

Isn't it time someone created
a healthier health plan?

We thought so. So we did.



Lumenos[®] Health
Incentive Account
Plus Plan



The person most responsible for your health? You.
The plan most supportive of your health? Lumenos HIA Plus Plan, a consumer-driven health plan from Anthem Blue Cross and Blue Shield.

Think of “health plan” and what comes to mind? Most likely, coverage that helps pay the cost of medical care when you’re sick or injured.

We want to change your thinking.

With our Lumenos Health Incentive Account Plus (HIA Plus) Plan—an innovative consumer-driven health plan for individuals and families from Anthem Blue Cross and Blue Shield—protection against medical expenses is only part of the story.



What makes the Lumenos HIA Plus Plan different? Plan features are specially designed to help improve and maintain your health and give you enhanced control over your health care dollars. Take a look:

- **Preventive care covered—period.** When you use our network providers, nationally recommended preventive care services are paid for by Anthem, at zero cost to you.
- **A Health Incentive Account that empowers you.** You'll have the ability to better manage and control your health care dollars—along with incentives to earn more account dollars.
- **Exclusive health tools and personalized services.** You'll have access to a wealth of ways to help improve and maintain your health—all at no charge, including:
 - An online Health Assessment designed to help you measure your overall health.
 - A Personal Health Coach Program, Smoking Cessation Program, and Weight Management Program.
 - 24-Hour Nurse Advice Line when you need a quick answer to a routine health question or educational information on a medical issue.
 - An online health site with tools and information, including network provider listings, hospital quality ratings, prescription drug costs, wellness articles, and much more.
- **Built-in value through Anthem discounts.** You use your own doctor and you never need referrals. And when you use our network providers, you save money because you'll receive Anthem's negotiated discounts on services and prescriptions.
- **Flexibility.** Choices and options are available to help tailor your Lumenos HIA Plus Plan to your needs and budget—and you control a portion of your health care dollars for even more flexibility.
- **Ways to help improve your health *and* your financial health.** You can receive dollars for your Health Incentive Account designed to help reduce your out-of-pocket health expenses, while helping improve your health and well-being.

Now when you think of "health plan," think Lumenos HIA Plus Plan. Because a health plan you can feel good about is one that helps you feel good.

How the Lumenos HIA Plus Plan works

Preventive Care

Preventive care to maintain your health.

- 100% coverage for nationally recommended preventive care services with no deduction from your health account and no out-of-pocket costs when you use network providers.

Health Incentive Account

Health Incentive Account to pay for medical care and prescriptions.

- Use account dollars to pay for covered health expenses.
- Anthem will contribute money to a Health Incentive Account on your behalf (a fixed amount for individuals and more for families). In addition, earn money into your health account through our healthy rewards program and use these dollars to pay for covered health expenses.
- Unused dollars rollover from year to year, so your account can keep growing to help meet future health care costs.
- The money you spend from your health account on covered expenses applies to your plan deductible, which must be satisfied before traditional coverage begins.

Out-of-Pocket "Bridge" to Traditional Health Coverage

Then, use Traditional PPO Health Coverage, if needed.

- If there is no money in your health account, you must pay any remaining deductible out-of-pocket. This payment is called a "bridge" amount because it bridges the health account and traditional health coverage components of the plan.
- Then, the plan pays the majority of the cost for additional covered services. You are responsible for any applicable coinsurance amounts.
- Once the out-of-pocket maximum is reached (which includes the plan deductible and any coinsurance payments), the plan pays 100% of covered expenses.

Traditional Health Coverage

The Lumenos HIA Plus Plan: powerful incentives for your health

If you choose the Lumenos HIA Plus Plan, Anthem will contribute money to a Health Incentive Account on your behalf (a fixed amount for individuals and more for families). You can then use this money to pay for eligible medical expenses, including prescriptions. Contributions are made quarterly.

Once all the money in your Health Incentive Account is spent, you satisfy a limited out-of-pocket responsibility—called a “Bridge”—before the traditional health coverage begins. You don’t have to spend it all, though. Unused money in your account can roll over from year to year, as long as you remain in the plan. (If you leave the plan, however, any money left in your account is forfeited.)

You also have the opportunity to earn more dollars for your incentive account, while helping improve your health, by participating in our healthy rewards programs.

