

Lumenos HSA Plan

Your Lumenos HSA Plan

<p>First- Use your HSA to pay for covered services</p> <p>Health Savings Account</p> <p>With the Lumenos Health Savings Account (HSA), you can contribute pre-tax dollars to your HSA. Others may also contribute dollars to your account. You can use these dollars to help meet your annual deductible responsibly. Unused dollars can be saved or invested and accumulate through retirement.</p>	<p>Contributions to Your HSA</p> <p>For 2011, contributions can be made to your HSA up to the following:</p> <p>\$3,100 individual coverage \$6,250 family coverage</p> <p>Note: These limits apply to all combined contributions from any source, except rollover funds.</p>
<p>Plus- To help you stay healthy, use:</p> <p>Preventive Care</p> <p>100% coverage for nationally recommended services.</p>	<p>Preventive Care</p> <p>No deductions from the HSA 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.</p>
<p>Then- Annual Deductible</p> <p>The amount you pay out of pocket will vary depending on how many of your HSA dollars, if any, you choose to spend to help meet your annual deductible. If you contribute HSA dollars up to the amount of your deductible and use them, your deductible will equal \$0.</p>	<p>Annual Deductible Responsibility</p> <p>\$1,500 plan year individual coverage \$3,000 plan year family coverage (\$1,500 individual level)</p> <p>Your benefit period may be a calendar year or plan year. A calendar year means your benefit period runs from January through December while a plan year runs from the effective date of the plan through a 12-month period. (e.g. February 1 through January 31 or July 1 through June 30).</p>
<p>If needed- Traditional Health Coverage</p> <p>Your traditional Health Coverage begins: 1) Once any family member reaches the individual level deductible (within the annual deductible), that family member's future expenses will be eligible for Traditional Health Coverage.</p> <p>2)The remaining family members must satisfy the remainder of the annual deductible before Traditional Health Coverage begins.</p>	<p>Traditional Health Coverage</p> <p>After your deductible, the plan pays:</p> <ul style="list-style-type: none"> •90% for in-network providers •70% for out-of network providers •90% for in-network pharmacies* •70% for out of network pharmacies* •After your bridge, your coinsurance responsibility is: <ul style="list-style-type: none"> •10% for in-network providers •30% for out-of network providers <p>Retail: 10% for in-network pharmacies, 30% for out-of-network providers Mail: 10% for 90-day supply</p>

<p>Additional protection:</p> <p>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.</p>	<p>Annual Out-of-Pocket Maximum</p> <p>In-network Providers \$3,000 individual coverage \$5,950 family coverage</p> <p>Out-of-Network Providers \$6,000 individual coverage \$11,900 family coverage</p> <p>Your annual out-of-pocket maximum consists of funds you spend from your HSA, your deductible responsibility and your co-pay/coinsurance amounts.</p>
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Tools and Personalized Services

You will have access to our award-winning online health site and the following programs to help you reach your health potential:

- MyHealth Assessment:** You and your family members can complete the MyHealth Assessment, your online tool designed to help measure your overall health.
- Health Coaching Programs:** If you qualify for one of our health coaching programs, you'll receive one-on-one assistance from a registered nurse to help you manage a health condition. Health conditions may include, but are not limited to, diabetes, asthma, high blood pressure, heart disease and pregnancy.
- Tobacco-Free 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 phone counseling support, online tools, and nicotine-replacement therapy coverage.
- Healthy Weight Program:** Our Healthy Weight Program provides personalized online and phone support to help you adopt lifestyle changes necessary to lose weight and maintain weight loss. A team of trained health professionals with expertise in weight management will help address health 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.

Summary of Covered Services

Preventive Care

Anthem's Lumenos HSA 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 an in-network provider are covered at 100%, are not deducted from your HSA 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:

<p style="text-align: center;">Child Preventive Care</p> <p>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)</p>

<p style="text-align: center;">Adult Preventive Care</p> <p>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</p>

Summary of Covered Services (Continued)

Medical Care

Anthem's Lumenos HSA plan covers a wide range of medical services to treat an illness or injury. You can use your available HSA funds to pay for these covered services. Once you spend up to your deductible amount you will have Traditional Health Coverage with the coinsurance to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HSA 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 services may have limitations or other restrictions. *With Anthem's Lumenos HSA plan, the following services are limited:

Skilled nursing facility services limited to 100 days per stay.
Home private duty nursing services limited to \$500 per plan year.
Spinal manipulations limited to 30 visits per member per plan year.
Physical therapy and occupational therapy limited to 30 combined visits per member per plan year.
Speech therapy limited to 30 visits per member per plan year.
Wigs limited to \$500 per plan year.

Specific state mandates regarding limitation may apply.

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

If you have questions, please call toll-free 1-800-582-6941.

Please note: This summary is intended to be a brief outline of coverage and is not intended to a legal contract. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group 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.

The information included does not constitute legal, tax, or benefit plan design advice. Anthem strongly encourages consultation with a tax advisor before establishing a Health Savings Account. Any Health Savings Account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administrator of the HSA.

Flexible Benefit Administrators

Flexible Spending Accounts

Plan Year: October 1, 2011 - September 30, 2012

- **Healthcare Flexible Spending Account Maximum: \$3,000**
- **Healthcare Flexible Spending Account Minimum: \$0**
- **Dependent Care Account Maximum: \$5,000**
- **Dependent Care Account Minimum: \$0**
- **Grace Period: 90 days following the end of the plan year to file for services rendered during the plan year.**
- **Eligibility: Full-time employees are eligible to participate in the Plan on the first of the month following their date of hire.**

FLEXIBLE BENEFIT PLAN: THE BETTER YOU PLAN, THE MORE YOU SAVE!

It's more than a slogan. The Flexible Benefit Plan is a real solution to issues facing all of us. Simply stated, by taking advantage of tax laws, the Flexible Benefit Plan works with your benefits to save you money.

Your insurance programs are designed to help you and your family become financially secure as well as to protect you against the high cost of medical care including catastrophic events. However, almost everyone has a number of necessary, predictable expenses that are not covered by your insurance programs. The Flexible Benefit Plan will help you pay for these predictable expenses.

The Flexible Benefit Plan offers a unique way to help pay for some of your health care expenses.

The key to the Flexible Benefit Plan is that your eligible expenses are paid for with **Tax Free Dollars**. You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save between, approximately, \$27.65 and \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

Using the Flexible Benefit Plan can save you a significant amount of money each year, however, it is important that you understand how the Plan works and how you can make the most of the advantages the Flexible Benefit Plan offers.

This chapter will help you understand the Flexible Benefit Plan. The chapter covers how the Plan works, describes the categories of the Plan, explains the rules governing the Plan, the reimbursement process and how you can elect to participate in the Flexible Benefit Plan. Prior to electing to participate in the Flexible Benefit Plan, it is important that you read and understand the **Rules and Regulations** section of this handbook.

After you read this material, if you have any questions please feel free to contact **Flexible Benefit Administrators, Inc. at (757) 340-4567 or (800) 437-FLEX.**

FLEX NOTE: FLEX is authorized by Section 125 of the Internal Revenue Code