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A consumer-driven health plan designed to help individuals and families control their out-of-pocket health expenses

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Getting healthy.

Staying healthy.

And earning rewards while you do it.

Lumenos[®] HIA
Lumenos[®] HIA Plus

**INDIVIDUAL AND FAMILY HEALTH CARE PLANS
FOR CALIFORNIA**



Staying healthy is just as important as getting better.

Your health care dollars are too precious to waste. One way we can help you keep those dollars in your pocket is to help you stay as healthy as possible.

So we created a pair of consumer-driven health plans called Lumenos HIA and HIA Plus. Their innovative PPO design helps you lower your coverage costs and control your out-of-pocket health expenses. All while helping to improve your health and well-being. Whether you have a long-term condition, a temporary illness, or general good health, Lumenos HIA and HIA Plus put you in charge of your health.

Getting healthy. Staying healthy. And getting rewarded while you do it. That's what makes Lumenos special.

The coverage you're used to. The rewards you deserve.

Lumenos is a different kind of health care plan. But it should also look pretty familiar. You'll recognize all of the PPO coverage you typically get for office visits, medical care, tests and prescriptions. The difference is that the coverage is offered in an innovative, lower-premium/higher-deductible package. Plus you'll be introduced to something more valuable than money – a chance to improve your health. That's right – you'll be rewarded for taking care of yourself.

It's your coverage, your health. Lumenos lets you treat it that way.

| Plan Features | Lumenos HIA Plan | Lumenos HIA Plus Plan | Typical PPO Plan |
|---|------------------|--|-------------------|
| Coverage for medical care and prescriptions | ✓ | ✓ | ✓ |
| Personal health account to help pay medical expenses | ✓ | ✓ | |
| Personal health account funded by ... | Reward credits | Quarterly contributions from Anthem and reward credits | NO health account |
| Traditional health coverage to protect you against large health expenses | ✓ | ✓ | ✓ |
| 100% coverage for preventive care with no deduction from your health account and no out-of-pocket costs when you use in-network providers | ✓ | ✓ | |
| Savings for using network doctors, hospitals and pharmacies | ✓ | ✓ | ✓ |
| Interactive online health tools to help you make better health decisions | ✓ | ✓ | |
| Personalized programs to address or prevent health problems | ✓ | ✓ | |
| Unused health account funds can be rolled over from year to year | ✓ | ✓ | |
| Rewards for taking steps to improve your health | ✓ | ✓ | |

When you use network doctors for preventive care, no funds are deducted from your health account and you have no out-of-pocket costs. No deductible, no copay, nothing.

Lumenos[®] HIA and HIA Plus Plan Comparison

| | | Lumenos HIA Plan | | Lumenos HIA Plus Plan ³ | |
|--|---|--|----------------|--|----------------|
| | | Coinsurance/ Out-of-Pocket Limit ² Cost to Member | | Coinsurance/ Out-of-Pocket Limit ² Cost to Member | |
| Your Coinsurance and Maternity Choices | Your Annual Deductible Choices ¹ | In-Network | Out-of-Network | In-Network | Out-of-Network |
| 30% Coinsurance Plans — without Maternity | Individual: \$1,500 | 30% / \$3,500 | 50% / \$8,500 | 30% / \$3,500 | 40% / \$8,500 |
| | \$3,000 | 30% / \$2,000 | 50% / \$7,000 | 30% / \$2,000 | 40% / \$7,000 |
| | Family: \$3,000 | 30% / \$7,000 | 50% / \$17,000 | 30% / \$7,000 | 40% / \$17,000 |
| | \$6,000 | 30% / \$4,000 | 50% / \$14,000 | 30% / \$4,000 | 40% / \$14,000 |
| 0% Coinsurance Plan — without Maternity | Individual: \$5,000 | 0% / \$0 | 30% / \$5,000 | 0% / \$0 | 30% / \$5,000 |
| | Family: \$10,000 | 0% / \$0 | 30% / \$10,000 | 0% / \$0 | 30% / \$10,000 |
| 0% Coinsurance Plan — with Maternity | Individual: \$5,000 | 0% / \$0 | 30% / \$5,000 | 0% / \$0 | 30% / \$5,000 |
| | Family: \$10,000 | 0% / \$0 | 30% / \$10,000 | 0% / \$0 | 30% / \$10,000 |
| Lifetime Maximum <i>(the amount the plan pays up to, per member)</i> | | \$7 million for plans without maternity \$5 million for plan with maternity | | \$7 million for plans without maternity \$5 million for plan with maternity | |

