

2010 Plan Discontinuation

High Level Benefit Comparison – Current vs. New Plan



Your Current Health Plan: Lumenos HSA 1500 (100/70) (DY07, EU32)

New Health Plan Mapped To At Group's Renewal: Lumenos HSA 2000 (100/70) (DY08, EU35)

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 or by requesting a copy of the plan's Certificate.

Benefit Category	Current Benefits on Lumenos HSA 1500 (100/70)	New Benefit Upon Renewal for Lumenos HSA 2000 (100/70)
Annual Deductible		
In-network	\$1,500 Single member; \$3,000 Family aggregate. Combined for Medical and Pharmacy.	\$2,000 Single member; \$4,000 Family aggregate. Combined for Medical and Pharmacy.
Out-of-network	\$1,500 Single member; \$3,000 Family aggregate. Combined for Medical and Pharmacy.	\$2,000 Single member; \$4,000 Family aggregate. Combined for Medical and Pharmacy.
Annual Out-of-Pocket Maximum		
In-network	\$1,500 Single member; \$3,000 Family aggregate. Combined for Medical and Pharmacy.	\$4,000 Single member; \$8,000 Family aggregate. Combined for Medical and Pharmacy.
Out-of-network	\$3,000 Single member; \$6,000 Family aggregate. Combined for Medical and Pharmacy.	\$8,000 Single member; \$16,000 Family aggregate. Combined for Medical and Pharmacy.
Office Visits		
In-network	0% after annual deductible	0% after annual deductible
Out-of-network	30% of negotiated fee plus 100% of excess charges after annual deductible	30% of negotiated fee plus 100% of excess charges after annual deductible
Professional Services <i>Including maternity, diagnostic lab and x-rays</i>		
In-network	0% after annual deductible	0% after annual deductible
Out-of-network	30% of negotiated fee plus 100% of excess charges after annual deductible	30% of negotiated fee plus 100% of excess charges after annual deductible
Hospital Inpatient Facility Services		
In-network	0% after annual deductible	0% after annual deductible
Out-of-network	All charges in excess of \$650 per day after annual deductible	All charges in excess of \$650 per day after annual deductible

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Benefit Category	Current Benefits on Lumenos HSA 1500 (100/70)	New Benefit Upon Renewal for Lumenos HSA 2000 (100/70)
Outpatient Facility Services		
In-network	0% after annual deductible	0% after annual deductible
Out-of-network	All charges in excess of \$380 per day after annual deductible	All charges in excess of \$380 per day after annual deductible
Prescription Drugs		
In-network <i>30-day supply retail</i>	After 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 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
Preventive Care		
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)	30% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)
Annual Preventive Care Options - Physical Exam		
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)	30% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)