

# Our plans fit your plans



- Lumenos<sup>®</sup> HSA 1500
- Lumenos<sup>®</sup> HSA 5000





# Our plans 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.

For over 70 years, Anthem has provided health care coverage and security to our California neighbors. And now, we're pleased to offer these same individual health care plans with added benefits and features of the Patient Protection and Affordable Health 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.

Sounds like a plan.

## Experience you can rely on

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

- **One of the largest provider networks in California.**  
With over 80,000 PPO doctors and nearly 315 hospitals throughout the state, chances are your doctor is one of ours.
- **A choice of plans to fit your budget and lifestyle.**  
No matter where you are in life, we've got a plan designed to fit your health coverage needs, as well as your budget.
- **Optional dental and term life insurance.**  
To enhance your health and your family's financial future, we also offer dental and term life coverage and make it easy to enroll.
- **Coverage that travels with you.**  
No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.

## Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. 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're protected against the high cost of unexpected medical bills.

# 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 80,000 doctors and nearly 315 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. 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. In some cases, you may also have a separate deductible for certain services such as prescription drugs.

**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. For some services, your coinsurance is 0%. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium because it increases your share of the cost.

**Copayment** is a specific dollar amount you have to pay for certain covered services.

**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 services for the rest of the calendar year.

**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.

**Specialty Drugs** are typically high cost, scientifically engineered drugs used to treat complex, chronic conditions. They require special handling and usually must be shipped directly to the user.

**Formulary** is a list of prescription drugs our health care plans cover. They include generic, 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.

# Lumenos<sup>®</sup> HSA

## Is this the right plan for you?

Lumenos HSA health plans were designed to give you more control over your health care costs. They help you focus on getting healthy and staying that way.

### Lumenos HSA 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. Simple plan designs make using them that much easier.

#### Features:

- Preventive care benefits help focus on keeping you healthy.
- PPO health plan coverage with a large array of benefits after you pay 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. Just contact your tax advisor for possible advantages.
- Special programs for Smoking Cessation and Weight Management.
- Access to our 24-hour Nurse Line.
- Online tools for a personalized Health Assessment, prescription drug cost comparison, and other tools to give you more control.

#### You should know:

While Lumenos HSA 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.

## Prescription Drug Coverage

Lumenos HSA 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.

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

## How to Customize your Lumenos HSA Plan

**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.

**Maternity Coverage:** Depending on your needs, you can choose our \$5,000 deductible plan that includes maternity benefits. Or you can choose our \$1,500 deductible plan without maternity benefits.

**Other Optional Coverage:** You can add more protection for you and your family by purchasing optional dental and life insurance. See the back of this brochure for more details.

Benefits		Lumenos <sup>®</sup> HSA	
Calendar Year Deductible		Your Choices	
Individual	NETWORK: \$1,500 NON-NETWORK: \$5,000		
Family	NETWORK: \$3,000 NON-NETWORK: \$10,000		
Network Coinsurance Options		30%	0%
Calendar Year Out-of-Pocket Maximum		Add Your Chosen Deductible to the Amount Below	
Individual	NETWORK: \$3,500 NON-NETWORK: \$8,500	\$0	\$5,000
Family	NETWORK: \$7,000 NON-NETWORK: \$17,000	\$0	\$10,000
How family deductibles and family out-of-pocket maximums work		Network and non-network deductibles accumulate together. Either one or more members must satisfy the family deductible before any covered services will be paid by the plan, with the exception of preventive care services. The out-of-pocket maximums are separate for network and non-network services and accumulate separately. Once the family out-of-pocket maximum is satisfied by either one or more members, no additional coinsurance will be required for the family for the remainder of the calendar year.	
Lifetime Maximum		Unlimited	
Covered Services		Your Share of Costs (after deductible, unless waived)	
Doctors' Office Visits		NETWORK: 30% Coinsurance (or 0% with \$5,000 plan) NON-NETWORK: 50% Coinsurance (or 30% with \$5,000 plan)	
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)		NETWORK: 30% Coinsurance (or 0% with \$5,000 plan) NON-NETWORK: 50% Coinsurance (or 30% with \$5,000 plan)	
Inpatient Services (overnight hospital/facility stays)		NETWORK: 30% Coinsurance (or 0% with \$5,000 plan) NON-NETWORK: All charges except \$650 per day	
Outpatient Services (without overnight hospital/facility stays)		NETWORK: 30% Coinsurance (or 0% with \$5,000 plan) NON-NETWORK: All charges except \$380 per day	
Emergency Room Services		NETWORK: 30% Coinsurance (or 0% with \$5,000 plan) NON-NETWORK: 30% Coinsurance (or 0% with \$5,000 plan)	
Preventive Care Services		Covers all nationally recommended preventive care services, including well-child care, immunizations, PSA screenings, Pap tests, mammograms, and more. NETWORK: 0% Coinsurance, not subject to deductible NON-NETWORK: 50% Coinsurance (or 30% with \$5,000 plan)	
Maternity		NETWORK: 0% Coinsurance with \$5,000 plan; Not covered with \$1,500 plan NON-NETWORK: 30% Coinsurance with \$5,000 plan; Not covered with \$1,500 plan	
Optional Coverage (at additional cost)		Dental, Life	
Prescription Drug Coverage		Lumenos HSA	
Retail Drugs (and Mail Order Drugs when available)		NETWORK: 30% Coinsurance (or 0% with \$5,000 plan) NON-NETWORK: 50% Coinsurance (or 30% Coinsurance with \$5,000 plan) of drug limited fee schedule and all excess charges	
Optional Drug Coverage (when available)		Not Available	
Other Covered Benefits include but are not limited to:		Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care	
<b>IMPORTANT:</b> 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 of Coverage. In the event of a conflict between the Contract/Certificate of Coverage and this Benefit Guide, the terms of the Contract/Certificate of Coverage will prevail.		<b>NOTES:</b> - Lumenos HSA plans feature a combined medical/pharmacy deductible so your payments for prescription drugs also apply toward your plan deductible and out of pocket maximum.	



