

# Lumenos<sup>®</sup> Health Incentive Account (HIA) Plan for Individuals

## Summary of Benefits

This summary provides you with the deductible, coinsurance, and a brief description of your benefits. For more complete information, see your certificate or call Anthem's customer service department toll free at 888-224-4911. Coinsurance and copayment options reflect the amount the covered person will pay.

### Healthy Rewards

The member will earn the following credits to their Health Incentive Account if they enroll in and complete the Health Incentive Programs as specified in the certificate.

- Complete Health Assessment \$50 per one adult member of the family per members benefit year
- Enroll in Personal Health Coach Program \$100 per member per members benefit year
- Graduate from Personal Health Coach Program \$100 per member per members benefit year
- Complete Smoking Cessation Program \$50 per member per lifetime for members over the age of 18
- Complete Weight Management Program \$50 per member per lifetime

	In-Network:		Out-of-Network:	
	Individual:	Family:	Individual:	Family:
DEDUCTIBLE applicable only to specified services (Per calendar year, aggregate deductible for family)				
1500/3000/100%	\$1,500	\$3,000	\$3,000	\$6,000
1500/3000/70%	\$1,500	\$3,000	\$3,000	\$6,000
2500/5000/100%	\$2,500	\$5,000	\$5,000	\$10,000
3000/6000/80%	\$2,500	\$5,000	\$5,000	\$10,000
3000/6000/100%	\$3,000	\$6,000	\$6,000	\$12,000
2500/5000/80%	\$3,000	\$6,000	\$6,000	\$12,000
5000/10000/100%	\$5,000	\$10,000	\$10,000	\$20,000

Services	In-Network after Deductible	Out-of-Network after Deductible	Additional Information
<b>Ambulance Services</b> Ground Services/Air Services 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Benefits are paid for medically necessary ground or air ambulance transportation.
<b>Alcohol and Drug Abuse</b> 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Benefits are paid for medically necessary treatment for detoxification up to \$1,500; inpatient or outpatient rehabilitation \$9,000; and counseling \$2,500 per member per year.
<b>Chemotherapy, Hemodialysis, and Radiation Therapy</b> Inpatient/Outpatient 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	
<b>Diagnostic Services, Laboratory, Pathology, and X-ray</b> Inpatient/Outpatient 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Services billed by a hospital are included in the hospital inpatient/outpatient benefits.

An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. © Registered marks Blue Cross and Blue Shield Association

Services	In-Network after Deductible	Out-of-Network after Deductible	Additional Information
Emergency Care * 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	
Home Health Care 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Benefits are limited to 100 visits per member per year combined in and out-of-network.
Hospice Care 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	
Hospital Care Inpatient/Outpatient Surgery and Outpatient Nonemergency 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	
Maternity Care Inpatient/Outpatient 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Benefits are paid for complications of pregnancy only. Routine maternity care is not covered.
Severe Mental Illness Severe mental illness conditions are schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, and obsessive-compulsive disorder Inpatient/Outpatient 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Benefits are paid up to 40 inpatient days, 80 partial days (combined). Outpatient benefits are paid up to 40 visits per calendar year. Inpatient and outpatient services for the management of medications are not subject to the limitations stated above.
Physical Rehabilitation (physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, spinal manipulation and smoking cessation) Inpatient/Outpatient 1500/3000/100% 1500/3000/70% 2500/5000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance	Inpatient benefits are paid up to 45 days per member per year combined in and out-of-network. Outpatient benefits are paid up to 12 visits for physical therapy, 12 visits for occupational therapy and 12 visits for speech therapy per member per calendar year combined in and out-of-network. Benefits are paid up to 36 visits for cardiac rehabilitation. The program must start within three months of the major

Services	In-Network after Deductible	Out-of-Network after Deductible	Additional Information
3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	cardiac event and be completed within six months of the major cardiac event.
Physician Visits Inpatient/Outpatient and Outpatient – urgent 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	
Preventive Care 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Not subject to deductible	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Services include routine or periodic exams, immunizations and routine/preventive diagnostic services.
Spinal Manipulations and Acupuncture 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Benefits are limited to 12 visits per member per year combined with acupuncture care.
Supplies, Equipment, and Appliances (DME) Inpatient/Outpatient 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Wigs for alopecia resulting from chemotherapy and radiation therapy up to a maximum payment by Anthem of \$500 per member per year combined in and out-of-network.
Temporomandibular Joint Syndrome (TMJ) 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	Benefits are paid up to a \$4,000 lifetime maximum.
Outpatient Prescription Drugs 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 70% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance Plan pays 80% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 50% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance Plan pays 60% coinsurance Plan pays 70% coinsurance	For more complete information, see the Prescription Drug section of your certificate. The member can fill prescriptions through a participating pharmacy or non-participating pharmacy. Prescriptions can also be ordered through the participating prescription mail order service.
Human Organ and Tissue Transplant Services 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100%	Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance	Covered Services related to the donor and/or donated organ or tissue are subject to a maximum of \$10,000 per transplant

