

# 2010 Plan Discontinuation

## High Level Benefit Comparison – Current vs. New Plan



Your Current Health Plan: Lumenos HIA+ 3000 (DY17, EU34)  
**New Health Plan Mapped To At Group's Renewal: Lumenos HIA+ 750 (EF43, EF53)**

Below is a high level, side-by-side comparison of one of your current health plans (one that is being discontinued at your group's upcoming renewal) with the most-similar available plan in our portfolio. At your group's renewal, your employees on the discontinuing plan will be transitioned into the new plan listed, unless you (and / or your employee) make alternative plan selections. Please consult this package and your forthcoming Group Renewal Kit for a full description of your plan selection options. Also, a more detailed description of the plan benefits can be found in the Summary of Features for this plan at [www.anthem.com/easyrenew](http://www.anthem.com/easyrenew) or by requesting a copy of the plan's Certificate.

Benefit Category	Current Benefits on Lumenos HIA+ 3000 Plan	New Benefit Upon Renewal for Lumenos HIA+ 750 Plan
<b>First Dollar Coverage</b> In-network & Out-of-network Combined	First dollar coverage of; Single member: \$1,000; Family contract: \$2,000 aggregate. (amounts pro-rated in first year based on enrollment date; unused annual allocation may be rolled over from previous calendar year)  Allocation available for immediate use to pay for all covered services; amounts paid WILL apply toward combined medical & pharmacy annual deductible or out-of-pocket maximum.	Annual HIA allocation of; Single member: \$750; Family contract: \$1,500 aggregate. (amounts pro-rated in first year based on enrollment date; limit \$750 per member or \$1,500 per family of unused annual allocation may be rolled over from previous calendar year)  Allocation available for immediate use to pay for all covered services; amounts paid WILL apply toward combined medical & pharmacy annual deductible or out-of-pocket maximum.
<b>Annual Deductible</b> In-network & Out-of-network Combined	\$3,000 Single member; \$6,000 Family aggregate. Combined for Medical and Pharmacy; First dollar coverage payments APPLY to meeting annual deductible.	\$1,500 Single member; \$3,000 Family aggregate. Combined for Medical and Pharmacy; First dollar coverage payments APPLY to meeting annual deductible.
<b>Annual Out-of-Pocket Maximum</b> In-network  Out-of-network	\$3,000 Single member; \$6,000 Family aggregate.  \$6,000 Single member; \$12,000 Family aggregate.	\$5,000 Single member; \$10,000 Family aggregate. Combined for Medical and Pharmacy.  \$10,000 Single member; \$20,000 Family aggregate. Combined for Medical and Pharmacy.
<b>Office Visits</b> In-network  Out-of-network	0% of negotiated fee after annual deductible  30% of negotiated fee plus 100% of excess charges after annual deductible	25% of negotiated fee after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible

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<b>Professional Services</b> <i>Including maternity, diagnostic lab and x-rays</i> In-network  Out-of-network	0% of negotiated fee after annual deductible  30% of negotiated fee plus 100% of excess charges after annual deductible	25% of negotiated fee after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible
<b>Hospital Inpatient Facility Services</b> In-network  Out-of-network	0% of negotiated fee after annual deductible  All charges in excess of \$650 per day after annual deductible	25% of negotiated fee after annual deductible  All charges in excess of \$650 per day after annual deductible
<b>Outpatient Facility Services</b> In-network  Out-of-network	0% of negotiated fee after annual deductible  All charges in excess of \$380 per day after annual deductible	25% of negotiated fee after annual deductible  All charges in excess of \$380 per day after annual deductible
<b>Prescription Drugs</b> In-network <i>30-day supply retail</i>	After health incentive allocation exhausted and combined annual medical & pharmacy deductible is met: <i>Generic Drugs: 0%</i> <i>Formulary Brand Drugs: 0%</i> <i>Non-Formulary Brand Drugs: 0%</i> <i>Self-injectable Drugs: 0%</i>	After health incentive allocation is exhausted and combined annual medical & pharmacy deductible is met: <i>Generic Drugs: \$10 copay</i> <i>Formulary Brand Drugs: \$30 copay</i> <i>Non-Formulary Brand Drugs: \$50 copay</i> <i>Self-injectable Drugs: 30%</i>  After combined annual medical & pharmacy out-of-pocket maximum is met, member responsibility for covered prescription drugs is 0% of negotiated fee
<b>Preventive Care</b> In-network  Out-of-network	Not subject to annual deductible. 0% of negotiated fee (includes nationally recommended preventive services)  30% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)	Not subject to annual deductible. 0% of negotiated fee (includes nationally recommended preventive services). Age and frequency limitations apply.  50% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)

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Benefit Category	Current Benefits on Lumenos HIA+ 3000 Plan	New Benefit Upon Renewal for Lumenos HIA+ 750 Plan	
<b>Annual Preventive Care Options - Physical Exam</b>			
In-network	Not subject to annual deductible. 0% of negotiated fee (includes nationally recommended preventive services)	Not subject to annual deductible. 0% of negotiated fee (includes nationally recommended preventive services)	
Out-of-network	30% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)	50% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)	