



## Maine Automobile Dealers Association Insurance Trust Qualified High Deductible Health Plans

### HSA Compatible *Standard* and *Value* Plans - Benefit Overview

*Effective March 1, 2023*

**First** – To help you stay healthy, use:

#### **Preventive Care**

100% coverage for nationally recommended services.  
*Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits*

#### **Preventive Care**

No deductions from the HSA or out-of-pocket costs for you as long as you receive your preventive care, or preventive medications, from an in-network provider. If you choose to go to an out-of-network provider, Traditional Health Coverage benefits will apply.

**Plus** –

#### **Your Bridge Responsibility**

The Bridge is an amount you pay out of your pocket until you meet your annual deductible responsibility.

Your Bridge amount will vary depending on how many of your HSA dollars, if any, you choose to spend to help you meet your annual deductible responsibility. If you contribute HSA dollars up to the amount of your deductible and use them, your Bridge will equal \$0.

HSA dollars spent on covered services plus your Bridge Responsibility add up to your annual deductible responsibility.

**Health Account + Bridge = Deductible**

#### **Bridge**

Your Bridge responsibility will vary.

<i>Plan</i>	<i>Standard</i>	<i>Value</i>
Individual Deductible	\$4,000	\$6,000
Family Deductible	\$8,000	\$12,000

**If needed** –

#### **Traditional Health Coverage**

Your Traditional Health Coverage begins after you have met your Bridge responsibility.

#### **Additional protection:**

For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the **plan pays 100% of the cost for covered services** for the remainder of the plan year.

**Traditional Health Coverage** - After your Bridge, the plan pays:

<i>Plan</i>	<i>Standard</i>	<i>Value</i>
Coinurance Percentage	80% - 60%	80% - 60%
Coinurance Limit - Individual	\$2,900	\$900
Coinurance Limit - Family	\$5,800	\$1,800

<i>Plan</i>	<i>Standard</i>	<i>Value</i>
Out-of-pocket Maximum - Individual	\$6,900	\$6,900
Out-of-pocket Maximum - Family	\$13,800	\$13,800

Your annual out-of-pocket maximum consists of funds you spend from your HSA, your Bridge responsibility, and your coinsurance amounts.

**If needed** – Use your HSA to pay for covered services:

#### **Health Savings Account**

With the Lumenos Health Savings Account (HSA), you can contribute pre-tax dollars to your HSA account. Others may also contribute dollars to your account. You can use these dollars to help meet your annual deductible responsibility. Unused dollars can be saved or invested and accumulate through retirement.

#### **Contributions to Your HSA**

For 2023 contributions can be made to your HSA up to the following:

**\$3,850** individual coverage

**\$7,750** family coverage

**Catch-up contributions:** for individuals (and their spouses covered under the HDHP) who have attained 55 and are also not enrolled in Medicare, the HSA contribution limit is increased by **\$1,000**

Note: These limits apply to all combined contributions from any source and are based on IRS guidelines which may adjust annually.

**LiveHealth Online \$59 (applied to deductible) enroll at [livehealthonline.com](https://livehealthonline.com)**

Preventive Care

Anthem's Lumenos HSA plan covers preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to prevent avoidable premature injury, illness and death. Preventive services, (except for Preventive Medicines) received from an in-network provider are covered at 100% and are not deducted from your HSA. If you see an out-of-network provider, services are covered at 80%. Preventive care services do not apply to your deductible.

The following is a list of covered preventive care services:

Well Baby and Well Child Preventive Care

**Office Visits** through age 18; including preventive vision exams.

**Screening Tests** for vision, hearing, and lead exposure. Also includes pelvic exam, Pap test and contraceptive management for females who are age 18 or have been sexually active.

Immunizations:

- Hepatitis A
- Hepatitis B
- Diphtheria, Tetanus, Pertussis (DtaP)
- Varicella (chicken pox)
- Influenza – flu shot
- Pneumococcal Conjugate (pneumonia)
- Human Papilloma Virus (HPV) – cervical cancer
- H. Influenza type b
- Polio
- Measles, Mumps, Rubella (MMR)

Medical Care

Anthem's Lumenos HSA plan covers a wide range of medical services to treat an illness or injury. You can use your available HSA funds to pay for these covered services. Once you spend up to your deductible amount for covered services, you will have Traditional Health Coverage available to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HSA plan:

