



Maine Education Association Benefits Trust health plans:

Coverage you can count on

Effective July 1, 2009



Anthem Blue Cross and Blue Shield invites you to:

Spread the health!

Healthy habits can be contagious. After all, when you take care of your own health, the people around you tend to do the same. And your Anthem health benefits make it easy to get the care and support you need to be a positive health influence on your family, friends and co-workers:

- **Preventive care:** You'll have coverage for physical exams, health screenings, childhood immunizations, well-baby care and gynecological visits.
- **A choice of doctors:** Our large network of physicians, hospitals and other health care providers makes it easier for you to get the care you need when and where you need it.
- **Prescription drug coverage:** Helps control your out-of-pocket costs with additional savings for generics.
- **Coverage for emergencies:** Anthem covers urgent and emergency health situations whenever and wherever they occur.
- **Health management programs:** Our 360° Health® programs are designed to help you make healthy lifestyle choices and manage your health care needs.

New incentive programs let you earn dollars for taking care of your health

Beginning October 1, 2009, we'll be adding two new financial incentive programs to your MEA benefit plan:

- **IncentOne:** Lets you earn financial rewards for actively participating in 360° Health's ConditionCare and FutureMoms programs.
- **Anthem ConditionCare Incentive Program:** Helps reduce certain medical expenses for members with chronic health conditions who take part in ConditionCare programs.

See page 11 for complete program
and incentive details

Good news for members of the Maine Education Association Benefits Trust:

No rate increase for July 1, 2009 – June 30, 2010

The Maine Education Association Benefits Trust (MEABT) and Anthem Blue Cross and Blue Shield are very pleased to announce that your current health plan rates **will not be increasing** for the July 1, 2009 – June 30, 2010 benefit year!

We work hard to deliver high-quality benefits as cost effectively as possible. As a result, this year the MEABT is able to maintain a very high level of benefits at a very competitive price. The current benefit options will remain in place for the upcoming plan year, with no increases to copays, deductibles or coinsurance levels.

As in past years, the MEABT has used its Rate Stabilization Fund to reduce rate increases for this year. The monthly rates for the July 1, 2009 – June 30, 2010 benefit year are as follows:

MEA Standard Plan

Single	\$ 570.61
Two Adults	1,286.19
Family	1,565.47
Adult & Child/Children	1,009.96

MEA Choice Plus

Single	\$ 528.40
Two Adults	1,190.91
Family	1,449.51
Adult & Child/Children	935.16

MEA Group Companion Plan*

Single	\$ 321.36
Two Person	674.55

New financial incentive benefit to start October 1, 2009

Beginning October 1, 2009, your MEABT benefits will include two new incentive programs that let you earn dollars for participating in two of Anthem’s 360° Health programs. See page 8-9 for details!

**Medicare eligible retirees will continue to be offered a Group Companion Plan that includes the same prescription drug benefit offered to active employees.*

Please note that the rates listed above do not reflect employer contributions negotiated on your behalf through collective bargaining agreements.

Inside:

- MEA Standard plan 2
- MEA Choice Plus plan 3
- Benefit comparison chart. 4-6
- Your prescription drug coverage. 7
- 360° Health programs and services. 8-9
- Benefits that help you take charge of your health 10-11
- Convenient Walk-in Centers provide urgent care services . . 12
- How we protect your privacy 13
- Member rights and responsibilities 14-15
- MEABT special enrollment notice 16

MEA Standard Plan: More choices with network advantages

This is a preferred provider organization (PPO) plan. That means you'll get the most mileage out of your benefits when you choose a doctor from the plan's network. The plan does provide coverage for doctors who are not in the network, but your out-of-pocket costs will be higher.

Includes coverage for:

- Routine preventive care
- Screenings and immunizations
- Well-child care
- Inpatient and outpatient care
- Emergency care

Plus:

- You don't have to choose a primary care physician (PCP)
- No referrals are needed to see a specialist
- The plan's BlueChoice-PPO network has more than 4,000 health care providers
- You're covered when you're away from home
- Benefits are available for non-network providers, but you'll pay more out of pocket
- No claim forms needed when you use network providers
- You'll have access to our 360° Health programs and services designed to help you manage and improve your health

Find a network doctor at [anthem.com](https://www.anthem.com)

An updated list of providers for your plan's network is always 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, you can call the number on the back of your Anthem ID card. Provider directories are also available in your Central Office.

