



**Welcome to Open Enrollment
January 1, 2021**

THE BEST BENEFITS FOR YOU AND YOUR FAMILY

BSOOB Transit strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits BSOOB Transit offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2021. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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CONTACTS

Benefit & Provider	Phone	Website
Medical Plan Anthem	855-330-1098	www.anthem.com
Dental & Vision Northeast Delta Dental	800-832-5700	www.nedelta.com
HRC Total Solutions	866- 978-7868	customerservice@hrcts.com
Jessica Desjardins Cross Benefit Solutions	(207) 590-0098 jdesjardins@crossagency.com	Account Executive
Kylie Prosser Cross Benefit Solutions	(207) 523-2478 kprosser@crossagency.com	Benefit Specialist

ABOUT CROSS BENEFIT SOLUTIONS

CROSS BENEFIT SOLUTIONS IS AN EMPLOYEE BENEFIT ADVISORY AND BROKERAGE FIRM LOCATED IN PORTLAND. WE ARE A DIVISION OF CROSS INSURANCE AND SPECIALIZE IN THE DESIGN AND IMPLEMENTATION OF EMPLOYEE BENEFIT PROGRAMS. OUR GOAL IS TO IMPLEMENT STRATEGIES THAT KEEP OUR CLIENTS COMPLIANT AND TO HELP MANAGE THEIR BENEFIT DOLLARS EFFICIENTLY.

WHO IS ELIGIBLE?

If you're a full-time employee at BSOOB Transit you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 35 or more hours per week. In addition, the following family members are eligible for medical and dental coverage:

- Your Spouse
- Your dependent children up to age 26

HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

WHEN TO ENROLL

Open enrollment begins on December 1st and runs through December 7th. The benefits you choose during open enrollment will become effective on January 1, 2021.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

HEALTH INSURANCE FOR 2021

At BSOOB Transit, we are pleased to offer a health plan through Anthem. A brief overview of the 2021 plans is outlined below. You can always find more detailed information in your Summary of Benefits and coverage's (SBC) or by contacting your HR Representative. The following chart is a brief overview of the benefits that will take effect January 1, 2021.

	HMO HSA 5000
<i>Deductible</i>	\$5,000 / \$10,000 \$6,500 / \$13,000
<i>Coinsurance</i>	30% 50%
Out-of-Pocket Max	\$7,000 / \$14,000 \$7,000 / \$14,000
Office Visits / Specialists	Deductible, then \$30/\$50 <i>Deductible, then \$60/\$100</i>
Preventive Services	No Charge <i>No Charge</i>
Emergency Room	Deductible, then \$300 <i>Same as In-Network</i>
Inpatient Services	Deductible, then 30% <i>Deductible, then 50%</i>
Outpatient Services	Deductible, then 30% <i>Deductible, then 50%</i>
X-Ray and Laboratory Services	X-ray: Ded, then 30% Lab: Ded, then \$25 <i>Deductible, then \$25</i>
MRI, CT PET Scans	Deductible, then 30% <i>Deductible, then 50%</i>
Chiropractic <i>40 visits</i>	Deductible, then \$30 <i>Deductible, then \$60</i>
Therapy (PT/ST/OT) <i>60 combined visits</i>	Deductible, then \$30 <i>Deductible, then \$60</i>
Prescription Drugs <i>30 days retail</i>	Deductible, then Tier 1: \$5a-\$25b/\$60/30% to \$350/30% to \$600 Tier 2: \$15a-\$35b/\$70/40% to \$450/40% to \$700

KEY: Tier One

Tier 2

HRA 2021

Your HRA is offered as a supplement to your Anthem health plan to help cover a portion of your deductible and out of pocket expenses.

The HRA is administered by HRC.

Your HRA allows BSOOB Transit to reimburse covered employees for specific healthcare expenses without the benefit being treated as taxable income to you.

BSOOB Transit will be covering 85% of claims to max out of pocket per calendar year.

YOUR COST IN 2021

Medical costs continue to rise at unprecedented levels due to health care reform and the rising price trend of prescription drugs. We are very proud of the benefits we offer and our ability to maintain affordability for employees and their families.

I

EMPLOYEE WEEKLY DEDUCTIONS - MEDICAL				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
HMO HSA 5000	\$23.30	\$46.60	\$43.11	\$72.24

DID YOU KNOW?

Free Preventive Services

All medical plan options provide 100% preventive care coverage (subject to nationally recognized age and gender guidelines) when services are performed by an In-Network provider. Preventive care can help your healthcare providers identify certain illnesses early and help prevent costly medical bills in the future.

Preventive Care Services

- Annual preventive exam (physical)
- Screenings for blood pressure, cholesterol, colorectal cancer, diabetes (Type 2)
- Screenings for HIV (for everyone ages 15 to 65, and other ages at increased risk)
- Immunization vaccines
- Sexually Transmitted Infection (STI) prevention counseling and syphilis screening for adults at higher risk
- Well Child Care
- Women’s and men’s preventive service



Maine HMO Tiered Options

Choice and savings to help take care of your health



A network built with access and savings in mind

It is important to have access to care when needed and to be able to save on costs without sacrificing on the quality of that care. With our network, you have choices among high-quality doctors and hospitals that provide cost savings. Here's how it works:

1. Make the most of our networks: Tier 1 and Tier 2

Anthem's Maine HMO Tiered Options offer two extensive network choices. Both give you access to top medical care professionals and hospitals in Maine — and throughout New England. You will see the greatest savings when you choose providers in Tier 1.

2. Select your primary care doctor

This is a requirement for your coverage. You may have a doctor you currently see, or you may choose one from the network in the plan. Either way, remember, you will save the most when you use health professionals in Tier 1.

3. Save on your costs of care

With Anthem's Maine HMO Tiered Options, you receive savings on a range of services. Here's a sample:

- Tier 1 primary care physician (PCP) office visit copays of \$25 to \$40¹
- Specialist copays of \$45 to \$80¹
- Up to 12 acupuncture office visits at a PCP copay
- Walk-in center copays equal to PCP copays for most visits
- LiveHealth Online² copays lower than PCP copays for most visits

4. Always check with us to be sure you receive lower costs

We provide a range of offers, tools, resources, and incentives to help you make the most of your plan:

- **Care & Cost Finder** helps you compare costs for common health care services. Estimates are based on what your plan covers, so you receive a true picture of what you will need to pay. To learn more, visit [anthem.com](https://www.anthem.com).
- **SmartShopper**³ Prices for the exact same quality medical services can vary from hundreds to thousands of dollars. The SmartShopper program directs you to lower-cost options for common services such as MRIs and mammograms. When you choose one of these locations, you earn cash rewards from \$25 to \$500 after your claims are processed (usually in 4 to 6 weeks). You can visit [smartshopper.com](https://www.smartshopper.com) to learn more.

