



Maine Automobile Dealers Association Insurance Trust Qualified High Deductible Health Plans

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

Effective March 1, 2020

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 2020 contributions can be made to your HSA up to the following:

\$3,550 individual coverage

\$7,100 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

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.

<p>PRESCRIPTION DRUGS</p> <p>This plan uses the Essential Drug List. Drugs not on the list are not covered.</p> <p>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).</p>	<p>On most medications, Member must first satisfy the calendar year deductible and then pay any applicable coinsurance.</p>		
	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%
<p>After the maximum out-of-pocket limit is reached, all prescriptions will be covered at 100% for the remainder of the calendar year.</p>			

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

Advair HFA
albuterol sulfate hfa
albuterol sulfate
nebulization soln, syrup, tabs
Arnuity
Ellipta
Breo Ellipta
budesonide inhalation
suspension
cromolynsodium
nebulization
soln
Dulera
FloventDiskus
Flovent HFA
fluticasone salmeterol
blister powder for
inhalation
levalbuterol nebulization soln
metaproterenol sulfate
syrup, tabs
montelukast
Perforomist
ProAir HFA
ProAir RespiClick
QVAR
Serevent Diskus
Spiriva Respimat
Symbicort
terbutaline sulfate injection,
tabs
Theo- 24
theochron
theophylline, ER, CR
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 Byetta
chlorpropamide
glimepiride
glipizide
glipizide er/xt
glipizidewithmet formin 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 Jentadueto XR
Lantus
Lantus Solostar
Levemir
Levemir Flexpen
Levemir FlexTouch metformin
hcl
metformin hcl er (Generic for
Glucophage XR)
miglitol
nateglinide
Ozempic
pioglitazone
pioglitazone- glimepiride
pioglitazone- metformin
repaglinide
repaglinide- metformin
Symlin
Synjardy
Synjardy XR
Tolazamide
Tolbutamide
Toujeo
Tadjenta
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
digitek
digoxin
Dilatrate SR
diltiazem cd
diltiazem hcl
diltiazem hcl er
doxazosin mesylate
enalapril maleate
enalapril/ hctz
eplerenone
eprosartan
ethacrynic acid tabs
ezetimibe
ezetimibe/simvastatin
felodipine er
fosinopril sodium
fosinopril/ hctz
furosemide
guanfacine hcl
hydralazine
hydrochlorothiazide
indapamide
irbesartan irbesartan/ hctz
Isordil 40mg
isosorbide dinitrate
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
methyclothiazide

methyldopa
methyldopa/hctz
metolazone
metoprolol succinate er
metoprolol tartrate
metoprolol/ hctz
minitran
minoxidil
moexipril hcl
moexipril/ hctz
nadolol
nadolol/
bendroflumethiazide
nicardipine hcl
nifedipine
nifedipine er
nimodipine
nisoldipine er
Nitro-Dur 0.3, 0.8mg/ hr
nitroglycerin
nitroglycerin 400 mcg spray
nitroglycerin er
nitroglycerin lingual
nitroglycerin spray
nitroglycerin sl tabs
olmesartan
olmesartan/ hctz
olmesartan/ amlodipine/ hctz
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
spironolactone/ hctz
taztia xt
telmisartan
telmisartan/ amlodipine
telmisartan/ hctz
terazosin hcl
timololmaleatetablet
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
ezetimibe- simvastatin
fenofibrate (43, 50, 67, 130,
134, 150, 200mg capsules &
40, 48, 54, 120, 145, 160mg
tablets)
fenofibric acid
fluvastatin
gemfibrozil
lovastatin
niacin ER
pravastatin
prevalite
rosuvastatin
simvastatin
Welchol 3.75 Gram
Oral Powder Packet

OSTEOPOROSIS

alendronate sodium
amabelz
calcitonin- salmon
Climara Pro
Combipatch
dotti
estradiol/tab, patch
estradiol/ norethindrone
acetate
estropipate
Fosamax Plus D
ibandronate sodium tablets
Jevantique
jinteli
medroxyprogesterone acetate
Menest
norethindrone- ethin estradiol
Premarin tablets
Premphase
Prempro
raloxifene
risedronate

STROKE

aspirin- dipyridamole ER
cilostazol
clopidogrel bisulfate
dipyridamole
prasugrel



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