MEA Choice Plus: Network focused for maximum savings

This is a point-of-service (POS) plan. This means you'll have the most coverage when you see doctors who are on the plan's (HMO Choice) network. You'll also need to choose a primary care physician (PCP) who will refer you to specialists if necessary. The plan does have coverage for doctors who are not in the network, but your out-of-pocket costs will be higher.

Includes coverage for:

- Routine preventive care
- Screenings and immunizations
- Well-child care
- Inpatient and outpatient care
- Emergency care

Plus:

- You'll need to choose a primary care physician
- No referrals are needed to see a specialist
- The plan's HMO Choice network has more than 4,000 health care providers
- You're covered when you're away from home
- Benefits are available for non-network providers, but you'll pay more out of pocket
- No claim forms needed when you use network providers
- You'll have access to our 360° Health programs and services designed to help you manage and improve your health

Find a doctor, download forms
and more at [anthem.com](https://www.anthem.com)

Tips for making the most of your coverage

- Know what your benefits cover before you go to the doctor
- Be ready to pay any copayment or coinsurance at the time of service
- Show your member identification ID card(s) to the office staff
- Use network doctors and hospitals to lower your out-of-pocket expenses
- Use emergency services for emergencies only
- Notify your employer of any change of address or coverage status
- Enroll a new spouse or baby within 60 days. Contact your benefit office or go to [anthem.com](https://www.anthem.com) for forms.
- If you have a covered dependent child attending college out of state, let them know that they have benefits for urgent and emergency services.
- Take advantage of the 360° Health programs and services available to you as a member. See the 360° Health section of this brochure for details.
- Call us at the toll-free number on the back of your member ID card if you have any questions about your coverage.

Benefit Comparison - Plans Effective July 1, 2009

SERVICE	MEA STANDARD PLAN		MEA CHOICE PLUS	
	In-Network	Out-of-Network	Higher Benefit Level	Self-referred Benefit Level
Important Information	Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services when you receive health care from providers or professionals who are not in the Blue Choice network.	Coverage in this column applies to maximum allowances for covered services provided or authorized by your Primary Care Physician.	Coverage described in this column applies to maximum allowances for self-referred, covered services (those not authorized or performed by your Primary Care Physician).
Primary Care Physician Required	No	No	Yes	Yes
Coinsurance Level	90%	70%	90%	70%
Office Visit Copayment Primary Care Physician Specialist	\$15 \$15	80% after \$15 copayment \$15	\$15 \$25	No copayment, coinsurance applies No copayment, coinsurance applies
Calendar Year Deductibles General Medical Mental Health (non-listed mental illnesses only)	\$100 per member/ \$200 per family \$150 per member	\$100 per member/ \$200 per family \$150 per member	None None	\$250 per member/ \$500 per family No separate mental health deductible, general medical deductible applies
Coinsurance Limit	\$600 per member/ \$1,200 per family <i>(Excluding non-listed mental health, which has separate limit and deductible)</i>	\$600 per member/ \$1,200 per family <i>(Excluding non-listed mental health, which has separate limit and deductible)</i>	\$700 per member/ \$1,400 per family <i>(Does apply to non-listed mental health services)</i>	\$2,500 per member/ \$5,000 per family <i>(Does apply to non-listed mental health services)</i>
Calendar Year Out-of-pocket Limit (Deductible + Coinsurance)	\$700 per member/ \$1,400 per family <i>(Excluding non-listed mental health, which has separate limit and deductible)</i>	\$700 per member/ \$1,400 per family <i>(Excluding non-listed mental health, which has separate limit and deductible)</i>	\$700 per member/ \$1,400 per family <i>(Does apply to non-listed mental health services)</i>	\$2,500 per member/ \$5,000 per family <i>(Does apply to non-listed mental health services)</i>
General Medical Lifetime Maximum Benefits	No lifetime limit	No lifetime limit	No lifetime limit	No lifetime limit
Utilization Management	All inpatient admissions, except emergency and maternity admissions, are subject to preadmission authorization. You, your physician or the provider must call 800-392-1016.	All inpatient admissions, except emergency and maternity admissions, are subject to preadmission authorization. You, your physician or the provider must call 800-392-1016.	All inpatient admissions, except emergency and maternity admissions, are subject to preadmission authorization by your Primary Care Physician.	All inpatient admissions, except emergency and maternity admissions, are subject to preadmission authorization. You, your physician or the provider must call 800-392-1016.
High Tech Diagnostic Radiology (including but not limited to, CT Scans, MRI/MRAs, Nuclear Cardiology, PET Scans) <i>These services require prior authorization.</i>	90% after deductible	70% after deductible	90%	70% after deductible
Hospital Services Inpatient Outpatient Emergency Care in ER (copayment is waived if you are admitted) <i>All other services associated with the emergency room are subject to the deductible and coinsurance.</i>	90% after deductible 90% after deductible 100% after \$50 copayment	70% after deductible 70% after deductible 100% after \$50 copayment	90% 90% 100% after \$50 copayment	70% after deductible 70% after deductible 100% after \$50 copayment