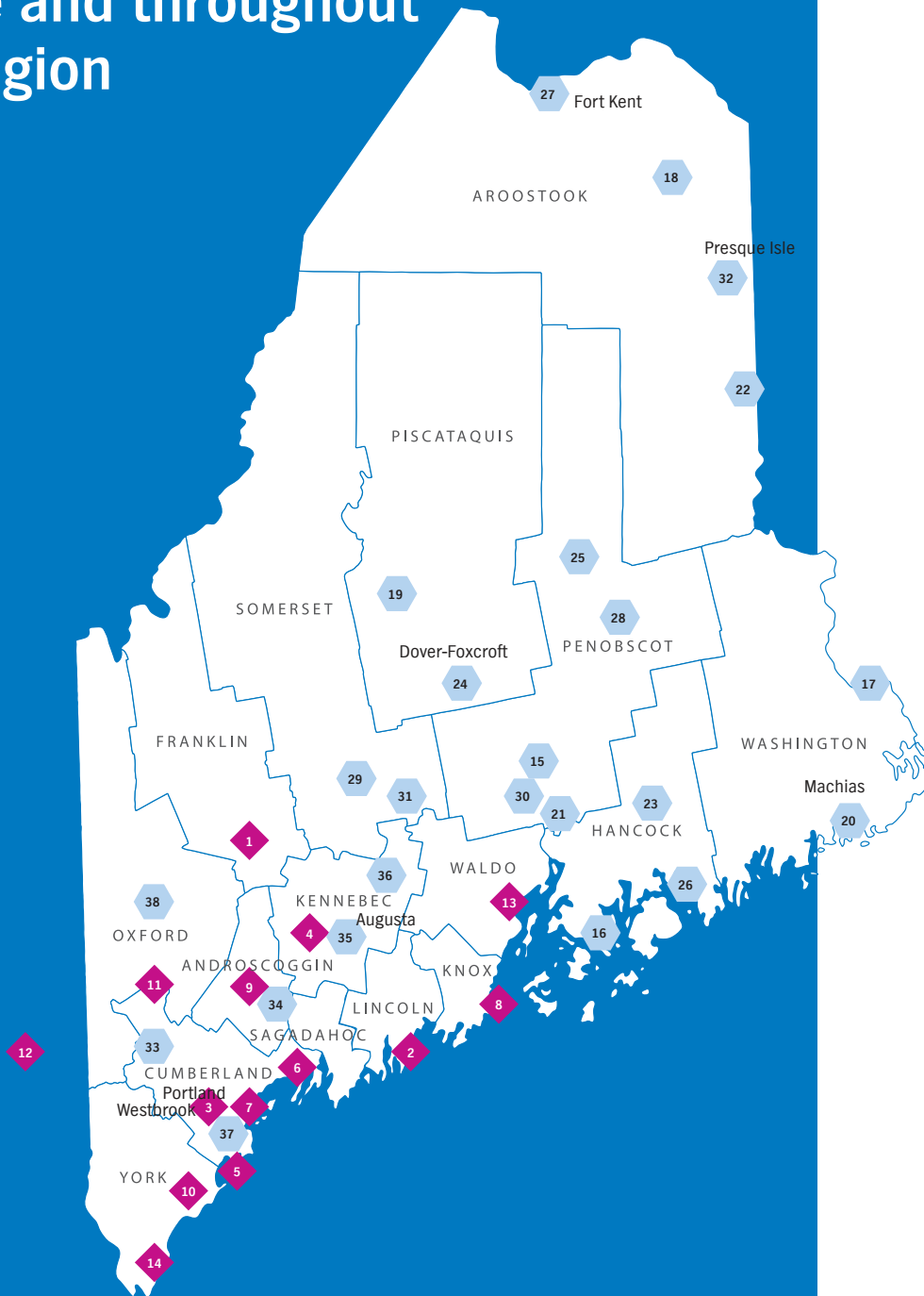
If you have questions, call the Anthem Member Services number on your ID card.

¹ Depending on the plan.

² LiveHealth Online is an independent company providing telehealth services to Anthem Blue Cross and Blue Shield.

³ The SmartShopper program is embedded in fully insured Small and Large Group medical plans only. Self-funded groups may choose to add the SmartShopper program as a buy-up.

Accessing care in Maine and throughout the region



Tier 1 hospitals

1. Franklin Memorial Hospital, Farmington
2. LincolnHealth, Damariscotta
3. Maine Behavioral Healthcare/
Spring Harbor Hospital, Westbrook
4. MaineGeneral Medical Center, Augusta
5. Maine Medical Center, Portland
6. Mid Coast Hospital, Brunswick
7. New England Rehabilitation Hospital, Portland
8. Pen Bay Medical Center, Rockport
9. St. Mary's Regional Medical Center, Lewiston
10. Southern Maine Health Care, Biddeford
11. Stephens Memorial Hospital, Norway
12. Memorial Hospital, North Conway, NH
13. Waldo County General Hospital, Belfast
14. York Hospital, York

Tier 2 hospitals*

15. Northern Light Acadia Hospital, Bangor
16. Northern Light Blue Hill Hospital, Blue Hill
17. Calais Regional Hospital, Calais
18. Cary Medical Center, Caribou
19. Northern Light CA Dean Hospital, Greenville
20. Down East Community Hospital, Machias
21. Northern Light Eastern Maine Medical Center, Bangor
22. Houlton Regional Hospital, Houlton
23. Northern Light Maine Coast Hospital, Ellsworth
24. Northern Light Mayo Hospital, Dover-Foxcroft
25. Millinocket Regional Hospital, Millinocket
26. Mount Desert Island Hospital, Bar Harbor
27. Northern Maine Medical Center, Fort Kent
28. Penobscot Valley Hospital, Lincoln
29. Redington-Fairview General Hospital, Skowhegan
30. St. Joseph Hospital, Bangor
31. Northern Light Sebecicook Valley Hospital, Pittsfield
32. Northern Light AR Gould Hospital, Presque Isle
33. Bridgton Hospital, Bridgton
34. Central Maine Medical Center, Lewiston
35. Togus VA Medical Center, Augusta
36. Northern Light Inland Hospital, Waterville
37. Northern Light Mercy Hospital, Portland
38. Rumford Hospital, Rumford

* Also includes all hospitals in CT and VT. NH, MA, and RI may have hospitals in Tier 1 and Tier 2. For more information, use the Find a Doctor tool.

