Lumenos HRA Plan Summary

The Lumenos® HRA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And you’ll have access to personalized services and online tools to help you reach your health potential.

Your Lumenos HRA Plan

First - Use your HRA to pay for covered services:

**Health Reimbursement Account**
With the Lumenos Health Reimbursement Account (HRA), you receive an annual allocation from your employer in your HRA. Money in your HRA is used to help meet your annual deductible responsibility.

HRA Allocation from your employer
- $2,500 individual coverage
- $5,000 family coverage

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.

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

Program: Reward:
- Future Moms for participation and completion Up to $200
- Healthy Lifestyles online participation Up to $150
- ConditionCare participation and completion Up to $300

Some eligibility requirements apply. See page 2 for program descriptions.

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 an in-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.

Health Account + Bridge = Deductible

Bridge
You pay the difference between the HRA funds used and your annual deductible responsibility

Annual Deductible Responsibility
- $2,500 individual coverage
- $5,000 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.

If Needed -

**Traditional Health Coverage**
Your Traditional Health Coverage begins after you have paid your Bridge amount.

Traditional Health Coverage
After your bridge, the plan pays:
- 100% for in-network providers
- 70% for out-of-network providers

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 calendar year.

Annual Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th>In-Network Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500 individual coverage</td>
<td>$ 5,000 individual coverage</td>
</tr>
<tr>
<td>$5,000 family coverage</td>
<td>$10,000 family coverage</td>
</tr>
</tbody>
</table>

Your annual out-of-pocket maximum consists of funds you spend from your HRA, your Bridge responsibility and your coinsurance amounts.

If you have questions, please call toll-free 1-888-224-4896.
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 (ACIP) 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 prevent avoidable premature injury, illness and death.

All preventive services received from an in-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.

The following is a list of covered preventive care services:

#### Well Baby and Well Child Preventive Care
- **Office Visits** through age 18
- **Screening Tests** for vision, hearing, and lead exposure. Also includes pelvic exam, Pap test and contraceptive management 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** after age 18
- **Screening Tests** for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams, Pap test and contraceptive management.
- **Immunizations**:
  - Hepatitis A
  - Hepatitis B
  - Diphtheria, Tetanus, Pertussis (DtaP)
  - Varicella (chicken pox)
  - Influenza – flu shot
  - Pneumococcal Conjugate (pneumonia)
  - Human Papilloma Virus (HPV) – cervical cancer

If you have questions, please call toll-free 1-888-224-4896.
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 for covered services, you will have Traditional Health Coverage available 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
- 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

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

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).

If you have questions, please call toll-free 1-888-224-4896.
This summary is a brief outline of the benefits and coverage provided under the Lumenos plan. It is not intended to be a complete list of the benefits of the plan. 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.

In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. In New Hampshire Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. In Maine, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc., independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks Blue Cross and Blue Shield Association. ® LUMENOS is a registered trademark.

If you have questions, please call toll-free 1-888-224-4896.

GHRA1384N (GHRA696VC) CCSNH (1/15)