	MEA STANDARD PLAN		MEA CHOICE PLUS	
Service	In-Network	Out-of-Network	Higher Benefit Level	Self-referred Benefit Level
Professional Services				
Inpatient	90% after deductible	70% after deductible	90%	70% after deductible
Outpatient Diagnostic Tests	90% after deductible	70% after deductible	90%	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible	90%	70% after deductible
Maternity	90% after deductible	70% after deductible	90%	70% after deductible
Physician Office Visits				
Sick Care	100% after \$15 copayment	80% after \$15 copayment	100% after \$15 copayment w/PCP 100% after \$25 copayment w/specialist	70% after deductible
Routine/Preventive (exam)	100% after \$15 copayment (schedule of benefits applies)	80% after \$15 copayment (schedule of benefits applies)	100% after \$15 copayment w/PCP (no schedule of benefits applies)	Not Covered
OB/GYN Exam (1 per year)	100% after \$15 copayment	80% after \$15 copayment	100% after \$15 copayment w/PCP 100% after \$25 copayment w/ specialist	100% after \$25 copayment (members can self-refer to Ob/Gyn for annual well-woman exam)
Routine Eye Exams	Not Covered	Not Covered	100% after \$25 copayment	100% after \$25 copayment
Occupational Therapy, Physical Therapy and Speech Therapy	90% after deductible	70% after deductible	90%	70% after deductible
	Office visit copay will apply to OT/PT evaluation or re-evaluation <i>Up to \$3,000 limit per member per calendar year for all therapies combined</i>		Office visit copay will apply to OT/PT evaluation or re-evaluation <i>No annual limit</i>	
Chiropractic Care – Physical Manipulation	90% after deductible	70% after deductible	90%	90% network provider 70% non-network provider
	<i>Up to 40 visits per member per calendar year</i>		<i>Up to 36 visits per calendar year when self-referring to a network provider; after 36 visits, PCP referral is required for payment at the higher benefit level</i>	
Nutritional Counseling	90% after deductible	70% after deductible	90%	70% after deductible
<i>(Benefit differs for retired MEA members)</i>	<i>No annual limit</i>		<i>No annual limit</i>	
Smoking Cessation Education Programs	90% after deductible	70% after deductible	90%	70% after deductible
Physician Follow-up Visits	100% after \$15 copayment	80% after \$15 copayment	100% after \$15 copayment w/PCP	70% after deductible
Prescribed Medications	Prescription drug copayment applies	Prescription drug copayment applies	Prescription drug copayment applies	Prescription drug copayment applies
Skilled Nursing Facility	90% after deductible	70% after deductible	90%	70% after deductible
	<i>No annual limit</i>		<i>Up to 100 days per member per calendar year</i>	
Hospice/Home Health Care	90% after deductible	70% after deductible	90%	70% after deductible
Acupuncture	Not Covered	Not Covered	90%	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible	90%	70% after deductible
	<i>No annual limit</i>		<i>Up to \$3,000 per member per calendar year</i>	
Prescription Drug Coverage For each 30-day supply	Generic Drugs: \$10 copayment Brand Name Drugs: \$25 copayment		Generic Drugs: \$10 copayment Brand Name Drugs: \$25 copayment	
Mail Order and Select Retail Pharmacies for up to a 90-day supply	Generic Drugs: \$20 copayment Brand Name Drugs: \$50 copayment		Generic Drugs: \$20 copayment Brand Name Drugs: \$50 copayment	

Select Maine retail pharmacies can fill your prescription at the same copayments that apply to the mail service pharmacy level of benefits. Please ask your pharmacy if they offer this special arrangement, or call our Customer Service Department at the phone number on your ID card for a list of retail pharmacies that offer the mail service pharmacy level of benefits.

