



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, to help offset your out-of-pocket health expenses, you can earn additional dollars for your health account by taking certain steps to improve your health.

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

\$750 individual coverage
\$1,500 family coverage

Unused dollars roll over year to year up to three times your employer contribution.

Earn More Money for Your Account

What's special about your HRA plan is that you may **earn additional funds for your health account** through the Healthy Rewards incentive program.

Healthy Rewards

If you do this:

Complete the Health Assessment online	\$50
Enroll in the Personal Health Coach Program	\$100
Graduate from the Personal Health Coach Program	\$200
Complete our Smoking Cessation Program	\$50
Complete our Weight Management Program	\$50

You can earn this in your HRA:

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.

Bridge

\$1,250 individual coverage
\$2,500 family coverage

Your HRA dollars plus your Bridge amount add up to your annual deductible responsibility.

Annual Deductible Responsibility

\$2,000 individual coverage
\$4,000 family coverage

Health Account + Bridge = Deductible

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 plan year.

Annual Out-of-Pocket Maximum

In-Network Providers	Out-of-Network Providers
\$2,000 individual coverage	\$4,000 individual coverage
\$4,000 family coverage	\$8,000 family coverage

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



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Healthy Rewards Program

Your employer will provide you with additional health care dollars in your HRA for the following:

- **Health Assessment:** You and your family members can complete the Health Assessment, our online tool designed to help measure your overall health. One adult family member is eligible to earn \$50 in your HRA per plan year. The health information you provide is strictly confidential.
- **Personal Health Coach:** If you qualify for the Personal Health Coach Program, you'll receive one-on-one assistance from a specially trained registered nurse to help you manage a health condition. Health conditions may include but are not limited to diabetes, asthma, depression, high blood pressure, heart disease and pregnancy. You'll receive \$100 in your account for enrolling in the Personal Health Coach Program (one reward per covered person per year). You'll receive \$200 for achieving your health goals and graduating from the Personal Health Coach Program (one reward per covered person per year).
- **Smoking Cessation Program:** This program helps you manage withdrawal symptoms, identify triggers and learn new behaviors and skills to remain tobacco-free. Participation is open to you and your covered family members age 18 or older, and includes counseling support and tools. You and your spouse are eligible to receive \$50 in your HRA (one reward per person per lifetime) for completing this program.
- **Weight Management Program:** Our Weight Management Program is a personalized phone course designed to help you adopt lifestyle changes necessary to lose weight and maintain weight loss. A team of counselors (a registered dietitian and health educator) with expertise in weight management will help you address healthy eating, physical activity and exercise, stress management, and more. You and your covered family members age 18 and older who have a Body Mass Index (BMI) of 25 or higher are eligible for this program. You and your spouse are eligible to receive \$50 in your HRA (one reward per person per lifetime) for completing the program.

Summary of Covered Services

Preventive Care

Anthem 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 (888) 224-4902



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Summary of Covered Services (Continued)

Medical Care

Anthem 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 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 Lumenos HRA plan, the following services are limited:

Home Health = 100 visits per calendar year

Physical Medicine and Rehabilitation = 60 days per calendar period

Occupational Therapy = 20 visits per calendar year

Your Lumenos HRA also includes a **Lifetime Maximum** of \$5,000,000 per person.*

Specific state mandates regarding limitations may apply.

*For Missouri customers, there is no lifetime maximum.

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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.



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