Here are answers to common questions about Anthem's Maine HMO Tiered Options



Q: How do the tiers work?

A: In Maine, providers are placed in one of two tiers. Tier 1 providers are mostly located in southern and central Maine and are based on our agreements with providers that offer a wide range of quality health care services. Access to New England providers outside of Maine is available through the New England HMO regional networks sponsored by those Blue Cross and Blue Shield plans.

In New Hampshire, Connecticut, and Vermont, providers generally fall into Tier 2. In Rhode Island, hospitals and primary care doctors are tiered in accordance with the Blue Cross and Blue Shield of Rhode Island Network Blue New England Options network. Hospitals and primary care doctors designated as "Enhanced" will apply to Tier 1. Hospitals and primary care doctors designated as "Standard" will apply to Tier 2. For the most current directory of Blue Cross and Blue Shield of Rhode Island tiered hospitals and primary care doctors, go to bcbsri.com/finddoctor.

In Massachusetts, hospitals and primary care doctors are tiered in accordance with the Blue Cross and Blue Shield of Massachusetts HMO Blue New England Options network. Hospitals and primary care doctors designated as "Enhanced" or "Standard" will apply to Tier 1. Hospitals and primary care doctors designated as "Basic" will apply to Tier 2. For the most current directory of Blue Cross and Blue Shield of Massachusetts tiered hospitals and primary care doctors, go to myfindadoctor.bluecrossma.com.

Q: How do I know which tier my doctor or hospital is in?

A: You can see a full list of Maine hospitals and primary care doctors and their tiers by using the Provider Finder tool at anthem.com. For help selecting a doctor or hospital in Maine or any of the New England states, call Member Services at the number on your member ID card.

Q: What's the cost difference between Tier 1 and Tier 2 doctors and hospitals?

A: You will have the lowest costs and cost shares if you use Tier 1 doctors and hospitals. The savings can range from hundreds of dollars to thousands, depending on the service. For more information on cost shares, refer to your *Summary of Benefits*.

Q: Are specialists tiered as well?

A: Yes, specialists are tiered. Please see your plan details in your *Certificate of Coverage* for the exact amount of your copay.

Q: What costs go toward my out-of-pocket maximum?

A: Copays, deductibles, and coinsurance from both tiers (including pharmacy) all go toward one out-of-pocket maximum.

Q: Do I need to choose a primary care doctor with my plan?

A: Yes, you will need to choose a primary care doctor in one of the six New England states. Each covered member on your plan can select a primary care doctor in a different state if they choose.

Q: Is the coverage for emergency room services the same across all tiers?

A: Yes. You may not be able to choose your hospital in an emergency situation, so the cost share for emergency room treatment is the same regardless of the hospital's tier. However, if you are admitted to the hospital through the emergency room, you will be responsible for paying that hospital's tiered cost share.

Q: My doctor is referring me to a Tier 2 facility for care, but I want to use one in Tier 1. What should I do?

A: Tell your doctor you have the Anthem Maine HMO Tiered Options plan and ask if there is an option in Tier 1. If you choose to use a Tier 2 hospital or doctor, you may still save money and receive cash rewards using SmartShopper for certain medical procedures.

Q: What if I'm on vacation and need medical care?

A: If you need emergency care outside of New England, go to the nearest health care facility. As an Anthem Blue Cross and Blue Shield member, you are part of the BlueCard® program, which covers you for emergency care while traveling. Just call the Member Services number on your member ID card for help locating the BlueCard provider nearest you. You can also receive care in more than 170 countries and territories around the world through Blue Cross Blue Shield Global® Core.

There are hospitals, health care facilities, physicians, or other health care providers that may not be included in the plan's network. A member's financial responsibility for covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at anthem.com to determine if a particular provider is in the network, or contact Member Services for assistance.

Choosing where you receive care can save you money

Using Site of Service providers can lower your out-of-pocket costs for labs, imaging, and outpatient surgeries

In these uncertain times, finding ways to save money is important. Anthem's cost-saving programs can help. With some Anthem plans, you may save hundreds of dollars — even thousands — when you go to lower-cost independent providers. You can find these Site of Service providers with [anthem.com](https://www.anthem.com)'s Find Care tool.

You can pay less for all of these services when you use Site of Service providers.*



Lab tests

Pay no more than a \$25 copay



Radiology

(such as X-rays and ultrasounds)

Pay no more than a \$75 copay



Advanced diagnostic imaging

(such as MRIs and CAT scans)

Pay no more than a \$250 copay



Outpatient surgery

Pay no more than a \$300 copay

In some plans, your out-of-pocket costs will be higher when you have these services done at a non-Site of Service location.



You can also receive cash back for using lower-cost care options

SmartShopper™ is a program that offers Anthem members in our group health plans up to \$500 in cash rewards for having common health services performed at lower-cost facilities. The first step toward your own savings is to visit [smartshopper.com](https://www.smartshopper.com) or call 844-328-1582 when you need care. Then choose a lower-cost option identified by SmartShopper and receive your cash reward. Be sure to contact the provider to confirm services.

Find a Site of Service location near you quickly

To find Site of Service locations, log in to [anthem.com](https://www.anthem.com) and search the service in the Find Care tool. Site of Service will be listed on the search page next to the lower-cost locations.



Lab

If a lab appears with the Site of Service designation in **Find Care**, then you can save on out-of-pocket costs depending on your health plan.



Ambulatory surgery center

You can search for outpatient surgery centers on the **Find Care** tool on [anthem.com](https://www.anthem.com).



Radiology and advanced diagnostic imaging

For services such as X-rays, ultrasounds, MRIs, or CAT scans, you have a low copay when you choose a Site of Service location.

Having more control over your out-of-pocket spending can help you make choices that best meet your health care needs and budget.



