Anthem®
Health. **Join In.**

Individual and Family Health Care Plans
for **Connecticut**

Our plans fit your plans

Lumenos® HSA Plus

CTBR30010XLH 10/11

Why do you need health care coverage?

These days, an average stay in the hospital can cost more than $20,000.** The financial risk you take without health coverage just isn't worth it. Not only does health care coverage help you stay healthy, it also gives you added security, because you know you have help to protect against the high cost of unexpected medical bills.

Our plans help fit the way you live

In a world that's constantly changing, one thing's for certain: it's important to have health care coverage you can depend on — coverage designed to help fit your budget, and your way of life.

Since 1936, Anthem Blue Cross and Blue Shield has provided health care coverage and security to our Connecticut neighbors. And now, we're pleased to offer our Individual health care plans with added benefits and features of the Affordable Care Act.

You're in charge of your health and budget, and our Individual health care plans help keep it that way. We still offer a wide range of coverage options as unique as you are. And if you have any questions, we're here to help.

Experience you can rely on

Anthem is committed to helping simplify your life and improving your health. That's why we offer:

- **One of the largest provider networks in Connecticut.** With over 10,000 PPO doctors and over 50 hospitals* throughout the state, chances are your doctor is one of ours.
- **Coverage that travels with you.** No matter where life takes you, your health coverage goes with you. And the Blue Cross and Blue Shield Association's BlueCard® program makes it easy to access providers throughout the country.
- **A choice of plans to help fit your budget and lifestyle.** No matter where you are in life, we've got a plan designed to help fit your health coverage needs, as well as your budget.

*BCBSA Provider Data Counts, 2011.

**Based on 2008 weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual states and provided to AHRQ by the states. (Average stay of 3.8 days; average cost to uninsured of $22,512.)

Some definitions so we're all on the same page

Network Discounts: With Anthem, you have access to one of the largest provider networks in the state. These network (or participating) providers have agreed to accept lower costs for their covered services to Anthem members — similar to volume discounts. These negotiated costs help reduce the overall cost of covered medical services, including your share of those costs.

This is true whether you are paying the entire cost for covered services (such as while you are meeting your deductible), or whether we are sharing the cost. With over 10,000 PPO doctors and over 50 hospitals,* chances are your provider already participates. Just visit a network provider to take advantage of the savings.

With our PPO plans, you can always choose to receive services outside the network, but your share of the cost will be greater.

Cost Sharing: The costs of medical care today can be staggering. Health care coverage from Anthem can help protect you against these high costs. With most health care coverage, you pay a monthly premium, then you share some of the cost of covered medical care with the company that provides your health care coverage. The level of cost sharing you choose directly impacts your premium amount. The more you are willing to share in the cost, the lower your premium. With Anthem, you can choose your level of protection and the level of cost sharing that works best for your health care needs and budget.

Deductible is the amount you have to pay each calendar year for covered services before your health care plan starts paying. Amounts met toward the deductible do not carry over from year to year. For some services, the plan will even begin to pay before the deductible is met. Usually, the higher a plan's deductible, the lower the premium. Network and non-network deductibles are separate and do not accumulate toward each other.

Coinsurance is the percentage of the cost of covered services that you will be responsible for, after your annual deductible is met. With some plans, you have a choice of coinsurance levels. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium because it increases your share of the cost.

Out-Of-Pocket Maximum is the most that you would pay in a calendar year for deductible and coinsurance for in-network covered services. Once you reach this maximum, the plan pays at 100% for most network services for the rest of the calendar year. There is a separate out-of-pocket maximum for non-network services. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Prescription Drugs are medications that must be authorized for use by your doctor. Anthem offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand-name drugs.

Generic Drugs are prescription drugs that typically have been in use for some time and can be manufactured and distributed by numerous companies, so their cost is usually much lower. Generic drugs must, by law, contain the same active ingredients as their brand-name equivalent and have the same clinical benefit.

Brand-Name Drugs are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

Formulary is a list of prescription drugs our health care plans cover. They may include generic, preferred brand-name and specialty drugs that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medication from our formularies. There can be different formularies for different health care plans.

Health Savings Account (HSA) is a special bank account that can be set up by a member enrolled in a qualified HSA-compatible high deductible health plan if they choose. Contributions to this account can be made with certain tax advantages and funds from the account can be used for qualified health care expenses. See the insert from our preferred banking partner for more details and consult your tax advisor.

