**Your Lumenos HRA Plan**

**First - Use your HRA to pay for covered services:**

**Health Reimbursement Account**
With the Lumenos HRA, you receive an annual allocation from your employer in your HRA. Funds in your HRA and your Bridge are used to help meet your In Network annual deductible responsibility.

<table>
<thead>
<tr>
<th>HRA Allocation from your employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500 individual coverage</td>
</tr>
<tr>
<td>$5,000 family coverage</td>
</tr>
</tbody>
</table>

HRA Allocation is applied to In Network Benefits only

**Plus - To help you stay healthy, use:**

**Preventive Care**
100% coverage for nationally recommended services.

**Preventive Care**
No deductions from the HRA or 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 Bridge**
After you use all of the money in your HRA, you then pay a Bridge amount out of your pocket until you meet your annual deductible responsibility. Your HRA dollars plus your Bridge amount add up to your annual deductible responsibility.

**Your Bridge**
In Network
You pay the difference between the HRA funds used and your annual deductible responsibility.

<table>
<thead>
<tr>
<th>Annual Deductible Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Network</td>
</tr>
<tr>
<td>$2,500 individual coverage</td>
</tr>
<tr>
<td>$5,000 family coverage</td>
</tr>
</tbody>
</table>

Out of Network
$5,000 individual coverage
$10,000 family coverage

* This plan includes a family deductible, which means that the medical expenses of all family members count toward the deductible. Once the full deductible has been satisfied, all family members are covered under the Traditional Health Coverage portion of the plan. In-Network and Out of Network deductibles do not cross accumulate

**Health Account + Bridge = Deductible**

**If needed - Traditional Health Coverage**
Your traditional health coverage begins after you have met your full annual deductible.

**Total annual deductible must be met before Tiered Rx copays apply**

**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 benefit year.

**Annual Out-of-Pocket Maximum**

<table>
<thead>
<tr>
<th>Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000 Individual coverage</td>
<td>$10,000 Individual coverage</td>
</tr>
<tr>
<td>$10,000 Family coverage</td>
<td>$20,000 Family coverage</td>
</tr>
</tbody>
</table>

Your annual out-of-pocket maximum consists of funds you spend from your HRA, your deductible responsibility and your Rx/Copay/Coinsurance amounts.

**Earn More Money for Your Account**
What's special about your HRA plan is that you may earn rewards dollars to redeem for gift cards to select retailers. It's how your Lumenos plan rewards you for taking steps to improve your health.

**Earn Rewards**
Members who participate and complete the below programs can earn up to $650.

<table>
<thead>
<tr>
<th>Program</th>
<th>Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Moms for participation and completion</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Healthy Lifestyles online participation</td>
<td>Up to $150</td>
</tr>
<tr>
<td>ConditionCare participation and completion</td>
<td>Up to $300</td>
</tr>
</tbody>
</table>

If you have questions, please call toll-free 1-800-870-3122
Earn Rewards

You can earn reward dollars to redeem for gift cards at select retailers. See below for details:

- **Future Moms**: Individualized obstetric support for expectant high-risk and non-high-risk mothers. Members can earn up to a $200 Future Mom’s incentive. This includes three milestones: $100 initial enrollment, $50 interim, and $50 postpartum; timing and rules apply.

- **Healthy Lifestyles Online**: Each adult family member can earn up to $150 each year. Members earn a $50 incentive at each 3,000, 5,000 and 10,000 point milestone. Members can quickly achieve their first milestone of 3,000 points by completing the Well-Being Assessment and setting up their Well-Being Plan.

- **Enroll in ConditionCare**: (Incentive $100) Disease management for prevalent, high-cost conditions (asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure). Each family member can get one incentive per year. In the first year and later years, members must stay enrolled to qualify and earn incentives. Members who have more than one health problem will enroll in one combined program — not separate ones for each condition.

- **Graduate from ConditionCare**: (Incentive $200) There’s no limit to the number of family members that can graduate and earn the incentive. Each family member can earn one credit per year. In the first year and later years, members must stay enrolled to qualify, graduate and earn incentives. Members who have more than one health problem will graduate from one combined program — not separate ones for each condition.

Summary of Covered Services

Preventive Care

Anthem’s Lumenos HRA plan covers 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 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 HRA 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 dollars 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

*Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

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Medical Care

Anthem’s Lumenos HRA plan covers a wide range of medical services to treat an illness or injury. You can use your available HRA funds to pay for these covered services. Once you spend up to your deductible amount shown on Page 1 for covered services, you will have traditional health coverage with the coinsurance listed on Page 1 to help pay for additional covered services.

The following is a summary of covered medical services under Anthem’s Lumenos HRA plan:

- Physician Office Visits
- Inpatient Hospital Services
- Outpatient Surgery Services
- Diagnostic X-rays/Lab Tests
- Emergency Hospital Services (in-network coinsurance applies to both in-network and out-of-network)
- Inpatient and Outpatient Mental Health and Substance Abuse Services
- Maternity Care
- Chiropractic Care
- Prescription Drugs
- Home Health Care and Hospice Care
- Physical, Speech, and Occupational Therapy Services
- Durable Medical Equipment

Some covered services may have limitations or other restrictions.* With Anthem’s Lumenos HRA plan, the following services are limited:

- Skilled nursing facility services limited to 100 days per calendar year.
- Physical Therapy, Occupational Therapy, and Speech Therapy, up to a combined maximum of 60 visits per member per calendar year.
- Inpatient hospitalizations require authorizations.
- Home health care services: unlimited days per member per calendar year
- Durable Medical Equipment: unlimited per member per calendar year.
- Chiropractic Visits: unlimited per member per calendar year.
- Nutritional Counseling unlimited per member per calendar year (in-network benefit only)
- Your Lumenos HRA plan has a lifetime unlimited maximum

* for a complete list of exclusions and limitations, please reference your Certificate of Coverage.

Specific state mandates regarding limitations may apply

Other:
- Fitness Equipment Reimbursement $200 per full time employee per calendar year OR Health Club Benefit $450 per full time employee per calendar year. This is a taxable benefit.
- Health Education Reimbursement: $150 per family per calendar year
- Eyewear benefits: $100 every two years per family member (Includes eyeglasses (frames and lenses) and contact lenses)

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

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1–866–444–3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

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 Master Contract, Certificate and Cost Sharing Schedule. In the event of a conflict between the Group Master Contract and this description, the terms of the Group Master 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.

Additional limitations and exclusions may apply.