UNIVERSITY OF MAINE SYSTEM
Effective January 1, 2006
CompCare - 2 Tier RX

Benefits You Can Count On

Information for
Be active. Be healthy.

The active life is so rewarding!

Be rewarded!

GET YOUR REWARDS!
Register at anthemrewards.com!

BE Rewarded for Staying Active!

See the “GET THE MOST FROM YOUR HEALTH BENEFITS” Section of this booklet for more information.

Check with your physician before starting any new exercise program, especially if you have a medical problem, haven’t exercised recently or are over the age of 40.

Clip on Radio/Flashlight
Only 250 points!
Our clip on radio includes all your favorites. A flashlight, carabiner clip, FM auto-scan radio, compass, and ear buds.
Batteries included.

Clip on Radio/Flashlight
Benefits You Can Count On

Any health insurance company can say it cares. How many actually prove it?

At Anthem Blue Cross and Blue Shield, we demonstrate our commitment to good health. This book discusses many of the ways we help. For instance, with your health plan you’ll have:

1. **preventive benefits**
   You’ll have coverage for preventive care to help you stay your healthiest. Benefits are available for physical exams, health screenings, childhood immunizations, well-baby care and gynecological visits.

2. **easy access to medical providers**
   You’ll have a wide range of network physicians, hospitals and other health care providers to choose from when you receive covered medical services in the state where you live.

3. **coverage for emergencies**
   You’ll have coverage for serious and life-threatening situations – anywhere. And, because of our relationship with other Blue Cross and Blue Shield plans, you’ll have coverage for urgent health situations when they occur. It’s peace of mind when you need it most.
Comp-Care (PPO)

**Comp-Care lets you**
**choose to receive care**
from an extensive
network of providers, yet
gives you the freedom to
use physicians outside
the network.

Comp-Care is a preferred provider organization (PPO) plan. That means you can receive the highest level of benefits when you use any of the more than 4,000 physicians, hospitals and other health care professionals in the Comp-Care network. You can also receive care from providers that are not part of the network, however your out-of-pocket costs will be greater.

**Find a Doctor – at anthem.com**

An online list of participating providers is available at anthem.com. This directory is updated weekly. You can search for a network provider by location, specialty and languages spoken.

> To find a participating provider or hospital in the Maine network, go to:

  anthem.com > Find a Doctor > Select Maine > Select Plan and either Provider Type, Name or Specialty > Follow Search Options

> To find a participating provider or hospital elsewhere in the U.S., be sure to have your member ID card handy and then go to:

  anthem.com > Find a Doctor > Select National Directories (choose BlueCard® to locate a physician or hospital) > Select Physician or Hospital > Select PPO Plan (then follow the instructions on the screen)

If you’re already an Anthem member, call the customer service number on your ID card for assistance in locating a participating provider.

**Comp-Care at a Glance**

- No primary care physician (PCP) required
- No referral needed to see a specialist
- Extensive local provider network
- Coverage when away from home
- Benefits for care from non-network providers (greater out-of-pocket costs)
- No claim forms to submit when using network providers
- Coverage for a wide range of services
  - Routine preventive care
  - Screenings and immunizations
  - Well-child care
  - Inpatient & outpatient care
  - Emergency care
- Prescription drug coverage available (varies by plan selected)
- Access to discounts through SpecialOffers@Anthem™

**Understanding the Terminology**

Anthem Blue Cross and Blue Shield pays the majority of your health care expenses. The specific amount that you pay depends on the plan you select and the deductible you choose. Your total out-of-pocket expenses include:

- **Deductible:** The amount that you pay each calendar year for covered services before your health benefit plan begins paying for covered expenses.
- **Coinsurance:** The percentage of covered expenses that you pay once you have met the deductible.
- **Copayment (copay):** A fixed dollar amount you pay when a covered service is provided.
### Important Information

Benefits are based on our maximum allowance for covered services. Our maximum allowance is the most we will pay for a particular service. When covered services are received from a participating provider:  
- Claims are filed by the provider in most instances.  
- You are only responsible for the deductible and coinsurance.  
- Participating providers cannot bill you for balances that exceed Anthem Blue Cross and Blue Shield’s maximum allowance.

