

## Lumenos HSA Plan Coverage

**OPTION: 0% Coinsurance**

**CALENDAR YEAR DEDUCTIBLE**

**CALENDAR YEAR OUT-OF-POCKET LIMIT** *(includes deductible)*

**CALENDAR YEAR DEDUCTIBLE**

**CALENDAR YEAR OUT-OF-POCKET LIMIT** *(includes deductible)*

**PLAN LIFETIME MAXIMUM**

	Network				Non-Network			
	YOU PAY 0% Coinsurance				YOU PAY 40% Coinsurance			
Individual:	\$1,500	\$3,000	\$3,500	\$5,000	\$1,500	\$3,000	\$3,500	\$5,000
	\$1,500	\$3,000	\$3,500	\$5,000	\$3,000	\$6,000	\$7,000	\$10,000
Family:	\$3,000	\$6,000	\$7,000	\$10,000	\$3,000	\$6,000	\$7,000	\$10,000
	\$3,000	\$6,000	\$7,000	\$10,000	\$6,000	\$12,000	\$14,000	\$20,000
\$7,000,000 per member for network and non-network services combined								

**OPTION: 20% Coinsurance**

**CALENDAR YEAR DEDUCTIBLE**

**CALENDAR YEAR OUT-OF-POCKET LIMIT** *(includes deductible)*

**CALENDAR YEAR DEDUCTIBLE**

**CALENDAR YEAR OUT-OF-POCKET LIMIT** *(includes deductible)*

**PLAN LIFETIME MAXIMUM**

	YOU PAY 20% Coinsurance		YOU PAY 40% Coinsurance	
Individual:	\$1,750	\$5,000	\$1,750	\$10,000
Family:	\$3,500	\$10,000	\$3,500	\$20,000
\$7,000,000 per member for network and non-network services combined				

## Lumenos HSA Plan Benefits<sup>1</sup>

**DOCTORS' OFFICE VISITS**

**PREVENTIVE CARE**

*(includes well-child care, preventive office exams, immunizations, PSA screening, Pap smears, mammograms, colorectal cancer exams, colonoscopy, and sigmoidoscopy)*

**DIAGNOSTIC SERVICES**

**HOSPITAL** *(inpatient & outpatient)*, **OUTPATIENT SURGERY**

**EMERGENCY ROOM SERVICES**

**MATERNITY**

**DENTAL**

**LIFE**

	Network	Non-Network
	YOU PAY YOUR SHARE AFTER DEDUCTIBLE, UNLESS WAIVED	
	0% or 20% Coinsurance <sup>2</sup>	
0% Coinsurance:	Individual: \$3,500 Family: \$7,000	
20% Coinsurance:	Individual: \$1,750 Family: \$3,500	40% Coinsurance
0% Coinsurance <i>(deductible waived)</i> :	Individual: \$1,500 \$3,000 \$5,000 Family: \$3,000 \$6,000 \$10,000	
	0% or 20% Coinsurance <sup>2</sup>	
	Not covered <i>(optional maternity rider available for plans with deductibles of \$2,500 and greater; subject to 270-day waiting period)</i>	
	Coverage available at additional cost	

## Lumenos HSA Drug Coverage

**INCLUDES DRUG COVERAGE UNDER MEDICAL PLAN**

*Note: Specialty injectable drugs are limited to a 30-day supply, available through Anthem's Specialty Rx network, and are not covered out-of-network.*

	Network	Non-Network
	YOU PAY YOUR SHARE AFTER DEDUCTIBLE	
	0% or 20% Coinsurance <sup>2</sup>	
	40% Coinsurance	

**OTHER COVERED BENEFITS INCLUDE BUT ARE NOT LIMITED TO:**

- Ambulance
- Chiropractic
- Durable Medical Equipment
- Home Health Care
- Hospice Care
- Mental Health
- Organ Transplants
- Rehabilitation Facilities
- Skilled Nursing Care
- Speech Therapy
- Therapy Services
- Urgent Care

<sup>1</sup>UNLESS OTHERWISE NOTED, ALL BENEFITS ARE SUBJECT TO THE CALENDAR YEAR DEDUCTIBLE.

