

Lumenos HSA Plan Coverage

OPTION: 0% Coinsurance

CALENDAR YEAR DEDUCTIBLE
CALENDAR YEAR OUT-OF-POCKET LIMIT *(includes deductible)*

CALENDAR YEAR DEDUCTIBLE
CALENDAR YEAR OUT-OF-POCKET LIMIT *(includes deductible)*

PLAN LIFETIME MAXIMUM

OPTION: 20% Coinsurance

CALENDAR YEAR DEDUCTIBLE
CALENDAR YEAR OUT-OF-POCKET LIMIT *(includes deductible)*

CALENDAR YEAR DEDUCTIBLE
CALENDAR YEAR OUT-OF-POCKET LIMIT *(includes deductible)*

PLAN LIFETIME MAXIMUM

Lumenos HSA Plan Benefits¹

DOCTORS' OFFICE VISITS

PREVENTIVE CARE

(includes well-child care, preventive office exams, immunizations, PSA screening, Pap smears, mammograms, colorectal cancer exams, colonoscopy, sigmoidoscopy; child immunizations are covered at 100% both network and non-network from birth through age 5)

DIAGNOSTIC SERVICES

HOSPITAL *(inpatient & outpatient)*, **OUTPATIENT SURGERY**

EMERGENCY ROOM SERVICES

MATERNITY

DENTAL

LIFE

Lumenos HSA Drug Coverage

INCLUDES DRUG COVERAGE UNDER MEDICAL PLAN

Note: Specialty injectable drugs are limited to a 30-day supply, available through Anthem's Specialty Rx network, and are not covered out-of-network.

OTHER COVERED BENEFITS INCLUDE BUT ARE NOT LIMITED TO:

- Ambulance
- Chiropractic
- Durable Medical Equipment
- Home Health Care
- Hospice Care
- Mental Health
- Organ Transplants
- Rehabilitation Facilities
- Skilled Nursing Care
- Speech Therapy
- Therapy Services
- Urgent Care

Network

YOU PAY 0% Coinsurance

Individual: \$1,500 \$3,000 \$3,500 \$5,000
 \$1,500 \$3,000 \$3,500 \$5,000

Family: \$3,000 \$6,000 \$7,000 \$10,000
 \$3,000 \$6,000 \$7,000 \$10,000

\$7,000,000 per member for network and non-network services combined

YOU PAY 20% Coinsurance

Individual: \$1,750 \$5,000

Family: \$3,500 \$10,000

\$7,000,000 per member for network and non-network services combined

Non-Network

YOU PAY 30% Coinsurance

Individual: \$1,500 \$3,000 \$3,500 \$5,000
 \$3,000 \$6,000 \$7,000 \$10,000

Family: \$3,000 \$6,000 \$7,000 \$10,000
 \$6,000 \$12,000 \$14,000 \$20,000

Network

YOU PAY YOUR SHARE AFTER DEDUCTIBLE, UNLESS WAIVED

0% or 20% Coinsurance²

0% Coinsurance:

Individual: \$3,500

Family: \$7,000

20% Coinsurance:

Individual: \$1,750

Family: \$3,500

0% Coinsurance *(deductible waived)*:

Individual: \$1,500 \$3,000 \$5,000

Family: \$3,000 \$6,000 \$10,000

0% or 20% Coinsurance²

Not covered

(optional maternity rider is available for plans with deductibles of \$2,500 and greater; subject to 12-month waiting period)

Coverage available at additional cost

Non-Network

YOU PAY YOUR SHARE AFTER DEDUCTIBLE, UNLESS WAIVED

30% or 40% Coinsurance²

0% or 20% Coinsurance²

Not covered

Coverage available at additional cost

Network

YOU PAY YOUR SHARE AFTER DEDUCTIBLE

0% or 20% Coinsurance²

Non-Network

YOU PAY YOUR SHARE AFTER DEDUCTIBLE

30% or 40% Coinsurance

¹UNLESS OTHERWISE NOTED, ALL BENEFITS ARE SUBJECT TO THE CALENDAR YEAR DEDUCTIBLE.

²COINSURANCE IS DESIGNATED BY THE PLAN YOU CHOOSE.

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 or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Lumenos HSA Benefit Guide, the terms of the contract or certificate of coverage will prevail.

Understanding Lumenos® HSA Coverage

Is your doctor or dentist in
one of our networks?

Go to [anthem.com](https://www.anthem.com) > Find a Doctor

Preventive Care

Anthem's Lumenos plans cover preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices and the American Academy of Pediatrics. The preventive care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions in advance and help keep you healthier in the long run.

All preventive services received from a network provider are covered at the coinsurance listed in the benefit summary chart. If you see a non-network provider, then your deductible and non-network coinsurance responsibility will apply. If you receive any of these services for diagnostic purposes – for example, colonoscopy when symptoms are present – the appropriate plan deductible and coinsurance will apply and available health account dollars may be used to cover these costs.