### Inpatient Admission Review

For scheduled inpatient admissions, except for planned cesarean sections, you or someone you designate must call 1-800-392-1016 for a preadmission review. If you do NOT call for review before admission, benefits can be reduced by 50% up to $500.  
For emergency admissions, you or someone you designate should call within 48 hours after admission.  
For maternity admissions, you or someone you designate must call if the hospital stay is longer than 48 hours for a normal vaginal delivery or longer than 96 hours for a cesarean section.

### Calendar Year Deductible

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>$300 per member</strong></td>
<td><strong>$600 per family</strong></td>
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</table>

### Mental Health Deductible (non-listed illnesses)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>$100 per member</strong></td>
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</table>

### Coinsurance

**Applies to most covered services**

Unless otherwise specified: Anthem Blue Cross and Blue Shield pays 80% You pay 20%

### Calendar Year Out-of-pocket Limit (Deductible + Coinsurance)

A separate out-of-pocket limit may apply to prescription drugs. See the Prescription Drug section for possible limits.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>$1,100 per member</strong></td>
<td><strong>$2,200 per family</strong></td>
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</table>

### Lifetime Maximum Benefits

**General**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>$1,000,000</strong></td>
<td></td>
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</tbody>
</table>

### Hospital Services (Inpatient & Outpatient)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80 %</strong></td>
<td></td>
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</table>

### Preadmission Testing

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>100 % (deductible does not apply)</strong></td>
<td></td>
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</table>

### Second Surgical Opinion

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>100% (deductible does not apply)</strong></td>
<td></td>
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</table>

### Emergency Room Care

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80 %</strong></td>
<td></td>
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</tbody>
</table>

Comp Care - 2 tier
<table>
<thead>
<tr>
<th>Professional Services</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient &amp; Outpatient</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Office Visits</strong></td>
<td></td>
</tr>
<tr>
<td>Sick Care</td>
<td>80%</td>
</tr>
<tr>
<td>Well Baby Care</td>
<td>100% (deductible does not apply) 6 exams age 0 through age 1, 2 exams age 1 through age 3</td>
</tr>
<tr>
<td>Well Child Care</td>
<td>100% (deductible does not apply) (1 exam per year age 3 through 19)</td>
</tr>
<tr>
<td><strong>Maternity Care</strong></td>
<td></td>
</tr>
<tr>
<td>Pre &amp; Postnatal</td>
<td>80%</td>
</tr>
<tr>
<td>Delivery</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Adult Routine Preventive Screening</strong></td>
<td></td>
</tr>
<tr>
<td>Includes:</td>
<td>100% (deductible does not apply)</td>
</tr>
<tr>
<td>Up to one exam per year ages 18+</td>
<td></td>
</tr>
<tr>
<td>Screening Prostate Specific Antigen test and rectal exam</td>
<td></td>
</tr>
<tr>
<td>Routine Gynecological Exam and Pap Test</td>
<td></td>
</tr>
<tr>
<td><strong>Family Planning Services</strong></td>
<td>80%</td>
</tr>
<tr>
<td>Physical Exam, Laboratory Tests,</td>
<td></td>
</tr>
<tr>
<td>Information &amp; Counseling</td>
<td></td>
</tr>
<tr>
<td>Vasectomy</td>
<td>80%</td>
</tr>
<tr>
<td>Elective Tubal Ligation</td>
<td>80%</td>
</tr>
<tr>
<td>Reverse Sterilization</td>
<td>80%</td>
</tr>
<tr>
<td>Abortion</td>
<td>80%</td>
</tr>
<tr>
<td>Insertion/Removal of IUD</td>
<td>80%</td>
</tr>
<tr>
<td>Insertion/Removal of Norplant</td>
<td>80%</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Diagnostic Services</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>High Tech Diagnostic Radiology</strong></td>
<td>80%</td>
</tr>
<tr>
<td>(including but not limited to, CT</td>
<td></td>
</tr>
<tr>
<td>Scans, MRI/MRAs, Nuclear Cardiology,</td>
<td></td>
</tr>
<tr>
<td>PET Scans.</td>
<td></td>
</tr>
<tr>
<td>**These services require prior</td>
<td></td>
</tr>
<tr>
<td>authorization.</td>
<td></td>
</tr>
<tr>
<td>*Retirees – refer to the note at the</td>
<td></td>
</tr>
<tr>
<td>bottom of the page.</td>
<td></td>
</tr>
<tr>
<td><strong>Physical &amp; Occupational Therapy</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong></td>
<td>80%</td>
</tr>
<tr>
<td>Up to 35 visits per person per calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac Therapy</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Allergy Testing/Injections</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Private Duty Nursing</strong></td>
<td>80%</td>
</tr>
</tbody>
</table>