<sup>2</sup>COINSURANCE IS DESIGNATED BY THE PLAN YOU CHOOSE.

**IMPORTANT:** *This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Lumenos HSA Benefit Guide, the terms of the contract or certificate of coverage will prevail.*

# Understanding Lumenos® HSA Coverage

## 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 and the American Academy of Pediatrics. The preventive care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions in advance and help keep you healthier in the long run.

All preventive services received from a network provider are covered at the coinsurance listed in the benefit summary chart. If you see a non-network provider, then your deductible and non-network coinsurance responsibility will apply. If you receive any of these services for diagnostic purposes – for example, colonoscopy when symptoms are present – the appropriate plan deductible and coinsurance will apply and available health account dollars may be used to cover these costs.

### Child - Preventive care

Preventive physical exams

Immunizations

Screening tests including the following:

- Eye chart vision screening
- Hearing screening
- Screening for lead exposure
- Pelvic exam and Pap test (if recommended by your doctor)

### Adult - Preventive care

Preventive physical exams

Immunizations

Screening tests including the following:

- Eye chart vision screening
- Hearing screening
- Cholesterol and lipid level screening
- Blood glucose test to screen for Type 2 diabetes
- Prostate cancer screenings including digitalrectal exam and PSA test
- Breast exam and mammography screening
- Pelvic exam and Pap test

Is your doctor or dentist in one of our networks?

Go to [anthem.com](https://www.anthem.com) > Find a Doctor

## Some definitions

### So we're all on the same page

A **premium** is the amount of money you pay on a regular basis—once a month, four times a year, twice a year or once a year—to your insurance company to keep your health plan active. You can't apply what you pay for your premium toward your deductible.

A **deductible** is the amount of out-of-pocket expenses you have to pay each year before your health plan kicks in and starts paying for services. Network and non-network deductibles are separate and do not accumulate towards each other.

A **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services. It's the portion of the bill not paid by your health plan after your deductible has been reached.

An **out-of-pocket** limit is the total amount of money (not counting your premiums) you have to pay each year for your healthcare coverage. Your deductible and coinsurance payments for covered services (except those for Prescription Drugs and non-network Human Organ and Tissue Transplant services) count toward your out-of-pocket limit.

A **discount** is the reduced out-of-pocket cost you enjoy when you obtain covered health care services from a network provider.

A **drug formulary** is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You may help control the amount you pay for prescriptions by encouraging your doctor to prescribe medications from the Anthem formulary on our website at [anthem.com](http://anthem.com).

## About our network providers

### Using our network

To be eligible to receive the maximum benefits available, you must use network providers. To find a doctor, please go to [anthem.com](http://anthem.com) > "Find a Doctor".

### Notice of provider arrangements

Your network provider's agreement for providing covered services may include financial incentives or risk-sharing relationships which are based on utilization and quality of services. If you have any questions regarding such incentives or risk-sharing relationships, please contact Anthem or your provider.

### Accessing covered services

Some services, or supplies, such as prescription drugs, require your doctor to receive an authorization from Anthem that defines and/or limits the conditions under which the service, or supply, will be covered to help you avoid any unnecessary out-of-pocket expenses. Other services, such as organ transplants, require your physician to certify, and for us to approve the service as medically necessary and the appropriate setting. Neither process is a guarantee of coverage.

### Out-of-network provider

If you receive covered services from an out-of-network provider, you are responsible for the difference between the actual charge billed for covered services and the maximum allowable amount plus any deductible, copayments, coinsurance and non-covered charges.

## For more complete coverage

### Dental and Term Life Insurance

You can combine this health plan with Dental Blue® and/or Blue Preferred® Term Life Insurance. Combining coverage is not only easy, it can save you money, too. And you'll only have to deal with one application, one bill and one monthly premium.

# Anthem

## Lumenos<sup>®</sup> HSA

### Benefit Guide for Ohio

#### Who can apply?

You can apply for Lumenos HSA coverage for yourself or with your family. You must be a resident of the state in which you are applying, under the age of 65, a legal resident of the U.S. and not currently pregnant. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn 25.

