

Plan for your health and well-being

Effective July 1, 2021



These plans and programs are designed to support your health and overall well-being.



anthem.com meabt.org

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



You deserve a health plan that **meets your needs**. That’s why we offer the benefits, services, and programs to support you throughout your healthcare journey — **with MEA Benefits Trust by your side**.

Table of contents

New benefit information	1	Benefit comparison	12
Rewards to encourage your best health	2	Preventative care benefits.....	16
Smart care plus cash rewards	3	A word about pharmacy items	18
The Member Assistance Program.....	4	Prescription drug coverage tips	19
Sydney Health	5	Blue View Vision benefits.....	20
Well-being programs, tools, and services.....	6	Blue View Vision benefits at a glance	21
MEABT plans in action	8	What to ask your doctor	22
MEA Choice Plus (POS)	10	Where to go for help when it's not an emergency	23
MEA Standard Plan (PPO).....	11	Your right to privacy	24
MEA Standard 500 Plan (PPO)	11	When something changes for you midyear	25
MEA Standard 1000 Plan (PPO)	11		



New benefit information

Here are the benefit changes for each health plan.
They will take effect on **July 1, 2021**:

MEA Choice Plus

- ↑ The annual copay maximum will increase from \$6,950 per individual to \$7,350 per individual.
- + LiveHealth Online network has added Virtual Sleep Medicine Clinics, including sleep medicine specialists and home sleep testing.

MEA Standard Plan

- ↑ The annual copay maximum will increase from \$6,950 per individual to \$7,350 per individual.
- + LiveHealth Online network has added Virtual Sleep Medicine Clinics, including sleep medicine specialists and home sleep testing.
- + Benefits have been added for the following services:
 - **Acupuncture services increased to 20 visits per calendar year.**

MEA Standard 500 Plan

- ↑ The annual copay maximum will increase from \$5,650 per individual to \$6,050 per individual.
- + LiveHealth Online network has added Virtual Sleep Medicine Clinics, including sleep medicine specialists and home sleep testing.
- + Benefits have been added for the following services:
 - **Acupuncture services increased to 20 visits per calendar year.**

MEA Standard 1000 Plan

- ↑ The annual copay maximum will increase from \$5,150 per individual to \$5,550 per individual.
- + LiveHealth Online network has added Virtual Sleep Medicine Clinics, including sleep medicine specialists and home sleep testing.
- + Benefits have been added for the following services:
 - **Acupuncture services increased to 20 visits per calendar year.**

Rewards to encourage your best health

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



Earn rewards by making healthy choices

Virgin Pulse is a unique online platform with tools and support to help you make changes to your physical health, activity level, mental health, and day-to-day stress. 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.

Select from the list of healthy activities and watch your rewards add up. Track your steps, workouts, sleep, and healthy habits to earn quickly. You can also earn up to \$250 in extra incentives for taking part in the program.¹

Earn points more easily:

- Add extra points for activity minutes, steps, and workouts
- Take advantage of points for preventive screenings and annual physicals
- Earn 10- and 20-day bonuses for activity, daily cards, and healthy habits
- Collect \$62.50 Pulse Cash per quarter, earning up to \$250 after four quarters
- Cash in, or continue to grow your reward; Pulse Cash rewards do not expire at the end of plan year
- Benefit from the quarterly goal being reduced from 20,000 to 18,000 points

	Level 1	Level 2	Level 3	Level 4	Total
Points	2,000	5,000	12,000	18,000	18,000
Rewards	\$5 Pulse Cash	\$10 Pulse Cash	\$20 Pulse Cash	\$27.50 Pulse Cash	\$62.50 Pulse Cash

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

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

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

How to begin:



Step 1

Sign up for your Virgin Pulse account by going to join.virginpulse.com/MEABT. If you are already a member, please sign in at member.virginpulse.com.



Step 2

Sign up with your name as it appears on your Anthem card.
Download the Virgin Pulse mobile app for iOS or Android.



Step 3

Access your account and track your activity anywhere, anytime.



Smart care plus cash rewards

SmartShopper

Your health plan wants to help you balance receiving quality care and keeping your healthcare costs under control.

SmartShopper™ provides you with cash rewards for choosing a high-quality, cost-effective providers for services such as:

- Magnetic resonance imaging scans (MRIs)
- CT scans
- Colonoscopies
- Mammograms
- Physical therapy
- Labwork

We show you the costs up front so you can make informed decisions about where to go for your care.