* Retirees enrolled in this Plan who are enrolled in Medicare Parts A and B are not required to obtain prior authorization for high tech radiology services.
<table>
<thead>
<tr>
<th><strong>Skilled Nursing Facility</strong></th>
<th>80 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 730 days when transferred from hospital; up to 100 days otherwise</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Home Health Care</strong></th>
<th>80 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 100 visits per calendar year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hospice</strong></th>
<th>100 % (deductible does not apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit of up to 12 months</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Durable Medical Equipment</strong></th>
<th>80 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Science Sanatorium</td>
<td>80 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Jaw Joint Disorder Services (TMJ)</strong></th>
<th>80 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation</td>
<td>Prescription drug copayment applies</td>
</tr>
<tr>
<td>Smoking Cessation Program</td>
<td></td>
</tr>
<tr>
<td>Mediations prescribed by a physician</td>
<td></td>
</tr>
<tr>
<td>Physician follow-up Visits/Counseling</td>
<td></td>
</tr>
<tr>
<td>80 %</td>
<td></td>
</tr>
</tbody>
</table>

### MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

**Important Information On Receiving Mental Health and Substance Abuse Benefits**

For scheduled inpatient mental health and substance abuse services, you or someone you designate must call the mental health and substance abuse care coordinator at Anthem Behavioral Health @ 1-800-755-0851 for preauthorization of services. For listed mental illnesses, if you do not call for preauthorization, benefits can be reduced by 50% up to $500. For emergency admissions, you or someone you designate should call Anthem Behavioral Health @ 1-800-755-0851 within 48 hours of admission.

For outpatient mental health and substance abuse services, you are encouraged to call Anthem Behavioral Health @ 1-800-755-0851 for preauthorization and to be directed to an appropriate provider.

*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; tic disorders; eating disorders, including bulimia and anorexia; and substance abuse-related disorders.

**Mental Health Services**

*Listed mental illnesses including substance abuse services:

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Treatment</td>
<td>80%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>80%</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>80%</td>
</tr>
<tr>
<td>Office Visits</td>
<td>80%</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>80%</td>
</tr>
</tbody>
</table>

Non-Listed mental illnesses:

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 31 days per member per calendar year. Two days of Day Treatment equal one day of inpatient care</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>50%</td>
</tr>
<tr>
<td>Up to 40 visits per member per calendar year</td>
<td></td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>80%</td>
</tr>
</tbody>
</table>
**PRESCRIPTION DRUG COVERAGE (2 TIER BENEFIT)**

Note: Primary Care Physician authorization is not required.

