Benefits You Can Count On

UNIVERSITY OF MAINE SYSTEM
Effective January 1, 2008
HMO Choice
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.
Health Benefits
Understanding the Basics of Any Health Plan

Health care decisions, while important, can be overwhelming. Within the next couple of pages, we have highlighted specific components of a health benefits plan that you should consider when deciding on health care coverage for you and your family.

Health plan structure

You may have a choice of health plans at work or within your family. It is important to know the basic differences of each plan:

- **Health Maintenance Organization (HMO)** — a good portion of your health care needs are covered when you use physicians and hospitals within the health plan’s network—making the plan both simple and cost effective. If you select an HMO, you should look to see if your provider is within the network.

- **Point-of-Service (POS)** — provides some coverage even if you go out of network; however you can maximize your benefits by selecting a physician or hospital from the health plan’s network.

- **Preferred Provider Organization (PPO)** — gives you unlimited flexibility over which physicians you use. You can visit non-network physicians. However, if you decide to use physicians that are in the network, you can enjoy a lower out-of-pocket expense.

- **Consumer-driven Health Plan** — gives you more options and more control over your health care. Consumer-driven health plans usually provide a traditional health coverage component, similar to a typical health plan (such as an HMO or PPO) to protect you against large expenses. Plans include:
  - **Health Savings Account (HSA)**. You’ll receive an account, called an HSA, to pay for your routine medical care, including your prescription drugs. An HSA is funded with your tax-free contributions and may also include contributions from your employer.
  - **Health Reimbursement Account (HRA)**. Similar to an HSA, the HRA is available to help you pay for routine medical care and prescriptions. However, the HRA can only be funded by your employer.
  - **Health Incentive Account (HIA) Plus**. With this plan, you can use funds allocated to an account set up for you to help you pay for your routine medical care and prescriptions. Unlike the HRA, this account is funded by the health plan. May not be available in all markets.
  - **Health Incentive Account (HIA)**. This account is similar to the HIA Plus, but is funded entirely by rewards (funds added to your account) for healthy behaviors.
Understanding the Basics of Any Health Plan
(continued)

Be aware of the total costs

Most health plans usually require a monthly payment (premium), which is how much you and your employer pay, usually monthly, to buy benefits coverage. But the premium may only be a small part of your yearly cost. There are often other payments you must make. When considering any plan, try to figure out its total cost to you and your family, especially if someone in your family has a chronic or serious health condition. Consider the following:

- **Deductibles** — are there payments for various services you must pay before the health plan begins to help cover your costs?
- **Copayments** — are there fees that you pay immediately to your physician for certain services?
- **Out-of-network costs** — if you use doctors outside of the plan’s network, how much more are you required to pay to receive care?

To better understand the costs associated with the health plan products, please review the summary of benefit pages under the “Health Benefits” and “Additional Benefits” tabs. You will notice that with an Anthem product, you can help keep your costs down by using in-network providers.

Consider the benefits beyond basic coverage

Most plans provide basic coverage, but you should pay attention to the additional benefits of the plan. Ask yourself the following questions to help determine what plan offers you the best coverage:

- **Preventive care** — does the plan help you stay healthy by covering physical exams, immunizations and health screenings?
- **Referral policy** — are you able to see a specialist without a referral?
- **Coverage while traveling** — do you and your family still have coverage when traveling outside of the health plan’s network?

Assess your family’s needs

After you review what benefits are available and decide what is most important to you, you can compare plans. Many things should be considered including services offered, choice of physicians and hospitals, costs and additional tools that can help you stay healthy. Ask some of these questions:

- How do I feel about limits on my choice of doctors and hospitals?
- Is my doctor in the network? What about my gynecologist or my child’s pediatrician?
- How important is the cost of services? Am I willing to pay more to see a physician that is not in the network?
- Do any of the plans provide special programs for asthma, diabetes or other chronic conditions?
Understanding the Basics of Any Health Plan (continued)

Question the involvement you expect from your health plan

It's also important to think about what you expect out of your benefits plan. Consider the following:

- Does the plan offer educational materials/newsletters/online tools on healthy living?
- Does the plan offer tools to help you manage your health, as well as your benefits?
- Is there a lot of paperwork/hassle involved with the plan or does it simply work?
- Does the plan offer discounts on health-related programs and resources?