You can also find a list of pharmacies that match the Mail Service Pharmacy level of benefits on our website at anthem.com. Select "Member," Select "Maine" and click "Enter Site." Click on Participating Mail Order Pharmacies.

Benefit Comparison (continued)

Service	MEA STANDARD PLAN		MEA CHOICE PLUS	
	In-Network	Out-of-Network	Higher Benefit Level	Self-referred Benefit Level
MENTAL HEALTH Managed by Anthem Behavioral Health and all services require preauthorization. Failure to comply with the requirements outlined in your Certificate of Coverage may result in a penalty of up to \$300.			Primary Care Physician authorization is not required. Limits and maximums apply to services received at the highest and self-referred levels of benefits combined.	
	This coverage level applies when the member obtains preauthorization (800-755-0851) for all inpatient and outpatient mental health and substance abuse services, and receives those services from the provider that the mental health care manager indicates.	This coverage level applies when the member does not preauthorize (800-755-0851) for mental health and substance abuse services or chooses to receive services from a provider other than the provider the mental health care manager indicates. (The member may have to pay balance bills in addition to deductible and coinsurance amounts.)	This coverage level applies when the member obtains preauthorization (800-755-0851) for all inpatient and outpatient mental health and substance abuse services, and receives those services from the provider that the mental health care manager indicates.	This coverage level applies when the member does not preauthorize (800-755-0851) for mental health and substance abuse services or chooses to receive services from a provider other than the provider the mental health care manager indicates. (The member may have to pay balance bills in addition to deductible and coinsurance amounts.)
Mental Health Services *Listed mental illnesses including substance abuse services:				
Inpatient	90% after deductible	70% after deductible	90%	70% after deductible
Day Treatment	90% after deductible	70% after deductible	90%	70% after deductible
Outpatient	90% after deductible	70% after deductible	90%	70% after deductible
Hospital Emergency Room	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
Office Visits	100% after \$15 copayment	80% after \$15 copayment	100% after \$15 copayment w/PCP 100% after \$25 copayment w/Specialist	70% after deductible
Home Health Care Services	90% after deductible	70% after deductible	90%	70% after deductible
Non listed mental illnesses:				
Inpatient <i>Up to a combined limit of 60 days per member per calendar year</i>	90% after deductible <i>Two days of day treatment equal one day of inpatient services</i>	70% after deductible <i>Two days of day treatment equal one day of inpatient services</i>	80% <i>Two days of day treatment equal one day of inpatient services</i>	60% after deductible <i>Two days of day treatment equal one day of inpatient services</i>
Outpatient <i>Up to a combined limit of 40 visits per member per calendar year.</i>	90% after deductible	70% after deductible	50%	30% after deductible
Home Health Care Services	90% after deductible	70% after deductible	90%	70% after deductible

*Listed Mental Illnesses: State of Maine Statute requires that benefits be provided at the same benefit level provided for medical treatment for the following listed mental illnesses: Psychotic disorders, including schizophrenia; dissociative disorders; mood disorders; anxiety disorders; personality disorders; paraphilias; attention deficit and disruptive behavior disorders; pervasive developmental disorders; tick disorders; eating disorders, including bulimia and anorexia; and substance abuse-related disorders.

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 for your health plan. If there are discrepancies between this benefit overview and the Certificate of Coverage, the Certificate will govern.

Your prescription drug coverage: Helping you manage the high cost of medication

Save more with generics

Your prescription drug coverage has two copayment “tiers”:

- Tier 1 (\$10 copayment) for generics (most cost effective)
- Tier 2 (\$25 copayment) for brand-name

You’ll save the most when your prescriptions are filled with **generic drugs**. These drugs have the same active ingredients as their brand-name counterparts and meet U.S. Food and Drug Administration requirements for performance, quality and safety. It makes sense to choose generic drugs whenever possible.

