



Welcome to the future of health care

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.

Lumenos HSA Plans

4 HSA plans are available with different deductibles for individuals and families.

		Annual Deductible Amount you pay before traditional health coverage begins	Plan Coinsurance The percent the plan pays for covered services		Annual Out-of-Pocket Limit The plan pays 100% of covered expenses after you reach this limit	
			In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services
Individual Deductibles	HSA \$1,250 100%	\$1,250	100%	70%	\$1,250	\$2,500
	HSA \$2,500 100%	\$2,500	100%	70%	\$2,500	\$5,000
	HSA \$2,500 80%	\$2,500	80%	60%	\$5,000	\$10,000
	HSA \$5,000 100%	\$5,000	100%	70%	\$5,000	\$10,000
Family Deductibles	HSA \$2,500 100%	\$2,500	100%	70%	\$2,500	\$5,000
	HSA \$5,000 100%	\$5,000	100%	70%	\$5,000	\$10,000
	HSA \$5,000 80%	\$5,000	80%	60%	\$10,000	\$20,000
	HSA \$10,000 100%	\$10,000	100%	70%	\$10,000	\$20,000

Lumenos HIA Plans

2 HIA plans are available with different deductibles for individuals and families.

		Annual Deductible Amount you pay before traditional health coverage begins	Plan Coinsurance The percent the plan pays for covered services		Annual Out-of-Pocket Limit The plan pays 100% of covered expenses after you reach this limit	
			In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services
Individual Deductibles	HIA \$1,500 80%	\$1,500	80%	60%	\$4,500	\$9,000
	HIA \$2,500 80%	\$2,500	80%	60%	\$5,000	\$10,000
Family Deductibles	HIA \$3,000 80%	\$3,000	80%	60%	\$9,500	\$18,000
	HIA \$5,000 80%	\$5,000	80%	60%	\$10,000	\$20,000

Lumenos HIA Plus Plan

1 HIA Plus plan is available with different deductibles for individuals and families.

		HIA Allocation	Annual Deductible	Plan Coinsurance		Annual Out-of-Pocket Limit	
		Amount placed in your account to use first for covered services	Amount you pay before traditional health coverage begins	The percent the plan pays for covered services		The plan pays 100% of covered expenses after you reach this limit	
				In-Network Services	Out-of-Network Services	In-Network Services	Out-of-Network Services
Individual Deductible	HIA Plus \$2,500 80%	\$200	\$2,500	80%	60%	\$5,000	\$10,000
Family Deductible	HIA Plus \$5,000 80%	\$400	\$5,000	80%	60%	\$10,000	\$20,000

If you have questions, please call toll-free 1-888-224-4896.



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 (ACIP) and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to prevent avoidable premature injury, illness and death.

All preventive services received from an in-network provider are covered at 100%, are not deducted from your health account, and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply.

The following are covered preventive care services:

Well Baby and Well Child Preventive Care

Office Visits through age 18

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
- Polio
- Measles, Mumps, Rubella (MMR)

Adult Preventive Care

Office Visits after age 18

Screening Tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams, 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 to treat an illness or injury. 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
- Inpatient and Outpatient Mental Health and Substance Abuse Services
- Prescription Drugs
- Home Health Care and Hospice Care
- Physical, Speech and Occupational Therapy Services

Some covered services may have limitations or other restrictions. With Anthem's Lumenos plans, the following services are limited:

- Skilled Nursing Facility Services limited to 100 days per calendar year per member.
- Home Health Care Services are limited to 100 visits per calendar year.
- Inpatient Rehabilitative Services limited to 100 days per member per calendar year.
- Physical Therapy, Occupational Therapy and Speech Therapy combined limit of \$3,000 per member per calendar year.
- Chiropractic Services limited to 12 visits per member per calendar year.
- Some restrictions may apply to infertility services.
- Inpatient Hospitalizations require authorizations.

Lumenos plans also include a **Lifetime Maximum** of \$1,000,000 per member for Out-of-Network services.

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