<table>
<thead>
<tr>
<th>Generic Drugs:</th>
<th>Brand Name Drugs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay a:</td>
<td>You pay a:</td>
</tr>
<tr>
<td>$10 copayment for up to a 30-day supply,</td>
<td>$20 copayment for up to a 30-day supply,</td>
</tr>
<tr>
<td>$20 copayment for up to a 60-day supply,</td>
<td>$40 copayment for up to a 60-day supply,</td>
</tr>
<tr>
<td>$30 copayment for up to a 90-day supply.</td>
<td>$60 copayment for up to a 90-day supply.</td>
</tr>
</tbody>
</table>

Mail order is available. Member pays one copayment for a 30-day supply.

**Out of Pocket Maximum:** Once the member has paid $1,200 in copayments during the calendar year, prescriptions are covered at 100% for the rest of the calendar year for that member. Once the family has paid $1,800 in copayments during the calendar year, prescriptions are paid at 100% for the whole family.

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**THIS IS NOT A CONTRACT**

It 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 this health plan. If there are discrepancies between this benefit overview and the Certificate of Coverage, the Certificate will govern.
Your Prescription Drug Coverage

Your drug benefits are designed to control your out-of-pocket costs by encouraging the use of safe, effective generic drugs. Your prescription drug benefits have two different copayment tiers, depending on the type of medication you purchase.

Tier 1 (lower copayment)... generic prescription drugs

Tier 2 (higher copayment)... brand-name prescription drugs

Generic drugs contain the same active ingredients as their brand-name counterparts and meet U.S. Food and Drug Administration requirements for performance, quality and safety.

An Extensive Network of Pharmacies

As part of your prescription drug benefits, you'll have access to more than 50,000 chain and independent pharmacies across the country.

Save a trip to the pharmacy – The Anthem Rx Direct Mail Service

If you choose, you may purchase your prescription drugs through Anthem Rx Direct. Prescriptions are filled promptly, checked for safety and accuracy by registered pharmacists, and delivered to your home in confidential, secure packaging. Depending on your drug benefits and the particular medication prescribed by the doctor, you may be able to order up to a 90-day supply of your medication and pay a reduced copayment. You'll be able to order refills by toll-free telephone or at anthem.com.

Comparing Prices – Brand-Name versus Generic Prescriptions

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand-Name Price</th>
<th>Generic Price</th>
<th>Monthly Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xanax (generic: alprazolam)</td>
<td>$103.94</td>
<td>$10.98</td>
<td>$92.96</td>
</tr>
<tr>
<td>Prozac (fluoxetine)</td>
<td>$111.39</td>
<td>$29.97</td>
<td>$81.42</td>
</tr>
<tr>
<td>Tenormin (atenolol)</td>
<td>$43.18</td>
<td>$10.99</td>
<td>$32.19</td>
</tr>
<tr>
<td>Prinivil/Zestril (lisinopril)</td>
<td>$58.99</td>
<td>$37.98</td>
<td>$21.01</td>
</tr>
<tr>
<td>Glucotrol (glipizide)</td>
<td>$55.01</td>
<td>$10.98</td>
<td>$44.03</td>
</tr>
<tr>
<td>Relafen (nambumetone)</td>
<td>$98.82</td>
<td>$39.99</td>
<td>$58.83</td>
</tr>
<tr>
<td>Augmentin (amox/clav)</td>
<td>$128.58</td>
<td>$68.98</td>
<td>$59.60</td>
</tr>
<tr>
<td>Celexa (citalopram)</td>
<td>$68.99</td>
<td>$39.99</td>
<td>$29.00</td>
</tr>
<tr>
<td>Voltaren (diclofenac)</td>
<td>$127.43</td>
<td>$26.99</td>
<td>$100.44</td>
</tr>
</tbody>
</table>

¹Prices as published by drugstore.com, March 2005.
Get The Most From Your Health Benefits

**Anthem Rewards<sup>SM</sup> – Be active. Be healthy. Be rewarded.**

Walk, play ball, go skiing, mow the lawn. For everyday that you’re physically active for at least 30 minutes – and track your activity online – you earn 10 points. Once you have 250 points, you can claim a reward for your healthy lifestyle. Or keep earning those points for even bigger and better rewards.

