



Annual Train the Trainer 2024-2025

Jennifer Kent, MEA Benefits Trust, Executive Director
Sharon Beaulieu, MEA Benefits Trust, Benefits Manager
Lynn Aceto, MEA Benefits Trust, Field Account Manager
Patty Whitcomb, Anthem BC/BS, Account Service Representative

Agenda

- Introduction Lynn Aceto and Congratulations to Lynn Andreassen's Retirement
- Open Enrollment Process Reminder & District Responsibility (90-day notification)
- July 1, 2024, Renewal & Benefit Changes/Enhancements
- Employer Access-Important Dates, Reminders & Assistance information.
- Retirement and/or Continuation of Health Plan, State Contribution, Break Provision and COBRA. (Checklists & FAQ's)
- Rehiring Retirees-Statute and Guidance.
- Extra Programs and Services, Available for Employees with & without our health insurance.

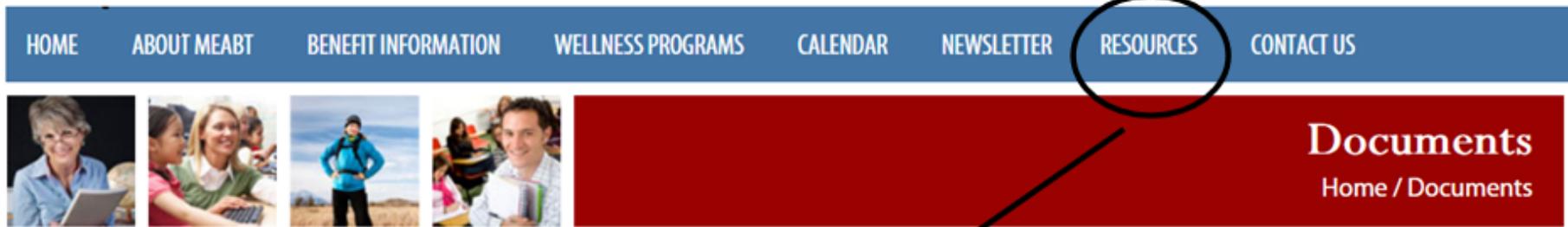
What does the MEA Benefits Trust Do?

- The MEA Benefits Trust manages your medical, pharmacy and vision plans as well as the wellness program
- We are not the MEA nor are we Anthem
- We are responsible for representing all our members:
 - Negotiating the insurance plans with the carrier to ensure we are offering the highest level of benefits at the most appropriate price
 - Responsible for benefit changes within the plans and new program offerings
 - Support the school district business offices with eligibility, rating and benefit questions
 - Attend meetings to educate and promote the plans
 - Educate and promote the Virgin Pulse wellbeing program
 - Support members with complex benefit inquiries
 - Educate members who are getting ready to retire

Open Enrollment & the Distribution of Important Plan Documents

- Please provide Open Enrollment information to **ALL** your benefit eligible employees; not just to employees making a change to their benefits.
 - Care & Support that Match Your Life, discover benefits that support your whole health and well-being Booklet.
- Distribution of Important Plan Documents – DOL Requirement
 - Summary Plan Description
 - Certificates of Coverage
 - Summary of Benefits and Coverage
 - Link to the MEABT webpage to find Important Plan Documents (www.MEABT.org).
 - Instruction on how to obtain paper copies of all documents.
- MEABT will send a pre-developed email with all the required information to the districts that can be forwarded to all employees.

Check out our website: www.meabt.org



News and Events

15th August 2023

Documents Central Office

[Certificate of Coverage Choice Plus](#)

[Certificate of Coverage Standard](#)

[Certificate of Coverage Standard 1000](#)

[Certificate of Coverage Standard 500](#)

[Open Enrollment Book 2023-2024](#)

[Open Enrollment Poster 2023](#)

[Ready to Choose Your Benefits for Retirement](#)

[Retirement Checklist 2023](#)

[SBC Choice Plus 2023-2024](#)

[SBC Standard 1000, 2023-2024](#)

[SBC Standard 2023-2024](#)

[SBC Standard 500, 2023-2024](#)