| Covered Services | In-Network | Out-of-Network | In-Network | Out-of-Network |
|--|---|--|---|--|
| | <i>(your share of costs after deductible)</i> | | <i>(your share of costs after deductible)</i> | |
| Doctor's Office Visits | | | | |
| Professional Services <i>(x-ray, lab, anesthesia, surgeon, etc.)</i> | | 50% or 30% | | 40% or 30% |
| Hospital Inpatient <i>(overnight hospital stays)</i> | 30% or 0% | All charges except \$650 per day | 30% or 0% | All charges except \$650 per day |
| Hospital Outpatient <i>(if you don't stay overnight)</i> | | All charges except \$380 per day | | All charges except \$380 per day |
| Emergency Room Services | | | | |
| Maternity | 0% if maternity plan is selected <i>(not covered for plans without maternity)</i> | 30% if maternity plan is selected <i>(not covered for plans without maternity)</i> | 0% if maternity plan is selected <i>(not covered for plans without maternity)</i> | 30% if maternity plan is selected <i>(not covered for plans without maternity)</i> |
| Preventive Care | 0% <i>(deductible waived)</i> | 50% or 30% | 0% <i>(deductible waived)</i> | 40% or 30% |
| Chiropractic Services | 30% or 0% | All charges except \$25 per visit | 30% or 0% | All charges except \$25 per visit |
| | Plan covers up to 24 visits per year | | Plan covers up to 24 visits per year | |
| Prescription Drug Coverage | 30% or 0% | 50% or 30% of drug limited fee schedule and all excess charges | 30% or 0% | 50% or 30% of drug limited fee schedule and all excess charges |

¹ In-network and out-of-network deductibles accumulate together. For family coverage, either one or more members must satisfy the annual family deductible before any covered services will be paid by the plan. Deductibles are waived for in-network preventive care services.

² The annual out-of-pocket limit is in addition to the deductible. For family coverage, once the family out-of-pocket limit is satisfied by either one or more members, no additional coinsurance will be required for the family for the remainder of the calendar year. The out-of-pocket limits are separate for in-network and out-of-network services and accumulate separately.

³ The HIA Plus allocation of \$125 per individual and \$250 per family is contributed to the health account each quarter, for a calendar year total of \$500 per individual and \$1,000 per family.

*Deductibles and out-of-pocket amounts are reset on January 1 of each year.

What makes Lumenos so valuable?

Medical care is covered the same as a traditional health plan

Even though Lumenos is different, you're still covered for the medical services that you've come to expect from your health plan. You'll simply use your personal health account to pay for these covered services until you meet your deductible and traditional health coverage kicks in. Some of what Lumenos covers:

- Physician office visits
- Inpatient hospital services
- Outpatient surgery services
- Diagnostic X-rays/lab tests
- Emergency hospital services, urgent care and ambulance
- Durable medical equipment
- Prescription drugs
- Home health care and hospice care
- Physical, speech and occupational therapy services

Preventive care is fully covered with no deductible

Lumenos is your plan to help you stay healthy. We want to make it easier for you to do what's right for your health and your budget. That's why we pay for screenings and exams so you don't worry about whether or not to get them done.

Lumenos plans cover 100 percent of the following preventive care services when you visit in-network doctors. If you receive preventive care services from out-of-network doctors, then your deductible and coinsurance will apply.

You don't have to use any of your health account funds for these services.

| Child Preventive Care | Adult Preventive Care |
|--|---|
| Preventive physical exams | Preventive physical exams |
| Immunizations | Immunizations |
| Screening Tests including the following: <ul style="list-style-type: none">• Eye chart vision screening• Hearing screening• Screening for lead exposure• Pelvic exam and Pap test (if recommended by your doctor) | Screening Tests including the following: <ul style="list-style-type: none">• Eye chart vision screening• Hearing screening• Cholesterol and lipid level screening• Blood glucose test to screen for Type 2 diabetes• Prostate cancer screenings including digital rectal exam and PSA test• Breast exam and Mammography screening• Pelvic exam and Pap test |

If you receive services for diagnostic purposes — for example, a colonoscopy when symptoms are present — the appropriate plan deductible and coinsurance will apply and available health account dollars may be used to cover these costs.

