

# Welcome to Anthem's Lumenos® Plans

Choose from the following Lumenos® consumer-driven health plans that give you more control and information to help maintain and improve your health, while also helping you and your family control your health care costs.

## OPTION 1: Lumenos Health Savings Account (HSA) Plans

5 HSA plans are available with different deductibles for individuals and families.	Annual Deductible <sup>1</sup> Amount you pay before traditional health coverage begins.		Plan Coinsurance <sup>2</sup> The percent the plan pays for covered services. See Page 3 for a brief summary.		Preventive Care Coverage The percent the plan pays for covered services. See Page 3 for overview.		Annual Out-of-Pocket Limit <sup>3</sup> The plan pays 100% of covered expenses after you reach this limit.	
	In-Network Services Individual/Family	Out-of-Network Services Individual/Family	In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services	In-Network Services Individual/Family	Out-of-Network Services Individual/Family
<b>100% Coinsurance Plans</b> Optional maternity rider, Blue Preferred® Term Life plan and Dental Blue® plan available. <sup>4</sup>	\$1,500/ \$3,000	\$3,000/ \$6,000	100%	70%	100% (deductible waived)	70%	\$1,500/ \$3,000	\$4,500/ \$9,000
	\$3,000/ \$6,000	\$6,000/ \$12,000	100%	70%	100% (deductible waived)	70%	\$3,000/ \$6,000	\$9,000/ \$18,000
	\$5,000/ \$10,000	\$10,000/ \$20,000	100%	70%	100% (deductible waived)	70%	\$5,000/ \$10,000	\$15,000/ \$30,000
<b>80% Coinsurance Plans</b> Optional maternity rider, Blue Preferred® Term Life plan and Dental Blue® plan available. <sup>4</sup>	\$1,500/ \$3,000	\$3,000/ \$6,000	80%	60%	100% (deductible waived)	60%	\$5,000/ \$10,000	\$15,000/ \$30,000
	\$3,000/ \$6,000	\$6,000/ \$12,000	80%	60%	100% (deductible waived)	60%	\$5,000/ \$10,000	\$15,000/ \$30,000

## OPTION 2: Lumenos Health Incentive Account (HIA) Plans

5 HIA plans are available with different deductibles for individuals and families.	Annual Deductible <sup>1</sup> Amount you pay before traditional health coverage begins.		Plan Coinsurance <sup>2</sup> The percent the plan pays for covered services. See Page 3 for a brief summary.		Preventive Care Coverage The percent the plan pays for covered services. See Page 3 for overview.		Annual Out-of-Pocket Limit <sup>3</sup> The plan pays 100% of covered expenses after you reach this limit.	
	In-Network Services Individual/Family	Out-of-Network Services Individual/Family	In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services	In-Network Services Individual/Family	Out-of-Network Services Individual/Family
<b>100% Coinsurance Plans</b> Optional maternity rider, Blue Preferred® Term Life plan and Dental Blue® plan available. <sup>4</sup>	\$1,000/ \$2,000	\$2,000/ \$4,000	100%	70%	100% (deductible waived)	70%	\$1,000/ \$2,000	\$3,000/ \$6,000
	\$2,500/ \$5,000	\$5,000/ \$10,000	100%	70%	100% (deductible waived)	70%	\$2,500/ \$5,000	\$7,500/ \$15,000
	\$5,000/ \$10,000	\$10,000/ \$20,000	100%	70%	100% (deductible waived)	70%	\$5,000/ \$10,000	\$15,000/ \$30,000
<b>80% Coinsurance Plans</b> Optional maternity rider, Blue Preferred® Term Life plan and Dental Blue® plan available. <sup>4</sup>	\$1,000/ \$2,000	\$2,000/ \$4,000	80%	60%	100% (deductible waived)	60%	\$3,000/ \$6,000	\$9,000/ \$18,000
	\$2,500/ \$5,000	\$5,000/ \$10,000	80%	60%	100% (deductible waived)	60%	\$5,000/ \$10,000	\$15,000/ \$30,000

<sup>1</sup> Either one or all members must satisfy the family deductible collectively before any covered services will be paid by the plan.

<sup>2</sup> Services subject to calendar-year deductible. In-Network and Out-of-Network deductibles accumulate separately and do not accumulate towards each other.

<sup>3</sup> The annual out-of-pocket limit includes deductible. Once the family out-of-pocket maximum is satisfied by either one or all members collectively, no additional coinsurance will be required for the family for the remainder of the benefit period.

<sup>4</sup> Optional maternity rider is subject to a 270-day waiting period.

Si necesita asistencia en español, usted puede solicitarla sin costo adicional contactando a su corredor o agente de cuidados de la salud. También puede visitar [www.anthem.com/espanol](http://www.anthem.com/espanol).