[Summary of Benefits Choice Plus 2023-2024](#)

[Summary of Benefits Standard 1000, 2023-2024](#)

[Summary of Benefits Standard 2023-2024](#)

[Summary of Benefits Standard 500, 2023-2024](#)

[Summary Plan Description](#)

July 1, 2024 – June 30, 2025, Renewal

- The renewal was issued requiring a 14.81% increase
- The Trust implemented benefit changes to bring the renewal to 12.31%
- The Trust then used saving achieved in prior years from reduced claims experience to further reduce the underlying increase to an average of 6.5%
- This resulted in a range for premium increases from 1.5% to 11.5%, with the Community Rate set at 6.5%
- The Trust overall is experiencing higher claims costs and increases in utilization resulting from:
 - Increases in provider reimbursements
 - Increased cost and utilization of prescription drugs
 - State mandated benefits
 - Overall inflation

Benefit changes for 2024-2025

Effective July 1, 2024

MEA Choice Plus & Standard Plan

- Coinsurance percentage for most services, after deductible, will change from 85% to 80% for the referred level and 65% to 60% for the self-referred level. Standard plan will reflect the same % change for in and out of network.
- Coinsurance limit will increase from \$1,000 to \$1,500 per individual.
- Co-pay maximum will decrease from \$7,900 to \$7,750 per individual
- PCP copay will increase from \$15 to \$20. Specialist will increase from \$25 to \$30.

FOR ALL PLANS:

Emergency Room copay will increase from \$200 to \$300.

MEA Standard 500 Plan

- Coinsurance percentage for most services, after deductible, will change from 80% to 75% for the in-network services and 60% to 55% for out-of-network services.
- Coinsurance limit will increase from \$2,000 to \$2,500 per individual.
- Copay maximum will decrease from \$6,600 to \$6,450 per individual.
- PCP copay will increase from \$30 to \$35

MEA Standard 1000 Plan

- Coinsurance percentage for most services, after deductible, will change from 80% to 75% for the in-network services and 60% to 55% for the out-of-network services.
- Coinsurance limit will increase from \$2,000 to \$2,500 per individual.
- Copay maximum will decrease from \$6,100 to \$5,950 per individual.
- PCP copay will increase from \$30 to \$35

All Plans - New Benefits

- ✦ **Fertility benefits:** As mandated by the State of Maine, coverage is included for medically necessary fertility services. Medically necessary covered services include procedures to determine an individual's fertility and services such as artificial insemination (three lifetime cycle limit), egg retrieval and cryopreservation, and in vitro fertilization (two lifetime cycle limit). Please **call Anthem Customer Service at the number on the back of your health plan ID** card for additional benefit details.
- ✦ **Coverage for recreational prosthetics:** As mandated by the State of Maine, coverage is included for one prosthetic device that meets the medical needs of a participant under age 18 for recreational purposes.
- ✦ **Coverage for certain dental procedures for a member who has been diagnosed with cancer:** As mandated by the State of Maine, certain medically necessary dental procedures are covered for a member who has been diagnosed with cancer. Routine preventive dental care is not covered.
- ✦ **Coverage for over-the-counter hearing aids:** Benefits must be accessed by using Anthem's preferred provider partner TruHearing. Contact TruHearing at 877-653-9397
- ✦ **Building Healthy Families:** All-in-one program that supports growing families whether you're trying to conceive, expecting a child, or raising young children. Call 833-812-1776 for more information on the program.

All Plans – *Continued Benefits*

- **Aspire365:** A long-term in-home treatment program that provides primary mental health, primary substance use, and co-occurring disorder treatment. Services can be coordinated with your schedule including in-person and telehealth sessions. Your district should have received several Aspire Placards to display/ if you need additional Placards please reach out to MEABT, Lynn Aceto or Sharon Beaulieu.
- **Lark:** A personal diabetes prevention coaching program that can help you determine if you're at risk for prediabetes and, if needed, take steps to address it. Access Lark on the Sydney SM Health app.
- **LiveHealth Online:** Copays will continue to be waived for video visits with a board-certified doctor, psychologist, or psychiatrist from your smartphone, tablet, or computer with a camera. Sign up at livehealthonline.com or download the app to begin.