- Physician Office Visits
- Inpatient Hospital Services
- Outpatient Surgery Services
- Diagnostic X-rays/Lab Tests
- Emergency Hospital Services
- Inpatient and Outpatient Mental Health and Substance Abuse Services
- Maternity Care
- Chiropractic Care
- Prescription Drugs
- Home health care and hospice care
- Physical, Speech and Occupational Therapy Services

Some covered services may have limitations or other restrictions. With Anthem's Lumenos HSA plan, the following services are limited:

- Skilled nursing facility and inpatient rehabilitation facility services limited to 150 days per member per calendar year.
- Home Health care services limited to 100 visits per member per calendar year.
- Physical and Occupational Therapy combined limit of 20 visits per member per calendar year.
- Speech Therapy limit of 20 visits per member per calendar year
- Physical Manipulations limited to 40 visits per member per calendar year
- Inpatient hospitalizations require authorizations.

PRESCRIPTION DRUGS

This plan uses the Essential Drug List. Drugs not on the list are not covered.

Note: Your prescription drug costs will be lower at Tier 1 pharmacies (CVS, Hannaford, Sam's, Shaw's, Target & Walmart) and higher when filled at Tier 2 pharmacies (includes Rite Aid & Walgreens).

On <u>most</u> medications, Member must first satisfy the calendar year deductible and then pay any applicable coinsurance.		
Plan	Standard Plan	Value Plan
Preventive Medicines	Deductible Waived, covered at 80%	Deductible Waived, covered at 80%
All other Medicines	Deductible applies, then covered at 80%	Deductible applies, then covered at 80%
After the maximum out-of-pocket limit is reached, all prescriptions will be covered at 100% for the remainder of the calendar year.		

## Your Preventive Medicine Drug List (subject to change)

**Preventive Medicine** covers drugs that help keep you healthy because they prevent illness and other health conditions. You can get the products on this list after a 20% coinsurance payment (deductible does not apply). This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters. **Note: Most brand-name drugs that have a generic equivalent available are not covered under this Preventive Rx benefit.**

### ASTHMA

albuterol sulfate hfa  
albuterol sulfate  
nebulization soln, syrup,  
tabs  
Arnuity  
Ellipta  
Breo Ellipta  
budesonide inhalation  
suspension  
budesonide/formoterol  
aerosol  
cromolyn sodium  
nebulization solution  
Flovent Diskus  
Flovent HFA  
fluticasone salmeterol  
blister powder for  
inhalation  
formoterol nebulization  
solution\*  
levalbuterol nebulization  
solution\*  
levalbuterol tartrate HFA  
metaproterenol sulfate  
syrup, tabs  
montelukast  
ProAir RespiClick  
QVAR ReditHaler  
Serevent Diskus  
Spiriva Respimat  
Symbicort  
terbutaline sulfate injection,  
tabs  
Theo- 24  
theochron  
theophylline, ER, CR  
Trelegy Ellipta  
wixela inhub  
zafirlukast

### BLOOD CLOTS AND STROKE

aspirin- dipyridamole ER  
Brilinta  
cilostazol\*  
clopidogrel bisulfate  
dipyridamole\*  
Eliquis  
heparin\*  
jantoven  
prasugrel\*  
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  
alogliptin  
alogliptin/metformin  
alogliptin/pioglitazone  
chlorpropamide  
Farxiga

glimepiride  
glipizide  
glipizide er/xl  
glipizide with metformin hcl  
glyburide  
glyburide with metformin hcl  
glyburide, micronized  
Glyxambi  
Humalog  
Humalog KwikPen  
Humulin  
Humulin KwikPen  
Insulin Lispro  
Insulin Lispro Junior  
Insulin Lispro Pen  
Insulin Lispro Protamin  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Lantus  
Lantus Solostar  
Levemir  
Levemir Flexpen  
Levemir FlexTouch  
Lyumjev  
Lyumjev KwikPen  
metformin hcl tablets  
metformin hcl er (Generic for Glucophage XR)  
miglitol  
nateglinide\*  
Ozempic  
pioglitazone  
pioglitazone/ glimepiride  
pioglitazone/ metformin  
repaglinide\*  
repaglinide/ metformin  
Rybelsus  
SymlinPen  
Synjardy  
Synjardy XR  
tolbutamide\*  
Toujeo  
Tresiba  
Tresiba FlexTouch  
Trijardy XR  
Trulicity  
Victoza

### HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol hcl  
acetazolamide  
afeditab cr  
amiloride hcl\*  
amiloride/ hctz  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ olmesartan  
amlodipine/ valsartan  
amlodipine/valsartan/hctz  
atenolol  
atenolol/ chlorthalidone  
benazepril hcl  
benazepril hcl/ hctz  
betaxolol hcl  
Bidil  
bisoprolol fumarate

bisoprolol fumarate/ hctz  
bumetanide  
candesartan  
candesartan/ hctz  
captopril  
captopril/ hctz  
cartia xt  
carvedilol  
carvedilol er\*  
chlorothiazide  
chlorthalidone  
clonidine hcl tablets  
clonidine transdermal patch\*  
digitek  
digox  
digoxin  
Dilatrate  
SR  
diltiazem  
cd  
diltiazem  
hcl  
diltiazem hcl er  
doxazosin mesylate  
enalapril maleate tablets  
enalapril oral solution\*  
enalapril/ hctz  
eplerenone\*  
eprosartan ethacrynic  
acid tabs\*  
felodipine er  
fosinopril sodium  
fosinopril/ hctz  
furosemide  
guanfacine hcl  
hydralazine  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan/ hctz  
isosorbide dinitrate (5, 10,  
20, 30 mg)  
isosorbide dinitrate (40  
mg)\*  
isosorbide dinitrate er  
isosorbide mononitrate  
isosorbide mononitrate er  
isradipine  
labetalol hcl  
Lanoxin 62.5, 187.5mcg  
lisinopril  
lisinopril/ hctz  
losartan  
losartan/ hctz  
matzim la  
methazolamide\*  
methyldopa  
methyldopa/ hctz  
metolazone  
metoprolol succinate er  
metoprolol tartrate  
metoprolol/ hctz  
minitrin  
minoxidil  
moexipril hcl  
moexipril/ hctz  
nadolol\*  
nebivolol

nicardipine hcl  
nifedipine\*  
nifedipine er\*  
nimodipine\*  
nisoldipine er  
Nitro-Dur 0.3, 0.8mg/ hr  
nitroglycerin lingual\*  
nitroglycerin tablet  
nitroglycerin 400 mcg  
spray\*  
olmesartan  
olmesartan/ hctz  
olmesartan/ amlodipine/  
hctz  
perindopril  
pindolol\*  
prazosin hcl  
propranolol hcl  
propranolol hcl er  
propranolol/ hctz  
quinapril hcl  
quinapril/ hctz  
ranolazine er\*  
soaanz 20 mg tablet  
sorine\*  
sotalol hcl\*  
sotalol hcl af\*  
spironolactone  
spironolactone/ hctz  
taztia xt  
telmisartan  
telmisartan/ amlodipine  
telmisartan/ hctz  
terazosin hcl  
tiadylt  
timolol maleate tablet  
torsemide  
trandolapril  
trandolapril/ verapamil  
triamterene\*  
triamterene/ hctz  
valsartan  
valsartan/ hctz  
verapamil hcl  
verapamil hcl er

### HEART RATE AND RHYTHM

amiodarone  
disopyramide\*  
flecainide\*  
mexiletine\*  
Norpace CR  
pacerone  
propafenone\*  
propafenone ER\*  
quinadine  
quinidine ER, CR\*

### HIGH CHOLESTEROL

atorvastatin  
atorvastatin/ amlodipine  
cholestyramine\*  
cholestyramine light  
colesevelam tablets\*  
colestipol hcl  
ezetimibe\*  
ezetimibe/ simvastatin\*  
fenofibrate (43, 50, 67, 130,

134, 150, 200 mg capsules  
&40, 48, 54,120, 145,160  
mg tablets)  
fenofibric acid  
fluvastatin  
fluvastatin  
ER  
gemfibrozil  
lovastatin  
niacin ER  
pravastatin  
prevailite\*  
rosuvastatin\*  
simvastatin