While you can’t predict all of your and your family’s needs, it pays to make a list of all the services you expect to need in the coming year and then evaluate your options according to your own list. Once you have your list in place, reviewing the overview of products your employer has selected for you will be much more meaningful. We hope you find an Anthem plan that is right.
HMO Choice (POS)

HMO Choice lets you choose whether to receive care from an extensive network of providers, or from physicians outside the network.

HMO Choice is a point-of-service health 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 plan 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 POS 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.

HMO Choice (POS) at a Glance

- Primary care physician (PCP) required
- Referral needed to see a specialist in the provider network
- Benefits for care from non-network providers (greater out-of-pocket costs)
- Extensive local provider network
- No claim forms to submit when using network providers
- Coverage for a wide range of services
  - Routine preventive care
  - Well-child care
  - Immunizations
  - Inpatient & outpatient care
  - Emergency care
- Access to discounts through SpecialOffers@AnthemSM
- Prescription drug coverage available (varies by plan selected)
## University of Maine System
### HMO Choice Point of Service Plan
#### Benefit Overview
Effective January 1, 2008

<table>
<thead>
<tr>
<th>HMO Choice – Point of Service Coverage</th>
<th>Highest Level of Benefits</th>
<th>Self-referred Level of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important Information</td>
<td>Benefits are based on our maximum allowance for covered services. Our maximum allowance is the most we will pay for a particular service. Coverage described in this column applies when covered services are provided or authorized by your Primary Care Physician, unless otherwise stated. You are responsible for any copayments and coinsurance that apply.</td>
<td>Benefits are based on our maximum allowance for covered services. Our maximum allowance is the most we will pay for a particular service. Coverage described in this column applies when you self-refer to providers or professionals. (The Primary Care Physician does NOT provide or authorize services.) You may be responsible for filing claims and paying balance bills in addition to the deductible, copayments, and coinsurance. You may also need to pay the provider or professional up front.</td>
</tr>
<tr>
<td>Inpatient Admission Review</td>
<td>Scheduled inpatient admissions, except for planned cesarean sections, require preadmission authorization by the Primary Care Physician. For emergency admissions, you should call your Primary Care Physician within 48 hours after admission.</td>
<td>For scheduled inpatient admissions, except for planned cesarean sections, you or someone you designate must call 1-800-392-1016 for preadmission review. If you self-refer and do NOT call for review before admission, benefits can be reduced by up to $500. The $500 penalty does not apply to emergency admissions. 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.</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>$250 per member/ $500 per family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>None</td>
<td>Unless otherwise specified: Anthem Blue Cross and Blue Shield pays 80% You pay 20 %</td>
</tr>
<tr>
<td><strong>Calendar Year Out-of-pocket Limit (Deductible + Coinsurance)</strong></td>
<td><strong>Highest Level of Benefits</strong></td>
<td><strong>Self-referred Level of Benefits</strong></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>None</td>
<td>$2,500 per member (except for infertility)</td>
<td>$5,000 per family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lifetime Maximum Benefits</strong></th>
<th><strong>General</strong></th>
<th><strong>Hospital Services (Inpatient &amp; Outpatient)</strong></th>
<th><strong>Emergency Room Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>100%</td>
<td>100% after a $25 copayment for the emergency room visit. All other services associated with the emergency room care are subject to the Primary Care Physician Level of Benefits deductible, then paid at 100%</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>$5,000 per family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Professional Services</strong></th>
<th><strong>Inpatient &amp; Outpatient</strong></th>
<th><strong>Physician Office Visits:</strong></th>
<th><strong>Well Baby/Child Care</strong></th>
<th><strong>Maternity Care:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100% after a $20 copayment</td>
<td>100% after a $20 copayment</td>
<td>100% after a $20 copayment</td>
<td>100% after a $20 copayment for first visit</td>
</tr>
<tr>
<td>80%</td>
<td>80%</td>
<td>Not covered</td>
<td>Not covered</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routine Gynecological Exam</strong></th>
<th><strong>One Exam and Pap Test per calendar year</strong></th>
<th><strong>Family Planning Services</strong></th>
<th><strong>Infertility Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>100% after a $20 copayment</td>
<td>(No PCP referral required)</td>
<td>100% after a $20 copayment</td>
<td>50%</td>
</tr>
<tr>
<td>(Not covered if you self-refer to a non-participating professional.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diagnostic Services</strong></th>
<th><strong>High Tech Diagnostic Radiology</strong> (including but not limited to, CT Scans, MRI/MRAs, Nuclear Cardiology, PET Scans. These services require prior authorization)</th>
<th><strong>Abortion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>80%</td>
<td>(no PCP referral required)</td>
<td>80%</td>
</tr>
</tbody>
</table>