Introduce Patty Whitcomb

Important Dates & Information

During the month of May: Anthem Blue Cross and Blue Shield and the MEA Benefits Trust will have communicated rate and benefit changes to all MEA plan participants (Active, Retired, COBRA) through the “Healthy Solutions Newsletter”. Districts will have received their Open Enrollment posters and booklets.

Open Enrollment, this year it is from May 1 - May 24.

July 1st: Effective date of rate & benefit changes for everyone.

July 1st, August 1st, or September 1st: Based on the member’s bargaining contract, these are the dates additions, deletions or plan changes employees make during the Annual Enrollment period will become effective.

Paper Applications: (Please include the complete group number on applications, this is NOT the 008999 number) The full group number will look similar to this: 008120001B. Mail applications to Anthem BC/BS, 2 Gannett Dr., S. Portland, ME 04106 or email: MEBrokerServices@Anthem.com Anthem needs to receive these applications within 60 days from the requested effective date; however, the date chart below will ensure that your employee receives their ID card by their effective date.

- ➡ For July 1, paper apps must be received by 6/1,
- ➡ For August 1, paper apps must be received by 7/1,
- ➡ For September 1, paper apps must be received by 8/1

Employer Access:

If the employee’s effective date is July 1, it can be processed in Employer Access, May 1 – June 30.

If the employee’s effective date is August 1, it can be processed in Employer Access July 1 – July 16.

If the employee’s effective date is September 1, it can be processed in Employer Access July 17- September 15.

For Retirement: you *should* cancel the employee in Employer Access; no earlier than 1 month prior to the month their coverage will end.

Important Dates & Information

Waiting Periods - if you have a waiting period you must notify Anthem, so it can be documented. **Per Health Care Reform, waiting periods cannot exceed 90 days.**

Waiting Periods through Employer Access:

1st of the month following the Date of hire

1st of the month following 30 days

1st of the month following 60 days

1st of the month following one month

Date of Hire -Same effective date if the 1st of the month is the DOH (only if the employee is hired on the 1st day of the month.

Example Hired 05/01/2023 effective date can be 05/01/2023)

There is a 60 day window from the requested effective date, to enroll a new hire.

Qualifying Events - 60 Days from date of the event, to process or receive enrollment/cancellation & a time to change plans

- ✓ **Marriage**
- ✓ **Birth/Adoption (birth of child qualifying time to add spouse)**
- ✓ **Spouse/Dependent terminates employment**
- ✓ **Reduced Hours**
- ✓ **Divorce -If this would be a cost savings to employee, they can change policies.**

OE applications - should include the following for each member on the Choice Plus plan (retiree or active): Primary Care Physician's full name, 6-digit code (not the NPI code), and the PCP's location (city/town).

DATE OF HIRE: The date of hire and number of hours worked per week is required for active employees. 15 hours is the minimum hours per week to be eligible for the health insurance; however, the district can have a higher number of minimum hours.

Transfer to Retirement Status forms- The "for school use" section is required and must be completed. District should keep a copy for their files, in case future questions are necessary and provide a copy to the employee.

Employer Access

REMINDERS FOR ALL MEABT EMPLOYER ACCESS DIVISIONS

Please do not use any special characters when entering information in the web portal. Simply use the space bar wherever punctuation would typically be. When entering a hyphenated last name, only use a space between last names.

Special characters include:

- ✓ Apostrophes
- ✓ Commas
- ✓ Slashes
- ✓ Plus signs +
- ✓ Hyphens
- ✓ Periods
- ✓ Ampersand &

Employer Access

Always **review applications** for accuracy prior to submission. Please email **NEEmployeraccess@anthem.com** immediately with any discrepancies you are not able to fix using the web enrollment tool.

Anthem can not take corrections over the phone. Please remember to include your Group number in the email.

You can delete your partially saved or saved applications under the unfinished activity section.