Save more with generics

Brand name (\$25 Copay per month)	Generic name (\$10 Copay per month)	Brand cost*	Generic cost*	Monthly savings**	Annual savings**
Flonase 50 mcg.	(fluticasone)	\$ 85.99	\$ 59.99	\$ 26.00	\$ 312.00
Fosamax 70mg (weekly)	(alendronate)	93.00	32.99	60.01	720.12
Glucophage 500mg.	(metformin)	69.99	12.99	57.00	684.00
Klonopin 1mg.	(clonazepam)	164.83	26.99	137.84	1,654.08
Prinivil/Zestril 10mg.	(lisinopril)	55.11	12.99	42.12	505.44
Prozac 20mg.	(fluoxetine)	185.34	23.99	161.35	1,936.20
Tenormin 50mg.	(atenolol)	61.14	12.99	48.15	577.80
Xanax 0.25mg	(alprazolam)	121.77	11.99	109.78	1,317.36
Zocor 40mg.	(simvastatin)	149.10	27.99	121.11	1,453.32
Zoloft 50mg.	(sertraline)	125.27	14.99	110.28	1,323.36

*Costs based on full retail price at DrugStore.com as of June 5, 2009. Prices are only for reference only. Member costs will vary depending on benefit design **Savings based on quantity

Choose from thousands of network pharmacies

You’ll have access to more than 50,000 chain and independent pharmacies across the country. For further details visit anthem.com. Plus, there are many pharmacies in Maine where you may be able to fill a three-month supply of your medication for only two copayments! Pharmacies participating in this program are known as Mail Match Pharmacies. As of July 1, 2009, Mail Match Pharmacies include the following:

Brooks Pharmacy	Kennebunk Village Pharmacy	St. John Valley Pharmacy
Central Main Pharmacy	Madawaska Pharmacy LLC	Taylor's Drug Store
Colonial Pharmacy	Medical Center Pharmacy	Variety Drug
Community Pharmacy	Medicine Shoppe Pharmacy	Waltz Pharmacy
CVS Pharmacy	Miller Drug	Walgreen's
Goodnow's Pharmacy, Inc.	Paradis Shop 'n Save	York Hospital Pharmacy
Hannaford	Rite Aid	
Kennebec Professional	Shaw's / Osco Pharmacy	

This list is subject to change without notice. For updated information, please call Customer Service or visit the MEA Benefits Trust web page at anthem.com/meabt.

Save a trip with Anthem Rx Direct

This convenient mail service fills prescriptions promptly. Registered pharmacists check for safety and accuracy, and prescriptions are mailed to your home in confidential, secure packaging. Depending on your health plan and the type of medication, you may be able to order up to a 90-day supply with a reduced copayment. For refills, you can call toll-free at 800-962-8192 or go to anthem.com.

360° Health programs and services surround you with support

When it comes to your health, making the right choices can have a lasting impact on your overall well-being and that of your family and friends. The key is to get the support you need to make informed decisions and take healthy actions. And that's where 360° Health comes in.

Whether you're healthy and want to stay that way ... need to make a few changes to improve your health ... or have a chronic illness like diabetes, 360° Health offers support for every level of wellness. Programs and services are divided into four categories:

Health resources: Personalized health information at your fingertips

- **MyHealth@Anthem®** at anthem.com: Online information and interactive web tools help you assess your health risks, manage your health information and take steps to improve your health.
- **Anthem Healthy Solutions Newsletter:** Mailed to your home to keep you up on the latest health information.
- **AudioHealth Library:** A recorded library of more than 400 health topics is available toll-free, 24/7.
- **Online preventive guidelines:** Helps you understand the importance of checkups, immunizations, screenings and tests.

Health extras: Include discounts on health-related products

- **SpecialOffers@Anthem:** On anthem.com, it offers you member discounts on everything from fitness club and weight control memberships to laser eye surgery.
- **Staying healthy reminders:** Postcard and phone call reminders about important screenings and other preventive care services you should schedule.

Health guidance: Programs to help you make smart health care decisions

- **24-hour NurseLine** (800-607-3262 or 800-545-9648 for Spanish): Lets you speak to a registered nurse, discuss current symptoms and find out if you should see a doctor. See page XX for more details.
- **FutureMoms**: Offers support to women who are pregnant, planning to become pregnant, or postpartum. Participants can earn financial incentives; see page X for details.
- **Behavior Health Advisors**: Offer confidential help for behavioral health questions, from benefits to treatment options.
- **Precision Rx Specialty Solutions**: Support for those who are taking specialty drugs.
- **Decision support tools**: Use these online tools at [anthem.com](https://www.anthem.com) to compare hospitals, evaluate drug and health care costs, learn about treatment options for different medical conditions and much more.
- **Healthy Lifestyles**: From quitting smoking to stress management, these programs give you the support you need to make positive lifestyle changes.

