

Anthem Blue Cross and Blue Shield's Lumenos HIA Plus Plan Overview

Q: What is the Lumenos HIA Plus plan?

A: The Lumenos HIA Plus plan is one in the family of consumer-driven health plans offered by Anthem Blue Cross and Blue Shield. Consumer-driven health plans are designed to educate you about health care options and empower you to take control of your health, as well as the dollars you spend on your care. With the Lumenos HIA Plus plan, you receive an annual allocation in a Health Incentive Account (HIA) for you to spend the way you want on covered health care expenses.

The plan also includes a Traditional Health Coverage component – similar to a typical health plan – which helps protect you against further health care expenses. In addition, the Lumenos HIA Plus provides access to personalized health services and online tools to help you manage your health, health decisions and health care dollars.

Q: How does the HIA Plus plan work?

A: Here's how it works:

- **First, use your health account funds to pay for covered medical expenses and prescriptions.** The account dollars you use apply toward your plan's deductible. If you do not spend all of your health account dollars, and you have money remaining in your health account at the end of a plan year, it stays in your health account for as long as you're enrolled in the plan to help pay for future health care needs.
- **If you spend all of your health account funds, you will pay a limited amount out-of-pocket – called a Bridge – to satisfy your deductible before the Traditional Health Coverage begins.**
- **Then if needed, use the plan's Traditional Health Coverage.** Once you have paid your entire Bridge amount, the Traditional Health Coverage component of the plan will help protect you from further health expenses.
- **Preventive care is covered.** Most Lumenos HIA Plus plans cover nationally recommended preventive care with no deduction from your health account and no out-of-pocket costs to you, as long as you receive care from a provider who participates in Anthem's nationwide PPO network (an in-network provider). Please see your Health Plan Description Form for details on preventive care coverage.

Q: What is a Bridge?

A: After you have used your annual health account allocation, you'll pay a limited amount out-of-pocket – called a Bridge – when you incur additional expenses. You must pay the entire Bridge amount before the Traditional Health Coverage component of the plan begins.

Your Health Incentive Account (HIA) Funds

Q: How is my health account funded?

A: The health plan makes an annual allocation to your Health Incentive Account (HIA). Also, you have the opportunity to earn extra money for your health account by taking certain steps to improve your health through our incentive program called Healthy Rewards.

Q: How much money is placed in my health account?

A: The annual allocation to your health account varies depending on whether you've elected individual or family coverage. Individuals receive \$500 and families receive \$1,000. You may also earn additional allocations to your health account for taking certain steps to improve your health through the Healthy Rewards program.

Q: When can I use my health account allocation?

A: Your health account funds are available on your first day of coverage. Contributions are made into your HIA quarterly for one-fourth of the annual amount. For example, \$250 is contributed quarterly for a family policy.

Q: What type of services may I pay for with my health account funds?

A: You can use the money in your health account to cover the cost of covered health care services like doctor's office visits, prescription drugs, and lab tests. Check the Lumenos HIA Plus Health Plan Description Form for more information on covered services.

Q: Do I pay for prescription drugs from my health account?

A: Yes. You may pay for your prescription drug costs from your health account. You can find information on how to obtain and pay for your prescription drugs later in this FAQ document.

Q: How do I find out what my health account balance is?

A: It's easy. The My Account page on the online health site at www.anthem.com will show you how you can keep track of your health account activity and balance, as well as get details on all of your medical claims. You will also receive a monthly statement of your account balance.

Q: Can I roll over all the money in my health account at the end of each plan year?

A: Yes. Whatever you don't spend on covered services will roll over to the next year, as long as you remain enrolled in the Lumenos HIA Plus plan. If you roll over money to the next year, your larger health account balance will result in a smaller bridge amount.

Q: If I leave the Lumenos plan, what happens to my health account?

A: Your health account balance will roll over as long as you are actively enrolled in the plan. If you leave the plan, the funds in your health account are forfeited.

Healthy Rewards

Q: What are Healthy Rewards?