Earn a cash reward anytime you and your family choose an eligible lower-cost, high value provider for certain health services. For more information, please call the personal assistant team at **844-328-1582** or visit **smartshopper.com**.

Your Personal Assistant Team is waiting to support you

You can access the Personal Assistant Team through SmartShopper. Available through live chat and by phone, your Personal Assistant Team can help you find a cost-effective provider, schedule appointments, validate procedure referrals with your doctor, and obtain preapproval with us.

The Member Assistance Program



People ask for help for a number of reasons. The Member Assistance Program (MAP) is available to you and members of your household at no extra cost. It is confidential and here to support you 24 hours a day, 365 days a year. MAP can help you with:

- **Counseling sessions** — Receive 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 additional resources.
- **Legal and financial consultations** — Receive 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, and summer camp programs.
- **Online help and resources** — Explore anthemeap.com for helpful resources, including information, tools, self-assessments, and tips for handling situations at work and at home.
- **Tobacco-free resources** — Access anthemeap.com for support with convenient, web-based tools, and information to help you quit smoking and stay tobacco-free.
- **ID theft recovery and monitoring** — Sign up for free ID theft monitoring on anthemeap.com. Find your risk level and learn how to prevent or resolve identity theft. Receive help filing paperwork, reporting identity theft to consumer credit agencies, and repairing your debt history.
- **Member center** — Access a list of MAP providers in your area and a routine counseling referral service.
- **Health and wellness webinars and skill builders** — Visit anthemeap.com to watch recorded webinars on a variety of topics, to engage in training sessions to improve your ability to be more assertive, better manage your time, or care for aging relatives.
- **myStrength** “The health club for your mind™” — Visit this online and mobile app resource that offers evidence-based tools to help with issues such as stress, sleep problems, chronic pain, depression, anxiety, and substance use.
- **Let’s Talk Depression Center** — Visit anthemeap.com for tips, tools, and resources to support your emotional health.

Start using your **MAP benefits today**

Call **855-686-5615** and tell the representative you are an MEA Benefits Trust member, or go to **anthemeap.com** and log in using **MEABT**.



Sydney Health

With the Sydney Health app, you can make informed decisions about the care you receive. Here, you can 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

- **Simple experience** — The app is designed to help you quickly find what you need, with access to information, Member Services, LiveHealth Online video doctor visits, wellness resources, and an interactive chat feature.
- **My Health Dashboard** — This dashboard is your hub for personalized health and wellness. Find programs that interest you, build an action plan to help you meet your health goals, sync your tracker, and earn points for your progress.
- **Personalized Match** — You can use this tool to help you find a doctor in your plan who is right for you. Results are carefully matched with your unique needs, preferences, and plan details.

How to download the Sydney Health app



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



Well-being programs, tools, and services

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

anthem.com health resources

✓ **Online preventive guidelines** can provide you with a better understanding of the importance of checkups, 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 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** and support vision, hearing, fitness, health, family, home, and medicine. To find the discounts available to you:

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

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

Health guidance

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

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

👶 **Future Moms** supports mothers in having a healthy pregnancy. You can earn financial incentives for participating.¹ To sign up for Future Moms, call the number on your Anthem ID card.

Health management

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

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

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

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



Rewards for **meeting your health goals**

Earn financial incentives¹ for participating in one or more of these programs:

- **Anthem's ConditionCare Incentive Program (ACIP)** — 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 your 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 the postpartum assessment after delivery.
- **Claim your reward** — Register or log in at **anthem.com**. Choose **Health and Wellness** and then select **Rewards**. If you need help with the website, please call the number on your Anthem ID card.

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



MEABT plans in action

Meet Amanda

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

Anthem's ConditionCare Incentive Program

She is eligible to receive rewards for managing her care. Amanda enrolls in Anthem's ConditionCare Incentive Program (ACIP), so she will receive access to expert medical support to help manage her condition. Plus, she will receive a \$100 dollar reloadable debit card for enrolling. She's eligible to receive an additional \$100 dollars when she completes the program. She will also receive waived office visits copays and waived or reduced prescription copays associated with her condition.