For emergency services, you should seek immediate medical care. If you are admitted to the hospital from the emergency room, the copayment is waived.
<table>
<thead>
<tr>
<th>Service</th>
<th>Highest Level of Benefits</th>
<th>Self-referred Level of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical &amp; Occupational Therapy</td>
<td>100% after a $20 copayment&lt;br&gt;&lt;i&gt;Combined limit of $3,000 per calendar year for physical, occupational, and speech therapy&lt;/i&gt;</td>
<td>80%</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>100% after a $20 copayment&lt;br&gt;&lt;i&gt;Combined limit of $3,000 per calendar year for physical, occupational, and speech therapy&lt;/i&gt;</td>
<td>80%</td>
</tr>
<tr>
<td>Cardiac Therapy</td>
<td>100% after a $20 copayment&lt;br&gt;3 sessions per week, up to 24 sessions per calendar year</td>
<td>80%</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>100% after a $20 copayment&lt;br&gt;No referral required for up to 36 visits in a calendar year to a network professional</td>
<td>80% for visits to a non-network professional or over 36 visits in a calendar year</td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>100% after a $20 copayment&lt;br&gt;&lt;i&gt;One routine eye exam every calendar year up to age 19. One routine eye exam every two calendar years thereafter.&lt;/i&gt;</td>
<td>100% after a $20 copayment (no PCP referral required) Not covered if you self-refer to a non-participating professional</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>100%</td>
<td>Up to $2,500 per calendar year</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Medications prescribed by a physician</td>
<td>Prescription drug copayment applies</td>
<td>Prescription drug copayment applies</td>
</tr>
<tr>
<td>Physician Follow-up Visits/Counseling</td>
<td>100% after a $20 copayment</td>
<td>80%</td>
</tr>
</tbody>
</table>
Mental Health and Substance Abuse
(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 up to $500.

This coverage level applies when the member obtains preauthorization from Anthem Behavioral Health (1-800-755-0851) 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 contact Anthem Behavioral Health (1-800-755-0851) for preauthorization of 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.)

*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.

<table>
<thead>
<tr>
<th>Mental Health Services</th>
<th>Highest Level of Benefits</th>
<th>Self-referred Level of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Listed mental illnesses including substance abuse services:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>100%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>100%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>100%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>$25 copayment, then 100%</td>
<td>$25 copayment, then 100%</td>
</tr>
<tr>
<td>Office Visits</td>
<td>$20 copayment, then 100%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>100%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><em>Non listed mental illnesses:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>80%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Up to a combined limit of 60 days per member per calendar year</td>
<td>Two days of day treatment equal one day of inpatient services.</td>
<td>Two days of day treatment equal one day of inpatient services.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>50%</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Up to a combined limit of 40 visits per member per calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>100%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Note: Primary Care Physician authorization is not required.</td>
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<tr>
<td>------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>Retail Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10 copayment for up to a 30-day supply,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20 copayment for up to a 60-day supply,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30 copayment for up to a 90-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Brand Name Drugs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25 copayment for up to a 30-day supply,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50 copayment for up to a 60-day supply,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75 copayment for up to a 90-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional Brand Name Drugs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40 copayment for up to a 30-day supply,</td>
<td></td>
<td></td>
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<tr>
<td>$80 copayment for up to a 60-day supply,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$120 copayment for up to a 90-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail Service Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic Drugs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a $20 copayment for up to a 90-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Brand Name Drugs</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a $50 copayment for up to a 90-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional Brand Name Drugs</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay a $80 copayment for up to a 90-day supply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certain 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out of Pocket Maximum:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once the member has paid $1,300 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 $1,950 in copayments during the calendar year, prescriptions are paid at 100% for the rest of the calendar year for the whole family.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
About the Preferred Drug List