CORRECTIONS THAT ARE ABLE TO BE DONE ON THE EMPLOYER ACCESS:

Any keying errors such as misspelled names, incorrect division, incorrect cancellation dates, incorrect health benefits plans, an employee set up incorrectly can all be corrected on the Employer Access.

All Annual Enrollment applications with a July 1st effective date must be submitted online no later than 6/30. **COBRA:** When offering COBRA, please be sure to cancel the employee's contract ASAP on Employer Access regardless of whether the employee opts/waives COBRA.

REINSTATING/REHIRES: Reinstatement = for no break in coverage, Re-enrollment = have a break in coverage.

EFFECTIVE DATES:

HIRE DATE: If hired on the 1st day of the month, the district has the option of enrolling for the 1st of the month or the 1st of the following month.

Choice Plus without a PCP listed, If you receive an application without the PCP information, do not enter it until the PCP information is received. It cannot be submitted without the PCP information.

If you are submitting a paper application: Be sure to include the complete name of provider, (not Dr. Smith) along with complete PCP number.

Employer Access

ONLINE PROVIDER DIRECTORY

MEA Choice Plus = HMO Maine/Small Group & Large Group

MEA Standard = Blue Choice PPO

SOCIAL SECURITY NUMBERS

Anthem requires social security numbers for all employees, spouses, domestic partners and over-age handicapped dependents. If you do not have one for a new birth, you can still enter newborn and add later.

Anthem's dedicated Email addresses

- ✓ NEEmployerAccess@anthem.com (all employer access tech questions, including password resets, guidance on new hires and follow up, PCP ID assistance, and questions on pending enrollment apps).
- ✓ ME-Employer@anthem.com (questions regarding enrollment, PCP ID's, & corrections on enrollment errors)
- ✓ MEBrokerServices@anthem.com (submit paper applications and retroactive termination requests)

Frequently Asked Questions

1. **Do I need to cancel a person from the active group if they are retiring?**

You should cancel a member moving to retirement. You cannot transfer someone from active to retirement status via Employer Access.

2. **How do I know when to offer just COBRA or both COBRA and retirement?**

If they **meet the basic eligibility guidelines** – retirement and COBRA. You can always **email/call Patty Whitcomb** if you are not sure if they meet one of those guidelines.

Federal Law requires that you also offer COBRA – even if the employee is eligible for the retirement group, which makes it very confusing sometimes to the employee. Employees recognize COBRA when given the option, they sometimes mistakenly take it. In the circumstance where they are eligible for the retirement group, we urge you to give them the COBRA notification and application but advise or note on it that they are eligible for the retirement group. This is important because the retirement group is 100% of cost (if no contribution), no end date whereas COBRA is 102% of the cost and it has an end date of 18 months.

Introduce Sharon Beaulieu

Medicare Advantage PPO Plan -Anthem

Effective on January 1, 2025, the Medicare Advantage PPO plan will move to a calendar plan year (January to December). Currently the plan year aligns with our active plans (July to June).

The transition to a calendar plan year will coincide with Medicare's required annual plan changes that occur each January, including any drug formulary changes.

Retirees will receive additional information about this change in the Fall.

Districts will receive updated Medicare Advantage PPO packets prior to the January 1, 2025, effective date.

Medicare Advantage PPO members will also have Anthem's Blue View Vision included in their plan benefits starting July 1, 2024, at no additional cost to the member.

Employer

Which form/s to provide to your employee upon their separation from employment.

Employee Under age 65 (and /or spouse): **Transfer to Retirement Status form.** That's it, ask them to complete the application and return it to you.

Employee Over age 65 (and / or spouse): **Transfer to Retirement Status form.** Ask them to complete the application and return it to you.

Also... **Medicare Advantage PPO plan packet.** Anthem provides these to you, and the employee will need two packets if they are both over 65. An envelope to return the forms is in the packet, as they do not need to be returned to the district.

Employee Retirement Check List

For districts to provide to employees.

This will provide the employee a list of which forms they need to complete and where they need to return them.

This check list will not help the employee if they do not receive the appropriate forms/packets to complete.