A: Healthy Rewards make it easier for you to do the right things when it comes to your health. They are financial incentives (money in your health account) to encourage you to take certain steps that can help you maintain and improve your health.

Q: What is the Health Assessment?

A: The Health Assessment is an online health profile that takes only a few minutes to complete. It helps you identify possible health risk factors, based on your current health, family history, lifestyle and other factors. And like all of the tools on our online health site, the Health Assessment is confidential. The information is protected by the highest level of online security available. You and your family members are eligible to complete the Health Assessment.

Q: How does the Health Assessment incentive work?

A: One adult family member is eligible to earn \$50 in your health account per plan year for completing the Health Assessment.

Q: What is a Personal Health Coach Program?

A: The Personal Health Coach Program teams consumers who have certain chronic medical conditions, such as asthma, diabetes, cancer or heart disease, with a specially trained nurse care manager to help them manage their health condition.

Q: How does the Personal Health Coach incentive work?

A: If you or your covered family members qualify to participate in the Personal Health Coach Program, you'll receive \$100 in your health account for enrolling in the program (one reward per covered person per year). You'll receive \$100 for achieving your health goals and graduating from the Personal Health Coach Program (one reward per covered person per year).

Q: What is the Smoking Cessation Program?

A: The Smoking Cessation Program is a step-by-step program that uses proven techniques and personalized support to help you stop using tobacco and improve your health for total well being. It features nine one-on-one telephone counseling sessions to help you develop your own tobacco cessation plan, including determining what nicotine-replacement products may work best for you. The program also includes coverage for nicotine-replacement products (gum or patch). You and your covered family members over 18 are eligible for this program.

Q: How does the Smoking Cessation Program incentive work?

A: You and your spouse are eligible to receive \$50 in your health account (one reward per person per lifetime) for completing this program.

Q: What is the Weight Management Program?

A: Our Weight Management Program includes nine one-on-one telephone counseling sessions designed to help you achieve a weight that supports good health. Working with a registered dietitian and health educator, you'll have confidential phone sessions to discuss topics like healthy eating, physical activity and exercise, stress management, maintenance and relapse. It's available to you and your covered family members age 18 or older who have a Body Mass Index (BMI) of 25 or higher. Call toll-free 1-888-224-4911 between 7 a.m. and 6 p.m. MT, Monday through Thursday and between 7 a.m. and 5 p.m. MT, Friday.

Q: How does the Weight Management Program incentive work?

A: You and your spouse are eligible to receive \$50 in your health account (one reward per person per lifetime) for completing the program.

Services Covered by the Lumenos HIA Plus

Q: What services does the Lumenos HIA Plus plan cover?

A: The Lumenos HIA Plus plan covers any covered medical expenses, which generally include expenses covered by a typical health plan - from checkups and prescription drugs to major surgery. Check the Lumenos HIA Plus Health Plan Description Form to see some of the services covered by your plan.

Q: What about preventive care services like mammograms and physicals?

A: The Lumenos HIA Plus covers preventive care services like physical exams, immunizations and mammograms. For most plans, the cost for these services is not deducted from your health account and you do not have to pay anything out of your own pocket, if you receive care from an in-network provider. If you choose to receive preventive care services from an out-of-network provider, they will be covered like any other service.

Q: Does the Lumenos HIA Plus plan cover prescription drugs?

A: Yes. You must first pay for your prescription drugs from your health account. If you have depleted your health account, you will have to pay out-of-pocket until you satisfy your Bridge amount before the Traditional Health Coverage part of the plan begins. Then, you will pay the applicable coinsurance for any of your prescription drugs.

Selecting Health Care Providers

Q: What is the difference between in-network and out-of-network providers?

A: In-network providers are health care providers who participate in Anthem's nationwide PPO network. They are doctors, pharmacies, hospitals and other medical facilities that have contracted with Anthem and agreed to accept a certain amount from us as payment in full for specific covered services.