### MALARIA

atovaquone/proguanil  
chloroquine  
mefloquine

### MENTAL HEALTH

amitriptyline  
amoxapine  
aripiprazole\*  
aripiprazole ODT\*  
bupropion  
bupropion SR  
bupropion XL  
carbamazepine  
carbamazepine ER  
chlorpromazine  
citalopram  
clomipramine  
clozapine\*  
clozapine ODT\*  
desipramine\*  
desvenlafaxine succinate ER  
Dilantin 30mg  
divalproex sodium DR, ER  
Doxepin cap  
Doxepin tab\*  
duloxetine\*  
Epitol  
escitalopram  
ethosuximide  
felbamate\*  
fluoxetine tablets 10 mg, 20  
mg

fluoxetine capsules, solution  
fluoxetine DR  
fluphenazine  
fluvoxamine  
fluvoxamine ER  
gabapentin\*  
haloperidol tablets  
Imipram  
imipramine tablets,  
capsules  
lamotrigine  
lamotrigine ER  
lamotrigine ODT  
levetiracetam\*  
levetiracetam ER\*  
lithium capsules  
lithium ER tablets  
loxapine  
maprotiline  
mirtazapine  
mirtazapine ODT

molindone\*  
nefazodone  
nortriptyline  
olanzapine capsules\*  
olanzapine ODT tablets\*  
oxcarbazepine  
paliperidone ER\*  
paroxetine  
paroxetine ER  
perphenazine  
phenelzine  
phenytoin  
phenytoin ER  
pregabalin\*  
primidone  
prochlorperazine  
protriptyline\*  
quetiapine\*  
quetiapine ER\*  
risperidone  
risperidone ODT\*  
roweepra\*  
sertraline  
subvenite  
thioridazine  
thiothixene  
tiagabine\*  
topiramate  
topiramate ER  
tranylcypromine  
trazodone  
trifluoperazine  
trimipramine  
valproic acid  
venlafaxine  
venlafaxine ER  
ziprasidone\*  
zonisamide\*

### OSTEOPOROSIS

alendronate sodium  
amabelz  
calcitonin- salmon  
nasal\*  
Climara Pro  
Combipatch  
dotti  
estradiol tab, patch  
estradiol/  
norethindrone  
acetate  
estropiate  
etidronate\*  
Fosamax Plus D  
ibandronate sodium  
tablets  
Jevantique  
jinteli  
medroxyprogesterone  
acetate  
Menest  
norethindrone-  
ethinyl  
estradiol  
Premarin tablets  
Prempase  
Prempo  
raloxifene  
risedronate



# Lumenos HSA Plan Summary



"This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits."

## Important Information About Allowance Used To Pay Claims

Network professionals and providers have agreed to accept the maximum allowance as the basis of payment in full. If you use a non-network professional or provider whose services are paid based on a maximum allowance, you will be responsible for all charges billed in excess of the maximum allowance. ***The amount you may owe could be substantial.***

## KEY TERMS

**Individual Deductible:** The amount an individual plan participant pays toward the cost of most covered services before benefits begin.

**Family Deductible:** The amount a family pays toward the cost of most covered services before benefits begin. The family deductible amount is twice the individual deductible amount. All family plan participants combine their deductible payments until they meet the family deductible limit. Any family plan participant who meets the individual deductible before the family deductible is met will begin to receive benefits. One family member may not meet more than the individual amount: the family deductible amount must be satisfied by at least two family members.

**Coinsurance Percent:** After you meet your deductible requirements, the Plan shares the cost of most covered services until you meet your coinsurance limit. For example, if the Plan pays 80%, then you pay 20%.

**Copayment:** A fixed dollar amount that you pay for some covered services.

**Maximum Allowance:** The highest dollar amount that the Plan pays providers and professionals for a covered service.

**Network Professional/Network Provider:** A professional or provider who has a written agreement with Anthem Blue Cross and Blue Shield to accept the maximum allowance as payment in full for covered services.

**Non-network Professional/Non-network Provider:** A professional or provider who does not have a written agreement with Anthem Blue Cross and Blue Shield to accept the maximum allowance as payment in full.

**Total Out-of-pocket Limit:** This is the annual dollar limit for your costs for most covered services.

**THIS IS NOT A CONTRACT. It is an overview of your benefits. If there are discrepancies between this Benefit Overview and the Summary Plan Description (SPD), the SPD will govern.**

If you have ***eligibility*** questions, (i.e., enrollments, changes or terminations) please contact:

**Maine Automobile Dealers Association Insurance Trust  
(207) 623-3882**

If you have ***benefit*** questions, or need assistance, you are encouraged to contact:

**Cross Employee Benefits  
(207) 404-5326 - (800) 999-7345**

or

**Anthem Blue Cross and Blue Shield of Maine  
(800) 527-7706**

If you have questions regarding your ***HSA, HRA, Medical Care or Dependent Care Accounts***, please contact:

**Group Dynamic, Inc. (800) 626-3539**