Healthy rewards

Anthem will contribute dollars into your Health Incentive Account for taking any of the following steps to help improve and maintain your health:

- Completing or updating a **Health Assessment**, our online tool designed to help measure your overall health. The health information you provide is secure and strictly confidential. Earn \$50 per family, per year.
- Enrolling in and graduating from the **Personal Health Coach Program**, a one-on-one support program intended to help you proactively manage your health. Available if you qualify. Earn \$100 per person for enrolling and \$100 for graduating.
- Completing our **Smoking Cessation Program**, designed to help you lead a tobacco-free lifestyle. Participation is open to you and your covered family members age 18 or older, and includes counseling support and tools, including nicotine replacement therapy coverage. Earn \$50 per covered person.
- Completing our **Weight Management Program**, a personalized phone course with a team of counselors (a registered dietitian and health educator) designed to help you adopt lifestyle changes necessary to lose weight and maintain weight loss. Participation is open to you and your covered family members age 18 and older who have a Body Mass Index (BMI) of 25 or higher. Earn \$50 per covered person.

Still more Lumenos HIA Plus Plan benefits

Save on prescription drugs—including mail order

Prescription medications—even through mail order—are covered when the traditional health plan coverage kicks in (less any applicable coinsurance payments). But that doesn't mean you have to wait to save money:

- Thanks to our buying power, Anthem is able to negotiate significant discounts on all types of prescription medicines. Just show your ID card at pharmacies in our network—that's over 95% of pharmacies nationwide. Your card lets them know your prescription should receive the Anthem discount rate.
- The cost of the prescription can be paid first from your Health Incentive Account, if you have money in the account. If you don't have money in your account, you still benefit from Anthem's discount rate.
- To further lower your cost, visit www.anthem.com (it's easy to register once you're approved in the plan) to learn about generics or other low-cost alternatives that could save you money.
- You can also potentially save on prescriptions by ordering a 60- or 90-day supply through mail order. Once you're approved in the plan, you can download a mail order form from www.anthem.com.

Get plenty of online support

Once you're approved in the plan, simply register at www.anthem.com for instant access to a wealth of online content designed to help keep you healthy and save money. If you don't have Internet access, you can call our friendly Anthem customer service advocates for help in getting the information you need.



How could the Lumenos HIA Plus Plan work for you?

Let's look at one example of how the Lumenos HIA Plus Plan can help individuals and their families. You can view more examples at www.anthem.com.

MARY SMITH

Mary Smith is a generally fit, healthy 32 year-old. She tries to watch what she eats but a busy project at work has caused her to slip on her exercise routine. She cringes to discover she has gained ten pounds. Since she is 5'6" and weighs 155 pounds, her BMI is 25, making her eligible for the Weight Management Program. She wants to lose the ten pounds she gained, bringing her back down to a healthier BMI of 23.4.



Quarter	Account Activity	Credits	Debits	HIA Plus Balance	Details
1st	Quarterly Allocation Amount	\$125		\$125	
	\$50 for completing Health Assessment	\$50		\$175	
	Total Medical Expenses: Prescription Drugs \$60		\$60	\$115	\$60 paid from HIA Plus to cover medical expenses.
2nd	Quarterly Allocation Amount	\$125		\$240	
	Total Medical Expenses: Prescription Drugs \$100 Physician Office Visits \$150		\$250	\$0	\$240 paid from HIA Plus to cover medical expenses. Ms. Smith pays \$10 out-of-pocket to cover the remainder of the medical expenses.
	Quarterly Allocation Amount	\$125		\$125	
3rd	Total Medical Expenses: Prescription Drugs \$60		\$60	\$65	\$60 paid from HIA Plus to cover medical expenses.
	Quarterly Allocation Amount	\$125		\$190	
4th	\$50 for completing Weight Management Program	\$50		\$240	
	Total Expenses: Prescription Drugs \$100 Preventive visits and lab tests \$300		\$400	\$140	\$300 is paid by Traditional Health Plan for preventive care benefit - no deduction from HIA Plus. The remaining \$100 is paid by HIA Plus.
	HIA Plus Rollover to Year 2			\$140	

This is an example. Your actual experience will vary. All expenses assume the use of network providers.

ADD DENTAL BLUE® AND BLUE PREFERRED TERM LIFESM TO YOUR PLAN

Healthy teeth help make a healthy you.

Regular dental checkups and cleanings are important to your overall health. They also help you feel better about yourself. That's why we make it easy for you and your family to get the dental care and treatment you need with Dental Blue®.

To help keep your teeth healthy, Dental Blue covers preventive and diagnostic care at 100% when you see network dentists. And once you meet a \$50 annual deductible, it pays a set amount for basic and major dental services.