If you already participate in *Anthem Rewards<sup>SM</sup>*, keep up your healthy lifestyle and keep earning those rewards. If you haven’t signed up for the program yet, go to anthemrewards.com to see what you’re missing.

Go to anthemrewards.com for a full list of rewards, menu planners, nutrition logs, weight trackers and many more online tools to support an active lifestyle.

**24-Hour Nurse Line**

Do you wish you had free, 24-hour access to a health professional to help you understand a medical problem? You do, when you become an Anthem Blue Cross and Blue Shield member.

You and your covered dependents can call Nurse Line from anywhere in the U.S. and Canada. An experienced nurse/clinician will help you:

- Research available options for the care you may need
- Mail you free information about health-related topics
- Provide information to help you communicate more effectively with your doctor

The toll-free number will be part of your member materials, sent after you enroll.

This program is meant to complement the services of your doctor, not replace a visit to a medical office. And while a call to the Nurse Line may be helpful at 2 a.m. when you have a 100 degree fever, it's NOT meant to be used in more serious situations. If your situation is critical or life threatening, call 9-1-1, or go to the nearest emergency room.

**Discounts on health products and services**

As an Anthem Blue Cross and Blue Shield member, you’ll have access to *SpecialOffers@Anthem<sup>SM</sup>*<sup>SM</sup>, a program of special discounts on health-related products and services that can help you stay healthy and fit.

- Laser vision correction
- Contact lenses
- Fitness clubs and home gym equipment
- Allergy and asthma relief products
- Weight loss programs
- Vitamins and mineral supplements
Get The Most From Your Health Benefits (continued)

- Bicycle and inline skating helmets
- Baby care accessories and safety products
- Pedometers, heart rate and blood pressure monitors
- Wellness books
- Massage therapy
- Appalachian Mountain Club memberships
- Hearing aids and hearing products
- Medical ID bracelets and pill box timers/reminders
- Eldercare services and personal emergency response systems
- Over-the-counter health and beauty products

For a full listing of SpecialOffers@AnthemSM, visit anthem.com.

**Anthem Healthy SolutionsSM**

Our mission is to improve the health of the people we serve. That's an important reason for Anthem Healthy SolutionsSM, our portfolio of programs promoting health education, prevention, detection and management. Offerings include:

- Education initiatives for people with chronic conditions such as:
  - Asthma
  - Cardiovascular disease
  - Depression
  - Diabetes
  - Hypertension
  - Obesity
- Women’s health and education programs
- Immunization and important health reminder programs
- Preventive care benefits
- Proactive Care Management (for members coping with serious illness, injury or a chronic condition)

All Anthem Healthy SolutionsSM programs are voluntary, completely confidential and available to eligible members. For more information on our programs, go to anthem.com and click on your state.
Get The Most From Your Health Benefits (continued)

**anthem.com – Online tools to help track your health benefits 24/7**

*MyAnthem*™ – available through anthem.com – is your personalized portal to the world of health and benefit information. You’ll especially appreciate being able to take advantage of the online member services like:

- Searching the Online Provider Directory for network physicians
- Viewing coverage and benefit information
- Examining current and past claims
- Changing primary care physicians (if applicable)
- Requesting new ID cards
- Changing passwords
- Checking eligibility information for you and covered dependents
- Updating your e-mail address
- Asking questions about your benefits

*Health Decision Support Tools – Subimo Healthcare Advisor™* provides access to performance data about specific hospitals, as well as guidance on treatment options. If you have prescription benefits through Anthem Blue Cross and Blue Shield, *Subimo PharmaAdvisor™* will help you get easy-to-understand information about more than 11,000 drugs, including medication comparisons, side effects and interactions. *Subimo Coverage Advisor™* helps you understand what health care services you might need and provides an estimate of the related costs.

