



Maine Automobile Dealers Association Insurance Trust Qualified High Deductible Health Plan

HSA Compatible Plan Benefit Overview

Effective March 1, 2013

First - 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 2013 contributions can be made to your HSA up to the following:

\$3,250 individual coverage

\$6,450 family coverage

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

Plus – 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

Except for copayments on Preventive Medicines, No deductions from the HSA or out-of-pocket costs for you as long as you receive your preventive care 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.

Annual Deductible Responsibility*

\$3,600 individual coverage

\$7,200 family coverage (\$3,600 individual level)

*** Note: This Plan does not provide 4th quarter carry-over of calendar year deductibles.**

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:

80% for in-network providers

60% for out-of-network providers

Annual Out-of-Pocket Maximum

In-Network Providers

\$6,250 individual coverage

\$12,500 family coverage

Out-of-Network Providers

\$6,250 individual coverage

\$12,500 family coverage

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

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 calendar year.
- Home Health care services limited to 100 visits per member 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

(Including Contraceptives – deductible and/or copayments may apply)

Drug Card Copayment

Step Therapy and prior authorization may apply to some drugs

Mail Match Retail Pharmacy or Mail Order Program

Nearly all Maine pharmacies can now provide up to a 90-day supply for a reduced copayment, depending on your benefits. For specific information, please contact your pharmacy.

Adult Preventive Care

Office Visits after age 18; including preventive vision exams.

Screening Tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams, Pap test and contraceptive management.

Immunizations:

Hepatitis A
Hepatitis B
Diphtheria, Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer

Preventive Medicines – This benefit applies only to a limited number of medicines considered to be "preventive", all other covered medicines are subject to the calendar year deductible. Prescription drugs or medication are preventive care when taken by a person who has risk factors for a disease but is asymptomatic or to prevent the reoccurrence of a disease from which a person has recovered.

On **most** medications, Member must first satisfy the calendar year deductible and then pay a copayment (per 30 day supply) of:

\$10 tier 1 - \$30 tier 2 - \$50 tier 3

\$20 tier 1 - \$60 tier 2 - \$100 tier 3
per 90-day supply.

On Preventive Medicines only, calendar year deductible is waived, only copayments are assessed.

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 copayment or at low or no cost to you. This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Birth control

All generic versions are included:
Beyaz
Generess-FE
Implanon
levonorgestrel 0.75mg
medroxyprogesterone 150mg/ml
Natazia
next choice
Nuvaring
Ortho Evra

Blood clots

Brilinta
Coumadin
enoxaparin
fondaparinux
Fragmin
heparin
Innohep
Pradaxa
warfarin
Xarelto

Bowel prep (laxatives)

Colyte
Golytely
Halflytely
Moviprep
OCL
Osmoprep
peg 3350/electrolytes
Suprep
Trilyte
Visicol

Breast cancer

anastrozole
exemestane
Fareston
letrozole
tamoxifen citrate

Diabetes

Diabetic supplies, including blood sugar meters, test strips and lancets require a prescription to be covered by this plan.
ActoPlus Met
ActoPlusMet XR
Apidra
Avandamet
Avandaryl
Avandia
Bydureon
Byetta
chlorpropamide
Cycloset
Duetact
glimepiride
glipizide
glipizide er/xl
glipizide with

metformin hcl
Glumetza
glyburide
glyburide with metformin hcl
glyburide, micronized
Glyset
Humalog
Humulin
Janumet
Janumet XR
Januvia
Jentadueto
Juvisync
Kombiglyze XR
Korlym
Lantus
Levemir
metformin hcl
metformin hcl er
nateglinide
Novolin
Novolog
Onglyza
Prandimet
pioglitazone
Prandin
Riomet
Symlin
tolazamide
tolbutamide
Tradjenta
Victoza

Flu

Relenza
Tamiflu

Gout

allopurinol
Colcrys
probenecid
probenecid/colchicine

Heart health and high blood pressure

acebutolol hcl
acetazolamide
afeditab cr
Aldactazide 50-50mg
amiloride hcl
amiloride/hctz
amlodipine besylate
amlodipine/benazepril
Amtumide
Atacand
Atacand HCT
atenolol
atenolol/chlorthalidone
Avalide 300/25mg
Azor
benazepril hcl
benazepril hcl/hctz
Benicar
Benicar HCT
betaxolol hcl
Bidil