#### What's a preexisting condition?

Generally, Lumenos HSA covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any medical or physical condition you had in the six months right before you enrolled. If you received medical advice, a diagnosis, care or treatment for the condition – or if it was recommended that you do so – that qualifies it as “preexisting”.

If you apply for coverage within 63 days of terminating your membership with another “creditable” health care plan, then you can use your prior coverage for credit toward the 12-month waiting period. Anthem Blue Cross and Blue Shield will credit the time you were enrolled on the previous plan.

#### What the Ohio Individual Lumenos HSA plans do not cover.

Lumenos HSA plans don't provide benefits for services, supplies or charges having to do with preexisting conditions (see “What's a preexisting condition?”); private duty nursing; maternity services, unless optional maternity rider is purchased; experimental or investigative treatment; dental and vision, except as spelled out in your contract; charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services); care provided by a member of your family; treatment that's primarily intended to improve your appearance; weight loss programs or treatment of obesity; hearing aids; eyeglasses or contact lenses; radial keratotomy or keratomileusis or excimer laser photo; artificial insemination, fertilization, infertility drugs or sterilization reversal; sex transformation surgery; custodial care; artificial and mechanical hearts; workers' compensation; TMJ and Craniomandibular Joint Disorders and services we determine aren't medically necessary.

#### Limitations:

The following outpatient services are limited to 20 visits combined in-network and out-of-network:

- speech therapy
- physical therapy and/or manipulation therapy
- occupational therapy
- Home health care services limited to 60 visits.
- Optional maternity rider subject to a 270-day waiting period.
- Preexisting conditions subject to a 12-month waiting period.

These are just some of Lumenos HSA plans' limitations and exclusions. Check your contract or certificate of coverage for a complete listing of benefits, exclusions and maximum payment levels.

#### Our appeal rights and confidentiality policy.

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal.

If you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal.

Please call customer service or check your certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to: **Anthem Blue Cross and Blue Shield, Appeals Coordinator, P.O. Box 33200, Louisville, KY 40232-3200**

If we uphold our decision throughout the appeals process, you can request a review by the Ohio Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a confidentiality policy in Ohio. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

#### We want you to be satisfied.

If you aren't satisfied with your Lumenos HSA coverage, you can cancel it within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

This brochure is only a summary of Lumenos HSA benefits and is not a part of the contract or certificate of coverage. If you are approved for coverage, the contract or certificate of coverage you receive will include all the details of your plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage.

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A consumer-driven health plan designed to help individuals and families control their out-of-pocket health expenses

**Getting healthy.**

**Staying healthy.**

**And saving money while you do it.**

**Anthem** 

**Lumenos<sup>®</sup> HSA**

# Staying healthy is just as important as getting better.

Your health care dollars are too precious to waste. One way we can help you keep those dollars in your pocket is to help you stay as healthy as possible.

So we created a consumer-driven health plan called Lumenos HSA. Its innovative design helps you lower your coverage costs and control your out-of-pocket health expenses. All while helping improve your health and well-being. Whether you have a long-term condition, a temporary illness, or general good health, Lumenos HSA puts you in charge of your health.

**Getting healthy. Staying healthy. And saving money while you do it. That's what makes Lumenos special.**

## Familiar coverage with unfamiliar savings

Lumenos is a different kind of health care plan. But it should also look pretty familiar. You'll recognize all of the PPO coverage you typically get for office visits, medical care, tests and prescriptions. The difference is that the coverage is offered in an innovative, lower-premium/higher-deductible package — plus, you can set up a health savings account funded by tax-deductible contributions.

That's right — they're *your* health care dollars. Save them or use them to help pay for health expenses. It's your coverage, your money. Lumenos lets you treat it that way.