*LifeAfter50* – This Web site, accessible through anthem.com, provides online information and tools tailored to the unique health and wellness needs of baby boomers and seniors.

*It's all just a click away!*

*MyHealth@Anthem*, the health information section of anthem.com, lets you:

- Search health and wellness articles
- View daily health news of interest to you
- Sign up for personalized weekly electronic newsletters
- View condition-specific self-care centers (for asthma, diabetes, heart disease, hypertension, weight control, etc.)
- Look up detailed nutrition information on 30,000 foods
- Participate in health assessments and interactive polls
- Keep a daily health diary

**Take Your Virtual Tour**

Visit our Web site to experience the electronic tools we offer (anthem.com > Members > Select your state).
Using Your Benefits

Here are some helpful tips and guidelines to help you get the most from your benefits, as well as your overall health care experience.

**Know your benefits before receiving care.**
And be ready to pay any copayment or coinsurance at the time you receive treatment.

**Be sure to show the office staff your member ID card(s) when seeking care.**
Your member ID card contains important information that the medical office staff will need to submit claims on your behalf.

**Use network physicians, hospitals and other health care professionals.**
Because network providers accept our negotiated rates, you’ll have lower out-of-pocket expenses. And most physicians’ offices will submit claims on your behalf, saving you the hassle of paperwork. You can search for network providers at [anthem.com](http://anthem.com).

**Use emergency services appropriately.**
The emergency room is meant for an injury or illness that, in the judgement of a reasonable person, requires immediate treatment to avoid jeopardizing life or overall health.

**Notify your employer of any change of address or coverage status.**
This will help us to forward important benefit information to you, when necessary.

**Let us know about new family additions.**
If your family grows due to a birth, adoption or marriage, be sure to enroll your new daughter, son or spouse within 31 days. Contact your benefit office at work to request a change form, or go online to [anthem.com](http://anthem.com).

**Let your children away at college know how to access covered benefits.**
If your covered dependent children attend college out of state, they can still receive benefits through your health plan for urgent and emergency situations. (Additional benefits may also be available to them while away at school, depending on the type of health plan you have.)
Take advantage of discounts on health products and services.

The SpecialOffers@Anthem™ feature of your plan provides you access to a number of discounts on health products and services, like laser correction surgery; fitness club memberships; hearing aids; allergy relief products; and many more. Go to anthem.com for a full list.

Get answers to your questions – toll-free or online.

Our goal is to make your health plan materials as simple and easy-to-understand as possible. But for those times when you need further explanation or have additional questions, just call the toll-free customer service number printed on your member ID card (sent to you after you enroll). Our dedicated service representatives are available with prompt, accurate answers during normal business hours. You can also get many questions answered at the online member service section of anthem.com.

Enjoy peace of mind carrying health care’s most recognized symbols.

Anthem Blue Cross and Blue Shield has been serving the people of this state for more than 60 years. No other insurer can match that stability...that commitment...that experience.
Protecting Your Privacy

The privacy procedures in place at Anthem Blue Cross and Blue Shield are guided by one simple principle: a person's state of health is his or her personal business.

How We Protect Your Privacy

Anthem Blue Cross and Blue Shield, and its affiliates and subcontractors, are committed to protecting the privacy of our members. We have specific policies that address the way health care information and other personal information is collected, used and disclosed.

Anthem Blue Cross and Blue Shield receives information that is necessary to determine health benefits from our members and from their health care providers. In addition, personal information may be collected from sources other than the insurance consumer or consumers seeking coverage, such as other insurers. This information is received by mail, in person, by telephone and electronically. It is protected by our secure buildings, secure electronic systems, and by Anthem Blue Cross and Blue Shield 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. Health care and other personal 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 Anthem Blue Cross and Blue Shield 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 Blue Cross and Blue Shield legal and ethical obligations of confidentiality.