SmartShopper

Amanda has regular blood work to manage her diabetes and is concerned about the cost. She calls SmartShopper and learns about lower-cost labs and facilities for her blood work. She is eligible for a \$25 cash reward by choosing the lower-cost option.

Member Assistance Program

Amanda struggles with depression as she manages her diabetes. She knows she needs help and calls the Member Assistance Program (MAP). She is connected with



Maximize your rewards



Participating in the MEA Benefits Trust's programs can lead to potentially lower costs, extra incentive rewards, and a boost in motivation to continue health improvement.

a specially trained behavioral health specialist who listens to her concerns and offers her tools and resources to help manage her emotions. If, at any time, Amanda needs additional help, her MAP representative can arrange in-person or virtual support with a counselor. This free, confidential member program is available to her 24 hours a day, 7 days a week.

MEABT Virgin Pulse Wellbeing Program

Making healthy decisions is important to Amanda for managing her diabetes. She chooses to earn incentive

points by tracking daily exercise, healthy habits, sleep and many other physical, nutritional, and social emotional health activities. By engaging in the MEABT Virgin Pulse Wellbeing Program, she stays motivated and earns gift cards up to \$62.50 per quarter, or \$250 per year. At any time, Amanda can also connect with a health coach to create a customized program for her success.

Being able to access all of these extra programs helps Amanda better manage her condition, while earning rewards and cost-share waivers along the way to better health.

MEA Choice Plus (POS)

Seeing a doctor in your plan can help you **spend less**

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 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 will need to choose a primary care doctor.
- The Choice Plus plan has more than 4,000 healthcare providers.
- You are covered when away from home.
- You are 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's 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 reach your health goals.
- 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 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)

You have choices with plan savings

With these preferred provider organization (PPO) plans, you can make the most 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 healthcare providers.
- You are 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.

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 can help keep your costs under control. You can easily find high-quality, cost effective 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. You will see important details on these healthcare professionals, including the type of care they provide, directions to their offices, what languages they speak, and rewards they have received for high quality care.

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

Find this information **on the go**



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

Benefit comparison

Plans effective July 1, 2021 to June 30, 2022

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

Service	MEA Choice Plus (POS)	
	Higher benefit level	Self-referred benefit level
Important information	Coverage in this column applies to maximum allowances for covered services provided or authorized by your PCP.	Coverage described in this column applies to maximum allowances for self-referred, covered services (those not authorized or performed by your PCP).
PCP required	Yes	Yes
Doctor office visits — sick care	100% after \$15 PCP copay 100% after \$25 specialist copay	65% after deductible
Preventive and well-care services (see page 16) Members can self-refer to an obstetrician/gynecologist (OB/GYN) in the plan for their annual well-woman exam.	100%	Not covered
Calendar-year deductible	\$200 per member \$400 per family	\$250 per member \$500 per family
Coinsurance limit	\$1,000 per member \$2,000 per family	\$2,250 per member \$4,500 per family
Deductible + coinsurance limit	\$1,200 per member \$2,400 per family	\$2,500 per member \$5,000 per family
* Calendar-year copay maximum (Office visits, emergency room, and prescription copays apply.)	\$7,350 per member \$14,700 per family	
Utilization management	All inpatient admissions, except emergency and maternity admissions, need pre-admission authorization by your PCP.	All inpatient admissions, except emergency and maternity admissions, need preadmission authorization. You, your doctor, or the provider must call Anthem Medical Management at 800-392-1016 .
Hospital services (Copay is waived if you are admitted.)		
Inpatient	85% after deductible	65% after deductible
Outpatient	85% after deductible	65% after deductible
Emergency care in emergency room	100% after \$200 copay	100% after \$200 copay
Professional services		
Inpatient	85% after deductible	65% after deductible
Outpatient diagnostic tests	85% after deductible	65% after deductible
Outpatient surgery	85% after deductible	65% after deductible
Maternity	85% after deductible	65% after deductible
High-tech diagnostic radiology (including, but not limited to, CT scans, MRI/MRAs, nuclear cardiology, and PET scans). These services require preapproval.	85% after deductible	65% after deductible
Occupational therapy (OT), physical therapy (PT) and speech therapy	85% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation No annual limit	65% after deductible No annual limit
Chiropractic care — physical manipulations	85% after deductible You receive up to 36 visits per calendar year when self-referring to a provider in the plan. After 36 visits, a PCP referral is required for payment at the higher benefit level. You have a limit of 40 visits per member per calendar year.	85% after deductible for a provider inside your plan 65% after deductible for a provider outside your plan

This is an overview of your benefits. For more detailed information, please contact your benefits administrator or ask us for a copy of the *Certificate of Coverage* (Certificate) for your health plan. The information on the *Certificate of Coverage* is correct, should there be any differences in this benefit overview.