One way we contribute to the overall quality of your health coverage is by maintaining a Preferred Drug List. Your doctor may choose your prescriptions from this list, which is created and managed by a committee of practicing physicians and pharmacists, the Pharmacy and Therapeutics Committee. The Pharmacy and Therapeutics Committee meets periodically to review and update the list based on findings in pharmaceutical research and the medical community. You and your doctor can search the Preferred Drug List at anthem.com. Preferred drugs offer lower copay amounts.

Tier 1 (lowest copayment level) … for most generic prescriptions
Generic drugs are required by the U.S. Food and Drug Administration to have the same active ingredients as their brand name counterpart and are proven safe and effective. They are normally available only after the patent protection expires on a brand name drug. Although it may look different, a generic drug works the same as its brand-name counterpart. You can save money by using generic medications.

Tier 2 (mid-level copayment) … preferred brand name drugs
These are usually available from only one manufacturer (single-source) and may have patent protection. These medications are chosen on the basis of their safety and efficacy by the Pharmacy and Therapeutics Committee.

Tier 3 (highest level copayment) … non-preferred drugs
Drugs in this tier are multi-source brands (brand drugs with a generic equivalent available) and single-source brands as determined by the Pharmacy and Therapeutics Committee.

If an FDA-approved generic drug is available for a brand-name drug, but you or your physician choose the higher priced brand name medication, you are responsible for the brand-name copayment plus the difference in cost between the brand name drug and the generic.

About the Preferred Drug List

Some therapeutic classes contain multiple medications – both prescription and non-prescription (also referred to as over-the-counter, or OTC). Certain medications within these therapeutic classes, as determined by the Pharmacy and Therapeutics Committee, may be excluded from your benefit. You will have access to clinically equivalent medications within those classes to treat your condition. Consult with your physician for recommended clinically equivalent medications.

Clinical Program Edits

Your benefit may include certain clinical edits. These clinical edits are used to help assure safe, appropriate use of medications and alert pharmacists of possible medication dangers. Edits also manage utilization and inappropriate prescribing and help reduce pharmacy trend. Careful identification of claims at point-of-sale increases the likelihood that pharmacists will heed the edit warnings. Clinical edits include prior authorization*, step therapy*, quantity limits*, duplicate therapy, dose optimization and refill-too-soon.
Your Prescription Drug Coverage (continued)

*Not all plans and medications are subject to prior authorization, step therapy or quantity limits. For more information contact the customer service number on the back of your ID card.

An Extensive Network of Pharmacies
As part of your prescription drug benefits, you’ll have access to more than 61,000 chain and independent pharmacies across the country. Find a participating pharmacy near you at anthem.com. Be sure to present your member ID card when filling a prescription.

Save a Trip to the Pharmacy
If you choose, you may purchase your prescription drugs through NextRx mail service pharmacy. 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. You’ll be able to order refills at anthem.com or by calling 1-888-613-6091 (for the hearing/speech impaired: 1-800-221-6915).

Filling your Specialty Pharmacy Prescription
Specialty drugs consist of high cost oral, injectable and infused medications that are used to treat and manage complex diseases such as multiple sclerosis, cancer, HIV, and certain forms of rheumatoid arthritis. Specialty drugs are complex in both design and administration, often require special handling such as temperature controlled packaging and overnight delivery, and may not be available through a typical retail pharmacy.