Adult 19 to 64 -

\$26 per month,

Children 18

and younger -

\$18 per month

National Average Prices for Dental Services

	MOST COMMON DENTAL SERVICES	NATIONAL RETAIL AVERAGE	NETWORK DISCOUNT AVERAGE	NATIONAL AVERAGE ANTHEM PAYS	NATIONAL AVERAGE MEMBER PAYS
DIAGNOSTIC AND PREVENTIVE CARE	Periodic Oral Exam	\$37.80	\$6.80	100%	\$0.00
	X-Rays – (Bitewings - two films)	\$33.40	\$5.40	100%	\$0.00
	Adult Teeth Cleaning	\$70.82	\$14.82	100%	\$0.00
	Child Teeth Cleaning	\$52.04	\$12.04	100%	\$0.00
BASIC DENTAL CARE**	Filling (Resin-based, one surface, posterior)	\$133.98	\$27.98	\$38.00	\$68.00
	Extraction (Erupted tooth or exposed root)	\$116.44	\$24.44	\$35.00	\$57.00
MAJOR DENTAL CARE**	Root Canal (Molar)	\$775.00	\$110.00	\$330.00	\$335.00
	Crown (Porcelain fused to high noble metal)	\$888.25	\$143.25	\$206.00	\$539.00
	Complete Denture – Top (Maxillary)	\$1131.74	\$231.74	\$225.00	\$675.00
	Complete Denture – Bottom (Mandibular)	\$1103.30	\$203.30	\$225.00	\$675.00

*Prevailing Health Care Charges System®

**Assumes \$50 deductible has been met


Be prepared for the unexpected.

Pennies a day. That's all it takes to ensure your family has financial protection—even if you're not there to provide for them. When you add the Anthem Blue Preferred Term LifeSM Plan to your individual medical coverage, you can enjoy the peace of mind that comes from knowing you'll help meet your family's financial obligations. Keep in mind that the death proceeds of a Life policy are almost never taxed.

Blue Preferred Term Life is available with most individual medical plans from Anthem. And it couldn't be easier to get. You won't have to undergo any medical exams or fill out any additional forms. And you'll receive only one bill for your health and life coverage. If you want, you can also get life coverage for all of your individual family members covered on your medical plan. Because there's no such thing as being too prepared.

Term Life Monthly Rates

AGE	\$15,000	\$25,000	\$50,000
Less than 1	\$N/A	\$N/A	\$N/A
1-18	\$1.50	\$2.50	\$N/A
19-29	\$2.85	\$4.75	\$9.50
30-39	\$3.30	\$5.50	\$11.00
40-49	\$7.50	\$12.50	\$25.00
50-59	\$20.85	\$34.75	\$69.50
60-64	\$29.40	\$49.00	\$98.00

A close-up photograph of a woman with dark hair, wearing a patterned top, holding a baby wrapped in a blanket. The woman is looking down at the baby with a gentle expression. The background is softly blurred.

Need another reason to choose the Lumenos HIA Plus Plan?

How about how easy it is to apply.

Our Lumenos HIA Plus Plan offers a wealth of benefits, including:

- 100% preventive care coverage
- A Health Incentive Account to better manage and control your health care dollars
- Traditional health coverage to protect against high medical expenses
- The ability to save money from year-to-year to help reduce future out-of-pocket health care expenses
- Exclusive access to online tools, information, and personalized services to help improve and maintain your health

To all these benefits—add one more: it's easy to get started.

Whether you're looking for individual or family coverage, the application can be filled out and submitted easily and securely online and, in most cases, the approval process takes only a few days.

Talk to your agent or financial advisor today for more information and complete details. A healthier future is just ahead.

Some definitions—so we're all on the same page.

A **premium** is the amount of money you pay on a regular basis—once a month, four times a year, twice a year or once a year—to your insurance company to keep your health plan active. You can't apply what you pay for your premium toward your deductible.

A **deductible** is the amount of out-of-pocket expenses you have to pay each year before your health plan kicks in and starts paying for services.

A **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services. It's the portion of the bill not paid by your health plan after the deductibles have been reached.

An **out-of-pocket** limit is the total amount of money (not counting your premiums) you have to pay each year for your health care coverage. Your deductible and coinsurance payments for covered services count toward your out-of-pocket limit.

A **discount** is the reduced out-of-pocket cost you enjoy when you obtain health care services from a network provider.

A **drug formulary** is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You may help control the amount you pay for prescriptions by encouraging your doctor to prescribe medications from the Anthem formulary on our website at www.anthem.com.

Information about our Network Providers.