Use our app to search from anywhere

Download our free Sydney Health app from the App Store[®] or Google Play[™].

The SmartShopper program is provided by Sapphire Digital, an independent company.

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Health rewards

Perk up your health with these extras

Up to \$200 in gift cards. Tools and resources to help you and your family stay healthy.





Take your health to the next level

Your health goals and needs are unique. What works for one person may not be right for you. Maybe you've met your wellness goals and want to be rewarded for your hard work. Maybe there's room for improvement and you could use some encouragement to stay on top of your preventive care. Whatever your needs, we can help you live a healthier life through health and wellness programs and incentives. The best part: these extra features don't cost you anything extra.

Plus, you get this kit to help you get started on a healthier future with rewards!

Get rewarded for feeling your best

You and your covered spouse or partner can each earn up to \$200 in gift cards for taking simple health steps.

Even if you're already in good shape, we'll reward you for your efforts to stay that way. Just be sure to register first; then, log in at [anthem.com](https://www.anthem.com) to track your progress.

Annual incentive rewards:¹



Online Health Assessment completion
\$50 gift card²



Preventive wellness exam and flu shot
\$100 in gift cards^{3,4}



Tobacco-free certification
\$50 gift card²



Fill out the online Health Assessment — earn a \$50 gift card²

The first step toward becoming your best self starts here. It takes just 10 minutes to fill out the Health Assessment. After answering questions about your medical history, diet, exercise and sleep habits, you'll get a personalized report. This report will show where your health currently stands and where you can go from here. All your answers are private and protected by Health Insurance Portability and Accountability Act (HIPAA) rules.

Here's what you do:

Log in at [anthem.com](https://www.anthem.com) and go to the *Health & Wellness Center*, under the *Care* section. Then, scroll to *Digital Tools*. Choose **Take your Health Assessment now** to start the Health Assessment.⁵ Answer the questions for a snapshot of your health. Once you complete and submit the full Health Assessment, you'll get a letter in the mail explaining how to order the gift card of your choice.



Preventive wellness exam and flu shot — earn two \$50 gift cards^{3,4}

Treat yourself to something nice when you treat yourself nice with a yearly preventive wellness exam and flu shot.

Here's what you do:

Get your wellness exam at your doctor's office (primary care doctor). You can also get your flu shot at your doctor's office, as well as at a pharmacy or retail clinic. You don't have to complete the wellness exam or flu shot in any particular order or together. Just be sure claims are submitted for both steps by your doctor or other provider to Anthem Blue Cross and Blue Shield (Anthem).⁶ Around six weeks after Anthem processes the second of the two claims, you'll get two letters explaining how to order the gift cards of your choice.^{7,8}



Tobacco-free reward — earn a \$50 gift card²

Enjoy a spending spree when you go tobacco-free. Choosing not to use tobacco is good for your health and your wallet.

Here's what you do:

Log in at [anthem.com](https://www.anthem.com). Go to the *Health & Wellness Center*, under the *Care* section. Then, select **Get My Rewards**, followed by **Available Activities** under the *My Activities* dropdown to find the tobacco-free certification.

As you complete the certification, be sure the date you enter falls between your benefit-period start date and the date you submit your certification. After the certification is submitted, you'll get a letter from Anthem that explains how to order the gift card of your choice.

If you're unable to earn the reward for being tobacco-free, you can still earn it by satisfying the reasonable alternative standard of submitting a Health Action Plan. Health Action Plan forms are available for download online, next to the tobacco-free certification. All action plans must be filled out and sent in no later than 30 days after the end of the plan period for which you're seeking a reward.





Get the help you need to be your healthy best

You want your family to enjoy the best health possible. A big part of that is staying up to date on health news and trends. And it's important to get information from sources you trust. In addition to your medical benefits, you have access to health and wellness programs that can help you get the information you want — when and how you want it, and at no extra cost to you. For example, you can:

- Get additional support with preventive care, disease and condition management, and maternity care.
- Access online [DocTalk](#) webinars for health improvement tips.
- Save time and money by calling 24/7 NurseLine for guidance when you or a family member is sick. Our registered nurses are available any time, 365 days a year.

To find out more about these programs and services, call the Member Services number on the back of your member ID card.

Programs and rewards

You value your health — and we value your efforts to maintain it.

Whether you're trying to eat more veggies or training for a marathon, we can help you reach your health goals — and reward you for your success.

Find out more by logging in at [anthem.com](#) and visiting the *Health & Wellness Center* under the *Care* section.



Subscribers and their covered spouses or partners must be 18 or older to earn rewards.

1 The amount of the gift cards may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

2 Self-reported by member.

3 The rewards issued are based on claims history.

4 To earn the yearly wellness exam (\$50) or flu shot (\$50) gift card rewards, members must complete both health steps – but they don't need to happen at the same time or in a particular order. Once claims have been processed for both steps, members will get a letter for each one explaining how to collect their gift card rewards.

5 As of January 1, 2017, Equal Employment Opportunity Commission regulations require spouses/partners to submit a written authorization before completing a health assessment.

6 Once a claim is processed, you'll be able to see confirmation of the reward in your rewards account. To access and view your available rewards, log in at anthem.com. Go to the *Health & Wellness Center*, under the *Care* section. Then, select **Get My Rewards**, followed by **Available Activities** under the *My Activities* drop-down menu.

7 It may take up to 75 business days from the day the second of the two steps is completed for the letter to be generated and mailed.

8 After you select your gift cards online, you should receive your gift cards by mail or email within 7 to 10 business days.

Health and wellness programs are not covered services under your group's medical insurance policy, but are separate components of your group health plan which are not guaranteed under your insurance *Certificate* and could be discontinued at any time. If it is unreasonably difficult due to a medical condition for you to achieve the standards (if any) for a reward under these programs, or if it is medically inadvisable for you to attempt to achieve the standards for the reward, we will work with you to develop another way to qualify for the reward.

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Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Convenience or savings? No need to choose.

You get both with Rx Choice Tiered Network.

With your plan, you have lots of choices about where to get your prescription medicines. And with the Rx Choice Tiered Network, you can choose a pharmacy that saves you money.