In order to obtain in-network benefits, you may be required to obtain these medications from a specialty pharmacy within the Anthem Specialty Pharmacy Network. A list of participating specialty pharmacies is available at anthem.com. PrecisionRx Specialty Solutions is Anthem’s specialty pharmacy, designed to more effectively manage and monitor the distribution of specialty drugs. PrecisionRx Specialty Solutions offers a team of nurses, pharmacists and care coordinators that work together to help Anthem Blue Cross and Blue Shield members, taking specialty medications, achieve the best possible use of their pharmacy treatments. You or your physician can contact PrecisionRx Specialty Solutions at 1-800-870-6419 (for the hearing/speech impaired: 1-800-221-6915).

Questions
If you have questions regarding your benefits, please contact the Customer Service number on your member ID card.
Healthy Solutions
Get The Most From Your Health Benefits

**Discover the Rewards of a Healthy Lifestyle**

Sure, you *meant* to get started on regular workouts. But have you?

For most people, the answer is “no.” If that’s true for you, *Healthy Lifestyles* can help you get moving.

*Healthy Lifestyles* is an easy-to-use online fitness and nutrition program at [anthem.com](http://anthem.com). It’s a fun way to stay active, eat right, boost your energy and feel better. And, staying motivated is easy as you earn points towards FREE gifts!

**Get fit and lose weight**

- Take advantage of membership discounts at more than 9,000 fitness centers
- Create a customized fitness plan that incorporates cardio, strength and flexibility training
- Receive online coaching from certified personal trainers and registered dietitians

**Eat healthier**

- Develop a personalized nutrition plan to track calories and nutritional content
- Design a daily meal plan or use a recommended plan
- Access healthy recipe ideas and create weekly menus and shopping lists

**Quit smoking**

- Create your own smoking cessation plan
- Get unlimited social support from a global community of quitters online
- Find tips and expert advice to help you quit for good

**Be rewarded**

Hard work does pay off. The Healthy Lifestyles rewards system has been set up to reward you for a job well done. Just track your progress each day, and you’ll receive points for completing each task. Those points can then be used to get great gear such as gym bags, headphones, T-shirts and more.

**Alleviate stress and reduce pain**

- Enjoy discounts at acupuncturists, massage therapists and other alternative medicine providers
- Save on treatments for conditions such as migraines, backaches, menopause, arthritis and more
- Receive life skills tools that you can put in practice at work and at home
Get The Most From Your Health Benefits (continued)

Receive discounts
You can print your savings card at anthem.com to get valuable discounts on:

- Gym memberships
- Alternative medicine providers
- Spa treatments and more

Sign up today
It’s quick and easy to take advantage of all that Healthy Lifestyles has to offer.

1. Go to anthem.com and register or sign in
2. Select the 360° Health tab
3. Select Healthy Lifestyles

Don’t wait. Get started today…and begin to see a difference in your life.

Discounts on Health Products & Services
As an Anthem Blue Cross and Blue Shield member, you’ll have access to SpecialOffers@AnthemSM, a program of special discounts on health-related products and services that help you stay healthy and fit.

- Laser vision correction
- Contact lenses and eyewear
- Fitness club memberships
- Allergy and asthma relief products
- Weight loss programs
- Vitamins and mineral supplements
- Baby care accessories and safety products
- Wellness books
- Massage therapy
- Health and beauty supplies
- Hearing aids and hearing products
- Medical ID bracelets and pill box reminders/timers
- Elder care products and services

For a full listing of SpecialOffers@Anthem, visit anthem.com/specialoffers.
Improving Your Health

Since part of our mission is to improve the lives of the people we serve, we offer you the 360° Health® program. There’s something for everyone. Whether you’re healthy or have some medical problems, you’re surrounded with resources, tools, guidance and support to help you manage your condition and make the right health care decisions for you and your family.

There are three categories of health programs and services:

Tools and Resources – Use interactive tools to learn more about staying healthy. Get info on wellness and enjoy discounts on healthy living products and services.