Your personal health account helps pay for medical care and prescriptions

Consumer-driven health plans like Lumenos usually have lower premiums and higher deductibles than traditional PPOs. And unlike traditional high-deductible plans, your health account can pay for some of that deductible.

Your health account is your source of personal funds for health care spending. It gives you extra room to pay for covered health expenses (like prescriptions) until you meet your deductible.

- Your HIA personal health account is funded by reward credits for taking actions to improve your health. (See page 6 for details.) HIA Plus is funded by reward credits and quarterly contributions from Anthem.
- Payments are automatically made from your account so you don't have to deal with it.
- Unused funds roll over from year to year so your account can keep growing to help meet future health care costs. (But you have to stay in the plan to keep the funds.)

What makes Lumenos so user friendly?

Consumer-driven health plans may be new to many people, but Lumenos is actually pretty simple. You start by earning Anthem-funded reward credits in your personal health account for taking certain healthy actions. HIA Plus even goes a step further, with quarterly contributions from Anthem added to your reward credits.

Then you use that account to help meet your deductible. After that, the plan operates much like traditional health coverage that you're used to, with coinsurance and out-of-pocket limits. So you get all the motivational benefits of a healthy rewards program while protecting yourself against big, expensive health problems.

Plan Deductible

Any time you use your health account to cover eligible medical expenses, it applies to your plan deductible. (Since preventive care is 100 percent covered by Lumenos, it doesn't affect your health account or deductible.) If you meet your deductible before using up your health account, you skip straight to traditional health coverage.* But if you still have some deductible left, you're responsible for the rest.

Coinsurance (Traditional health coverage)

When traditional health coverage begins, the plan pays for most expenses, and you pay a percentage of the cost as coinsurance. For example, with a 30% Coinsurance Plan (70/30) we pay 70 percent of the bill and you pay 30 percent. Some plans even cover 100 percent of the approved amount. The percentage you pay will be less for in-network doctors and hospitals, higher for out-of-network. You pay the same coinsurance percentage for most benefits, such as office visits, urgent care, emergency room, and prescription drugs.

Out-of-pocket limit (Traditional health coverage)

The amount you pay out-of-pocket each year is capped at a maximum amount. Once you pay your deductible and reach the out-of-pocket limit, we pay 100 percent of in-network covered expenses for the rest of the year.* All of your coinsurance payments count toward your annual out-of-pocket limit. You have separate out-of-pocket limits for in-network services and out-of-network services.

* Deductibles and out-of-pocket amounts are reset on January 1 of each year

The more reward credits you earn for taking healthy action, the less you'll need to pay out of pocket toward your deductible.

What makes Lumenos so helpful?

Anthem 360° Health® helps you reach your personal healthy best

Anthem 360° Health surrounds you with resources, tools and guidance to make good health care decisions. Instead of waiting for health problems (and their costs) to crop up, these programs can help you prevent them or keep them from getting worse. Best of all, 360° Health is built into your plan at no extra cost. It includes:

- *MyHealth@Anthem*® – Health assessments, resource centers, and health calculators so you see progress and stay motivated.
- *24/7 NurseLine* – Health information from a registered nurse whenever you need it.
- *ConditionCare* – One-on-one help from trained professionals in managing a chronic condition like asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and heart failure.
- *MyHealth Coach* – Personal help with a wide range of health needs, primarily high blood pressure, high cholesterol, low back pain, musculoskeletal issues like arthritis, and certain types of cancer.
- *Healthy Lifestyles Programs* – Our proven “Tobacco-Free” and “Healthy Weight” programs help you adopt new habits for a healthy lifestyle with personalized support and educational resources.
- *SpecialOffers@Anthem*SM – Members-only discounts help you stretch your health account even further with savings on services and products that promote a healthy lifestyle.

Prescription drug extras help you control your health – and your wallet

Lumenos not only puts you in charge of your health care dollars, it can also help you spend less of those dollars on prescription drugs. Once traditional health coverage kicks in, prescription drugs are fully covered (less any coinsurance payments). But that doesn't mean you have to wait to save money. Here's how:

- We're able to negotiate significant discounts on all types of prescription medicines. If you don't have funds in your account, you still benefit from our discount rate. Just show your health plan ID card at pharmacies in our network— that's over 95 percent of pharmacies nationwide.
- To further lower your cost, visit anthem.com/ca to learn about generics or other low-cost alternatives.
- Ordering a 90-day supply through mail order can also save you money. Once you're approved in the plan, you can download a mail order form from anthem.com.