- ✓ All Transfer to Retirement Status forms should be given back to the Central Office to provide to Anthem.
- ✓ All Medicare Advantage forms need to be scanned and emailed to MEABTMAPD@Anthem.com OR mailed to Anthem BC&BS, PO Box 173605, Denver, CO 80217-3605



Employee retirement checklist

Which form(s) you need to complete and who needs them.

It is important to us to make your retirement process easier. Use this helpful checklist to ensure the right forms are completed and submitted for your retirement.

For retiree and/or spouse under age 65

Retiree needs to:

- Complete the MEABT Transfer Health Plan to Retirement Status Form.
- Return the above form to your district.

IMPORTANT - If you are age 65 or over, it is important you read and follow the instructions to the right carefully.

For a retiree and/or spouse age 65 or over

Retiree needs to:

- Complete the MEABT Transfer of the Health Plan to Retirement Status form, including section 3.
- Return the above form to your district.
- Apply through Social Security/Medicare Office for your Medicare A&B.
- Complete the Health plan enrollment election form, in the back of "Your Medicare Advantage Enrollment Guide".
- Complete the Member/Pre-Member Authorization form (optional).
- Please use the enclosed envelope addressed to **Anthem Blue Cross & Blue Shield**
PO Box 173605,
Denver, CO 80217-3605

OR Scan and email to:
MEABTMAPD@Anthem.com

For questions about the Enrollment Election Form, please call Anthem's First Impressions Welcome Team at 1-844-951-0624, TTY: 711. Representatives are available to assist you Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays. Call Sharon Beaulieu, MEA Benefits Trust, at 207-622-4418, ext 2207; or Patty Whitcomb, Anthem, at 207-822-7556 for extra help.

PLEASE KEEP A COPY OF ALL FORMS

Basic Eligibility Guidelines

Any employee in the district, regardless of their position, (even if they are not a MEPERS employee) is eligible to continue coverage under the MEABT Health Plan after terminating employment, if they meet one of the rules below.

Under age 50: *10 years of continuous active service and the MEABT Health Plan coverage at any time in their career; and active participation AND, coverage in the MEABT Health Plan for the immediate 12 months prior to termination of employment.*

Age 50 and over: *5 years of continuous active service and the MEABT Health Plan coverage at any time in their career; and active participation AND, coverage in the MEABT Health Plan for the immediate 12 months prior to termination of employment.*

Eligibility to continue the health insurance is not based on participation in Maine Public Employees Retirement System (MePERS). If your employee meets the guidelines above, they are eligible to continue with their health insurance and would not need to enroll in COBRA.

Note: Federal law, requires you to offer COBRA to any employee ending their employment. Please advise your employees that meet the eligibility guidelines above to continue their insurance on the retirement / early retirement group, as there is no end date, and the cost is 2% less than COBRA.

Basic Eligibility Guidelines...

- ➔ *Dependents must be added to employee's policy no later than* the date of transition from the active plan to the retiree plan. Once an employee is retired, they cannot add anyone to their policy unless it is within 60 days of marriage or the birth/adoption of a child.
- ➔ Remember, when an employee is applying for **disability**, they **don't need to meet any criteria** (eligibility guidelines do not need to be met) to continue their insurance at 100% cost until disability has been approved. Once approved, they will go directly onto the disability retirement group. **NO employees applying for disability should take COBRA.**
- ➔ If an employee is over age 62 or older when they come off your active group health plan, they must take the retirement group health plan at that time. They are no longer eligible for the break provision due to their age. If they do not take the health insurance at this time, they will not be eligible for it in the future. Once they are over age 62 and off the active group plan, there is no qualifying event that will let them re-enroll in the health plan. The MEABT retirement group is a closed group plan.
- ➔ **There is one caveat to this rule;** A participant who terminates employment, meets one of the Retirement Basic Eligibility Rules, has twenty-five years of MEPERS credible service and does not retire through MEPERS will have a one-time election to re-enroll at the time of their retirement if they choose not to continue their health insurance at the time of employment termination. There is no time limitation to the break other than returning at the time of their retirement through MEPERS.

