



Consumer-driven health plans designed to help individuals and families control their out-of-pocket health expenses

INDIVIDUAL AND FAMILY HEALTH CARE PLANS
FOR COLORADO

Anthem 

Getting healthy.

Staying healthy.

And earning rewards while you do it.

Lumenos[®] HIA
Lumenos[®] HIA Plus

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	✓	✓	

Lumenos[®] HIA and HIA Plus Plan Comparison

Your Coinsurance Choices	Your Annual Deductible Choices ¹ In-Network/Out-of-Network	Lumenos HIA Plan		Lumenos HIA Plus Plan ⁴	
		Coinsurance/ Out-of-Pocket Maximum ² Cost to Member		Coinsurance/ Out-of-Pocket Maximum ² Cost to Member	
		In-Network	Out-of-Network	In-Network	Out-of-Network
30% Coinsurance Plan	Individual: \$1,500 / \$3,000	30% / \$4,500	50% / \$9,000	Not offered	
	Family: \$3,000 / \$6,000	30% / \$9,000	50% / \$18,000		
0% Coinsurance Plan	Individual: \$2,500 / \$5,000 \$5,000 / \$10,000	0% / \$2,500 0% / \$5,000	30% / \$7,500 30% / \$15,000	0% / \$2,500 0% / \$5,000	30% / \$7,500 30% / \$15,000
	Family: \$5,000 / \$10,000 \$10,000 / \$20,000	0% / \$5,000 0% / \$10,000	30% / \$15,000 30% / \$30,000	0% / \$5,000 0% / \$10,000	30% / \$15,000 30% / \$30,000
Lifetime Maximum <i>(the amount the plan pays up to, per member)</i>		\$5 million		\$5 million	

Covered Services ³	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	30% or 0%	50% or 30%	0%	30%
Professional Services <i>(x-ray, lab, anesthesia, surgeon, etc.)</i>				
Hospital Inpatient <i>(overnight hospital stays)</i>				
Hospital Outpatient <i>(if you don't stay overnight)</i>				
Emergency Room Services	30% or 0%	50% or 0%	0%	0%
Maternity	Not covered		Not covered	
Preventive Care <i>(prior to deductible)</i>	20% or 0%	50% or 30%	0%	30%
Ambulance	30% or 0%	30% or 0%	0%	0%
Physical, Occupational and Speech Therapy	30% or 0%	50% or 30%	0%	30%

Prescription Drug Coverage	30% or 0%	50% or 30%	0%	30%
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¹ In-network and out-of-network deductibles accumulate separately. 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. See page 3 for details.

² The out-of-pocket maximum includes the deductible. For family coverage, once the annual family out-of-pocket maximum 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 maximums are separate for in-network and out-of-network services and accumulate separately.

³ Other covered services include, but are not limited to, chiropractic services and mental health. For a comprehensive list of covered services, limitations and exclusions, refer to the Health Plan Description Form and Certificate.

⁴ 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.

Lumenos plans also feature immediate \$500 coverage (deductible waived) for accident-related injuries

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:

- Doctor's 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 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.

Depending on the coinsurance choice you select, Lumenos plans cover either 80 percent or 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.

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 personal health account is your source of 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 maximums. 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. 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 maximum (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 maximum, 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 maximum. You have separate out-of-pocket maximums for in-network services and out-of-network services.

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

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

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 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 roll over 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.

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered with the Anthem Blue Dental PPO plan.

This plan gives you coverage for routine check-ups, x-rays and cleanings as soon as you enroll. After you've been covered for six months, you'll get additional coverage for fillings. After twelve months, you'll get coverage for major dental care which can help you save a lot on procedures like root canals, crowns and dentures.

With the Anthem Blue Dental PPO plan, you may visit any dentist you choose. However, your costs will usually be less when you use dentists in our network.

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 Blue Preferred Life™ insurance from Anthem Life 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	\$25,000 Benefit	\$50,000 Benefit	\$75,000 Benefit	\$100,000 Benefit
1-18	\$1.50	\$2.50	N/A	N/A	N/A
19-29	\$2.80	\$4.65	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$5.40	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$12.50	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$34.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$49.00	\$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 maximum* is the total amount of money (not counting your premiums) you have to pay each year for your covered medical services. Your coinsurance payments for covered services count toward your out-of-pocket maximum.
- 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](https://www.anthem.com).

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 Colorado 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 Health Plan Description Form contains a comprehensive list of the plans' exclusions and limitations which you should read before you enroll. For a sample copy of a Health Plan Description Form, ask your agent or contact Anthem.