For all other types of disclosures, Anthem Blue Cross and Blue Shield requires the party requesting disclosure of the information to obtain specific written consent from the member.

Your Right to Access and/or Supplement Personal Information

Upon written request, properly identifying the member, Anthem Blue Cross and Blue Shield will permit a member or a member's authorized representative to 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 locatable and retrievable, within 30 days of the request. A written request may also be submitted 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. Anthem Blue Cross and Blue Shield shall notify the member that it will comply with the request or notify the member that it will not comply, but will accept a statement regarding what the member thinks is the correct, relevant or fair information or why the member disagrees with Anthem Blue Cross and Blue Shield’ refusal to correct, amend or delete recorded personal information from the member, and will notify others of the filing of such a statement as required by law.
Contracted Providers

All contracted providers are required to maintain appropriate policies and procedures to safeguard and hold confidential members’ health care or personal information. Anthem Blue Cross and Blue Shield’s written agreements with health care providers and consultants require them to maintain the privacy of our members.

Additional Information

This notice serves as an abbreviated description of our confidentiality policy. For a more complete notice of our policy, please call the number on the back of your health plan ID card, or contact our customer service representatives at (800) 482-0966.
Your Rights and Responsibilities

We are committed to:

- Recognizing and respecting you as a member.
- Encouraging your open discussions with your health care professionals and providers.
- Providing information to help you become an informed health care consumer.
- Providing access to health benefits and our network providers.
- Sharing our expectations of you as a member.

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.
- Select a participating primary care physician if required by your health benefit plan, and change your selection at any time.
- Receive the benefits for which you have coverage.
- Be treated with respect and dignity.
- Privacy of your personal health information, consistent with state and federal laws, and our policies.
- Receive information about our organization and services, our network of health care professionals and providers, and your rights and responsibilities.
- Discuss with your physicians and providers appropriate or medically necessary care for your condition, regardless of cost or benefit coverage.
- Make recommendations regarding the organization’s 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, or
  - Care provided.
- For assistance at any time, contact your local insurance department:
  Phone: (800) 300-5000
  Write: Bureau of Insurance Department of Professional and Financial Regulation
  #34 State House Station
  Augusta, ME 04333-0034

Adopted 10/03
Reviewed 9/04
3557ME POD Rev (2/05)
Your Rights and Responsibilities (continued)

You have the responsibility to:

• Choose a primary care physician if required by your health benefit plan.

• Understand your health problems and participate, along with your health care professionals and providers in developing mutually agreed upon treatment goals to the degree possible.

• 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.

• Refuse treatment and be informed by your health care professional and provider about the consequences of your refusal.

• Know how and when to access 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.

We are committed to providing quality benefits and customer service to our members. Benefits and coverage for services provided under the benefit program are governed by the Subscriber Agreement and not by this Member Rights and Responsibilities statement.
Your Special Enrollment Rights

This notice explains when you and your dependents not covered by Anthem have the right to enroll on a special basis.

If you choose not to enroll in an Anthem health plan, there are special times when you and your eligible dependents can do so.

If you decline to enroll yourself or your dependents (including your spouse) because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan at a later time. This would occur if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other health coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Examples

Example 1 – Loss of other coverage: 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.

Example 2 – You have a new dependent: You get married. You and your spouse and any other new dependents may be eligible to enroll in the plan.

You have 31 days to enroll

In each case, you may apply for enrollment with us within 31 days after:

• The other coverage ends.
• The employer stops contributing toward the other coverage.
• The marriage, birth, adoption or placement for adoption.

To request a special enrollment or obtain more information, contact Customer Service at (207) 822-7272 or (800) 482-0966.
An employer may elect to insure or self-fund its group health plan(s). For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be brief outlines of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer’s funding arrangement. In the event of conflict between the Group Contract and this description, the terms of the Group Contract will prevail.