Plan Features	Lumenos HSA Plan	Typical PPO Plan
Coverage for basic medical care and prescriptions	✓	✓
Personal health account can help pay medical expenses	✓	
Traditional health coverage to protect you against large health expenses	✓	✓
The majority of plans include 100% coverage for preventive care	✓	
Health account can be used to help pay your deductible or for medical expenses that aren't covered by the plan, like contact lenses and over-the-counter medications	✓	
Savings for using network doctors, hospitals and pharmacies	✓	✓
Interactive online health tools to help you make better health decisions	✓	✓
Personalized programs to address or prevent health problems	✓	✓
Integrated health savings account available with our preferred banking partner	✓	
Unused health account funds can be rolled over from year to year	✓	
Health account balance belongs to you if you leave the plan	✓	
Tax-deductible contributions mean extra savings	✓	

**Like with any PPO plan, you choose your own doctor and never need a referral. Just keep in mind that network providers will probably cost you less.**

# What makes Lumenos so valuable?

## Medical care is covered the same as a traditional health plan

Even though Lumenos is different, you're still covered for the medical services that you've come to expect from your health plan. But you can also use your personal health savings account to pay for these covered services until you meet your deductible and traditional health coverage kicks in. Some of what Lumenos covers:

- Physician office visits
- Inpatient hospital services
- Outpatient surgery services
- Diagnostic X-rays/lab tests
- Emergency hospital services, urgent care and ambulance
- Durable medical equipment
- Prescription drugs
- Home health care and hospice care
- Physical, speech and occupational therapy services

## Lumenos is your plan to help you stay healthy.

We want to make it easier for you to do what's right for your health and your budget. That's why the plans have benefits for screenings and exams so you don't worry about whether or not to get them done.

Most Lumenos plans cover 100 percent of preventive care when you visit network doctors.

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"><li>• Eye chart vision screening</li><li>• Hearing screening</li><li>• Screening for lead exposure</li><li>• Pelvic exam and Pap test (if recommended by your doctor)</li></ul>	Screening Tests including the following: <ul style="list-style-type: none"><li>• Eye chart vision screening</li><li>• Hearing screening</li><li>• Cholesterol and lipid level screening</li><li>• Blood glucose test to screen for Type 2 diabetes</li><li>• Prostate cancer screenings including digital rectal exam and PSA test</li><li>• Breast exam and Mammography screening</li><li>• Pelvic exam and Pap test</li></ul>

**When your preventive benefits are not subject to deductible, you don't have to use any of your health savings account funds for these services. If they are, then you have the choice to use HSA funds for your deductible or pay out of pocket - it's up to you.**

**By offsetting a higher deductible with lower premiums, you're free to set priorities for when and where to spend your health care dollars.**

## **A health savings account can help pay for medical care and prescriptions**

Consumer-driven health plans like Lumenos usually have lower premiums and higher deductibles than traditional PPOs. And unlike traditional high-deductible plans, your health savings account can pay for some of that deductible.

Your health account is your source of personal funds for health care spending. It gives you extra room to pay for covered health expenses until you meet your deductible.

- Your health savings account is your money. You fund it with your tax-deductible contributions. You decide which qualified health expenses to use your account for.
- Unused funds roll over from year to year so your account can keep growing to help meet future health care costs.
- If you ever leave the Lumenos plan, you can take your health account funds with you.

## **What makes Lumenos so user friendly?**

Consumer-driven health plans may be new to many people, but Lumenos is actually pretty simple. Basically, you start by enrolling in an HSA-qualified plan like Lumenos HSA and then funding a personal health savings account with tax-deductible dollars. The account is optional, but it lets you take advantage of some big financial benefits. Then you use that account to help meet your deductible. After that, the plan operates much like traditional health coverage that you're used to, with coinsurance and out-of-pocket maximums. So you get all the tax benefits of an HSA while protecting yourself against big, expensive health problems.

### **Plan deductible**

Any time you use your health savings account to cover medical expenses, it applies to your plan deductible. When preventive care is 100% covered by your Lumenos plan, there is no deductible and your health account is not affected. In the few cases where preventive care requires a deductible, you can choose to use your health account dollars or pay out of pocket, whatever you prefer. If you meet your deductible before using up your health account, you skip straight to traditional health coverage.\* But if you still have some deductible left, you're responsible for the rest.

### **Coinsurance (Traditional health coverage)**

When traditional health coverage begins, the plan pays for covered services, and you pay a percentage of the cost as coinsurance. (For example, 80/20 means we pay 80 percent of the allowed amount and you pay 20 percent.) Some plans could even cover 100 percent of the approved amount. The percentage you pay will be less for in-network doctors and hospitals, higher for out-of-network. You pay the same coinsurance percentage for most in-network benefits, such as office visits, urgent care, emergency room, and prescription drugs.