Exclusions and Limitations

- All services related to artificial conception, except as provided in the member's Certificate
- Auto accident injuries, except as provided in the member's Certificate
- Bariatric surgery costs that exceed the aggregate lifetime maximum for bariatric surgery
- Breast reduction surgery or services related to breast reduction surgery, unless the surgery is performed as a result of breast cancer
- Services received before the member's plan effective date
- Services received after the member's coverage ends, except as provided in the member's Certificate
- Complications resulting from non-covered services and supplies
- Convalescent care from a period of illness, injury or surgery unless normally received for a specific condition, as determined by Anthem Blue Cross and Blue Shield's medical policy
- Cosmetic services
- Court-ordered services, unless those services would otherwise be covered under the member's Certificate
- Custodial care
- Dental services, except as provided in the member's Certificate
- Experimental or investigational services
- Genetic testing/counseling
- Government operated facility, including veterans administration facility
- Hair loss, even if there is a physician prescription and a medical reason for the hair loss
- Hypnosis, whether for medical or anesthesia purposes
- Services or supplies for illness or injuries resulting from the member's conduct that may be deemed a crime or other violation of law
- Intractable pain or chronic pain
- Learning deficiency and/or behavioral problem therapies, except as provided in the member's Certificate
- Maintenance therapy
- Charges for the member's failure to keep scheduled appointments
- Neuropsychiatric testing, unless allowed by Anthem's medical policy
- Over-the-counter products
- Services or supplies that are not medically necessary
- Services related to a pre-existing condition as defined in the member's Certificate
- Pregnancy, except as provided in the member's Certificate
- Private duty nursing
- Private room expenses, except as provided in the member's Certificate
- Professional or courtesy discounts the member receives from a provider for services and supplies
- Radiology services, except as provided in the member's Certificate
- Charges for the preparation of medical reports or itemized bills or charges for duplication of medical records from a provider when requested by the member
- Services for self-inflicted injuries, except where the law prohibits such an exclusion
- Services the member wouldn't have to pay for without insurance (free services)
- Sex-change operations
- Services related to alcohol or drug abuse except as provided in the member's Certificate
- Travel expenses, except as provided in the member's Certificate
- Vision care
- Services or supplies necessary to treat disease or injury resulting from war, civil war, insurrection, rebellion or revolution
- Services primarily for weight reduction, except medically necessary treatment for morbid obesity
- Work-related accidents or illnesses covered by worker's compensation

Enrollment Guidelines

To enroll, you must be:

- Age 64 or younger and
- A permanent legal resident of Colorado.
- You may not qualify for the plan(s) listed in this brochure, or
- You may be offered an alternate plan.

Medical underwriting requirement

We believe the cost of our plans should be consistent with your expected health care needs and risk factors. That's why Anthem offers various levels of coverage. To determine individual medical risk factors, all enrollments 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 premium rate, or
- You may be offered the plan you selected at a higher rate, or

If you have a significant medical condition and don't qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Anthem representative for information regarding other Individual coverage options.

Waiting periods

There is a 12-month waiting period for coverage of any health condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received within 12 months preceding the coverage effective date.

If you apply for coverage within 90 days of terminating your membership with another "creditable" health care benefits plan, you may use your prior coverage for credit toward the 12-month waiting period. Anthem will credit the time you were enrolled in the previous plan. Consult with your Anthem agent or representative if you have a question about the underwriting process.

Guaranteed Renewability of All Individual Health Policies

Anthem will not cancel or refuse to renew any Individual policy, except for the following reasons:

- Nonpayment of premium
- Fraud/misrepresentation of material fact by the insured
- Anthem elects to discontinue offering all Individual policies.
- The state insurance commissioner finds that the continuation of the coverage would not be in the best interests of the policyholders.
- The state insurance commissioner finds that the product form is obsolete and is being replaced with comparable coverage.

Network Access Plan

Anthem strives to provide a provider network that adequately addresses members' health care needs. The network access plan describes Anthem's provider network standards for network adequacy in service, access and availability, as well as assessment procedures for determining if the network continues to meet member needs. The network access plan is available on request for in-person review at our customer service department.

Colorado Health Plan Description Form

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, on oral or written request, within three business days to any person who is interested in coverage under, or who is covered by, a health care benefits plan of the carrier. If you would like a copy of the state mandated Colorado Health Plan Description Form, which provides information on health plan benefits, provider contract arrangements and other information, please contact your Anthem agent.

For complete details about benefits, procedures, limitations and exclusions, please refer to the Health Plan Description Form and certificate. In the event of a conflict between anything printed in this brochure and the certificate, the terms of the certificate will prevail.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible due to:

- Residency requirements and/or
- Duplicate Individual coverage with Anthem.

We may change rates with 30-day advance written notice. We may change coverage or benefits with 90-day advance written notice. Anthem does not change coverage or rates unless the change applies to all covered persons of the same class.

READY TO ENROLL?

Call your Anthem agent today!

No-obligation review period

After you enroll in an Anthem plan, you'll receive a certificate that explains the terms and conditions of coverage, including the plan's exclusions and limitations. You have 30 full days to examine your plan's features. During that time, if you're not fully satisfied, you may decline coverage by returning your certificate along with a letter notifying us that you want to discontinue coverage. You'll receive a full refund of any premium you've paid, less any claims we've paid on your behalf. Certificates are available to examine before enrolling. Ask your agent or Anthem.



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.

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