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## OPTION 3: Lumenos Health Incentive Account (HIA) Plus Plans

4 HIA Plus plans are available with different deductibles for individuals and families.	HIA Plus Quarterly Health Account Allocation*	Annual Deductible <sup>1</sup> Amount you pay before traditional health coverage begins.		Plan Coinsurance <sup>2</sup> The percent the plan pays for covered services. See Page 3 for a brief summary.		Preventive Care Coverage The percent the plan pays for covered services. See Page 3 for overview.		Annual Out-of-Pocket Limit <sup>3</sup> The plan pays 100% of covered expenses after you reach this limit.	
		In-Network and Out-of-Network Services Combined Individual/Family	In-Network Services Individual/Family Out-of-Network Services Individual/Family	In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services	In-Network Services Individual/Family	Out-of-Network Services Individual/Family
<b>100% Coinsurance Plans</b> Optional maternity rider, Blue Preferred® Term Life plan and Dental Blue® plan available. <sup>4</sup>	\$125/ \$250	\$2,500/ \$5,000	\$5,000/ \$10,000	100%	70%	100% (deductible waived)	70%	\$2,500/ \$5,000	\$7,500/ \$15,000
	\$125/ \$250	\$5,000/ \$10,000	\$10,000/ \$20,000	100%	70%	100% (deductible waived)	70%	\$5,000/ \$10,000	\$15,000/ \$30,000
	\$125/ \$250	\$10,000/ \$20,000	\$20,000/ \$40,000	100%	70%	100% (deductible waived)	70%	\$10,000/ \$20,000	\$30,000/ \$60,000
<b>80% Coinsurance Plans</b> Optional maternity rider, Blue Preferred® Term Life plan and Dental Blue® plan available. <sup>4</sup>	\$125/ \$250	\$2,500/ \$5,000	\$5,000/ \$10,000	80%	60%	100% (deductible waived)	60%	\$5,000/ \$10,000	\$15,000/ \$30,000

<sup>1</sup> Either one or all members must satisfy the family deductible collectively before any covered services will be paid by the plan.

<sup>2</sup> Services subject to calendar-year deductible. In-Network and Out-of-Network deductibles accumulate separately and do not accumulate towards each other.

<sup>3</sup> The annual out-of-pocket limit includes deductible. Once the family out-of-pocket maximum is satisfied by either one or all members collectively, no additional coinsurance will be required for the family for the remainder of the benefit period.

<sup>4</sup> Optional maternity rider is subject to a 270-day waiting period.

\* The HIA Plus allocation of \$125 per individual and \$250 per family is contributed to the health account each quarter, for a calendar year total of \$500 per individual and \$1,000 per family.

These plans are available with the Blue Access® PPO network. To find a doctor or local hospital, visit [anthem.com](http://anthem.com) and select the “Find a Doctor” link for a complete list of providers within the network.

## Summary of Covered Services

### 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 an in-network provider are covered at the coinsurance listed in the benefits comparison chart and are not subject to your deductible. If you see an out-of-network provider, then your deductible and out-of-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.

The following is an overview of the types of preventive services covered:

#### Well Baby and Well Child Preventive Care

##### Office Visits for preventive services

**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 (Hib) - first dose at two months old  
Polio  
Measles, Mumps, Rubella (MMR)  
Meningococcal Polysaccharide  
Rotavirus

#### Adult Preventive Care

##### Office Visits for preventive services

**Screening Tests** for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammogram, as well as pelvic exam, Pap test and contraceptive management.

##### Immunizations:

Hepatitis A  
Hepatitis B  
Diphtheria, Tetanus, Pertussis (DtaP)  
Varicella (chicken pox)  
Influenza – flu shot  
Pneumococcal Conjugate (pneumonia)  
Human Papilloma Virus (HPV) – cervical cancer  
Herpes Zoster (shingles)

### Medical Care

Anthem's Lumenos plans cover a wide range of medical services. You can use your available health account funds to pay for these covered services. Once you spend up to your deductible amount shown in the benefit comparison chart for covered services, you will have traditional health coverage with the coinsurance listed in the benefit comparison chart to help pay for additional covered services. The following is a summary of covered medical services under Anthem's Lumenos plans:

#### Physician Office Visits

#### Inpatient Hospital Services

#### Outpatient Surgery Services

#### Diagnostic X-rays/Lab Tests

Emergency Hospital Services, Urgent Care and Ambulance (in-network coinsurance applies both in-network and out-of-network)

#### Inpatient and Outpatient Mental Health and Substance Abuse Services

#### Durable Medical Equipment

#### Prescription Drugs\* (Retail: 30-day supply, Mail Service: 90-day supply)

#### Home Health Care and Hospice Care

#### Physical, Speech, Occupational and Manipulation Therapy Services

Lifetime Maximum coverage for Lumenos plans is **Unlimited**.

\*Mail order and prescription drug benefits administered by WellPoint NextRx.

## Limitations and Exclusions

### Limitations and Exclusions

Some covered services may have limitations or other restrictions. For a complete list of exclusions and limitations, please refer to your certificate of coverage. Some covered services may require pre-approval. Benefit maximums listed below are per person per benefit period.