Your pharmacy network offers two levels of coverage:

Level 1

These are our preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 25,000* Level 1 pharmacies across the country, including well known chains like:

- CVS
- Target
- Hannaford Food & Drug
- Walmart

Level 2

You'll pay a little more for your prescriptions at a Level 2 pharmacy. There are 40,000* of these around the country, including:

- Walgreens
- Rite Aid

It's easy to find a pharmacy in the Rx Choice Tiered Network

- Visit [anthem.com](https://www.anthem.com), choose **Manage Your Prescriptions** and log on.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

Questions?

Call the Pharmacy Member Services number on the back of your plan ID card.

* IngenioRx data, 2019.

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PreventiveRxSM Drug List: PreventiveRx Plus Plan (Select Maine)



PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit.

This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Most brand-name drugs that have a generic equivalent available are not covered under this Preventive Rx benefit.

All drugs* listed below are covered for plans with the Maine Select Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

*Some drugs may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

ASTHMA

Advair HFA
albuterol sulfate hfa
albuterol sulfate
nebulization soln, syrup
budesonide inhalation
suspension
cromolyn sodium
nebulization soln
Dulera
Flovent Diskus
Flovent HFA
fluticasone salmeterol blistr
powder for inhalation
levalbuterol nebulization
soln
metaproterenol sulfate
syrup, tabs
montelukast
Perforomist
ProAir HFA
ProAir RespiClick
Serevent Diskus
Spiriva Respimat
Symbicort
terbutaline sulfate tabs
theochron
theophylline, ER, CR
Ventolin HFA
wixela inhub
zafirlukast

BLOOD CLOTS

Brilinta
Eliquis
heparin
warfarin
Xarelto

DIABETES

Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips by Lifescan & Roche will be covered by this benefit.

acarbose
Bydureon
Bydureon BCise
chlorpropamide
glimepiride
glipizide
glipizide er/xl
glipizide with metformin hcl
glyburide
glyburide with metformin
hcl
glyburide, micronized
Humalog
Humalog KwikPen
Humulin
Humulin KwikPen
Insulin Lispro
Insulin Lispro Pen
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Lantus
Lantus Solostar
Levemir
Levemir Flexpen
Levemir FlexTouch
metformin hcl

metformin hcl er
miglitol
nateglinide
pioglitazone
Symlin
Synjardy
tolazamide
tolbutamide
Tradjenta
Trulicity
Victoza

HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol hcl
acetazolamide
afeditab cr
amiloride hcl
amlodipine besylate
amlodipine/ benazepril
atenolol
atenolol/ chlorthalidone
benazepril hcl
benazepril hcl/ hctz
betaxolol hcl
bisoprolol fumarate
bisoprolol fumarate/ hctz
bumetanide
candesartan
candesartan/ hctz
captopril
captopril/ hctz
cartia xt
carvedilol
chlorothiazide
chlorthalidone
clonidine hcl tabs
digoxin
diltiazem cd

diltiazem hcl
diltiazem hcl er
doxazosin mesylate
enalapril maleate
enalapril/ hctz
eplerenone
eprosartan
ezetimibe
ezetimibe/simvastatin
felodipine er
fosinopril sodium
fosinopril/ hctz
furosemide
guanfacine hcl
hydralazine hcl
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz
isosorbide dinitrate
isosorbide dinitrate er
isosorbide mononitrate
isosorbide mononitrate er
isradipine
labetalol hcl
Lanoxin
lisinopril
lisinopril/ hctz
losartan
losartan/ hctz
matzim la
methazolamide
methylothiazide
methyldopa
methyldopa/ hctz
metolazone
metoprolol succinate er
metoprolol tartrate

PreventiveRxSM Drug List:
PreventiveRx Plus Plan (Select Maine)



metoprolol/ hctz
minitran
minoxidil
moexipril hcl
moexipril/ hctz
nadolol
nadolol/
 bendroflumethiazide
nicardipine hcl
nifedipine
nifedipine er
nimodipine
nisoldipine er
nitroglycerin sl tabs
nitroglycerin 400 mcg
 spray
nitroglycerin er
olmesartan
perindopril
pindolol
prazosin hcl
propranolol hcl
propranolol hcl er
propranolol/ hctz
quinapril hcl
quinapril/ hctz
ramipril
ranolazine er
sorine
sotalol hcl
sotalol hcl af
spironolactone
taztia xt
telmisartan
terazosin hcl
timolol maleate tablet
torsemide

trandolapril
trandolapril/
 verapamil
triamterene/ hctz
valsartan
valsartan/ hctz
verapamil hcl
verapamil hcl er

**HIGH
CHOLESTEROL**

atorvastatin
atorvastatin/
 amlodipine
cholestyramine
cholestyramine light
colesevelam
colestipol hcl
ezetimibe
fenofibrate (43, 50,
 67, 130, 134, 150,
 200 mg capsules &
 48, 54, 145, 160mg
 tablets)
fenofibric acid
fluvastatin
gemfibrozil
lovastatin
niacin ER
pravastatin
prevalite
rosuvastatin
simvastatin

OSTEOPOROSIS

alendronate sodium
calcitonin- salmon
estradiol tab, patch

estradiol/
 norethindrone
 acetate
estropipate
Fosamax Plus D
ibandronate sodium
 tablets
jinteli
medroxyprogesterone
 acetate
Menest
Premarin tablets
Premphase
Prempro
raloxifene
risedronate

STROKE

aspirin- dipyridamole
 ER
cilostazol
clopidogrel bisulfate
dipyridamole
prasugrel

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸੇਵਾ ਸੰਖਿਆ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áájí' hodiilnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Preventive care can help keep you healthy and may even save your life. Getting routine health exams and screenings can help catch problems early, when they're easier to treat. And getting the right preventive care services can help you manage your health conditions and stay healthy.

Under the Affordable Care Act (ACA), pharmacy benefit plans must cover certain categories of preventive care drugs and products at 100%. That means you don't have to pay a share of the cost — no copay, deductible or percentage of the cost (coinsurance).

How do I get these drugs at no cost?

Talk with your doctor about choosing the medication or product that's right for you. To get these preventive drugs, including over-the-counter (OTC) drugs or products:

- They must be right for your age and condition.
- You'll need to get a prescription from your doctor (even for OTC products).
- Remember, only you and your doctor can decide on the medications you need and what's best for your health.

If you have questions, call us at the Pharmacy Member Services number on your member ID card.