### **Out-of-pocket maximum (Traditional health coverage)**

The amount you pay out-of-pocket each year is capped at a maximum amount. Once you reach that max, we pay 100 percent of in-network covered expenses for the rest of the year.\* All of your deductible and coinsurance payments count toward your annual out-of-pocket maximum. You have separate out-of-pocket maximums for in-network services and out-of-network services.

\* You may have separate in-network and out-of-network deductibles, depending on your plan. Deductibles and out-of-pocket amounts are reset on January 1 of each year.

# What makes Lumenos so helpful?

## Anthem 360° Health® helps you reach your personal healthy best

Anthem 360° Health surrounds you with resources, tools and guidance to make good health care decisions. Instead of waiting for health problems (and their costs) to crop up, these programs can help you prevent them or keep them from getting worse. Best of all, 360° Health is built into your plan at no extra cost. It includes:

- *MyHealth@Anthem®* – Health assessments, resource centers, and health calculators so you see progress and stay motivated.
- *24/7 NurseLine* – Health information from a registered nurse whenever you need it.
- *ConditionCare* – One-on-one help from trained professionals in managing a chronic condition like asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and heart failure.
- *MyHealth Coach* – Personal help with a wide range of health needs, primarily high blood pressure, high cholesterol, low back pain, musculoskeletal issues like arthritis, and certain types of cancer.
- *Healthy Lifestyles Programs* – Our proven “Tobacco-Free” and “Healthy Weight” programs help you adopt new habits for a healthy lifestyle with personalized support and educational resources.
- *SpecialOffers@Anthem<sup>SM</sup>* – Members-only discounts help you stretch your health account even further with savings on services and products that promote a healthy lifestyle.

## Prescription drug extras help you control your health – and your wallet

Lumenos not only puts you in charge of your health care dollars, it can also help you spend less of those dollars on prescription drugs. Once traditional health coverage kicks in, prescription drugs are covered (less any coinsurance payments). But that doesn't mean you have to wait to save money. Here's how:

- Since you decide how to spend it, your health account can be used to pay for prescription drugs.
- We're able to negotiate significant discounts on all types of prescription medicines. If you don't have funds in your account, you still benefit from our discount rate. Just show your health plan ID card at pharmacies in our network— that's over 95 percent of pharmacies nationwide.
- To further lower your cost, visit [anthem.com](http://anthem.com) to learn about generics or other low-cost alternatives.
- Ordering a 90-day supply through mail order can also save you money. Once you're approved in the plan, you can download a mail order form from [anthem.com](http://anthem.com).

## Network discounts pass even more savings on to you

We negotiate special member rates with each network doctor, hospital and pharmacy. When you use a network provider, you get that negotiated rate for 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 may be higher.

With Lumenos, you can go to your local pharmacy or use our mail order service. It's up to you.

# How to add dental coverage to your Lumenos health plan

## Dental Blue® plans

Regular dental check-ups and cleanings are important to your overall health. That's why we give you the option of adding one of these Dental Blue plans to your Lumenos health coverage:

- 1. Dental Blue Basic 100:** Gives you coverage for the basics, like routine check-ups and fillings. If your dental needs are simple, this may be the right plan for you.
- 2. Dental Blue Essential 200:** Includes coverage for the basics, plus services like crowns, bridges, root canals and dentures. If you think you may need major dental work, this is the right plan for you. This plan also gives you wider choice of network dentists in exchange for a slightly higher cost. If your favorite dentist is in our larger network, this plan may be the best choice for you.

## How dental networks help you save

While both Dental Blue plans allow you to go to any dentist, you'll save the most money when you choose a dentist from your plan's network. There are two Dental Blue networks:

- **Dental Blue 100 network:** This is the value network for our Dental Blue 100 plans. Dental Blue Basic 100 and Essential 100 members can save the most on dental care when they choose a dentist from this network.
- **Dental Blue 200 network:** Includes the entire 100 network plus even more choices of dentists and specialists. Dental Blue Essential 200 members can save the most on dental care when they choose a dentist from this network.