# Affordable Dental Blue® PPO solutions designed to meet your dental needs

## Dental Blue Basic offers:

- Low plan premiums
- Coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays with no waiting period
- Coverage for certain basic services (fillings) with a six-month waiting period
- An annual maximum benefit of \$500

## Dental Blue Enhanced offers:

- Coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays with no waiting period
- Coverage for certain basic services (fillings) with a six-month waiting period
- Coverage for certain major services like root canals, periodontal procedures and crowns after a 12-month waiting period
- An annual maximum benefit of \$1,250
- Orthodontic coverage for children after a 12-month waiting period

## Save money by using our dental network

As a Dental Blue member, you can see *any* dentist you want; however, you do have the potential for lower costs when you choose a dentist in the Dental Blue 100 network. This is because network dentists have agreed to accept our negotiated rates for services they provide to you. If you choose to go to a provider outside of the Dental Blue 100 network, you can be billed the difference between our network negotiated rates and what your chosen dentist wishes to charge. But, with more than 19,000 California providers and provider locations in our Dental Blue 100 network, it's likely your dentist is part of our network!

Plus, network dentists have agreed to pass along our negotiated rates on covered services to you during waiting periods or if you exceed your annual maximum benefit.

You will also have access to emergency dental care from our worldwide listing of credentialed dentists while traveling or working nearly anywhere in the world.

## Prefer a Dental HMO?

If so, our Dental SelectHMO plan may be the right choice for you. For more information about the Dental SelectHMO plan — or our Dental Blue plans — ask your agent.

Amounts shown below are paid by the plan, after the deductible.

Dental Care Coverage	Dental Blue Basic		Dental Blue Enhanced	
Benefits	Network	Non-Network	Network	Non-Network
Annual Deductible	\$25 per member		\$50 per member; \$150 maximum per family	
Waived for Diagnostic & Preventive	Yes	No	Yes	No
Annual Maximum	\$500		\$1,250	
Diagnostic and Preventive	Network	Non-Network	Network	Non-Network
Cleanings, exams and X-rays	100%	80%	100%	80%
Basic Services	Network	Non-Network	Network	Non-Network
Fillings	80%	60%	80%	60%
Other Minor Restorative	Not covered			
Major Services	Network	Non-Network	Network	Non-Network
Oral Surgery	Not covered		50%	
Endodontics	50%; pulpotomies on primary teeth only		50%	
Periodontics	Not covered		50%	
Prosthodontics	50%; stainless steel crowns on primary teeth only		50%	
Orthodontics	Not covered		Children only: 50%; \$100 deductible; \$500 per year; \$1,000 lifetime maximum	
Waiting Periods	None for cleanings, exams and X-rays; 6 months for all other covered services		None for cleanings, exams and X-rays; 6 months for basic services; 12 months for major services/orthodontics	

Dental Blue PPO is offered by Anthem Blue Cross Life and Health Insurance Company and Dental SelectHMO is offered by Anthem Blue Cross.

# Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Give your family extra support with term life insurance from Anthem Blue Cross Life and Health Insurance Company.

If you're accepted for coverage on one of our health care plans, you'll automatically be approved for our term life insurance. Plus, there are no medical exams or additional enrollment forms to worry about. It's that simple.

