

**Rate Notice**  
**July 1, 2008 – June 30, 2009**

**To:** Chief Negotiators and Union Presidents  
School Superintendents and Business Managers

**Date:** March 17, 2008

The MEA Benefits Trust and Anthem Blue Cross and Blue Shield are very pleased to announce the following rate changes, to be effective July 1, 2008:

- MEA Standard Plan: 4.0% increase
- MEA Choice Plus: 4.0% increase
- MEA Group Companion Plan: 1.34% decrease

The MEA Benefits Trust and Anthem Blue Cross and Blue Shield work closely to deliver high-quality benefits as cost effectively as possible. MEABT members should feel confident that they have retained the highest level of benefits at a competitive price. The current benefit options will remain in place for the upcoming plan year, with no changes to copays, deductibles or coinsurance levels.

This year, as in past years, the MEA Benefits Trust has used its Rate Stabilization Fund to reduce the rate increase. The monthly rates for the 7/1/2008 – 6/30/2009 plan year are as follows:

**MEA Standard Plan**

Single	\$570.61
Two Adults	\$1,286.19
Family	\$1,565.47
Adult & Child/Children	\$1,009.96

**MEA Choice Plus**

Single	\$528.40
Two Adults	\$1,190.91
Family	\$1,449.51
Adult & Child/Children	\$935.16

**MEA Group Companion Plan\***

Single	\$321.36
Two Person	\$674.55

\*Medicare eligible retirees will continue to be offered a Group Companion Plan program that includes the same prescription drug benefit offered to active employees.

*(Please see reverse side)*

## Benefit Highlights

MEABT members will continue to enjoy the following benefit highlights.

<b>MEA Standard Plan</b> <b>July 1, 2008 – June 30, 2009</b>	
<b>Deductible</b>	\$100 member/\$200 family (up front)
<b>In-network coinsurance</b>	90% (most services)
<b>Coinsurance limit</b>	\$600 member/\$1,200 family
<b>Annual out-of-pocket limit</b>	\$700 member/\$1,400 family
<b>Office visits</b>	100% after \$15 copayment (all doctors)
<b>Provider network</b>	Blue Choice
<b>Prescription drug copayment</b>	\$10/\$25 per 30-day supply \$20/\$50 per 90-day supply through mail order and select retail pharmacies

<b>MEA Choice Plus</b> <b>July 1, 2008 – June 30, 2009</b>	
<b>PCP authorized benefit level coinsurance</b>	90% (most services)
<b>Coinsurance limit (with PCP referral)</b>	\$700 member/\$1,400 family
<b>Office visit PCP</b>	100% after \$15 copayment
<b>Office visit Specialist</b>	100% after \$25 copayment
<b>Prescription drug copayment</b>	\$10/\$25 per 30-day supply \$20/\$50 per 90-day supply through mail order and select retail pharmacies

## Questions or Concerns

Anthem Blue Cross and Blue Shield  
MEA Benefits Trust

(888) 399-8706 option 1, then 2 or 3  
(888) 622-4418 ext. 2207