MEA Benefits Trust Break Provision

- ❖ If a participant is eligible to continue coverage under the Basic Rules, they are eligible to one break in coverage, which may last no longer than 5 years or attaining age 62, after which they can return to the MEABT Health Plan. For example, if a person takes a 2-year break and then returns to the retirement group plan, they cannot take another break.
- ❖ The break must cease within five years or when a participant attains age 62, ***whichever comes first***.
- ❖ During the break, the participant must be covered by comprehensive health insurance like the MEABT Health Plan. This requirement is not met by extreme high deductible plans, limited policies or single disease policies. Subscriber must submit proof of coverage when returning to the MEABT Anthem Blue Cross Blue Shield plan.
- ❖ A participant is not considered to be on a “break” if they are covered as a dependent of another participant under the MEABT Health Plan.
- ❖ A participant is not considered to be on a “break” if they return to work at one of the covered districts.
- ❖ A participant who terminates employment, meets one of the Retirement Basic Eligibility Rules, has twenty-five years of MEPERS credible service and does not retire through MEPERS will have a one-time election to re-enroll at the time of their retirement if they choose not to continue their health insurance at the time of employment termination. There is no time limitation to the break other than returning at the time of their retirement through MEPERS.

Retirement and Eligibility for State of Maine's 60% Contribution

Who is eligible to receive the (60%) State of Maine's contribution towards the retiree's portion of their health insurance premium.

- ✓ If they have met the basic eligibility guidelines *and*
 - ✓ If they retire through MePERS, *and*
 - ✓ If they have a Y in their position class code. i.e., teachers = Y0101, nurses = Y2001 (Y= Yes; N= No), *and*
 - ✓ They have reached their normal retirement age, determined by MePERS, (i.e., the age they can retire thru MePERS without any penalty for early withdrawal), this age is 60, 62 or 65 *and*
 - ✓ They have their health insurance premium deducted from their MePERS pension check.
-
- ✓ The State of Maine's 60% contribution **continues** for eligible employees even after they are 65 and on the retirement group Medicare Advantage PPO plan.

Rehiring a retiree

Rehire/Retire District's checklist

Guidelines to Follow when rehiring a retired Employee.

Recommendations for:

a retiree UNDER age 65

The MEABT recommends that districts consider offering to rehired Non-Medicare-eligible retirees the same coverage options offered to similarly situated (non-retiree) employees (i.e., active group health plan) to avoid inadvertent Medicare Secondary Payer violations in the future.

Steps to add a rehired retiree to active group plan, for paper or web enrollment:

To add a rehired retiree and any dependents on their policy to your active group health plan, simply have the member complete the enrollment application as you would a new hire. Email the application to Patty Whitcomb.

This will ensure that the retirement policy is cancelled appropriately, and the retiree is moved over to the correct active group number for your district.

The Trust understands that a rehired retiree who remains on the Trust's retiree plan and becomes eligible for Medicare should not delay applying for Medicare when first eligible since the retiree plan coverage is not a qualifying employer coverage for the Medicare Late Enrollment Penalty Exception.

Steps to be Taken When a Rehired Retiree Ends Employment.

Email the application to Anthem Patty.Whitcomb@anthem.com.

When the rehired retiree ends employment, please provide the member with the transition to retirement packet so they can re-enroll on the Medicare Advantage or non-Medicare plan. All changes are effective on the first of the month following receipt of the completed application. **Please list/use the employee's original district that they first retired from.**

Noteworthy*

If a rehired retiree declines the active health plan through the district; the district should update the employee's personnel file with the declined member enrollment application or other document stating that they declined the active group health plan.

Cash-In-Lieu

Cash-in-lieu payments to Medicare-eligible rehired retirees (as contemplated in 5 MRSA Å§17859 (2-B)(C)) may be prohibited by the Medicare Secondary Payer rules. School districts should consult with their legal counsel regarding Medicare Secondary Payer prohibitions.