Out-of-network providers have not contracted with us and have not agreed to accept a certain amount from Anthem as payment in full for specific covered services. Out-of-network doctors may charge more for specific services than what our in-network providers have agreed to accept. If you choose to receive care from an out-of-network provider, you will be responsible for any additional amount they may charge.

Q: How do I know if my doctor is an in-network provider?

A: With the Lumenos HIA Plus plan, you can see any licensed doctor you want. However, you can make the most of your health care dollars by visiting one of the providers participating through Anthem's nationwide PPO network. To find a list of participating doctors, visit our educational health site and search the ProviderFinder directory at www.anthem.com.

Q: If my doctor isn't an in-network provider, can I still use his or her services?

A: You can visit any licensed doctor you choose and you won't need a referral to see a specialist. You may save money, though, when you visit a doctor who participates in our network. Also, if you see a doctor that does not participate in our network, you may have to file a claim yourself.

Q: Do you provide quality information on doctors and hospitals?

A: The Lumenos HIA Plus plan provides physician and hospital quality data from multiple sources including public and proprietary databases, consumer ratings and physician self-reported information. These ratings on physicians and hospitals can be found in the ProviderFinder on the online health site.

Q: Can I visit any doctor or hospital while traveling?

A: Yes. You may see any licensed doctor or use any hospital. Remember that some may participate in our network, and some may not. You can find a list of doctors in your area who participate in our network by using the ProviderFinder on our online health site.

Obtaining and Paying for Medical Services

Q: What do I do when I need to see a doctor?

A: When you enroll in the plan, you'll get an Anthem ID card. Present your Anthem ID card when you visit your doctor and point out the Blue Cross and Blue Shield logo on the card.

Your Lumenos plan allows you the flexibility to visit any licensed doctor you want, but the method of payment varies, depending on whether the doctor is an in-network or out-of-network provider.

- **If you visit an in-network provider**, typically the doctor's staff will photocopy your ID card and submit a claim for payment. If your medical expense is a covered service, it will be paid from your health account. If you have depleted all of the funds in your health account, you will need to pay out-of-pocket until you have paid your entire Bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance for covered services, up to your annual out-of-pocket maximum.

- **If you visit an out-of-network provider**, you may be asked to pay at the time of your appointment. Many doctors will still file a claim for you. If they do not, you will need to send a claim to Anthem for reimbursement. If you have depleted all of the funds in your health account, you will need to pay out-of-pocket until you have paid your entire Bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance for covered services, up to your plan's annual out-of-pocket maximum.

Q: What do I do when I need to get a prescription drug?

A: When you enroll in the plan, you'll get an Anthem ID card. Present your ID card when you visit your pharmacy. Be sure to point out the Blue Cross and Blue Shield logo on the card. You can use the ProviderFinder directory on the online health site to find a pharmacy that participates in our network. More than 95% of pharmacies nationwide participate in our network.

- **If you have enough funds available in your health account to cover the cost of your prescription**, you'll pay nothing at the pharmacy. A claim will automatically be filed for you and the cost of your prescription will be deducted from your health account. If you have depleted your health account, you will need to pay for the expense out-of-pocket until you have paid your entire Bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance amount at the pharmacy, up to your plan's annual out-of-pocket maximum.

- **You also have the option of ordering your prescriptions by mail.** The payment works the same. The only difference is you must provide a credit card number when submitting the mail service form. Your card will be charged if you have used all of your health account funds.

Q: If I need to file a claim, how do I get reimbursed?

A: In most cases, you won't need to file a claim if you visit an in-network provider or pharmacy. If you visit an out-of-network provider, you might have to file a claim, depending on the doctor's policy. If you do need to submit a claim yourself, you will need to send a claim to Anthem for reimbursement.

Q: Does the Lumenos plan require pre-notification before being hospitalized?

A: Yes. Your doctor should notify us prior to hospitalization so we can coordinate care and offer you assistance from a Personal Health Coach.

Q: What does "out-of-pocket" mean?