*BCBSA Provider Data Counts, 2011.

Lumenos® HSA Plus

Is this the right plan for you?

The Lumenos HSA Plus health plan is designed to give you more control over your health care costs. It helps you focus on getting healthy and staying that way.

Lumenos HSA Plus Plan Highlights

This plan offers traditional health care benefits that can be paired with a Health Savings Account (HSA) for more flexibility and potential tax advantages. The simple plan design makes using them that much easier.

Features:

- Preventive Care benefits that help you focus on staying healthy.
- PPO health plan coverage with a large array of benefits after you meet your deductible.
- Coverage compatible with an HSA that is yours to fund and keep if you choose. Use the HSA for qualified medical expenses or as a savings vehicle. Contact your tax advisor for possible advantages.
- Special programs for Smoking Cessation and Weight Management.
- Online tools for a personalized Health Assessment, prescription drug cost comparison, and other tools to give you more control.

You should know:

- Maternity benefits are not available with this plan.
- Your Lumenos HSA Plus plan has a policy-level deductible and out-of-pocket maximum. Once covered members meet these amounts, the plan pays 100% of covered expenses. It's that simple.
- While Lumenos HSA Plus is compatible with a Health Savings Account, your health care plan works with or without it. You may set up the HSA now, later, or not at all. It's your choice.
- Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Prescription Drug Coverage

Lumenos HSA Plus not only puts you in charge of your health care dollars, it can help you use those dollars for generic and brand-name prescription drugs in the way that best suits you.

Once your deductible is met, there is a coinsurance, if applicable, for covered prescription drugs. But even while you are meeting your deductible, you benefit from lower negotiated rates on prescription drugs at network pharmacies nationwide. There's no need to have a different deductible for prescriptions; it all works as one.

You will receive the highest level of benefits by asking your physician to prescribe a generic drug whenever possible. If you choose to purchase a brand-name drug when a generic drug is available, you will be responsible for the difference in the cost between brand-name and generic, plus your coinsurance.

And since you decide how to spend it, your Health Savings Account dollars can be used to pay for eligible prescription drugs – while you are meeting your deductible.

Note: Visit **anthem.com** for more information on eligible expenses.

How to Customize your Lumenos HSA Plus Plan

Choose your deductible: You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you. Remember, any covered member can contribute to some or all of the policy deductible and out-of-pocket maximum, whether the policy covers one member or a whole houseful.

Use your Health Savings Account the way you want: Your HSA, if you choose to open one, is funded by you. So, it is yours to use for qualified health care expenses covered by the plan, or those not covered at all, like contact lenses. Your HSA is also yours to keep if you ever leave the plan; you won't lose those dollars if they're not used. In fact, the carryover from year to year can help you save for future financial needs. See the enclosed insert from our preferred banking partner for more information.