Using our network. To be eligible to receive the maximum benefits available, you must use network providers. (Please refer to your provider directory, located on www.anthem.com, for a list of network providers.)

Notice of provider arrangements. Your Participating Provider's agreement for providing covered services may include financial incentives or risk-sharing relationships which are based on utilization and quality of services. If you have any questions regarding such incentives or risk-sharing relationships, please contact Anthem or your provider.

Pre-certification. Some services require pre-certification. What this means is you or your doctor must call Anthem before you receive certain services to ensure you get maximum coverage. This process can help you avoid unnecessary out-of-pocket costs later. Services including, but not limited to, transplants, substance abuse and mental health are subject to pre-certification.

Non-network provider. If you receive covered services from a non-network provider, you are responsible for the difference between the actual charge billed and the maximum allowable amount plus any deductible, copayments and non-covered charges.

Customary waiting times. The standard waiting time for routine care is two weeks and urgent care is 48 hours. These waiting times are standard only and may not be indicative of the amount of time you wait for routine or urgent care.

And now—some really important legal information you should take the time to read.

Who can apply.

You can apply for medical coverage for yourself or with your family. Family health coverage includes you, your spouse and any dependent children. Children are covered to the end of the calendar month in which they turn 19—or 25 if they qualify as full-time students or federal income tax exemptions. You must be a resident of the state in which you are applying, a legal resident of the U.S. and not currently pregnant.

What's a preexisting condition?

This medical plan covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any medical or physical condition you had in the 12 months right before you enrolled. If you received medical advice, a diagnosis, care or treatment for the condition – or if it was recommended that you do so– that qualifies it as "preexisting".

Our appeal rights and confidentiality policy.

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal.

If you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal.

Please call customer service or check your contract or certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to:

**Anthem Blue Cross and Blue Shield
Appeals Coordinator
P.O. Box 37780
Louisville, KY 40223-7780**

If we uphold our decision throughout the appeals process, you can request a review by the Indiana Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a Confidentiality Policy in Indiana. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

We want you to be satisfied.

If you aren't satisfied with your medical coverage, you can cancel it within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

Anthem 

Lumenos 

This brochure is only a summary of Lumenos HIA Plus Plan benefits. It isn't part of the contract or certificate of coverage. The contract or certificate of coverage you will receive if you're approved for coverage includes all the details of the plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage. If you aren't satisfied with your Lumenos HIA Plus Plan coverage, you can cancel within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

In Indiana, Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Life and disability products are underwritten by Anthem Life Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association. © Anthem is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. ©LUMENOS is a registered trademark.

PLAN BENEFITS GUIDE

Calendar-year deductible

Out-of-Pocket Maximum (including deductible)

HIA Plus Allocation (Network and Non-Network combined)

Physician Office Services

Prescription Drugs
Retail: 30-day supply. Mail service: 90-day supply

Preventive Care

Well Child Care

Diagnostic Services

Inpatient Hospital Services

Outpatient Services

Emergency Room

Urgent Care

Ambulance (includes air)

Maternity Services

Optional Maternity Rider
Subject to a 12-month waiting period

Outpatient Therapy Services
Maximum visits per benefit period for network and non-network combined:
· Physical Therapy - 20 visits maximum
· Speech Therapy - 20 visits maximum
· Occupational Therapy - 20 visits maximum
· Spinal Manipulation - 20 visits maximum

Mental Health
Inpatient
Outpatient

Substance Abuse
Inpatient
Outpatient

Home Health Care (Maximum visits per benefit period - 60 visits)

Hospice

Durable Medical Equipment

Human Organ and Tissue Transplant Services
\$1,000,000 Lifetime maximum combined network and non-network transplant provider services. (Kidney and cornea transplants services covered same as any other illness under medical)

Transportation, Lodging and Meals

Lifetime Maximum

Pre-existing Waiting Period

Blue Preferred Term Life Option Available

Dental Blue Option Available

Lumenos Health Incentive Account Plus Plan

- ¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.
- ² The family deductible must be satisfied by either one or all members collectively before any covered services will be paid by the plan.
- ³ Once the family out-of-pocket maximum is satisfied by either one or all members collectively, no additional coinsurance will be required for the family for the remainder of the benefit period.

These plans are available with the Blue Access PPO network. To find a doctor or local hospital, visit www.anthem.com and select the "Find a Doctor" button for a complete list of providers within the network.

This Lumenos HIA Plus Plan Benefits Guide 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 contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Lumenos HIA Plus Plan Benefits Guide, the terms of the contract or certificate of coverage will prevail.

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