and let the representative know you're an MEA Benefits Trust member, or go to [anthemeap.com](http://anthemeap.com) and log in using **MEABT**.



# Take care of yourself

Use your preventive care benefits

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

Our health plans offer the services listed here at no cost to you.<sup>2</sup> When you get these services from doctors in your plan, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the plan.

### Preventive versus diagnostic care

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



### Child preventive care:

- Physical exams
- Screening tests:
  - Behavioral counseling to promote a healthy diet
  - Blood pressure
  - Cervical dysplasia screening
  - Cholesterol and fat (lipid) level
  - Depression screening
  - Development and behavior screening
  - Hearing screening
  - Height, weight and body mass index (BMI)
  - Hemoglobin or hematocrit (blood count)
  - Human papillomavirus (HPV) for females
  - Lead testing
  - Newborn screening
  - Oral (dental health) assessment when done as part of a preventive care visit
  - Screening and counseling for obesity
  - Counseling for fair-skinned children and young adults (10 to 24 years of age) about lowering their risk for skin cancer
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Type 2 diabetes screening
- Vision screening<sup>3</sup> when done as part of a preventive care visit
- Immunizations:
  - Diphtheria, tetanus and pertussis (whooping cough)
  - Haemophilus influenza type b (Hib)
  - Hepatitis A and hepatitis B
  - HPV
  - Influenza (flu)
  - Measles, mumps and rubella (MMR)
  - Meningococcal (meningitis)
  - Pneumococcal (pneumonia)
  - Polio
  - Rotavirus
  - Varicella (chickenpox)

### Adult preventive care:

- Physical exams
- Screening tests:
  - Alcohol misuse: related screening and behavioral counseling
  - Aortic aneurysm screening (men who have smoked)
  - Behavioral counseling to promote a healthy diet
  - Blood pressure
  - Bone density test to screen for osteoporosis
  - Cholesterol and lipid (fat) level
  - Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
  - Depression screening
  - Eye chart test for vision<sup>3</sup>
  - Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
  - Hearing screening
  - Height, weight and body mass index (BMI)
  - HIV screening and counseling

### Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>5</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>5, 6, 7</sup>
- Contraceptive (birth control) counseling
- 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

- Lung cancer screening for those ages 55 through 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>4</sup>
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Type 2 diabetes screening
- Violence, interpersonal and domestic: related screening and counseling
- Immunizations:
  - Diphtheria, tetanus and pertussis (whooping cough)
  - Hepatitis A and hepatitis B
  - Human papillomavirus (HPV)
  - Influenza (flu)
  - Measles, mumps and rubella (MMR)
  - Meningococcal (meningitis)
  - Pneumococcal (pneumonia)
  - Varicella (chickenpox)
  - Zoster (shingles)



The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health conditions. This information is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this information and the group policy, go by the provisions of the group policy. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.



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

## A word about **pharmacy** items

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

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

**Preventive drugs and other pharmacy items — age appropriate:**

- Children
  - Dental fluoride varnish to prevent tooth decay of primary teeth for children ages 0 to 5 years
  - Fluoride supplements for children ages 6 months to 16 years
- Adults
  - Aspirin use (81mg and 325mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults younger than 70
  - Colonoscopy prep kit (generic or over the counter only) when prescribed for preventive colon screening (limited to two bowel-prep screening per year)
  - Stop smoking products, including select generic prescription drugs, select brand-name drugs with no generic alternative and FDA-approved over-the-counter products, for those ages 18 and older
  - Generic low-to-moderate statins for members who are ages 40 to 75 with one or more cardiovascular disease risk factors
- Women
  - Contraceptives, including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides<sup>5, 7, 8</sup>
  - 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 get pregnant
  - Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, following the U.S. Preventive Services Task Force criteria<sup>9</sup>

### Save more with **generics**

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

- Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions. Example: generic blood pressure drug lisinopril. The copay is \$10.
- Tier 1b drugs are low-cost medicines that offer great value compared to others that treat the same conditions. Example: generic blood pressure captopril. The copay is \$15.
- Tier 2 includes preferred drugs with a \$35 copay. Example: brand-name drug Januvia.
- Tier 3 includes nonpreferred medications with a \$60 copay. Example: brand-name drug Zetia.
- Tier 4 includes specialty drugs with an \$85 copay.

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

### **Save a trip with our home delivery pharmacy**

This convenient service fills prescriptions promptly. Registered pharmacists check for safety and accuracy, and prescriptions are mailed to you in confidential, secure packaging. Depending on your health plan and the type of medicine, you may be able to order up to a 90-day supply with a lower copay. You’ll even get phone call reminders when you’re due for a refill. To get started with the home delivery pharmacy, just call the Customer Service number on the back of your member ID card.