Employers subject to the Medicare Secondary Payer rules are prohibited from offering Medicare beneficiaries financial or other benefits as incentives not to enroll in, or to terminate enrollment in a Group Health Plan that is, or would be, primary to Medicare. (See. 42 CFR 411.103)

Recommendations for:

Medicare-eligible retiree 65 or older

Schools are subject to the Medicare Secondary Payer Rules: The MEABT recommends that districts offer to rehired Medicare-eligible retirees the same coverage options offered to similarly situated (non-retiree) employees (i.e., active group health plan).

The Trust's Medicare Advantage Contract with Anthem, consistent with the CMS Medicare Managed Care Manual and the Medicare Secondary Payer rules, prohibits active employees from being enrolled in an employer/union-sponsored Medicare Advantage plan unless they also have their employer/union-sponsored as primary coverage. Under the Medicare Secondary Payer Rules, if a retiree or annuitant returns to work even for temporary periods, the employer is required to provide the same coverage under the same conditions that the employer furnishes to other similarly situated employees (i.e., non-retirees). Medicare is secondary payer to the group health plan that the employer provides to the re-employed retiree.

Introduce Lynn

Building Healthy Families



A new program to support growing families

Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in-one program can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on [anthem.com](https://www.anthem.com) at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

Enroll today

1. Visit [anthem.com](https://www.anthem.com) or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** then choose the **Building Healthy Families** tile.

You can also scan this QR code with your phone's camera to get started.



Tools to help you stay organized

- Log newborn feedings, diaper changes, growth, vaccinations, and your child's developmental milestones.
- Monitor prenatal health risks, such as blood pressure and weight.



Health and wellness expertise for you and your family

- Explore a library with thousands of educational articles and videos on everything from family planning to parenting tips.
- Connect with a maternity nurse and access virtual lactation support, if needed.



Personalized pregnancy support

- Chat with a Family Care Coach during pregnancy for help navigating your Building Healthy Families experience.
- Receive updates on your pregnancy progress, like development of your baby and body changes.

It's exciting to watch your family grow, but that doesn't mean there aren't challenges along the way. Building Healthy Families can help you nurture your family's health and tackle every stage of growth with confidence.

Take Control of your Mental Health

- Available for all covered health plan members age 12+
- Initial 15-minute consultation
- Same-day access to comprehensive mental healthcare for you and your family.



Thoughts?

- Are you experiencing thoughts, feelings or behaviors that are troubling you?
- Are you losing sleep due to worries?
- Is your child overly anxious concerning school or social interactions/media?

Experience?

- Are you concerned about your alcohol, medication, or drug use?
- Have you ever experienced a panic or anxiety attack?
- Have you undergone a traumatic event?

Behavior?

- Are you no longer interested in things you used to enjoy?
- Are you struggling to cope with work or family responsibilities?
- Is your teen acting hostile, secretive, or depressed?
- Have you noticed dramatic behavior changes in your child?
- Has your appetite changed?



(385) 352 9696

Info@aspire-365.com

SYDNEY HEALTH APP

A virtual care option

Through the Sydney Health app, you can chat with a doctor or have a video visit at no additional cost.

The app also offers:

- Comprehensive primary care, coordinated by a care team.
- Preventive care through virtual annual wellness visits and lab screenings.
- Urgent care, 24/7.
- A personalized care plan and follow-up visits.
- Guidance on the care you need based on feedback you provide in the Symptom Checker.
- Unlimited access to care for common health concerns, like flu or allergy management, as well as prescription refills and referrals.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

Virgin Pulse Wellness

This well-being program can help you build healthy habits, manage stress, stay active, and make healthy changes. By staying engaged in the Virgin Pulse program, you'll earn points towards \$62.50 each quarter and up to \$250 a year. As an added bonus, once you've finished Level 4, Secret Level 5 will be unlocked. Upon completing Level 5, participants will earn a chance at one of five drawings each for \$50 in Pulse Cash.¹

How to get started:

- Register on the Virgin Pulse enrollment page:
 - Scan this QR code with your phone's camera or go to join.virginpulse.com/MEABT.
- Already a member? Sign in at member.virginpulse.com.
- Questions? Contact Virgin Pulse Customer Service at **855-689-6884**.



Wellness Ambassador Role

MEABT Wellness Ambassadors inspire, excite and encourage others to join and participate in our wellness program with Virgin Pulse. Ambassadors are the local experts and the driving force for increased participation and improved health of the MEABT community.

