

Lumenos® with HSA (CDHP) Plan Summary

The Lumenos with 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 to help offset your out-of-pocket health expenses, you can earn additional funds for your health account by taking certain steps to improve your health.

Your Lumenos with HSA and Rewards Plan

First - Use your HSA to pay for covered services:

Health Savings Account

With the Lumenos with Health Savings Account (HSA), you can **contribute pre-tax dollars to your HSA**. 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.

2014 & 2015 Contribution Maximums to Your HSA

The annual contribution maximums set by the U.S. Treasury and IRS:

For 2014:

\$3,300 individual coverage
\$6,550 family coverage

For 2015:

\$3,350 individual coverage
\$6,650 family coverage

Note: These limits apply to all combined contributions from any source including HSA dollars from rewards. Rollover funds are not subject to these limits.

Earn Rewards

What's special about your HSA plan is that you may earn rewards. It's how your Lumenos plan rewards you for taking steps to improve your health.

If you do this:

Complete the MyHealth Assessment online

You can earn these rewards equivalent to:

\$50

Plus - To help you stay healthy, use:

Preventive Care

100% coverage for nationally recommended services.

Preventive Care

No out-of-pocket costs for you as long as you receive your preventive care from a network provider. If you choose to go to an out-of-network provider, your deductible or traditional health coverage benefits will apply.

Then -

Your Deductible

The deductible is the annual amount you pay – using your HSA or out-of-pocket – before you reach the traditional health coverage portion of the plan.

Annual Deductible Responsibility

\$2,500 individual coverage
\$5,000 family coverage (\$2,500 individual level)

Your **benefit period** is calendar year. A **calendar year** means your benefit period runs from January through December.

If needed -

Traditional Health Coverage

Similar to a PPO or HMO, after you meet your deductible, you pay coinsurance (a percentage of the provider's charges) or a copay when you visit a network provider. You'll pay more if you visit an out-of-network provider. Your traditional health coverage begins:

- 1) Once any family member reaches the individual level deductible (within the annual deductible), that family member's future expenses will be eligible for traditional health coverage.
- 2) The remaining family members must satisfy the remainder of the annual deductible before traditional health coverage begins.

Traditional Health Coverage

After your deductible*, the plan pays:

80% for network providers

60% for out-of-network providers

Prescription Coverage

After your deductible*, your prescription copay responsibility is:

Retail: \$10/\$30/\$50 for network pharmacies

same as network pharmacies

Mail: \$10/\$60/\$150 for 90-day supply

n/a

This benefit plan includes our PreventiveRx benefit. PreventiveRx covers drugs that help keep you healthy because they prevent illness and other health conditions. You can get these products at no cost to you.

*Combined annual deductible for medical and pharmacy benefits.

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

Network Providers

\$3,500 individual coverage

\$7,000 family coverage

Out-of-Network Providers

\$5,000 individual coverage

\$10,000 family coverage

Your annual out-of-pocket maximum consists of your annual deductible and your copay/coinsurance amounts.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the federal health care reform laws. Anthem believes the benefits are compliant with applicable law, but they have not been approved by the Virginia Bureau of Insurance at this time. We may be required to make additional changes to this summary of benefits.

Overview of Covered Preventive Services

Preventive Care

Anthem's Lumenos with HSA plan covers preventive services¹ 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 to help prevent avoidable premature injury, illness and death.

All preventive services received from a network provider are covered at 100%, are not deducted from your HSA 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. If you receive any of these services for diagnostic purposes — for example, a colonoscopy when symptoms are present — the appropriate plan deductible and coinsurance will apply and available account funds may be used to cover costs.

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

Child Preventive Care

Office Visits for preventive services
Screening Tests for vision, hearing, and lead exposure. Also includes pelvic exam and Pap test 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 for preventive services
Screening Tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams and Pap test.
Immunizations:
 Hepatitis A
 Hepatitis B
 Diphtheria, Tetanus, Pertussis (DtaP)
 Varicella (chicken pox)
 Influenza – flu shot
 Pneumococcal Conjugate (pneumonia)
 Human Papilloma Virus (HPV) – cervical cancer

Summary of Exclusions or Limitations

Some covered services may have limitations or other restrictions.² With Anthem's Lumenos with HSA plan, the following services are limited:

Annual routine vision exam \$15; not subject to deductible.
 Skilled nursing facility services limited to 100 days per benefit period.
 Home health care services limited to 100 visits per benefit period.
 Physical and occupational therapy services limited to a combined 30 visits per benefit period.³
 Speech therapy services limited to 30 visits per benefit period.³
 Spinal manipulations and other manual medical intervention visits limited to 30 visits per benefit period.
 Early intervention services are unlimited per member per year up to age 3.
 Private duty nursing is limited to 16 hours per member per calendar year.
 Wigs limited to 1 wig per member per year.
 Your Lumenos HSA also includes **No Lifetime Maximum**.

¹ Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

² Additional limitations and exclusions may apply. For a complete list of exclusions and limitations, please refer to your Certificate of Coverage. Some covered services may require pre-approval.

³ Physical, occupational and speech therapies are unlimited for Autism Spectrum Disorder.

Please note: This summary 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 Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail. This summary is for a full year in the Lumenos plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary. The information included does not constitute legal, tax, or benefit plan design advice. Anthem strongly encourages consultation with a tax advisor before establishing a Health Savings Account. Any Health Savings Account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administration of the HSA.

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is 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.