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

MEA Standard Plan (PPO)		MEA Standard 500 Plan (PPO)		MEA Standard 1000 Plan (PPO)	
In your plan	Outside your plan	In your plan	Outside your plan	In your plan	Outside your plan
Coverage in this column applies to maximum allowances for covered services when you receive care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from providers or professionals not in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from providers or professionals not in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive care from providers or professionals not in the Blue Choice network.
No	No	No	No	No	No
100% after \$15 PCP copay 100% after \$25 specialist copay	65% after deductible	100% after \$20 PCP copay 100% after \$30 specialist copay	60% after deductible	100% after \$20 PCP copay 100% after \$30 specialist copay	60% after deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
\$200 per member \$400 per family		\$500 per member \$1,000 per family		\$1,000 per member \$2,000 per family	
\$1,000 per member \$2,000 per family		\$2,000 per member \$4,000 per family		\$2,000 per member \$4,000 per family	
\$1,200 per member \$2,400 per family		\$2,500 per member \$5,000 per family		\$3,000 per member \$6,000 per family	
\$7,350 per member \$14,700 per family		\$6,050 per member \$12,100 per family		\$5,550 per member \$11,100 per family	
All inpatient admissions, except for emergency and maternity, need preapproval before admission. You, your doctor, or the provider 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 the provider 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 the provider must call Anthem Medical Management at 800-392-1016 .	
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
85% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation.	65% after deductible	80% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation.	60% after deductible	80% after deductible Office visit copay will apply to OT/PT evaluation or reevaluation.	60% 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.	
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
You receive up to 40 visits per member per calendar year.		You receive up to 40 visits per member per calendar year.		You receive up to 40 visits per member per calendar year.	

Benefit comparison

Plans effective July 1, 2021 to June 30, 2022

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 healthcare	85% after deductible	65% after deductible
Hospice	100%	65% after deductible
* Acupuncture	85% after deductible	85% after deductible
* LiveHealth Online (Preferred Online visit) including virtual Sleep Medicine Clinics	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
Mental health This benefit is managed by Anthem Behavioral Health. Inpatient mental and substance abuse services must be preapproved by calling Anthem Behavioral Health at 800-755-0851 . For more information about this benefit, please see your <i>Certificate of Coverage</i> .	This coverage level applies when you or your covered dependents obtain preapproval from Anthem Behavioral Health and receive inpatient health and substance 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 receive inpatient health and substance abuse services preapproved and from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.
Mental health and substance abuse services		
Inpatient	85% after deductible	65% after deductible
Residential treatment facility	85% after deductible	65% after deductible
Outpatient	85% , no deductible	65% after deductible
Office visits	100% after \$15 PCP copay	65% after deductible
Prescription drug coverage for each 30-day supply	Tier 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	

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

MEA Standard Plan (PPO)		MEA Standard 500 Plan (PPO)		MEA Standard 1000 Plan (PPO)	
In your plan	Outside your plan	In your plan	Outside your plan	In your plan	Outside your plan
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
100%	Prescription drug copay applies	100%	Prescription drug copay applies	100%	Prescription drug copay applies
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
100%	80%, no deductible	100%	80%, no deductible	100%	80%, no deductible
85% after deductible	65% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
You receive up to 20 visits per member per calendar year.		You receive up to 20 visits per member per calendar year.		You receive up to 20 visits per member per calendar year.	
100% 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
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 abuse services from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.	This coverage level applies when you or your covered dependents obtain 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 abuse services from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.	This coverage level applies when you or your covered dependents obtain 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 abuse services from a provider referred to you by a mental health manager. You may have to pay the balance of the bill in addition to the deductible and coinsurance amounts.
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	

Preventive care benefits

Regular checkups and exams can help you stay well and find problems early.

Our health plans offer the services listed here at no cost to you.² When you receive 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.