Network discounts pass even more savings on to you

We negotiate special member rates with each network doctor, hospital and pharmacy. When you use a network provider, you get that negotiated rate for services and prescriptions. If you visit an out-of-network provider, you'll still have benefits, but your share of the cost for covered services may be higher.

With Lumenos, you can go to your local pharmacy or use our mail order service. It's up to you.

What makes Lumenos so rewarding?

By participating in the programs below, you earn reward credits that help your health account grow. Use these reward credits to pay part of your annual deductible or rollover what you don't use to the next year.

How to earn reward credits

Anthem will contribute reward credits into your health account for taking any of the following steps to improve and maintain your health:

- *Completing or updating a MyHealth Assessment*, our online tool for measuring your overall health. The health info you provide is secure and strictly confidential. All covered family members can do their own assessment. The Reward: one adult per family can earn a \$50 reward credit per year.
- *Enrolling in or graduating from one of our health coaching programs*, one-on-one support programs for proactively managing your health. The Reward: Members who qualify can earn \$100 for enrolling and \$100 for graduating. If you're enrolled in more than one health coaching program, you only get one reward. Not all health coaching programs qualify for reward credits, so check before signing up.
- *Completing our Tobacco-Free Program*, a proven program for kicking the habit for good. Manage withdrawal symptoms, identify triggers and learn new behaviors and skills. Anyone in your covered family who is 18 or older can join up. The program includes counseling support and tools, including nicotine replacement therapy coverage. The Reward: You and your covered spouse or domestic partner can each earn \$50 for completing the program (one reward per lifetime).
- *Completing our Healthy Weight Program*, personalized phone counseling in which a registered dietitian and health educator team helps you adopt lifestyle changes to lose weight and keep it off. They'll advise you on healthy eating, physical activity and exercise, stress management, and more. Anyone in your covered family who is 18 or older and has a Body Mass Index (BMI) of 25 or higher can participate. The Reward: You and your covered spouse or domestic partner can each earn \$50 for completing the program (one reward per lifetime).

With HIA Plus, you get something extra: quarterly contributions from Anthem so you have even more funds available for medical expenses and prescriptions.

| Anthem contributions | Individual coverage | Family coverage |
|----------------------|---------------------|-----------------|
| Every quarter | \$125 | \$250 |
| Calendar year total | \$500 | \$1,000 |

Give yourself every advantage... good health, a bright smile and financial security.

Why dental coverage?

Dental care can play an important role in your overall health. Regular checkups and cleanings can help detect the early signs of oral health problems, reduce the risk of permanent damage to your teeth and gums, and prevent costly treatments down the road.

Dental Blue® PPO Plans feature:

- One of the largest Dental PPO networks in the state (more than 21,000 dental locations)
- No deductibles for cleanings, exams and x-rays
- Savings on popular services like veneers, dental implants and braces
- Negotiated discounts on services during any waiting periods and after you reach your annual maximum

The Dental Blue PPO plans give you the flexibility to see any dentist, although your costs will usually be less when you see a dentist in the network.

Dental SelectHMO Plans feature:

- A network of more than 4,800 dentists to choose from
- No deductibles and a low \$5 copay for exams, cleanings and x-rays
- Coverage for orthodontic services
- No annual maximums and no waiting periods for most services

The Dental SelectHMO network is not available in all counties so ask your agent for more details.

Why term life insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time.

Here are just a couple of reasons why you'll want to purchase term life insurance from Anthem Blue Cross Life and Health Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll

Term life monthly rates

| Age | \$15,000 Benefit | \$30,000 Benefit | \$50,000 Benefit | \$75,000 Benefit | \$100,000 Benefit |
|-------|------------------|------------------|------------------|------------------|-------------------|
| 1-18 | \$1.50 | \$3.00 | N/A | N/A | N/A |
| 19-29 | \$2.80 | \$5.60 | \$9.30 | \$11.25 | \$13.00 |
| 30-39 | \$3.25 | \$6.50 | \$10.80 | \$13.50 | \$16.00 |
| 40-49 | \$7.50 | \$15.00 | \$25.00 | \$33.75 | \$42.00 |
| 50-59 | \$20.90 | \$41.80 | \$69.60 | \$97.50 | \$125.00 |
| 60-64 | \$29.40 | \$58.80 | \$98.00 | \$142.50 | \$185.00 |

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

- A *premium* is the amount of money you pay on a regular basis to keep your health care plan active. Your premiums do not apply toward your deductible.
- A *deductible* is typically the amount you have to pay each calendar year for services that your health plan covers before the plan begins paying. Lumenos plans cover certain services before the deductible is met.
- A *coinsurance level* (which starts after your annual deductible is met) is the percentage of cost for which you will be responsible for services that your plan covers.
- An *out-of-pocket limit* is the total amount of money (not counting your premiums or deductible) you have to pay each year for your covered medical services. Your 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 covered 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 [anthem.com/ca](https://www.anthem.com/ca).