Child - Preventive care

Preventive physical exams

Immunizations

Screening tests including the following:

- Hearing screening
- Screening for lead exposure
- Pelvic exam and Pap test (if recommended by your doctor)

Adult - Preventive care

Preventive physical exams

Immunizations

Screening tests including the following:

- Hearing screening
- Cholesterol and lipid level screening
- Blood glucose test to screen for Type 2 diabetes
- Prostate cancer screenings including digitalrectal exam and PSA test
- Breast exam and mammography screening
- Pelvic exam and Pap test

Some definitions

So we're all on the same page

A **premium** is the amount of money you pay on a regular basis - once a month, four times a year, twice a year or once a year - to your insurance company to keep your health plan active. You can't apply what you pay for your premium toward your deductible.

A **deductible** is the amount of out-of-pocket expenses you have to pay each year before your health plan kicks in and starts paying for services. Network and non-network deductibles are separate and do not accumulate towards each other.

A **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services. It's the portion of the bill not paid by your health plan after your deductible has been reached.

An **out-of-pocket limit** is the total amount of money (not counting your premiums) you have to pay each year for your covered medical services. Your deductible and coinsurance payments for covered services count toward your out-of-pocket limit. Network and non-network out-of-pocket limits are separate and do not accumulate towards each other.

A **discount** is the reduced out-of-pocket cost you enjoy when you obtain covered health care services from a network provider.

A **drug formulary** is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You may help control the amount you pay for prescriptions by encouraging your doctor to prescribe medications from the Anthem formulary on our website at [anthem.com](https://www.anthem.com).

About our network providers

Using our network

To be eligible to receive the maximum benefits available, you must use network providers. To find a doctor, please go to [anthem.com](https://www.anthem.com) > "Find a Doctor".

Notice of provider arrangements

Your network provider's agreement for providing covered services may include financial incentives or risk-sharing relationships which are based on utilization and quality of services. If you have any questions regarding such incentives or risk-sharing relationships, please contact Anthem or your provider.

Accessing covered services

Some services, or supplies, such as prescription drugs, require your doctor to receive an authorization from Anthem that defines and/or limits the conditions under which the service, or supply, will be covered to help you avoid any unnecessary out-of-pocket expenses. Other services, such as organ transplants, require your physician to certify, and for us to approve the service as medically necessary and the appropriate setting. Neither process is a guarantee of coverage.

Out-of-network provider

If you receive covered services from an out-of-network provider, you are responsible for the difference between the actual charge billed for covered services and the maximum allowable amount plus any deductible, copayments, coinsurance and non-covered charges.

For more complete coverage

Dental and Term Life Insurance

You can combine this health plan with Dental Blue® and/or Blue Preferred® Term Life Insurance. Combining coverage is not only easy, it can save you money, too. And you'll only have to deal with one application, one bill and one monthly premium.

Anthem

Lumenos[®] HSA

Benefit Guide for Missouri

Who can apply?

You can apply for Lumenos HSA coverage for yourself or with your family. You must be under the age of 65, reside in the Missouri service area, be a legal resident of the U.S. and not currently pregnant. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn 25.

What's a preexisting condition?

Generally, Lumenos HSA covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any condition that was diagnosed, treated, or produced symptoms within the 12 months right before you enrolled that would have caused an ordinarily prudent person to seek medical diagnosis or treatment. A preexisting condition also includes a pregnancy existing on your effective date, if maternity-related benefits are purchased.

If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the 12-month waiting period. Anthem Blue Cross and Blue Shield will credit the time you were enrolled on the previous plan.

What the Missouri Individual Lumenos HSA plans do not cover.

Lumenos HSA plans don't provide benefits for services, supplies or charges having to do with preexisting conditions (see "What's a preexisting condition?"); private duty nursing; maternity services, unless optional maternity rider is purchased; experimental or investigative treatment; dental and vision, except as spelled out in your contract; charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services); care provided by a member of your family; treatment that's primarily intended to improve your appearance; weight loss programs or treatment of obesity; hearing aids; eyeglasses or contact lenses; radial keratotomy or keratomileusis or excimer laser photo; artificial insemination, fertilization, infertility drugs or sterilization reversal; sex transformation surgery; custodial care; artificial and mechanical hearts; workers' compensation; TMJ and Craniomandibular Joint Disorders and services we determine aren't medically necessary.

Limitations:

The following outpatient services are limited to 20 visits combined in-network and out-of-network:

- physical therapy
- occupational therapy
- Home health care services limited to 60 visits.
- Optional maternity rider subject to a 12-month waiting period.
- Preexisting conditions subject to a 12-month waiting period.

These are just some of Lumenos HSA plans' exclusions and limitations. Check your contract or certificate of coverage for a complete listing of benefits, exclusions and maximum payment levels.

Our appeal rights and confidentiality policy.

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal. If you are denied coverage based on medical necessity or experimental/ investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal.

If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal. Please call customer service or check your contract or certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to: **Anthem Blue Cross and Blue Shield, Appeals Coordinator, P.O. Box 33200, Louisville, Kentucky 40232-3200.**

If we uphold our decision throughout the appeals process, you can request a review by the Missouri Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a confidentiality policy in Missouri. This policy includes guidelines regarding the protection of confidential

member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

We want you to be satisfied.

If you aren't satisfied with your Lumenos HSA coverage, you can cancel it within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

This brochure is only a summary of Lumenos HSA benefits and is not a part of the contract or certificate of coverage. If you are approved for coverage, the contract or certificate of coverage you receive will include all the details of your plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage.

In Missouri (excluding 30 counties in the Kansas City area): Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. Life and disability products are underwritten by Anthem Life Insurance Company. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.