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.³

Child preventive care:

- Preventive physical exams, screenings, and tests:
 - Behavioral counseling to promote a healthy diet
 - Blood pressure
 - Cervical dysplasia screening
 - Cholesterol and lipid levels
 - Depression screening
 - Development and behavior screening
 - Type 2 diabetes screening
 - Hearing screening
 - Height, weight and body mass index (BMI)
 - Hemoglobin or hematocrit (blood count)
 - Lead testing
 - Newborn screening
 - Screening and counseling for obesity
 - Skin cancer counseling for those ages 10 to 24 with fair skin
 - Oral (dental health) assessment, when performed as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit³
- 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
 - Whooping cough

Adult preventive care:

- Preventive physical exams, screenings, and tests:
 - Alcohol misuse: related screening and behavioral counseling
 - Aortic aneurysm screening (for men who have smoked)
 - Behavioral counseling to promote a healthy diet
 - Blood pressure
 - Bone density test to screen for osteoporosis
 - Cholesterol and lipid (fat) level
 - Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)³
 - Depression screening
 - Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
 - Eye chart test for vision⁴
 - Type 2 diabetes screening⁵
 - Hearing screening
 - Height, weight, and body mass index (BMI)
 - Human immunodeficiency virus (HIV) screening and counseling
 - Lung cancer screening for those ages 55 through 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
 - Obesity: related screening and counseling⁵
 - Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
 - Sexually transmitted infections screening and counseling
 - Tobacco use: related screening and behavioral counseling
 - Tuberculosis screening
 - Violence, interpersonal, and domestic: related screening and counseling
- Immunizations:
 - Coronavirus disease (COVID-19)
 - Diphtheria, tetanus, and pertussis (whooping cough)
 - Hepatitis A and hepatitis B
 - Human papillomavirus (HPV)
 - Influenza (flu)
 - Measles, mumps, and rubella (MMR)
 - Meningococcal (meningitis)
 - Pneumococcal (pneumonia)
 - Varicella (chickenpox)
 - Zoster (shingles)



Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁶
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{6, 7, 8, 9}
- 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

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or healthcare reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health conditions.

This information is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this information and the group policy, the provisions of the group policy are correct. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations*.



A 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 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 0 to 6 years
- Adults
 - Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia, and colorectal cancer by adults younger than 70 years of age
 - Colonoscopy prep kit (generic or over the counter only) when prescribed for preventive colon 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 criteria²

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*.

Prescription drug coverage tips



Paying less with generics

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

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

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

Choose from thousands of network pharmacies

You'll have access to more than 68,000 chain and independent pharmacies across the country. Visit [anthem.com](https://www.anthem.com) for details.

Save a trip with our home delivery pharmacy

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



Using specialty drugs and pharmacies

Specialty pharmacies provide medicine for long-term health problems, 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 IngenioRx 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. 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 Pharmacy Member Services number on the back of your member ID card. Pharmacy experts are available 24/7 for questions.

**Pharmacy member services
are available 24/7/365**



Blue View Vision

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

With Blue View VisionSM, you now have enhanced vision benefits with yearly eye exams, plus coverage on eyeglasses and contact lenses. You'll have access to one of the nation's largest vision networks that includes over 36,000 eye doctors at over 27,000 locations. This means choosing what works best for you to receive your glasses or contacts.

- Use independent doctors or optometrists.
- Order online at glasses.com (or call 800-GLASSES).
- Order contacts at ContactsDirect (visit contactsdirect.com or call 844-5LENSES) or at 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.

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.