Outpatient physical therapy services limited to 20 visits combined in-network and out-of-network.

Outpatient speech therapy services limited to 20 visits combined in-network and out-of-network.

Outpatient occupational therapy services limited to 20 visits combined in-network and out-of-network.

Outpatient manipulation therapy services limited to 12 visits combined in-network and out-of-network.

Non-Biologically Based Mental Illness and Substance Abuse limits apply:

- Inpatient limited to 10 days combined in-network and out-of-network.
- Outpatient limited to 10 visits combined in-network and out-of-network.
- Inpatient and outpatient substance abuse limited to \$550 combined out-of-network.
- Inpatient and outpatient substance abuse rehabilitation programs limited to 2 per lifetime.

Note: Biologically based Mental Illnesses are covered the same as any other illness under medical and limits do not apply.

Home health care services limited to 60 visits.

Human organ and tissue transplant services limited to a \$1,000,000 lifetime maximum combined in-network and out-of-network transplant provider services. Note: Kidney and cornea transplant services covered same as any other illness under medical.

Optional maternity rider subject to a 270-day waiting period.

Pre-existing conditions subject to a 12-month waiting period.

## Add Blue Preferred® Life to Your Plan

Be prepared for the unexpected.

Pennies a day. That's all it takes to ensure your family has financial protection-even if you're not there to provide for them. When you add the Anthem Blue Preferred® Term Life Plan to your individual medical coverage, you can enjoy the peace of mind that comes from knowing you'll help meet your family's financial obligations. Keep in mind that the death proceeds of a Life policy are almost never taxed.

Blue Preferred Term Life is available with most individual medical plans from Anthem. And it couldn't be easier to get. You won't have to undergo any medical exams or fill out any additional forms. And you'll receive only one bill for your health and life coverage. If you want, you can also get life insurance for all of your individual family members covered on your medical plan. Because there's no such thing as being too prepared.

### Term Life Monthly Rates

AGE	\$15,000	\$25,000	\$50,000
Less than 1	\$N/A	\$N/A	\$N/A
1-18	\$1.50	\$2.50	\$N/A
19-29	\$2.85	\$4.75	\$9.50
30-39	\$3.30	\$5.50	\$11.00
40-49	\$7.50	\$12.50	\$25.00
50-59	\$20.85	\$34.75	\$69.50
60-64	\$29.40	\$49.00	\$98.00



# Welcome to Anthem's Lumenos® Plans

## Some really important legal information you should take the time to read.

### Who can apply.

You can apply for medical coverage for yourself or with your family. 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. You must be a resident of the state in which you are applying, a legal resident of the U.S. and not currently pregnant.

### What's a pre-existing condition?

This medical plan covers pre-existing conditions after you've been enrolled in the plan for 12 months. A pre-existing condition is any medical or physical condition you had in the six months right before you enrolled. If you received medical advice, a diagnosis, care or treatment for the condition - or if it was recommended that you do so - that qualifies it as "pre-existing".

### What we do not cover.

This medical plan doesn't provide benefits for services, supplies or charges having to do with pre-existing conditions (see "What's a pre-existing condition?"); private duty nursing; experimental or investigative treatment; dental and vision, except as spelled out in your contract; charges above 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; 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; maternity services, unless optional maternity rider is purchased; custodial care; artificial and mechanical hearts; workers' compensation; and services we determine aren't medically necessary.

These are some of the exclusions contained in the plans. 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, KY 40232-3200**

If we uphold our decision throughout the appeals process, you can request a review by the Ohio Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a Confidentiality Policy in Ohio. 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.



## Welcome to Anthem's Lumenos<sup>®</sup> Plans

We want you to be satisfied.

If you aren't satisfied with your medical 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.

### Information about our Network Providers.

Using our network.

To be eligible to receive the maximum benefits available, you must use network providers. (Please refer to your provider directory, located on [anthem.com](http://anthem.com), for a list of network providers.)

Notice of provider arrangements.

Your Participating 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.

Any willing provider.

If an out-of-network provider meets our enrollment criteria and is willing to meet the terms and conditions for participation, that provider has the right to apply to become a network provider for the products associated with this product brochure.

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 and the maximum allowable amount plus any deductible, copayments and non-covered charges.

Customary waiting times.

The standard waiting time for routine care is two weeks and urgent care is 48 hours. These waiting times are standard only and may not be indicative of the amount of time you wait for routine or urgent care.



## Welcome to Anthem's Lumenos<sup>®</sup> Plans

### 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.

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 the deductibles have 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.

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](http://anthem.com).

An **HIA Plus Allocation** is the funds placed in your account by the health plan to use first for covered medical services. The funds apply towards your bridge amount.



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This Plan Benefits Comparison is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits 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 Plan Benefits Comparison, the terms of the contract or certificate of coverage will prevail.

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