### **Specialty drugs** and pharmacies

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

Members must get specialty drug prescriptions filled at IngenioRx Specialty Pharmacy\* or another pharmacy in the specialty pharmacy network. Only a 30-day supply for specialty drugs will be covered. You can get home delivery and pharmacy experts 24/7 for questions. IngenioRx 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 IngenioRx, call the Customer Service number on the back of your member ID card.



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

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

### anthem.com health resources

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

📊 **Cost & Care Finder** shows you how much it may cost you for certain services — like labs and X-rays — and helps you decide where to go.

💉 **Flu shots** from local providers 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 are found on [anthem.com](https://www.anthem.com) and support vision, hearing, fitness, health, family, home and medicine. To access SpecialOffers discounts, simply:

1. Log in to [anthem.com](https://www.anthem.com).
2. Choose the **Discounts** tab on the home page's green tool bar.
3. Select the desired category.
4. You can also go to [anthem.com/specialoffers](https://www.anthem.com/specialoffers) and select **Maine**.

🏠 **Transplant program** includes benefits for Travel and Lodging expenses related to your transplant, up to \$10,000.

### Health guidance

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

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

👶 **Future Moms** helps moms-to-be have a healthy pregnancy. You can earn financial incentives for participating.<sup>10</sup> To sign up for Future Moms, call the number on your Anthem ID card.

### Health management

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

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

🏥 **ConditionCare** gives you access to health professionals including dietitians and nurses who can help improve your health. They offer guidance and support to manage long-term conditions including diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, heart failure and end-stage renal disease. Someone may call you based on your claims record — or you can call the number on your Anthem ID card to see if you're eligible to participate. You can earn financial incentives for enrolling.<sup>10</sup>



## Get rewarded for taking care of yourself

Earn financial incentives<sup>1</sup> for participating in one or more of these programs:

- **ConditionCare incentive program** — If you participate in ConditionCare, your share of routine condition-related health costs may be waived. Your pharmacy copays for some medicines you take all the time may also be lower.
- **Healthy Rewards** — If you or your enrolled spouse or domestic partner are eligible for ConditionCare or Future Moms and 18 years old or older, you can enroll in Healthy Rewards and earn a \$100 reloadable debit card for completing each step below. The more steps you take, the more money will be added to your reloadable debit card.
  - Take a Health Assessment with one of our ConditionCare nurses.
  - Reach one of your health goals and show knowledge of managing condition/treatment plan with your ConditionCare nurse.
  - Enroll in Future Moms and take a Health Assessment.
  - Stay enrolled in Future Moms through 28 weeks of pregnancy and take another Health Assessment.
  - Complete postpartum assessment after delivery.
- **Claim your reward** — Register or log in at [anthem.com](https://www.anthem.com). Choose **Health and Wellness** and then select **Rewards**. If you need help with the website, call the number on your Anthem ID card.

Register at [anthem.com](https://www.anthem.com) to get secure access to online tools and plan details, including your health and drug claims.



## Where to get care when it's not an emergency

Depending on your plan and the services you get, you may only have a copay for the visit. The cost of some services — like labs and X-rays — may apply to your deductible or your percentage of the costs. You can use our online **Estimate Your Cost** and **Find a Doctor** tools to help you decide where to go.



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



**Walk-in centers** — These centers can treat problems 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 look under resources for help finding one.



**LiveHealth Online** — Have a video visit with a board-certified doctor from your smartphone, tablet or computer with a webcam. This is a great option when you just can't get in to a doctor or clinic. Doctors can treat rashes, infections, colds, the flu and more. They can even send a prescription to your pharmacy, if needed.<sup>10</sup> Just sign up at **livehealthonline.com** or download the app on your phone or tablet to get started.