## How to choose the dental plan that works best for you

Use the chart below to compare dental plan benefits side by side.

Plan Names	Dental Blue Basic 100	Dental Blue Essential 200	All Plans*
<b>Networks</b>	Dental Blue 100	Dental Blue 200 (which includes all Dental Blue 100 dentists)	Benefit from negotiated rates at Dental Blue providers.
<b>Preventive and diagnostic care</b>	100% covered within plan network Includes routine checkups, x-rays and fluoride applications for children.	100% covered within plan network Includes Basic 100 services plus space maintainers.	No waiting period; no deductible in or out-of-network; covers two routine cleanings and oral exams per year; molar/bicuspid x-rays; full mouth x-rays covered once every five years
<b>Minor restorative dental care</b>	80% covered within plan network after \$50 deductible* Includes fillings and space maintainers. Extractions not covered.	Pays set amount within plan network and out-of-network after \$50 deductible* Includes fillings and extractions. Space maintainers are considered preventive/diagnostic care.	No waiting period
<b>Major restorative dental care</b>	Not covered	Pays set amount within plan network and out-of-network after \$50 deductible* Includes crowns, bridges, root canals and dentures.	12-month waiting period with Dental Blue Essential plan options

\* Per member, per calendar year  
All plans include discounts on non-covered services like teeth whitening and orthodontia. *This is only a summary of Dental Blue benefits. For complete benefit details, please refer to your Individual Dental Contract.*

Is your dentist in our Dental Blue networks?

Go to [anthem.com](http://anthem.com) >  
Find a Doctor

## Optional Term Life Insurance

For just pennies a day, you can add Anthem Blue Preferred® Term Life Insurance to your Lumenos health coverage. It's easy. There are no medical exams or extra forms to fill out. Simply use your Lumenos health plan application to apply for coverage.

Term Life Monthly Rates			
Age	\$15,000	\$25,000	\$50,000
1-18	\$1.50	\$2.50	N/A
19-29	\$2.85	\$4.75	\$9.50
30-39	\$3.30	\$5.50	\$11.00
40-49	\$7.50	\$12.50	\$25.00
50-59	\$20.85	\$34.75	\$69.50
60-64	\$29.40	\$49.00	\$98.00

## What makes Lumenos so rewarding?

The Lumenos HSA gives you two financial advantages that traditional plans don't: tax advantages and full ownership of your health savings account. This lets you save now and for the future. While the account is optional with Lumenos, it really helps you make the most of those advantages.

### Tax Advantages: Save now

When you open an HSA, you open a separate health savings account that can save on taxes in three ways:

- Contributions to your account may be tax-deductible (within certain IRS limits).
- Money in your account can earn tax-deferred interest.
- Withdrawals to pay for eligible medical expenses are never taxed.

### Full Ownership: Have it for the future

You decide how and when to use your account. If you don't spend it all in a given year, the rest rolls over, so your account keeps growing. A traditional PPO doesn't give you the chance to invest in your health and the future. But with Lumenos, the money in the account is yours to keep — it's never forfeited, even if you leave the health care plan.

As good as these benefits may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

## SET UP A HEALTH SAVINGS ACCOUNT IN JUST A FEW STEPS

We've already partnered with several banks to help you establish and manage your HSA. We'll even set it up for you. If you already have an established health savings account, or if you'd rather use another financial institution, that's fine too.

This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible high deductible health plan (such as the Lumenos HSA plan)
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa
- You cannot be covered by any other medical plan that is not an HSA-compatible high deductible health plan
- You cannot be enrolled in Medicare
- You cannot be claimed as a dependent on another individual's tax return
- If you are a veteran, you may not have received veteran's benefits within the last three months
- You cannot be active military

**IT'S EASY TO GET STARTED.**

**For individual or family coverage, contact your  
Anthem sales representative today!**



This brochure is intended as a brief summary of benefits and services; it is NOT your Contract/Certificate. If there is any difference between this brochure and your Contract/Certificate, the provisions of the Contract/Certificate shall prevail. Benefits and premiums are subject to change.

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