Services	In-Network after Deductible	Out-of-Network after Deductible	Additional Information	
2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 70% coinsurance		
Enteral Formula and Special Foods 1500/3000/100% 1500/3000/70% 2500/5000/100% 3000/6000/80% 3000/6000/100% 2500/5000/80% 5000/10000/100%	Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance Plan pays 100% coinsurance	Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance Plan pays 70% coinsurance	A maximum Anthem payment of \$2,500 per member's benefit year for special food products that are prescribed or ordered by a physician as medically necessary is allowed.	
DENTAL INJURY:	For treatment by a physician or dentist of an Accidental Injury to the natural teeth, if the injury occurs while you are covered under the Agreement, and the services are received within six months of the injury.			
DEPENDENT ELIGIBILITY:	The end of the month in which the employee's unmarried dependent child becomes age 19, or 24 if financially dependent upon the subscriber.			
PREAUTHORIZATION:	Inpatient Services: Hospital (medical and surgical care) and Hospice Care services are subject to preauthorization.		Outpatient Services: Outpatient surgeries in a Hospital are subject to preauthorization.	
MAXIMUM OUT-OF-POCKET EXPENSE AMOUNT:	Preferred Providers: includes deductible and coinsurance. Individual:                      Family: 1500/3000/100%                \$1,500                                \$3,000 1500/3000/70%                \$4,500                                \$9,000 2500/5000/100%                \$2,500                                \$5,000 3000/6000/80%                \$5,000                                \$10,000 3000/6000/100%                \$3,000                                \$6,000 2500/5000/80%                \$5,000                                \$10,000 5000/10000/100%                \$5,000                                \$10,000		Non-Preferred Providers: includes deductible and coinsurance. Individual:                      Family: 1500/3000/100%                \$4,500                                \$9,000 1500/3000/70%                \$9,000                                \$18,000 2500/5000/100%                \$7,500                                \$15,000 3000/6000/80%                \$10,000                                \$20,000 3000/6000/100%                \$9,000                                \$18,000 2500/5000/80%                \$10,000                                \$20,000 5000/10000/100%                \$15,000                                \$30,000	
LIFETIME MAXIMUM BENEFITS:	\$2,000,000 per member.			

Allowable Charge: Reimbursement for covered services is based upon allowable charge as determined by Anthem Blue Cross and Blue Shield. Allowable charge means the contracted amount for preferred providers or the maximum benefit allowance for non-preferred providers. Anthem's determination of allowable charge is the maximum amount approved for any particular service. Deductible, coinsurance, or other cost sharing amounts are based on this allowance and are the amounts the member pays the provider.

\*Emergency – means the sudden onset of a medical condition or accident manifesting itself by acute symptoms of sufficient severity that a prudent person would believe that the absence of immediate medical attention could result in: Serious jeopardy to the health of an insured; or, serious jeopardy to the health of an unborn child; or, serious impairment to bodily functions; or, serious and permanent dysfunction of any bodily organ or part.

Medically Necessary – benefits are payable only for covered services and supplies that are medically necessary which meet the following definition:

1. Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the condition, illness, disease or injury.
2. Obtained from a physician and/or licensed, certified or registered provider.
3. Provided in accordance with applicable medical and/or professional standards.
4. Known to be effective, as proven by scientific evidence, in materially improving health outcomes.
5. The most appropriate supply, setting or level of service that can safely be provided to the member and which cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained as an outpatient).
6. Cost-effective compared to alternative interventions, including no intervention ("cost effective" does not mean lowest cost).
7. Not experimental/investigational.
8. Not primarily for the convenience of the member, the member's family or the provider.
9. Not otherwise subject to an exclusion under this certificate.

The fact that a physician and/or provider may prescribe, order, recommend or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies medically necessary.

## Anthem Blue Cross and Blue Shield Benefit Summary Disclosure Information

Lumenos<sup>®</sup> Health Incentive Account Plan  
Anthem Blue Cross and Blue Shield  
700 Broadway, Denver, CO 80273  
888-224-4911

This disclosure statement provides only a brief description of some important features and limitations of your policy. The certificate itself sets forth in the detail the rights and obligations of both you and the insurance company. It is important that you review the certificate once you are enrolled.