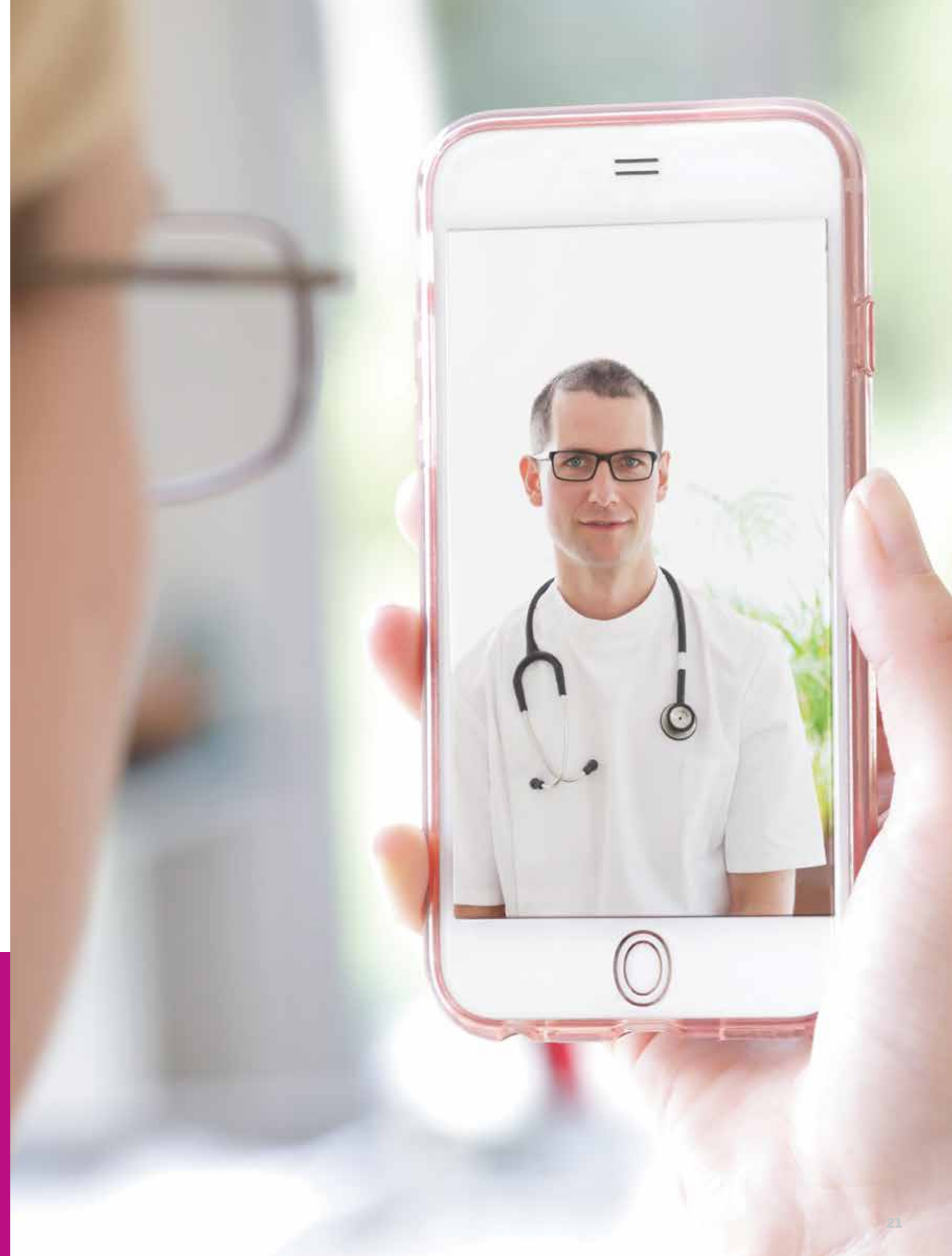
**LiveHealth Online Psychiatry and Psychology** — Did you know you can also see a psychiatrist, psychologist or therapist with LiveHealth Online? Appointments are available seven days a week, including evenings. In most cases, you can get an appointment with a psychologist or therapist within four days or less,<sup>11</sup> or a psychiatrist within 14 days. Psychologists and therapists can provide talk therapy, while a psychiatrist can also prescribe medicines, if you need them.<sup>10</sup>

Once you log in to **livehealthonline.com** or the app, choose Psychology or Psychiatry to choose the person you want to see. Or call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m. You'll get an email confirming your appointment.

You must be at least 10 years old to see a therapist online. Don't forget to call the MAP at **1-855-686-5615** for a coupon code to use for your first three visits!

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

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



# Your health is your business

## How Anthem protects your privacy

### Our commitment

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

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

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

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

### Your right to access your personal information

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

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

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

### Privacy agreement with contracted providers

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

### For more information

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

### Maine Notice of Additional Privacy Rights

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

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



## Your rights and responsibilities as an Anthem member



### You have the right to:

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

### You have the responsibility to:

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

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

For more information and resources, see *Frequently Asked Questions* at [anthem.com](http://anthem.com).

## When something changes for you midyear

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

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

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

Example:

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

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

Example:

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

**To see if you're eligible for a special enrollment midyear, contact your school department's central office.**



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



1 As of January 1, 2017, the Equal Employment Opportunity Commission requires spouses/partners to submit a written authorization before completing a health assessment or answering any health-related questions.

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

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

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

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

6 Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage. We recommend using a durable medical equipment supplier in the plan.

7 This benefit also applies to those younger than 19.

8 A cost share may apply for other prescription contraceptives, based on your drug benefits.

9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

10 Prescription availability is defined by physician judgment.

11 Appointments are subject to the availability of a therapist.

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LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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

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