Benefits	Lumenos® HSA Plus					
Calendar Year Deductible	**Your Choices**					
Individual Policy — NETWORK:	$1,500	$2,000	$2,500	$4,000	$4,000	$5,950
Individual Policy — NON-NETWORK:	$1,500	$2,000	$2,500	$4,000	$4,000	$5,950
Family Policy — NETWORK:	$3,000	$4,000	$5,000	$8,000	$8,000	$11,900
Family Policy — NON-NETWORK:	$3,000	$4,000	$5,000	$8,000	$8,000	$11,900
Network Coinsurance Options	20%*	20%*	0%*	0%*	20%*	0%*
Calendar Year Out-of-Pocket Maximum	**Add Your Chosen Deductible to the Amount Below**					
Individual Policy — NETWORK:	$4,000	$2,000	$0	$0	$1,950	$0
Individual Policy — NON-NETWORK:	$9,500	$6,000	$2,500	$4,000	$7,900	$5,950
Family Policy — NETWORK:	$8,000	$4,000	$0	$0	$3,900	$0
Family Policy — NON-NETWORK:	$19,000	$12,000	$5,000	$8,000	$15,800	$11,900
How family deductibles and family out-of-pocket maximums work	For family plans (with two or more members) one member or any combination of family members can meet or contribute toward the family deductible and family out-of-pocket maximum.					
Lifetime Maximum	None					
Covered Services	**Your Share of Costs** (after deductible, unless waived or not subject to deductible)					
Doctors' Office Visits	NETWORK: **20%** or **0% Coinsurance**[1] NON-NETWORK: **40%** or **30% Coinsurance**[1]					
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	NETWORK: **20%** or **0% Coinsurance**[1] NON-NETWORK: **40%** or **30% Coinsurance**[1]					
Inpatient Services (overnight hospital/facility stays)	NETWORK: **20%** or **0% Coinsurance**[1] NON-NETWORK: **40%** or **30% Coinsurance**[1]					
Outpatient Services (without overnight hospital/facility stays)	NETWORK: **20%** or **0% Coinsurance**[1] NON-NETWORK: **40%** or **30% Coinsurance**[1]					
Emergency Room Services	NETWORK: **20%** or **0% Coinsurance**[1] NON-NETWORK: **20%** or **0% Coinsurance**[1]					
Preventive Care Services	**Covers nationally recommended preventive care for adults and children including immunizations, PSA screenings, Pap tests, mammograms and more.** NETWORK: **0% Coinsurance**, not subject to deductible NON-NETWORK: **40%** or **30% Coinsurance**[1]					
Maternity	Not Covered					
Optional Coverage (at additional cost)	None					
Prescription Drug Coverage	**Lumenos HSA Plus**					
Retail Drugs (and Mail Order Drugs when available)	Generic drugs required if available. If a brand-name drug is purchased when generic was available, member pays the applicable copay/coinsurance plus the difference between the brand-name and generic. Retail (30 day supply) or Mail Order (90 day supply): NETWORK: **40% Coinsurance** (with $1500, $2000 and $4000/20% plans) and **0% Coinsurance** (for all other deductible options) NON-NETWORK: **40% Coinsurance** (with $1500, $2000 and $4000/20% plans) and **30% Coinsurance** (for all other deductible options)					
Optional Drug Coverage (when available)	Not Available					
Other Covered Benefits include but are not limited to:	Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Physical/Occupational Therapy, Speech Therapy, Urgent Care					

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.

*Your coinsurance will be higher with a non-network provider.

[1]Coinsurance is designated by the plan you choose.

NOTE: Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Additional information

Because we're dedicated to making the application process simple, you can apply through the mail, online or over the phone.

Who can apply?

All Individual plans are available to:

- Connecticut residents.
- Applicants who are between 19 and 64 years of age.
- Married couples and domestic partners that meet eligibility requirements may apply.
- Families with dependent children under age 26 are eligible.

Those applying must submit:

- An Enrollment Application
- Health Statement
- Your first month's premium

These health plans are medically underwritten. This means your premium and acceptance is based on a review of your medical history. The Subscriber Certificate will be mailed to you once you are a member.

Sign up for our easy, no hassle payment option.

No matter which plan option you choose, we'll make it easy for you to make your monthly premium payments.

Through our Electronic Fund Transfer (EFT) program, we automatically withdraw funds from your bank account each month for the required premium amount. No check writing. No postage costs. No coverage lapse because you forgot to mail the payment. See ... we said we make it easy.

Sound good? Then complete the billing section of the Enrollment Application. If applying online, sign up for EFT while completing the online application.

If you have questions or want more details about your options, call your Anthem Sales Representative or Agent today!

"No Obligation" review period

After you enroll in a plan offered by Anthem, you will receive a Certificate that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 10 days to examine your plan's features. During that time, if you are not fully satisfied, you may cancel your policy and your premiums will be refunded, less any claims that were already paid.

Individual health coverage. Your plans. Your choices.

Make sure you have all the facts.

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plans described – including what's covered, and what isn't. This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Anthem, or visit us on the web. You may also see the enclosed Coverage Details. This document should be included with your information kit, or if you have printed this from your computer, it should be at the end of this document. If you don't have this document, be sure to contact your Anthem Sales Representative or Agent.

This brochure is intended as a brief summary of benefits and services; it is not your Contract/Certificate. If there is any difference between this brochure and your Contract/Certificate, the provisions of the Contract/Certificate will prevail. Benefits and premiums are subject to change.

This summary of benefits complies 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..

Ready to enroll?

Call your Anthem Sales Representative or Agent today!

Anthem

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