Health management: Services to help you manage a chronic or acute health condition

- **Comprehensive medical management**: A wide range of services that focus on making sure you get quality care.
- **ConditionCare**: Helps those who live with chronic health conditions like diabetes, asthma or coronary artery disease. Participants can earn financial incentives; see page X for details.
- **Transplant program**: We belong to the Blue Distinction Transplant Center network, which includes facilities that offer quality care for transplant patients.
- **ComplexCare**: Nurse care managers offer support to those with multiple health issues.
- **Neonatal Intensive Care**: A specialized team of professionals can work with you, your family and doctors to make sure your baby gets the best care possible.

For more about 360° Health programs go to [anthem.com](https://www.anthem.com)

Benefits that help you take charge of your health

Rather than just helping when you're sick, your MEA benefit plan includes a number of tools and services that can help you manage your health and make smart health care decisions, including:

MyAnthem® member portal at anthem.com:

Register for this password-protected web portal for quick and easy access to personalized health information and online tools, including:

- A confidential record of your medical and pharmacy claims
- *MyHealthAssessment* online questionnaire about your current health and medical history. Complete it to receive a confidential assessment of your current health along with suggestions on making improvements
- *HealthyLifestyles* reward program
- Information and resources like Health Topics A-Z, and a Glossary of Health Terms
- Links to print temporary ID cards and request new ones

24-hour NurseLine at 800-607-3262

If you have an urgent health question in middle of the night or on weekends, just pick up the phone and call the 24-hour NurseLine. You'll speak with a registered nurse who is trained to help you make an informed decision about the health issue you're concerned about.

The 24-hour NurseLine can also connect you to our **AudioHealth Library** that lets you listen and learn from recordings on a wide range of health topics. (For a list of available topics, go to the MEA Benefits Trust web page at anthem.com/meabt.)

You can call the 24-hour NurseLine at 800-607-3262 from anywhere in the U.S., 24 hours a day, 7 days a week, 365 days a year. (You'll also find the NurseLine phone number on your ID card and Benefit Summary.)

To register for MyAnthem and receive your password, go to anthem.com

ConditionCare program helps you manage chronic health issues

If you or a family member is living with asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart failure or coronary artery disease, you may be eligible for ConditionCare, a group of programs that puts you in touch with a registered nurse who can advise you on how to manage your particular health condition.

There are three ways to find out if you're eligible for ConditionCare:

1. Anthem may contact you based on a review of your medical claims.
2. Members diagnosed with any of the five health conditions listed above can call 866-596-9812 to talk to a nurse.
3. Your doctor can refer you to a ConditionCare program by calling 866-596-9812.

Taking care of yourself can have financial rewards too!

Beginning October 1, 2009, you can enroll in two new financial incentive programs that reward you for participating in two of our 360° Health programs.

IncentOne: If you're eligible for our ConditionCare or FutureMoms program, you can enroll in IncentOne and receive a \$100 gift card for completing each of the following steps. And, the more steps you complete, the more \$100 gift cards you'll earn!

- Complete a health assessment with one of our ConditionCare nurses
- Reach one of the health goals that you establish with your ConditionCare nurse
- Enroll in the FutureMoms program and complete a health assessment
- Stay enrolled in the FutureMoms program through 28 weeks of your pregnancy and complete another health assessment
- Stay enrolled in FutureMoms through delivery and complete a postpartum assessment

ConditionCare Incentive Program: If you participate in ConditionCare, this new program may waive your share of your routine medical costs associated with managing your chronic health condition. The program may also reduce your pharmacy copays for certain maintenance medications.

Even if you're already participating in ConditionCare, you can enroll in the ConditionCare Incentive Program beginning October 1, 2009.

Convenient Walk-in Centers provide urgent care services

Now you can save those expensive trips to the Emergency Room for real emergencies. That's because your MEA benefits include access to a number of Walk-in Centers that have contracted with us to provide you extended service hours during the week and some hours on weekends.