Preventive drugs and products, by category

Here's a list of medications Anthem plans will cover with no cost-share for you under the ACA. Keep in mind that this list can change. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

ASPIRIN

adult low dose aspirin oral
 aspir-81 oral
 aspirin childrens oral
 aspirin low dose oral
 aspirin oral
 aspir-low oral
 aspir-trin oral
 bayer aspirin oral
 bufferin oral
 children's aspirin oral
 e.c. prin oral
 ecotrin low strength oral
 ecotrin oral
 enteric coated aspirin oral
 lite coat aspirin oral
 lo-dose aspirin oral
 tri-buffered aspirin oral

BOWEL PREP

Drugs in this category are limited to two (2) bowel prep screenings per year.

alophen oral
 bisacodyl oral
 bisa-lax oral
 citrate of magnesium oral

citroma oral
 clearlax oral
 ducodyl oral
 fleet laxative oral
 gavalax oral
 gavilyte-c oral
 gavilyte-g oral
 gavilyte-n oral
 gentle laxative oral
 gentlelax oral
 glycolax oral
 healthylax oral
 laxaclear oral
 laxative (bisacodyl) oral
 laxative feminine oral
 laxative peg 3350 oral
 magnesium citrate oral
 milk of magnesia concentrated oral
 milk of magnesia oral
 miralax oral
 natura-lax oral
 oral saline laxative oral
 peg 3350-electrolytes oral
 peg3350 oral
 peg-electrolyte soln oral
 peg-prep oral
 phosphate laxative oral

polyethylene glycol 3350 oral
 powderlax oral
 purelax oral
 smoothlax oral
 trilyte with flavor packets oral
 woman's laxative oral
 women's gentle laxative(bisac) oral
 women's laxative (bisacodyl) oral

BREAST CANCER

You may be required to get preapproval for the services associated with the drugs in this category.

raloxifene oral
 Soltamox oral
 tamoxifen oral

CARDIOVASCULAR

Full coverage for statins will be limited to members with cardiovascular risk factors but who have not experienced a

cardiovascular disease event.
 atorvastatin oral
 fluvastatin oral
 lovastatin oral
 pravastatin oral
 rosuvastatin oral
 simvastatin oral

CONTRACEPTION

This benefit also applies to those younger than age 19.

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

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

afirmelle oral
 aftera oral
 altavera (28) oral
 alyacen 1/35 (28) oral
 alyacen 7/7/7 (28) oral
 amethia lo oral
 amethia oral
 amethyst oral

apri oral
 aranelle (28) oral
 ashlyna oral
 aubra oral
 aubra eq oral
 aurovela oral
 aurovela 24 fe oral
 aurovela fe oral
 aviane oral
 ayuna oral
 aurette (28) oral
 Balcoltra Oral
 balziva (28) oral
 bekyree (28) oral
 blisovi 24 fe oral
 blisovi fe 1.5/30 (28) oral
 blisovi fe 1/20 (28) oral
 briellyn oral
 camila oral
 camrese lo oral
 camrese oral
 Caya Contoured Vaginal
 caziant (28) oral
 chateal oral
 chateal eq oral
 Conceptrol Vaginal
 cryselle (28) oral
 cyclofem 1/35 (28) oral

cyclafem 7/7/7 (28) oral	jolessa oral	microgestin fe 1/20 (28) oral	rivelsa oral	Wide-Seal Diaphragm 65 Vaginal
cyred oral	jolivette oral	mili oral	setlakin oral	Wide-Seal Diaphragm 70 Vaginal
cyred eq oral	juleber oral	mono-linyah oral	sharobel oral	Wide-Seal Diaphragm 75 Vaginal
dasetta 1/35 (28) oral	junel 1.5/30 (21) oral	mononessa (28) oral	simliya oral	Wide-Seal Diaphragm 80 Vaginal
dasetta 7/7/7 (28) oral	junel 1/20 (21) oral	my choice oral	simpesse oral	Wide-Seal Diaphragm 85 Vaginal
daysee oral	junel fe 1.5/30 (28) oral	my way oral	sprintec (28) oral	Wide-Seal Diaphragm 90 Vaginal
deblitane oral	junel fe 1/20 (28) oral	myzilra oral	sronyx oral	Wide-Seal Diaphragm 95 Vaginal
delyla (28) oral	junel fe 24 oral	Natazia Oral	syeda oral	wymzya fe oral
desog-e.estradiol/ e.estradiol oral	kaitlib fe oral	necon 0.5/35 (28) oral	take action oral	xulane transdermal
desogestrel-ethinyl estradiol oral	kalliga oral	necon 1/50 (28) oral	tarina fe oral	zarah oral
desopirenone- e.estradiol-Im.fa oral	kariva (28) oral	necon 7/7/7 (28) oral	tarina fe 1/20 (28) oral	zenchent (28) oral
drospirenone-ethinyl estradiol oral	kelnor 1/35 (28) oral	new day oral	Taytulla Oral	zenchent fe oral
econtra ez oral	kimidess (28) oral	next choice one dose oral	tilia fe oral	zovia 1/35e (28) oral
econtra one-step oral	kurvelo oral	nikki (28) oral	Today Contraceptive Sponge Vaginal	zovia 1/50e (28) oral
elinest oral	l norgest/e.estradiol- e.estrad oral	nora-be oral	tri femynor oral	zumandimine oral
Ella Oral	larin 1.5/30 (21) oral	noreth-ethinyl estradiol- iron oral	tri-estarylla oral	
eluryng ring	larin 1/20 (21) oral	norethindrone (contraceptive) oral	tri-legest fe oral	
emoquette oral	larin 24 fe oral	norethindrone ac-eth estradiol oral	tri-linyah oral	
enpresse oral	larin fe 1.5/30 (28) oral	norethindrone- e.estradiol-iron oral	tri-lo-estarylla oral	
enskyce oral	larin fe 1/20 (28) oral	norgestimate-ethinyl estradiol oral	tri-lo-marzia oral	
errin oral	larissia oral	norgestrel-ethinyl estradiol oral	tri-lo-sprintec oral	
estarylla oral	layolis fe oral	norgestrel-ethinyl estradiol oral	tri-mili oral	
etonogestrel/ethinyl estr ring	leena 28 oral	norlyda oral	trinessa (28) oral	
ethynodiol diac-eth estradiol oral	lessina oral	norlyroc oral	trinessa lo oral	
fallback solo oral	levonest (28) oral	nortrel 0.5/35 (28) oral	tri-previfem (28) oral	
falmina (28) oral	levonorgestrel-ethinyl estrad oral	nortrel 1/35 (21) oral	tri-sprintec (28) oral	
fayosim oral	levonorg-eth estrad triphasic oral	nortrel 1/35 (28) oral	trivora (28) oral	
Fc2 Female Condom	levora 0.15/30 (28) oral	ocella oral	tri-vylibra oral	
Femcap Vaginal	levora-28 oral	ogestrel (28) oral	tri-vylibra lo oral	
femynor oral	lillow oral	option-2 oral	tulana oral	
gianvi (28) oral	Lo Loestrin Fe Oral	orsythia oral	tydemy oral	
gildagia oral	loryna (28) oral	philith oral	vaginal contraceptive film vaginal	
gildess oral	low-ogestrel (28) oral	pimtrea (28) oral	vaginal contraceptive foam vaginal	
gildess 24 fe oral	lutra (28) oral	pirmella oral	Vcf Contraceptive Film Vaginal	
gildess fe oral	lyza oral	Plan B One-Step Oral	Vcf Contraceptive Gel Vaginal	
gynol ii vaginal	marlissa oral	portia oral	velivet triphasic regimen (28) oral	
hailey 24 fe oral	melodetta 24 fe oral	previfem oral	vestura (28) oral	
heather oral	mibelas 24 fe oral	quasense oral	vienva oral	
incassia oral	microgestin 1.5/30 (21) oral	rajani oral	viorele (28) oral	
introvale oral	microgestin 1/20 (21) oral	react oral	vyfemla (28) oral	
isibloom oral	microgestin fe 1.5/30 (28) oral	reclipsen (28) oral	wera (28) oral	
jasmiel oral			Wide-Seal Diaphragm 60 Vaginal	
jencycla oral				

