



LUMENOS H.S.A.s
 Effective January 1, 2010

FOR RENEWALS ONLY. NOT OPEN TO NEW MEMBERS.

	HSA \$1250/2500 100%/70%				HSA \$2500/5000 80%/60%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$174.82	\$247.86	\$407.18	\$770.56	\$106.40	\$150.84	\$247.84	\$468.98
19-24	\$174.82	\$247.86	\$407.18	\$770.56	\$106.40	\$150.84	\$247.84	\$468.98
25-29	\$174.82	\$247.86	\$407.18	\$770.56	\$106.40	\$150.84	\$247.84	\$468.98
30-34	\$232.96	\$285.24	\$414.04	\$872.32	\$141.78	\$173.60	\$252.00	\$530.92
35-39	\$232.96	\$285.24	\$414.04	\$872.32	\$141.78	\$173.60	\$252.00	\$530.92
40-44	\$300.82	\$314.32	\$459.84	\$934.28	\$183.08	\$191.30	\$279.88	\$568.62
45-49	\$348.24	\$352.74	\$517.16	\$977.20	\$211.94	\$214.68	\$314.76	\$594.74
50-54	\$473.90	\$487.40	\$748.32	\$1,156.18	\$288.42	\$296.64	\$455.46	\$703.68
55-59	\$619.62	\$615.48	\$977.30	\$1,399.88	\$377.12	\$374.58	\$594.84	\$851.98
60-64	\$832.52	\$734.90	\$1,239.92	\$1,650.50	\$506.68	\$447.28	\$754.68	\$1,004.52
65+	\$805.52	\$713.78	\$1,227.78	\$1,567.06	\$490.26	\$434.42	\$747.30	\$953.74

	HSA \$2500/5000 100%/70%				HSA \$5000/10,000 100%/70%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$140.14	\$198.70	\$326.44	\$617.76	\$87.54	\$124.12	\$203.90	\$385.86
19-24	\$140.14	\$198.70	\$326.44	\$617.76	\$87.54	\$124.12	\$203.90	\$385.86
25-29	\$140.14	\$198.70	\$326.44	\$617.76	\$87.54	\$124.12	\$203.90	\$385.86
30-34	\$186.78	\$228.68	\$331.94	\$699.36	\$116.66	\$142.84	\$207.32	\$436.82
35-39	\$186.78	\$228.68	\$331.94	\$699.36	\$116.66	\$142.84	\$207.32	\$436.82
40-44	\$241.16	\$251.98	\$368.64	\$749.02	\$150.64	\$157.40	\$230.26	\$467.84
45-49	\$279.18	\$282.80	\$414.60	\$783.44	\$174.38	\$176.64	\$258.96	\$489.34
50-54	\$379.92	\$390.74	\$599.92	\$926.92	\$237.30	\$244.06	\$374.72	\$578.96
55-59	\$496.76	\$493.44	\$783.50	\$1,122.30	\$310.28	\$308.20	\$489.38	\$700.98
60-64	\$667.44	\$589.18	\$994.04	\$1,323.22	\$416.88	\$368.00	\$620.88	\$826.48
65+	\$645.78	\$572.24	\$984.30	\$1,256.34	\$403.36	\$357.42	\$614.80	\$784.72

For help or questions call 1-866-508-0618



Lumenos HSA Plan Summary

The Lumenos[®] HSA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And, you'll have access to personalized services and online tools to help you reach your health potential.

Your Lumenos HSA Plan

First – Use your HSA to pay for covered services:

Health Savings Account

With the Lumenos Health Savings Account (HSA), you can contribute dollars to your HSA account. Others may also contribute dollars to your account.

You can use these dollars to help meet your annual deductible responsibility.

Unused dollars can be saved or invested and accumulate through retirement.

Contributions to Your HSA

For 2007, contributions can be made to your HSA up to the following:

\$2,850 individual coverage

\$5,650 family coverage

Note: These limits apply to all combined contributions from any source.