**Coverage for treatment as part of a clinical trial:**

Includes coverage for medical treatment provided in a Phase I, Phase II, Phase III or Phase IV clinical trial for the treatment of cancer or in a Phase II, Phase III, or Phase IV study or clinical trial for the treatment of chronic fatigue syndrome conducted in the state of Nevada. Coverage for medical treatment is limited to:

- Any drug or device approved for sale by the Food and Drug Administration.
- The cost of any reasonably necessary health care services required from the medical treatment or complications thereof arising out of the medical treatment provided in the clinical trial.
- The initial consultation to determine whether the person is eligible to participate in a clinical trial.
- Health care services required for the clinically appropriate monitoring of the person during the clinical trial.

**Coverage for the management and treatment of diabetes**

Includes coverage for medication, equipment, supplies, and appliances that are medically necessary for the treatment of diabetes type I, type II, and gestational diabetes.

**Coverage for self-management of diabetes, including:**

- The training and education provided to a person covered under the contract after initial diagnosis of diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes.
- Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the program of self-management of diabetes.
- Training and education which is medically necessary because of the development of new techniques and treatment for diabetes.

**Medically Necessary**

An intervention that is or will be provided for the diagnosis, evaluation and treatment of a condition, illness, disease or injury and that Anthem, subject to a member's right to appeal, solely determines to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the condition, illness, disease or injury.
- Obtained from a physician and/or licensed, certified or registered provider.
- Provided in accordance with applicable medical and/or professional standards.
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes.
- The most appropriate supply, setting or level of service that can safely be provided to the member and which cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained as an outpatient).
- Cost-effective compared to alternative interventions, including no intervention ("cost effective" does not mean lowest cost).
- Not experimental/investigational.
- Not primarily for the convenience of the member, the member's family or the provider.
- Not otherwise subject to an exclusion under the Certificate.

The fact that a physician and/or provider may prescribe, order, recommend or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies medically necessary.

**Allowable Charge or Maximum Benefit Allowance (for non Basic and Standard BCBS Plans only)**

Reimbursement for covered services is based upon allowable charge as determined by Anthem Blue Cross and Blue Shield. Allowable charge means the contracted amount for preferred providers or the maximum benefit allowance for non-preferred providers. Anthem's determination of allowable charge is the maximum amount approved for any particular service. Deductible, coinsurance, or other cost sharing amounts are based on this allowance and are the amounts the member pays the provider.

**Emergency**

Emergency means a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that a prudent person would believe that the absence of immediate medical attention could result in:

- Serious jeopardy to the health of the insured, or
- Serious jeopardy to the health of an unborn child, or
- Serious impairment to bodily functions, or
- Serious and permanent dysfunction of any bodily organ or part.

## Maximum Benefits

Some services or supplies may have an annual or lifetime maximum benefit. Be sure to review your summary of benefits for further details on what services may have a maximum benefit.

## Limitations and Exclusions

This plan does not cover some services. The plan includes limitations and exclusions to protect against duplicate or unnecessary services that could unfairly offset the cost of health care coverage for the entire plan. Please note the following examples of some of the plan's limitations and exclusions:

- Alternative or complementary medicines
- Artificial conception
- Services received before the member's effective date of coverage
- Biofeedback
- Blood, blood plasma and blood derivatives replaced through donor credit
- Chelating agent, except for providing treatment of heavy metal poisoning
- Services or supplies provided as part of clinic research, except where required by law or allowed by Anthem'
- Complications from non-covered services
- Convalescent care
- Services and supplies used primarily for the member's personal comfort or convenience
- Cosmetic services
- Services that are required under court order, parole or probation unless those services would otherwise be covered under this certificate
- Custodial care
- Dental services except as otherwise covered under this certificate
- Inpatient care received after the date Anthem, using managed care guidelines, determines discharge is appropriate
- Domiciliary care such as care provided in a residential, non-treatment institution, halfway house or school.
- Experimental/Investigative procedures
- Genetic testing/counseling
- Government operated facility such as a military medical facility operated by, for, or at the expense of federal, state, or local governments or their agencies, including a veterans administration facility, unless Anthem authorizes payment in writing before the services are performed
- Hair loss drugs, hair pieces, artificial hairpieces, hair or cranial prosthesis, hair transplants or implants even if there is a physician prescription, and a medical reason for the hair loss
- Hearing aids or routine hearing tests
- Hypnosis, whether for medical or anesthesia purposes
- Any loss to which a contributing cause was the member's commission of or attempt to commit a felony which they are convicted of
- Services or supplies for the treatment of intractable pain and/or chronic pain. Chronic pain is pain of continuous and long-standing duration where the cause cannot be removed
- Therapies for learning deficiencies and/or behavioral problems
- Maintenance therapy
- Services and supplies that are not medically necessary
- Charges for treatment of non-severe mental illness, regardless of where they are furnished
- Charges for the member's failure to keep scheduled appointments. The member is solely responsible for such charges.
- Neuropsychiatric testing
- Non-covered providers or facilities including, but not limited to:
  - § Health spa or health fitness centers (whether or not services are provided by a licensed or registered provider).
  - § School infirmary.
  - § Massage therapist.
  - § Nursing home.
  - § Residential institution or halfway house (facility where the primary services are room and board and constant supervision or a structured daily routine for a person who is impaired but whose condition does not require acute care hospitalization).
  - § Dental or medical services sponsored by or for an employer, mutual benefit association, labor union, trustee, or any similar person or group.
- Services provided by the member upon themselves, by a family member, or by a person who ordinarily resides in the member's household.
- Non-medical expenses, including but not limited to:
  - § Adoption expenses.
  - § Educational classes and supplies not provided by the member's provider unless specifically allowed as a benefit under this certificate.
  - § Vocational training services and supplies.
  - § Mailing and/or shipping and handling expenses.
  - § Interest expenses, administrative fees and delinquent payment fees.
  - § Modifications to home, vehicle, or workplace regardless of medical condition or disability.