About our designated Walk-in Centers:

- No referral is necessary, you can just “walk in”
- Not for emergencies, but for immediate pain relief or treatment at times when your primary care physician is not available.
- Some common conditions that can be treated, include sinus infections, ear infections, strains and sprains, cuts, sore throats, flu, colds and skin irritations
- Your copay per visit is the same as your plan's Specialist copay: \$15 for Standard plan and \$25 for Choice Plus
- For emergencies, please go immediately to an Emergency Room

Designated Walk-in Centers (as of June 2009)	Hours of Service
American Current Care (dba Concentra) 34 Gilman Road, Bangor, ME 04401 Phone: 207-941-8300	Mon-Fri: 7:00 a.m. to 7:00 p.m. Sat: 8:00 a.m. to 12:00 p.m.
Expresscare 325C Kennedy Memorial Drive, Waterville, ME 04901 Phone: 207-873-3961	Mon-Fri: 9:00 a.m. to 6:00 p.m. Sat: 9:00 a.m. to 3:00 p.m.
Freeport Medical Center 42 Mallett Drive, Freeport, ME 04032 Phone: 207-865-3491	Mon-Fri: 8:00 a.m. to 6:00 p.m. Sat: 10:00 a.m. to 12:00 p.m.
Goodall Express 10 Goodall Drive, Waterboro, ME 04030 Phone: 207-490-7760	Mon-Fri: 9:00 a.m. to 6:00 p.m. Sat: 8:00 a.m. to 1:00 p.m.
Mercy Express Care 40 Park Road, Westbrook, ME 04092 Phone: 207-857-8174	Daily: 8:00 a.m. to 8:00 p.m.
Mercy Express Care 409 Roosevelt Trail, Windham, ME 04062 Phone: 207-893-0290	Daily: 8:00 a.m. to 8:00 p.m.

This list is subject to change without notice. For updated information, please call Customer Service or visit the MEA Benefits Trust web page at anthem.com/meabt.

Having surgery? Know your options!

For some surgeries, surgeons can use small incisions with specialized instruments rather than performing “open” surgery that cuts more skin and tissue to reach affected organs. One example is arthroscopic surgery for knee disorders.

This type of surgical procedure may be an option for hysterectomy, hemorrhoid surgery, breast biopsy, gall bladder surgery or other surgeries. Compared to open surgery, patients having minimally invasive surgery may feel better sooner, have less time in the hospital, and experience shorter recovery time, less pain and less scarring.

Always discuss your surgical options with your doctor and know what questions to ask beforehand. For information, you can refer to these online resources:

- Maine Health Management Coalition (MHMC) checklist and tip sheet titled *Consider Surgery Carefully* at mhmc.info/tip-sheets/consider-surgery-carefully/
- MHMC link titled *How do I get quality care? Ask. Learn. Decide.* Go to mhmc.info/design/wordpress/wp-content/uploads/2007/12/mhmc_surgery.pdf
- *WebMD* at my.webmd.com

For more information and resources, see the **Frequently Asked Questions** at anthem.com/meabt

Your health is your business: How we protect your privacy

Our commitment

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

We receive information from members and their health care providers that we need to determine health benefits. We 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 our secure buildings, electronic systems and by our associates' written commitment to the terms and conditions of our 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 Blue Cross and Blue Shield or our 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 our legal and ethical obligations of confidentiality. For all other types of disclosures, we require 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 Blue Cross and Blue Shield 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 Blue Cross and Blue Shield, and we will respond within 30 days of the request. We will notify the member that we will either comply or not comply with the request. We will also accept a statement about what the member thinks is the correct, relevant or fair information, or why the member disagrees with Anthem Blue Cross and Blue Shield'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

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

For more information

This is an abbreviated description of our confidentiality policy. For a more complete notice of our policy, please call the number on the back of your member ID card, or contact Customer Service at 800-482-0966.

Choosing Anthem: Member rights and responsibilities

You have the right to:

- Receive covered services from your primary care provider in a timely manner.
- Participate with your health care professionals and providers in making decisions about your health care.
- If your health plan requires you to choose a primary care physician, you can change your selection at any time.
- Receive the benefits that are covered under your health plan.
- Be treated with respect and dignity.
- 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
- Contact your local insurance department 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 primary care physician 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 on 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 family members covered under your policy.
- Provide us with accurate and complete information needed to administer your health benefit plan, including other health benefit coverage and other 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.

Your MEABT health plan: Special enrollment notice

If you choose not to enroll in an Anthem health plan at this time, there are special times 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 you or your dependents' other health coverage, you can enroll in an Anthem plan. However, 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 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. However, it must be 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 request a special enrollment or obtain more information, contact Customer Service at 207-822-7272 or 800-482-0966.

**For more information about your
MEABT health plans, please call
888-622-4418, ext. 2207**

Anthem 

MIEA
Benefits Trust

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, MyHealth@Anthem and 360° Health are registered trademark of Anthem Insurance Companies, Inc.
The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association

anthem.com