FLUORIDE

fluor-a-day (with xylitol)
oral
fluoride (sodium) oral
fluoritab oral
ludent fluoride oral
multivitamin with
fluoride oral
multi-vitamin with
fluoride oral drops
multi-vitamin with
fluoride oral
tablet, chewable
multivitamins with
fluoride oral
multivit-fluor (vit e
acetate) oral
mvc-fluoride oral
triple vitamin with
fluoride oral
tri-vitamin with fluoride
oral
vitamins a,c,d and
fluoride oral

FOLIC ACID

b complex 1 oral
b complex 100 oral

b complex-vitamin b12 oral	pregnancy vitamins-iron folic acid oral	nicotine (polacrilex) buccal	Flucelvax Quad 2019-2020 Intramuscular	Pentacel Acthib Component (Pf) Intramuscular
b complex-vitamin c-folic acid oral	RENAL VITAMIN ORAL	nicotine transdermal	Flulaval Quad 2018-2019 Intramuscular	Pneumovax 23 Injection
b-100 complex oral	RENAL-VITE ORAL	Nicotrol Inhalation	Flulaval Quad 2019-2020 Intramuscular	Prenar 13 (Pf) Intramuscular
balance b-100 oral	rena-vite oral	Nicotrol Ns Nasal	Flumist Quad 2018-2019 Nasal	Proquad (Pf) Subcutaneous
balance b-50 oral	Right Step Prenatal Vitamins Oral	nts step 1 transdermal	Flumist Quad 2019-2020 Nasal	Quadracel (Pf) Intramuscular
balanced b-100 complex oral	stress formula 600 c oral	quit 2 buccal	Fluvirin 2018-2019 Intramuscular	Recombivax Hb (Pf) Intramuscular
balanced b-100 oral	stress formula oral	quit 4 buccal	Fluvirin 2019-2020 Intramuscular	Rotateq Vaccine Oral
balanced b-50 complex oral	stress formula with iron oral	stop smoking aid buccal	Fluzone High-Dose 2019 (Pf) Intramuscular	Rotavirus Vaccine Oral
balanced b-50 oral	stress formula with iron(sulf) oral	Zyban Oral	Fluzone Intraderm Quad 2019 Intradermal	Shingrix (Pf) Intramuscular
b-complex oral	super b complex-vitamin c oral	VACCINES	Fluzone Quad 2019-2020 Intramuscular	Tenivac (Pf) Intramuscular
b-complex with vitamin c oral	super b maxi complex oral	Acthib (Pf) Intramuscular	Gardasil 9 (Pf) Intramuscular	Tetanus,Diphtheria Tox Ped(Pf) Intramuscular
classic prenatal oral	super b-50 complex plus oral	Adacel(Tdap Adolesn/Adult)(Pf) Intramuscular	Havrix (Pf) Intramuscular	Tetanus-Diphtheria Toxoids-Td Intramuscular
complex b-100 oral	super quintis b-50 oral	Afluria 2018-2019	Heplisav-B intramuscular	Trumenba Intramuscular
daily prenatal oral	super quintis oral	Afluria 2018-2019 (Pf) Intramuscular	Hiberix (Pf) Intramuscular	Twinrix (Pf) Intramuscular
dialyvit 800 oral	superplex-t oral	Afluria Quad 2019-2020	Infanrix (Dtap) (Pf) Intramuscular	Vaqa (Pf) Intramuscular
folic acid oral	total b/c oral	Afluria Quad 2018-2019	Ipol Injection	Varivax (Pf) Subcutaneous
foltabs 800 oral	ultra b-100 complex oral	Bcg Vaccine, Live (Pf) Percutaneous	Kinrix (Pf) Intramuscular	Zostavax (Pf) Subcutaneous
full spectrum b-vitamin c oral	vit b complex-folic acid oral	Bexsero Intramuscular	Menactra (Pf) Intramuscular	
kobee oral	Vita-Bee With C Oral	Boostrix Tdap Intramuscular	Menhibrix (Pf) Intramuscular	
kpn oral	vitamin b complex oral	Cervarix Intramuscular	Menomune - A/C/Y/W-135 (Pf) Subcutaneous	
natural b-100 complex oral	vitamins b complex oral	Comvax	Menomune - A/C/Y/W-135 Subcutaneous	
Nephro-Vite Oral	SMOKING CESSATION	Daptacel (Dtap Pediatric) (Pf) Intramuscular	Menveo A-C-Y-W-135-Dip (Pf) Intramuscular	
One A Day Women'S Prenatal Dha Oral	bupropion hcl (smoking deterrent) oral	Engerix-B (Pf) Intramuscular	M-M-R li (Pf) Subcutaneous	
one daily prenatal oral	Chantix Continuing Month Box Oral	Engerix-B Pediatric (Pf) Intramuscular	Pediarix (Pf) Intramuscular	
p d natal vitamins-folic acid oral	Chantix Oral	Fluad 2018-2019 Intramuscular	Pedvax Hib (Pf) Intramuscular	
perry prenatal oral	Chantix Starting Month Box Oral	Fluad 2019-2020 Intramuscular	Pentacel (Pf) Intramuscular	
pnv cmb#95-ferrous fumarate-fa oral	Nicoderm Cq Transdermal	Fluarix Quad 2018-2019 Intramuscular		
pregnancy + dha oral	nicorelief buccal	Fluarix Quad 2019-2020 Intramuscular		
pregnancy complete oral	Nicorette Buccal Gum 2 Mg	Flublok Quad 2018-2019 Intramuscular		
pregnancy formula oral	Nicorette Buccal Gum 4 Mg	Flublok Quad 2019-2020 Intramuscular		
pregnancy multivitamins oral	Nicorette Buccal Lozenge	Flucelvax Quad 2018-2019 Intramuscular		
pregnancy one daily oral	Nicorette Buccal Mini Lozenge			
pregnancy oral				
pregnancy tablet oral				
pregnancy vitamin oral				
pregnancy vitamin with minerals oral				
pregnancy vit-iron folic acid oral				