bisoprolol fumarate
bisoprolol fumarate/hctz
bumetanide
Bystolic
captopril
captopril/hctz
Cardene SR
Cardizem LA 120mg
cartia xt
carvedilol
chlorthiazide
chlorthalidone
clonidine hcl
Clorpres
Coreg CR
Covera-HS
Diamox
digoxin
Dilatrate SR
dilt-cd
diltiazem hcl
diltiazem hcl er
Diovan
Diovan HCT
Diuril
doxazosin mesylate
Dutoprol
Dynacirc CR
Dyrenium
Edarbi
Edarbyclor
Edecrin
enalapril maleate
enalapril/hctz
eplerenone
eprosartan
Exforge
Exforge HCT
felodipine er
fosinopril sodium
fosinopril/hctz
furosemide
guanabenz acetate
guanfacine hcl
hydralazine hcl
hydralazine/hctz
hydrochlorothiazide
indapamide
Innopran XL
irbesartan
irbesartan/hctz
Isordil
isosorbide dinitrate
isosorbide dinitrate er
isosorbide mononitrate
isosorbide mononitrate er
isradipine
labetalol hcl
Lanoxin
levatol
lisinopril
lisinopril/hctz
losartan
losartan/hctz
Matzim LA
methazolamide
methyclothiazide

methyl dopa
methyl dopa/hctz
metolazone
metoprolol succinate er
metoprolol tartrate
metoprolol/hctz
Micardis
Micardis HCT
minoxidil
moexipril hcl
moexipril/hctz
nadolol
nadolol/
bendroflumethiazide
Nexidon XR
nicardipine hcl
nifedipine
nifedipine er
nimodipine
Nitro-Bid
Nitro-Dur 0.3, 0.8mg/hr
nitroglycerin
nitroglycerin er
Nitroglycerin Lingual
Nitrolingual Pumpspray
Nitrostat
nisoldipine
perindopril
pindolol
prazosin hcl
propranolol hcl
propranolol hcl er
propranolol/hctz
quinapril hcl
quinapril/hctz
ramipril
Ranexa
sotalol hcl
sotalol hcl af
spironolactone
spironolactone/hctz
Tarka
Taztia XT
Tekamlo
Tekturna
Tekturna HCT
terazosin hcl
Teveten 400mg
Teveten HCT
thalitone
timolol maleate
torsemide
trandolapril
triamterene/hctz
Tribenzor
Twynsta
Valtuma
verapamil hcl
verapamil hcl er

High cholesterol

Antara
Advicor
Altoprev
atorvastatin
atorvastatin/amlodipine
cholestyramine

cholestyramine light
colestipol hcl
Crestor
fenofibrate
Fenoglide
fluvastatin
gemfibrozil
Lescol XL
Lipofen
Livalo
lovastatin
Lovaza
Niaspan
pravastatin
Prevalite
Simcor
simvastatin
Tricor
Triglide
Trilipix
Vytorin
Welchol
Zetia

Malaria

atovaquone/proguanil
chloroquine
Daraprim
hydroxychloroquine
mefloquine hcl
primaquine
quinine sulfate capsule

Nausea, vomiting

Aloxi
Antivert 50mg
Anzemet
Cesamet
chlorpromazine hcl
dimenhydrinate
dronabinol
Emend
granisetron hcl
ondansetron hcl
ondansetron odt
prochlorperazine
promethazine hcl
Scopace
Transderm-Scop
trimethobenzamide hcl
Zuplenz

Osteoporosis

Actonel
alendronate sodium
Alora
Angeliq
Atelvia
Cenestin
Climara Pro
Combipatch
Enjuvia
est. estrogens with methyltestosterone
Estraderm
estradiol
estradiol/norethindrone

acetate
estropipate
Evista
FemHRT 0.5mg/2.5mcg
Femtrace
Forteo
fortical
Fosamax Plus D
ibandronate
medroxyprogesterone acetate
Menest
Menostar
Miacalcin
Ogen
Prefest
Premarin
Premphase
Prempo
Prolia
Reclast
Vivelle-Dot

RSV (respiratory syncytial virus)

Synagis

Stopping smoking

bupropion hcl sr (generic Zyban only)
Chantix
Nicotrol inhaler
Nicotrol NS

Stroke

Aggrenox
cilostazol
clopidogrel bisulfate
dipyridamole
Effient
ticlopidine hcl

Vaccines

All brand and generic versions are included

Vitamins

All generic versions are included:
Prenatal vitamins (taken during pregnancy)
Prescription multivitamins with fluoride
Prescription multivitamins with fluoride and iron

Weight loss

benzphetamine hcl
diethylpropion hcl
diethylpropion hcl er
phendimetrazine
phentermine hcl
Xenical
Suprenza ODT



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.

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
(800) 244-7717

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