Term life monthly rates					
Age	\$15,000 Benefit	\$30,000 Benefit	\$50,000 Benefit	\$75,000 Benefit	\$100,000 Benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

# Additional information

## "No Obligation" review period

After you enroll in a plan offered by Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company, you will receive a Policy/EOC booklet 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 decline by returning your Policy/ EOC booklet along with a letter notifying us that you wish to discontinue coverage. Policy/EOC booklets are available for you to examine prior to enrolling. Ask your agent or Anthem Blue Cross.

## Save time with automatic premium payments

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment. To sign up, just fill out the billing section of the enrollment application.

# Ready to choose a plan?

- After reviewing all the materials included with this brochure, contact your Anthem Blue Cross agent.
- Ask questions. If you aren't sure about how a plan works or have additional questions, your agent will help you.
- Fill out an application. The quickest and easiest way to complete an application is online and your agent can assist you. Or your agent can provide you with instructions for mailing or faxing your application.

# 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 plan(s) described — including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please 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 Blue Cross agent.

**This brochure is intended as a brief summary of benefits and services; it is not your Policy. If there is any difference between this brochure and your Policy, the provisions of the Policy 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 Blue Cross agent today!**



# Stay focused on your fitness.



## Let ACS | Mellon handle the finances.

### YOU'RE ONLY ONE CHECKMARK AWAY

**Simply make the selection on your application form. We'll take care of setting up your account. We'll also take care of sending you a Welcome Kit to get you started. All you have to take care of is your health. Which is, after all, the most important thing.**

### Setting up a Health Savings Account

The Lumenos® HSA plan is a nice way to save on premiums. But that's just the tip of the savings iceberg. To realize your plan's full financial power, consider opening a health savings account to go with your Lumenos plan. The portability and tax savings of an HSA account can add up fast.

We've joined with Affiliated Computer Services (ACS) and The Bank of New York Mellon (BNY Mellon) to integrate their HSA accounts with our Lumenos HSA plans. Setting up your account with BNY Mellon is easy. Plus, it comes with built-in advantages and conveniences:

- A single customer service contact for the health plan and your HSA
- A single online health site to access your plan benefit information and account details
- Several payment and deposit options, including special checks and automatic fund transfers
- Competitive interest rates and investment opportunities for the funds in your account

Of course, if you'd rather use another financial institution for your account, that's fine too.

# A closer look

## HSA Welcome Kit

If you make the selection on your application form, your Health Savings Account will automatically be set up once you're approved for the Lumenos HSA plan, and you'll soon receive an HSA Welcome Kit. In it, you'll find all of the banking documentation and instructions for using your account. A separate application for your account is only required if you choose a financial institution other than BNY Mellon.

## This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible high deductible health plan (such as the Lumenos HSA plan).
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- You cannot be covered by any other medical plan that is not an HSA-compatible high deductible health plan.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- If you are a veteran, you may not have received veteran's benefits within the last three months.
- You cannot be active military.

## Interest and investments

You'll earn interest on your HSA funds and have the chance to invest your funds as long as you keep a minimum \$2,000 HSA balance. Investment options include a number of mutual families. Once you're ready to invest, just call the ACS | Mellon HSA Solution Contact Center at 866-686-4798 Monday through Friday from 8 a.m. to 8 p.m. (Eastern Time) for a prospectus with more details.

## Debit cards and checkbooks

Use your MasterCard® debit card or your HSA checkbook (provided by BNY Mellon) to pay your health care provider or pharmacy directly for eligible medical expenses, or to get cash from your account.

## Deposits to your account

To contribute to your HSA, simply send a check and deposit slip to the address printed on your HSA checkbook. Or you can set up an electronic funds transfer between your bank and BNY Mellon for regular account contributions.

## Account activity statements

Each month, you'll receive a statement from BNY Mellon that shows all of your account activity. For an additional fee of \$0.75 per month, you can receive a paper statement. Please go to [Anthem.com](https://www.anthem.com) or call your dedicated Customer Service to learn how to elect this option. You'll also receive IRS 1099 and IRS 5498 forms from BNY Mellon near tax time to help with tax preparation.

## ACS | Mellon HSA fee and rate schedule

A Deposit Agreement and a Disclosures and Fee Sheet will be in your HSA Welcome Kit. Please refer to those documents for the complete terms and conditions related to your account.

As good as these options may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

Administrative fees	
One time account set-up	\$15
Banking fees	
Monthly account fee	\$2.95
Debit card transactions	no charge
Check writing	no charge
ATM transactions	\$1
Card replacement	\$5
Check reorder	\$10
Non-sufficient funds	\$25
Stop check service	\$25
Duplicate check	\$5
Periodic paper statement	\$0.75

ACS | BNY Mellon is an independent corporate entity that provides banking administration on behalf of Anthem Blue Cross.

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