Upon completion of the Wellness Ambassador training, held every Fall, you earn \$500 for your district to use on wellness.

CONTACT INFORMATION

Michael Booth
MEABT Wellness Director
mbooth@meabt.org

RESPONSIBILITIES

Promote

Promote all wellness programs offered through the MEABT and know where to find the most up-to-date information.

Engage

Work with the Virgin Pulse coordinator to set up location-specific challenges.

Share

Wellness resources with staff, like the quarterly newsletter, emails, flyers, posters, etc.

Have fun

You are the wellness advocate for your district - lead by example and have fun!

Additional Benefits

Lark

Lark is a personal diabetes prevention coaching program that can help you determine if you're at risk for prediabetes and, if needed, take steps to address it. To see if you could benefit from this no-extra-cost program, go to lark.com/anthem or scan the QR code with your phone's camera and take a quick survey.



You can also access Lark using the Sydney SM Health app under Programs in My Health Dashboard. Upon qualified registration, participants will receive a wireless scale. As participants progress through four milestones, they'll improve their health, reduce diabetes risk, and have the opportunity to earn a fitness tracker and 5,000 Virgin Pulse points.

ConditionCare

ConditionCare is an Anthem program to help you understand and manage long-term conditions:

- Asthma
- Congestive heart failure
- Chronic obstructive pulmonary disease(COPD)
- Coronary artery disease
- Diabetes

Call **1-866-962-0960** to sign up.

Programs Available to All Employees with or without MEABT health insurance

***Member Assistance Program (MAP) EMPLOYEES and their household**

The MAP is a no-cost and confidential program to help deal with a wide range of personal or work problems, even if you and your household members aren't on the health plan, this is available to you.

From relationships, parenting and family concerns, to emotional issues like stress, anxiety, depression and grief, — even substance abuse and financial and legal matters. Call the MAP 24/7 to set up visits with licensed therapists, attorneys, financial advisors and other professionals.

- **1-855-686-5615**
- **anthemEAP.com**
- **Password for all: MEABT**

***LiveHealth Online**

Have a video visit with a board-certified doctor, psychologist or psychiatrist from your smartphone, tablet or computer with a webcam. This is a great option when you can't get to a doctor or clinic.

Doctors can treat rashes, infections, colds, the flu and more. Doctor can send in a prescription to your pharmacy, if needed.

Psychologists and therapist can provide therapy while a psychiatrist can prescribe medicines, if you need.

Dermatology visits are now included as are Lactation consultations.

Pre-register at **livehealthonline.com** Or call LiveHealth Online at **1-844-784-8409**

LiveHealth Online visits have no copay for MEABT health insurance members. Nonmember's cost is \$59.

MAP CRITICAL INCIDENT RESPONSE

Employer

If a traumatic event happens at your district/school, it can affect employees' sense of safety and well-being. The MAP offers critical incident response (CIR) services to help you reach out to employees. You can have MAP counselors for CIR consultations. This service may be available at no cost to you or your district if MEABT has banked hours available to cover your request (Cost is typically \$300/hr.).

Contact Lynn Aceto or any staff member at MEABT, laceto@meabt.org or 1-207-622-4418 ext. 2507

Training sessions are available for the districts through MAP. Monthly webinars are also available for your employees. Every January new webinars are available.

Information on the training sessions and monthly webinars is found on our website at www.meabt.org, under Resources, Document Library, Central Office.

Additional Benefits

ConditionCare	866-962-0960
Building Healthy Families.....	833-812-1776
24/7 NurseLine	800-337-4770
*Member Assistance Program	855-686-5615
MAP - CRITICAL INCIDENTS.....	207-622-4418 ext. 2507
Virgin Pulse	855-689-6884
MEA Benefits Trust	888-622-4418
*LiveHealth Online	livehealthonline.com
Lark Diabetes Prevention Program.....	Sydney Health App.



** Available to all employees, regardless if they are on our health insurance or not, and available to anyone who resides in their household.*

Contact Page

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