Plus – To help you stay healthy, use:

Preventive Care

100% coverage for nationally recommended services.

Preventive Care

No deductions from the HSA or out-of-pocket costs for you as long as you receive your preventive care from an in-network provider. If you choose to go to an out-of-network provider, your deductible or Traditional Health Coverage benefits will apply.

Then –

Your Bridge Responsibility

The Bridge is an amount you pay out of your pocket until you meet your annual deductible responsibility.

Your Bridge amount will vary depending on how many of your HSA dollars, if any, you choose to spend to help you meet your annual deductible responsibility. If you contribute HSA dollars up to the amount of your deductible and use them, your Bridge will equal \$0.

HSA dollars spent on covered services plus your Bridge Responsibility add up to your annual deductible responsibility.

Health Account + Bridge = Deductible

Bridge

Your Bridge responsibility will vary.

Annual Deductible Responsibility

\$5,000 individual coverage

\$10,000 family coverage

If needed –

Traditional Health Coverage

Your Traditional Health Coverage begins after you have met your Bridge responsibility.

Traditional Health Coverage

After your Bridge, the plan pays:

100% for in-network providers

70% for out-of-network providers

Additional protection:

For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the **plan pays 100% of the cost for covered services** for the remainder of the plan year.

Annual Out-of-Pocket Maximum

In-Network Providers

\$5,000 individual coverage

\$10,000 family coverage

Out-of-Network Providers

\$10,000 individual coverage

\$20,000 family coverage

Your annual out-of-pocket maximum consists of funds you spend from your HSA, your Bridge responsibility and your coinsurance amounts.

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~~if you have questions, please call toll free 1-888-224-4896~~

Preventive care covered – before your deductible

When you use our network providers, nationally recommended preventive care services are covered by us, with no additional cost to you. Below are some of the covered preventive care services:

Well Baby and Well Child Preventive Care	Adult Preventive Care
Preventive Physical Exams	Preventive Physical Exams
Immunizations	Immunizations
Screening Tests including the following: <ul style="list-style-type: none">• Screening for lead exposure• Pelvic exam and Pap test for females (who are age 18, or have been sexually active)	Screening Tests including the following: <ul style="list-style-type: none">• Cholesterol and lipid level screening• Blood glucose test to screen for Type II diabetes• Prostate cancer screenings including digital rectal exam and PSA test• Breast exam and Mammography screening• Pelvic exam and Pap test for females

360° Health – Personalized services and online tools for health-conscious consumers

360° Health is our approach to surrounding you with the resources, tools, guidance and support to help you make the right health care decisions for you and your family. You'll have access to a wealth of ways to improve and maintain your health – all at no additional charge, including:

- An online MyHealth Assessment designed to help you measure your overall health.
- Our health coaching programs for managing ongoing conditions, and our Healthy Lifestyles programs such as Tobacco-Free and Healthy Weight.
- An online health site with tools and information, including network provider listings, hospital quality ratings, prescription drug costs, wellness articles, and much more.

Built-in value through our discounts

You choose your own doctor and you never need referrals – and when you use our network providers, you can save money because you'll receive our negotiated discounts on services and prescriptions. If you visit an out-of-network provider, you'll still have benefits, but your share of the cost for covered services will increase.

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Summary of Covered Services (Continued)

Medical Care

Anthem's Lumenos HSA plan covers a wide range of medical services to treat an illness or injury. You can use your available HSA funds to pay for these covered services. Once you spend up to your deductible amount for covered services, you will have Traditional Health Coverage available to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HSA plan:

- 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
- Chiropractic Care
- 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 HSA plan, the following services are limited:

- Skilled nursing facility services limited to 100 days per member calendar year.
- Home Health care services limited to 100 visits per member calendar year.
- Inpatient rehabilitative services limited to 100 days per member per calendar year.
- PT/OT/ST 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.
- Your Lumenos HSA plan includes a lifetime maximum of \$1,000,000 per member for out-of-network services.

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