- AudioHealth Library. Call toll-free, 24/7, to listen to more than 400 recorded messages about the latest health topics. Listen in English or Spanish.
- MyHealth@Anthem®. Visit anthem.com and use interactive tools to help you assess, manage and improve your health.
- Anthem Healthy Solutions newsletter. Look for it in your mailbox. Packed with practical information on how to help you improve your health and make wise decisions.
- Staying Healthy Reminders. Receive phone calls or postcards when it’s time for you and your family to have preventive care, immunizations or screenings.
- SpecialOffers@AnthemSM. Visit anthem.com/specialoffers to find out how to access discounts on healthy living products and services, like fitness club memberships and laser vision correction.
- Healthy Lifestyles. Join this online fitness and nutrition program and earn points toward free gifts.

Guidance – Get support and guidance when you need it.

- 24/7 NurseLine. No matter what time it is day or night, a registered nurse is waiting to answer your health care questions. Call 1-800-607-3262 anytime of day. (Spanish speaking members please call 1-800-545-9648.) Note: 24/7 NurseLine shouldn’t replace the advice of or a visit to your doctor. If your situation is life threatening or you are critically ill, go to the nearest emergency room or call 9-1-1.

- MyHealth Record. Keep your health records in one, secure online place. A great way to keep track of your health history and access it any time to share with your doctors.

- Future Moms. If you’re expecting a baby, call our registered nurses, 24/7, to ask questions about your pregnancy, share concerns or just talk.

- Decision Support Tools. Use these online tools to predict your health care expenses, compare drug costs, look up hospital costs and more.
Get The Most From Your Health Benefits (continued)

Management – Learn how to best manage your health condition.

• **ConditionCare.** If you have a chronic condition, like asthma or diabetes, work one-on-one with a nurse to learn to manage your condition and live life to the fullest.

• **ComplexCare.** If you’re at risk for frequent or high levels of medical care, work one-on-one with a nurse to learn to manage your health care needs and lead the healthiest life possible.

• **Neonatal Intensive Care Program.** Our specialized team of nurse care managers and medical directors will work with your family and doctors to make sure your baby receives the best care possible.

To learn more about 360° Health, visit [anthem.com > Members > Select your state](https://www.anthem.com).

**Online Tools at anthem.com**

*MyAnthem* – available through [anthem.com](https://www.anthem.com) – is your personalized portal to the world of health and benefit information. You’ll be able to take advantage of online 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

• Printing a temporary ID card

• Changing passwords

• Checking eligibility information for you and covered dependents

• Updating your e-mail address

• Asking questions about your benefits

• Accessing 360° Health tools and resources

• *Get information about health topics of interest to you* – Use our secure message center to receive health news, drug alerts and tips based on your specific interests.

*MyAnthem* uses the latest encryption standards to protect your personal information.
Health Decision Support Tools

- **Healthcare Advisor™** provides access to performance data about specific hospitals and guidance on treatment options.

- If you have prescription benefits through Anthem Blue Cross and Blue Shield, **PharmaAdvisor™** helps you get easy-to-understand information about more than 11,000 drugs, including medication comparisons, side effects and interactions.

- **Coverage Advisor™** helps you understand what health care services you might need and estimate the costs for those services.

- **Treatment Cost Advisor™** lets you view estimated costs for specific services, tests, doctor visits and medications.

**MyHealth@Anthem®** gives you the information you need – in both English and Spanish – to help you make smart decisions about how to better evaluate and manage your health benefits and services. You’ll be able to:

- **Log on to LifeAfter50** – This website, accessible through [anthem.com](http://anthem.com), provides online information and tools tailored to the unique health and wellness needs of baby boomers and seniors.

- **Better manage chronic and acute conditions – Condition Centers®** provide useful information about more than 35 health conditions like asthma, diabetes and more.

- **Build a safe, online health profile** – Keep all your important medical information safe, sound and in one place. Use your secure online tools to make a personal, private health record. We can even update your record weekly with any new claims information on file.

- **Check your health risk level** – An easy-to-complete health assessment helps you understand your health risks and identify ways to lower them.

- **Find prevention information for men and women** – Health centers promote disease prevention and provide gender-specific health information and tools.