- § Membership fees for spas, health clubs, personal trainers, or other such facilities even if medically recommended, regardless of any therapeutic value.
- § Personal convenience items such as air conditioners/purifiers, humidifiers, or exercise equipment.
- § Personal services such as haircuts, shampoos, guest meals, and radio or televisions.
- § Voice synthesizers or other communication devices, except as specifically allowed by Anthem's medical policy.
- Upper or lower jaw augmentation or reductions (orthognathic surgery) even if the condition is due to a genetic congenital or acquired characteristic
- Any items available without a prescription such as over the counter items and items usually stocked in the home for general use
- Care received after coverage is terminated
- Pre-existing conditions - expenses resulting from pre-existing conditions are not paid until the coverage has been in effect for 12 consecutive months.
- Services related to normal pregnancy including prenatal and deliver services
- Private duty nursing services
- Private rooms
- Charges for services and supplies when the member has received a professional or courtesy discount from a provider or where the member's portion of the payment is waived due to professional courtesy or discount
- Ultrafast CT scan and peripheral bone density testing
- Charges for the preparation of medical reports or itemized bills or charges for duplication of medical records from the provider when requested by the member
- Services or supplies necessitated by injuries which a member intentionally self inflicted, except where the law prohibits such an exclusion
- Services or supplies related to sex-change operations, reversals of such procedures, complications of such procedures, or services received prior to any such operation
- Services, supplies, or prescription drugs for the treatment of sexual dysfunction or impotence
- Services provided in or by a skilled nursing facility
- Smoking cessation programs, products, hypnosis, supplies or devices to quit smoking
- Travel or lodging expenses for the member, member's family or the Physician except as travel or lodging expenses related to human organ and tissue transplants
- Routine eye examinations, routine refractive examinations, eyeglasses, frames, contact lenses (even if there is a medical diagnosis which prevents the member from wearing contact lenses), or prescriptions for such services and supplies
- Services or supplies necessary to treat disease or injury resulting from war, civil war, insurrection, rebellion, or revolution
- Weight loss services except as provided in the Certificate under Healthy Rewards
- Services and supplies for a work- related accident or illness
- A maximum payment of \$2,500 per member's benefit year for special food products that are prescribed or ordered by a physician as medically necessary is allowed

#### Rate determinations

##### Individual policies:

- Rates are based on age, gender, benefit plan, family size, geographic location and tobacco use.
- For families with more than three children, the family rate is capped at three children.
- When a member or spouse attains an age that requires a rate change to a new category, the adjustment will be made the month following his or her birthday.
- Rates are subject to change with 60-day written notice.

#### Policy Renewal Provisions

Individual policies – This coverage is renewable at your option, except for the following reasons:

- Non-payment of the required premium;
- Fraud or intentional misrepresentation of material fact;
- The commissioner finds that the continuation of the coverage would not be in the best interest of the policyholders, the plan is obsolete, or would impair the carrier's ability to meet its contractual obligations;
- The carrier elects to discontinue offering and non-renew all of its individual, small group or large group plans delivered or issued for delivery in Nevada.

#### Provider Directories

Copies of provider directories for all products offered by Anthem may be obtained by calling the customer service department or accessing the information on our Internet site at [www.Anthem.com](http://www.Anthem.com).

#### Provider Network

Under Anthem PPO plans, member's choose physicians, hospitals and other health care providers from the Anthem preferred provider organization (PPO) network. Using the PPO network can mean substantial savings. If care is received outside the PPO network, the member will pay a higher deductible, coinsurance and charges over the Allowable Charge.