Blue View Vision benefits at a glance

Benefits	In the plan	Outside the plan
Routine eye exam once every 12 months	\$0 copay, then covered in full	\$80 allowance
Eyeglass frames	Once every 24 months, you may select an eyeglass frame and receive an allowance toward the purchase price.	
	\$150 allowance, then 20% off any remaining balance	\$64 allowance
Eyeglass lenses (standard)	Once every 24 months, you may receive any one of the following lens options:	
<ul style="list-style-type: none">Standard plastic single vision lenses (1 pair)	\$25 copay, then covered in full	\$36 allowance
<ul style="list-style-type: none">Standard plastic bifocal lenses (1 pair)	\$25 copay, then covered in full	\$54 allowance
<ul style="list-style-type: none">Standard plastic trifocal lenses (1 pair)	\$25 copay, then covered in full	\$69 allowance
Eyeglass lens enhancements	When obtaining covered eyewear from a Blue View Vision provider, you may add any of the following lens enhancements at no extra cost:	
<ul style="list-style-type: none">Transitions® lenses (for children under age 19)	\$0 after eyeglass lens copay	No allowance on lens enhancements if you receive them from a provider outside the Blue View Vision plan.
<ul style="list-style-type: none">Standard polycarbonate (for children under age 19)	\$0 after eyeglass lens copay	
<ul style="list-style-type: none">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.	
<ul style="list-style-type: none">Elective conventional lenses	\$150 allowance, then 15% off any remaining balance	\$105 allowance
<ul style="list-style-type: none">Elective disposable lenses	\$150 allowance (no additional discount)	\$105 allowance
<ul style="list-style-type: none">Nonelective contact lenses	Covered in full	\$210 allowance

* 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.

For more information on your vision benefits or to find an out-of-network claim form, visit anthem.com/meabt or call 866-723-0515.



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 to ask your doctor. Preparing for your visit can help you feel more confident about what your doctor said and what steps you should take to move forward.

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



Before your visit

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

Your doctor may ask you how much coffee or alcohol you consume daily. 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 potential 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?



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

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

Depending on your plan and the services you receive, you may only have a copay. The cost of some services, like labs and X-rays, may apply to your deductible or your percentage of the costs. You can use our online **Estimate Your Cost** and **Find Care** tools to help you decide where to go, because making the best choice for care can help you save time and money.

Care Options



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 camera. This is a great option when a doctor or clinic is unavailable. Doctors can treat rashes, infections, colds, and the flu. They can send a prescription to your pharmacy, if needed.² To join, sign up at livehealthonline.com or download the app on your phone or tablet.



LiveHealth Online Psychiatry and Psychology — You can also see a psychiatrist, psychologist, or therapist with LiveHealth Online. Appointments are available seven days a week, including evenings. In most cases, you can make an appointment with a psychologist or therapist within four days or less,¹⁰ or a psychiatrist within 14 days. Psychologists and therapists can provide talk therapy, while a psychiatrist can also prescribe medicines, if needed.¹¹

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

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

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

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

Your right to privacy

How Anthem protects your personal information



Our commitment

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

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

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

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

Your right to access your personal information

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

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

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

Privacy agreement with contracted providers

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

For more information

This is a short description of Anthem's confidentiality policy. For a more complete notice of their policy, please call the number on your Anthem ID card.

Maine Notice of Additional Privacy Rights

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

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

Your rights and responsibilities as an Anthem member



You have the right to:

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

Phone: 800-300-5000

Write: Bureau of Insurance
Department of Professional and Financial Regulation
#34 State House Station
Augusta, ME 04333-0034

You have the responsibility to:

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

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

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

When something changes for you midyear

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

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

- 1. Loss of other coverage** — If you or your dependents lose eligibility for other coverage or if the employer stops contributing toward your or your dependents' other health coverage, you can enroll in an Anthem plan. **You must enroll within 60 days after the other coverage ends or after the employer stops contributing toward the other coverage.**
- 2. You have a new dependent** — If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll in one of our health plans. **You must enroll within 60 days after the marriage, birth, adoption, or placement for adoption.**

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

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

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

Here 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, ext. 2240**. You can also visit **anthem.com/meabt** or **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 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.

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

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

5 The Centers for Disease Control and Prevention (CDC) recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

6 Check your medical policy for details.

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

8 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.

9 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.

10 Appointments are subject to the availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call the National Suicide Prevention Lifeline, 800-273-TALK (800-273-8255), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

11 Prescription availability is defined by physician judgment.

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

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IngenioRx, Inc. is a separate company providing utilization review services on behalf of Anthem Blue Cross and Blue Shield.

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.

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.

28702MEMENABS BV Rev. 01/21



Be rewarded for building healthy habits

Your plan includes unique tools and support to help you turn your small steps into big changes. See more inside.

How to reach us

ConditionCare	866-962-0960
Future Moms.....	866-347-8360
24/7 NurseLine	800-337-4770
Member Assistance Program	855-686-5615
Virgin Pulse program	855-689-6884
MEA Benefits Trust	888-622-4418 (meabt.org)