- **Track pregnancies and early childhood development** – Tools are available to let you monitor your pregnancy and the health of your children ages six and younger.

- **Search a medical dictionary with more than 57,000 entries**

- **Access our Online Communities that include over 30 health and wellness topics**

**Take Your Virtual Tour**

Log on to our website to see all of the helpful health tools we offer.

[anthem.com](http://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.

**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.

**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.
HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective July 1, 2007

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

For Payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor’s office to confirm your benefits.

For Health Care Operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons,
and to coroners, funeral directors or medical examiners (about
decedents). PHI can also be shared for certain reasons with organ
donation groups, for research, and to avoid a serious threat to health or
safety. It can be shared for special government functions, for workers'
compensation, to respond to requests from the U.S. Department of
Health and Human Services and to alert proper authorities if we
reasonably believe that you may be a victim of abuse, neglect, domestic
violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health
plan, we may share PHI with your group health plan. We and/or your
group health plan may share PHI with the sponsor of the plan. Plan
sponsors that receive PHI are required by law to have controls in place to
keep it from being used for reasons that are not proper.

Authorization: We will get an OK from you in writing before we use or
share your PHI for any other purpose not stated in this notice. You may
take away this OK at any time, in writing. We will then stop using your
PHI for that purpose. But, if we have already used or shared your PHI
based on your OK, we cannot undo any actions we took before you told
us to stop.

Your Rights

Under federal law, you have the right to:

• Send us a written request to see or get a copy of certain PHI or ask that
  we correct your PHI that you believe is missing or incorrect. If someone
  else (such as your doctor) gave us the PHI, we will let you know so you
  can ask them to correct it.

• Send us a written request to ask us not to use your PHI for treatment,
  payment or health care operations activities. We are not required to
  agree to these requests.

• Give us a verbal or written request to ask us to send your PHI using
  other means that are reasonable. Also let us know if you want us to
  send your PHI to an address other than your home if sending it to your
  home could place you in danger.

• Send us a written request to ask us for a list of certain disclosures of
  your PHI.

Call Customer Service at the phone number printed on your
identification (ID) card to use any of these rights. They can give you the
address to send the request. They can also give you any forms we have
that may help you with this process.
How We Protect Information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our Web site. We may also mail you a letter that tells you about any changes.
State Notice of Privacy Practices

As we told you in our HIPAA notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

We may collect, use and share your non-public personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. PI could also be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.

• We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.
• We may share PI with persons or entities outside of our company without your OK in some cases.
• If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.
• You have the right to access and correct your PI.
• We take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.
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:

CONNECTICUT
Phone: (800) 203-3800
Write: State of Connecticut Insurance Department
P.O. Box 816
Hartford, CT  06142-0816

MAINE
Phone: (800) 300-5000
Write: Bureau of Insurance Department of Professional and Financial Regulation
#34 State House Station
Augusta, ME  04333-0034

NEW HAMPSHIRE
Phone: (800) 852-3416
Write: Life, Accident and Health Consumer Affairs Coordinator
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH  03301
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

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 you 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, placement for adoption or court order changing custody of a child, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, placement for adoption or court order changing custody of a child.

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, placement for adoption or court order changing custody of a child.

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.

In Connecticut: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc.
In Maine: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc.
In New Hampshire: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc.
Independent licensees of the Blue Cross and Blue Shield Association.

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SM "SpecialOffers@Anthem," "MyHealth@Anthem," "Anthem Rewards," "Anthem Healthy Communities," "Anthem Healthy Solutions," "MyAnthem" is a service mark of Anthem Insurance Companies, Inc.
Anthem Vision coverage is underwritten by Anthem Blue Cross and Blue Shield and administered by Health Management Systems, Inc.

Life and disability products are underwritten by Anthem Life Insurance Company.

All of the offerings in the SpecialOffers@Anthem program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com.

These arrangements have been made to add value to our members. Value-added services and products are not covered by your health plan benefit. Available discount percentages may change from time to time without notice. Discount is applicable to the items referenced.