Like with any PPO plan, you choose your own doctor and never need a referral. Just keep in mind that network providers will probably cost you less.



What the California Individual Lumenos Plans Do Not Cover

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The Lumenos plans Policy booklets contain a comprehensive list of the plans' exclusions and limitations which you should read before you enroll. For a sample copy of a Policy booklet, ask your agent or contact Anthem Blue Cross.

Exclusions and Limitations

- Cosmetic surgery.
- Custodial care.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Orthodontic services, braces, and other orthodontic appliances.
- Durable Medical Equipment, except as specifically stated in the Policy.
- Educational services and nutritional counseling, except as specifically provided or arranged by Anthem.
- Any amounts in excess of the maximum amounts stated in the benefit sections of the Policy.
- Experimental or investigative services.
- Food and/or dietary supplements, except for formulas and special food products as specifically stated in the Policy.
- Any services provided by a local, state or federal government agency.
- Hearing aids.
- Infertility services.
- Mental and nervous disorders and substance abuse, except as specifically stated in the benefit sections of the Policy.
- Care or treatment furnished in a non-contracting hospital, except for a Medical Emergency as defined in the Policy.
- Any services received by Medicare benefits without payment of additional premium.
- Services received before your effective date or during an inpatient stay that began before your effective date.
- Services received after your coverage ends.
- Any services or supplies that are not Medically Necessary.
- Orthopedic shoes, except when joined to braces or shoe inserts.
- Outdoor treatment programs.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Personal comfort items.
- Services or supplies related to a pre-existing condition.
- Private duty nursing.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered) except as specifically stated in the Policy.
- Services for which no charge would be made if you did not have a health plan or insurance coverage.
- Services from relatives.
- Sex changes.
- Telephone and facsimile machine consultations.
- Services not specifically listed as Covered Services in the Policy.
- Vision care, except as specifically stated in the benefit sections of the Policy.
- Services primarily for weight reduction or treatment of obesity, except Medically Necessary treatment of morbid obesity.
- Conditions covered by workers' compensation law.
- Maternity and pregnancy care (unless the plan selected specifically includes maternity coverage).

Enrollment Guidelines

To enroll, you must be:

- Age 64¾ or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64¾ or younger;
- The applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service).
- The applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and is chiefly dependent upon you for support or maintenance.

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Anthem offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plans listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the plan in this brochure or if you have discontinued group coverage, please contact your Anthem Blue Cross representative for information regarding other Individual coverage options.

Waiting Periods

There is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. Anthem will credit the time you were enrolled in the previous plan. Consult with your Anthem Blue Cross agent or representative if you have a question about the underwriting process.

Rights and Obligations

Incurred Medical Care Ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies' incurred medical care ratio for 2008 was 83.38 percent. This ratio was calculated after provider discounts were applied.

No-Obligation Review Period

After you enroll in a Lumenos plan offered by Anthem Blue Cross Life and Health Insurance Company, you will receive a Policy/EOC booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy/EOC booklet along with a letter notifying us that you wish to discontinue coverage. Policy/EOC booklets are available for you to examine prior to enrolling. Ask your agent or Anthem Blue Cross.

READY TO ENROLL?

Call your Anthem Blue Cross Agent today!



This brochure provides a brief summary of benefits and services. If there is a difference between this brochure and the Policy, the Policy will prevail.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

The contribution limits set by the U.S. Treasury and the IRS may be increased for inflation annually. These limits include contributions from any source. Anthem strongly encourages consultation with a tax advisor before establishing a Health Savings Account. Lumenos, Dental Blue and Term Life are offered by Anthem Blue Cross Life and Health Insurance Company. Dental SelectHMO is offered by Anthem Blue Cross. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM, LUMENOS and 360° Health are registered trademarks of Anthem Insurance Companies, Inc. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association. SpecialOffers@AnthemSM is a service mark of Anthem Insurance Companies, Inc.