Take care of yourself

Use your preventive care benefits



Getting regular checkups and exams can help you stay healthy and catch problems early – when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below – at no cost to you.¹ As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)³
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

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

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40–75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0–5
- Fluoride supplements for children ages 6 months to 16 years old

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides^{6,8,9}
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria³

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available at anthem.com/pharmacyinformation.

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

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

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

4 Check your medical policy for details.

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

6 This benefit also applies to those younger than age 19.

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

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

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

DENTAL BENEFITS



BSOOB Transit offers Delta Dental's Dental plan on a voluntary basis to all employees. In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

<i>TYPE OF SERVICE</i>	<i>BENEFIT</i>
<i>Preventive Services</i>	<i>Exams, Cleanings, X-Rays-Covered at 100%</i>
<i>Onetime Deductible</i>	<i>Applies to Basic and Major Services Only-\$100 / \$300</i>
<i>Basic Services</i>	<i>Fillings, Simple Extractions, Root Canals— 80%</i>
<i>Major Services</i>	<i>Complex Oral Surgery, Crowns, Implants, Bridges, Dentures- 50% (6 Month Waiting Period)</i>
<i>Annual Maximum</i>	<i>\$1,500</i>
<i>Orthodontia</i>	<i>50% to \$1,500 Lifetime per Person (6 Month Waiting Period)</i>
<i>Deduction per Pay Period</i>	<i>Employee Only—\$7.70 Employee & 1 Dependent—\$14.08 Employee & 2 or More Dependents—\$24.34</i>

VISION BENEFITS



BSOOB Transit offers Dental Dental’s DeltaVision plan on a voluntary basis to all employees. DeltaVision is supported by an EyeMed Vision Care network with over 88,000 providers at over 27,000 locations nationwide, including private practitioners and the most popular optical retail outlets LensCrafters, Target Optical, Sears Optical, JCPenney Optical and many Pearle Vision locations.

<i>TYPE OF SERVICE</i>	<i>AMOUNT YOU PAY FOR NETWORK BENEFITS</i>
Exam: Every 12 Months	Member Co-Pay \$10; Plan Pays Balance
Contact Lens Fit & Follow-Up (Standard)	Member Pays up to \$55
Contact Lens Fit & Follow-Up (Premium)	10% Discount off Retail
Frames: Every 24 Months	\$130 Allowance, then 20% off Balance
Standard Plastic Lenses Every 12 Months	Member Co-Pay \$10; Plan Pays Balance (Single Vision, Bifocal, Trifocal)
Contact Lenses Every 12 Months	Conventional: \$130 Allowance, then 15% off Balance Disposable: \$130 Allowance, Member Pays Balance Medically Necessary: Paid in Full
Deduction per Pay Period	Employee Only—\$1.51 Employee & 1 Dependent—\$2.59 Employee & 2 or More Dependents—\$4.64

QUESTIONS & ANSWERS

WHAT FORMS MUST BE COMPLETED?

Anthem Enrollment Form (if making changes to your plan or enrolling for the first time)

Delta Dental Enrollment Form (if making changes to your plan or enrolling for the first time)

DeltaVision Enrollment Form (if making changes to your plan or enrolling for the first time)

WHERE DO I FIND THESE FORMS?

- In your open enrollment package or contact HR for these forms.

WHEN ARE THE FORMS DUE AND WHERE DO I RETURN THEM?

All forms are due by December 7th and must be returned to HR.

OTHER INFORMATION:

Medical and dental elections cannot be changed for the plan year January 1, 2021 to December 31, 2021, unless you have a qualifying event (see page 3 for details regarding a qualifying event).

LEGAL NOTICES

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this benefits plan. If you would like more information on WHCRA benefits, please contact your health plan administrator at 207-846-9917.

Health Information Privacy / Availability of "Notice of Privacy Practices"

For purposes of the health benefits offered under this Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options covered under the Plan will comply with the applicable health information privacy requirements of Federal Regulations issued by the Department of Health and Human Services.

For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice. Contact information for all insurers is found in the **Contacts** Section.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 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 30 days after the marriage, birth, adoption, or placement for adoption.

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Disclosure of Creditable Prescription Drug Coverage
Important Notice From BSOOB Transit About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BSOOB Transit and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BSOOB Transit has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through BSOOB Transit may be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop BSOOB Transit's medical plan with prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back at a later date.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with BSOOB Transit and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2021	BSOOB Transit Anne Austin
Name of Entity/Sender:	13 Pomerleau St
Contact--Position/Office:	Biddeford ME 04005
	(207) 282-5408

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com	Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

CALIFORNIA – MEDICAID	INDIANA - MEDICAID
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website:

Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711	http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/mass-health/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p100

	95.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the healthcare law took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2020 and ends December 15, 2020 for coverage starting as early as January 1, 2021.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.83% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Pam Dugas at 207-846-9917.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.