

Anthem Lumenos Health Savings Account (HSA 4)

Effective Date- October 1, 2009

- The maximum allowable contribution for **individual coverage** is, **\$3,000**
- The maximum allowable contribution for **family coverage** is, **\$5,950.00**
- The County will not contribute to the HSA.

The Lumenos HSA plan provides a high deductible health plan paired with a financial savings account. It utilizes the PPO network and there are no referrals required. Prescription drugs for this plan are all subject to the medical deductible and out of pocket limits. If you choose this plan, you will also be automatically enrolled in a health savings account to which you will be able to contribute and accumulate funds to offset your out of pocket costs when the plan is utilized.

As you review the outline of benefits for the plans, keep in mind that an important aspect of saving on your Out-of-Pocket medical expenses is using the appropriate network of Anthem Blue Cross and Blue Shield providers in the plan you select.

DEDUCTIBLE	\$1,500- Individual \$3,000- Family
OUTPATIENT OFFICE VISITS -PCP -Specialist	10% after cy deductible
PREVENTIVE CARE - Check ups, GYN exam & pap test - Prostate exam & PSA - Mammography screenings - Screenings/Immunizations - Colorectal cancer screenings	100% AC 100% AC 100% AC 100% AC 100% AC
ANNUAL VISION EXAM	\$15 co-pay \$30 OON allowance
DIAGNOSTIC TESTS ¹	10% after cy deductible
Advanced Diagnostic Imaging	10% after cy deductible
PT/OT/ST² <i>(Physical Therapy, Occupational Therapy, Speech Therapy)</i>	10% after cy deductible (PT/OT combined \$2,000 cy limit) (ST \$500 cy limit)
OUTPATIENT SURGERY³	10% after cy deductible

PRE/POST NATAL CARE ⁴	10% after cy deductible
OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE VISITS	10% after cy deductible
INPATIENT HOSPITAL SERVICES	10% after cy deductible
SKILLED NURSING ⁵	10% after cy deductible
DURABLE MEDICAL EQUIPMENT	10% after cy deductible (\$5,000 cy limit)
AMBULANCE SERVICES	10% after cy deductible (\$3,000 cy limit)
EMERGENCY ROOM ⁶	10% after cy deductible
OUT-OF-POCKET ⁷	\$3,000/\$6,000
PRESCRIPTION DRUG - Retail - Mail Order	10% after cy deductible 10% after cy deductible

1 If rendered with an office visit the member will only be responsible for an office visit co-payment

2 30 combined PT/OT visits and 30 ST visits (perCY)

3 Free standing ambulatory surgery center or hospital based facility

4 All routine outpatient pre- and postnatal care of the mother rendered by the OB/GYN

5 100 days /per confinement

6 Covered only for true emergency services; co-pay waived if admitted

7 Individual/Family; Does not include co-payments/coinsurance/deductibles for prescription drugs, vision benefits or dental rider benefits

Monthly Rates

	Total Premium	County Portion	<u>Employee Portion</u>
Employee ONLY	\$455.86	\$435.00	\$20.86
Employee + 1 Child	\$593.53	\$435.00	\$158.53
Employee + Children	\$628.61	\$435.00	\$193.61
Employee + Spouse	\$789.52	\$490.00	\$299.52
FAMILY	\$897.96	\$490.00	\$407.96

For questions or claims please contact Customer Service at
1.800.582.6941
Website: www.anthem.com