A: Out-of-pocket expenses are those you pay yourself. This includes your Bridge amount. Once benefits begin under the Traditional Health Coverage, you will pay a percentage of your covered expenses, called coinsurance. Your coinsurance responsibility is also an example of an out-of-pocket expense.

Q: What is the most I will pay out-of-pocket in the Lumenos HIA Plus plan?

A: Your Lumenos HIA Plus plan includes an out-of-pocket limit that is defined in your Health Plan Description Form. Money you spend from your health account, your Bridge and any coinsurance you pay, all count toward this limit. Your limit is lower if you receive care from in-network providers.

Personal Health Services:

Personal Health Coach

Q: What is a Personal Health Coach?

A: A Personal Health Coach is a specially trained registered nurse to help you manage a health condition.

Q: If a Personal Health Coach contacts me, what can I expect?

A: The Personal Health Coach will ask you some general health questions. Following your initial confidential consultation, your health coach will set up regular phone meetings with you.

Remember: What you and your coach talk about is always confidential.

Q: Do Personal Health Coaches actually provide care?

A: No. However, he or she might discuss treatment plans with you and your doctor to figure out how to help you receive the best care.

Q: When is my Personal Health Coach available?

A: Your coach is available during regular business hours, 6 a.m. to 6 p.m. MT. After hours, you can always leave a voicemail message. Just make sure to tell them when and where you can be reached for a confidential phone call. Once you are enrolled in the program, your coach can call you in the evenings or Saturdays, if needed.

Q: Will my employer know if I am enrolled in the Personal Health Coach Program?

A: No. The only way your employer will know is if you tell them. Information shared by you or your physician will not be released unless you have given written permission.

Q: I'm healthy and only need to go to the doctor once or twice a year. Can a Personal Health Coach help me?

A: The Personal Health Coach Program is for people with chronic health problems or a serious health condition, so you probably won't need a coach. You can, however, use the 24-Hour Nurse Advice Line at any time to discuss other health problems. You can also explore the My Health pages on our online health site to find answers to your health questions.

Q: How will contact be initiated with a Personal Health Coach?

A: There are several ways contact can be initiated:

- Follow the hospital notification requirements, which are printed on the back of your ID card. A Personal Health Coach may work with you to coordinate care.
- Call a Personal Health Coach to learn more if you have diabetes, heart disease, asthma, cancer or other chronic or serious conditions.
- Finally, if you get a call or letter from a Personal Health Coach, call back. It takes only a few minutes and could be just the help you need.

24-Hour Nurse Advice Line

Q: What is the 24-Hour Nurse Advice Line?

A: The Nurse Advice Line is a service you can call to get answers to your immediate health care questions. Registered nurses are on hand to answer your calls 24 hours a day, 7 days a week.

Surgical Support Nurse

Q: What is a Surgical Support Nurse?

A: Surgical Support Nurses are registered nurses who provide education if you are facing an elective surgical procedure, such as back or joint surgery.

Q: What information or services can a Surgical Support Nurse provide?

A: Surgical Support Nurses can help you understand:

- The procedure itself - why it is performed, potential complications and typical recovery periods.
- Other treatment options that may be available.
- Questions to ask the doctor before undergoing the procedure.
- The tools available on our online health site - tools that can explain (and in many cases show) how the procedure is accomplished, help you compare hospitals where you might undergo the procedure and help you learn more about other treatments.

Your Privacy

Q: Is the online health site secure?

A: Yes. Our customers-only online health site is password protected and secure. In addition, all of your personal data is encrypted using 128-bit encryption, which is currently the highest level available.

Q: What is your privacy policy?

A: You can read the Privacy Policy anytime by visiting our online health site at www.anthem.com.

Getting Help

Q: If I have a question about the Lumenos HIA Plus plan, whom can I contact?

A: There are two ways to contact an Anthem Customer Service Advocate - by calling toll-free 1-888-224-4911 or by going to www.anthem.com and clicking "contact us."

Q: After I join, whom should I call if I have a problem with the plan or a doctor - or with getting reimbursed?

A: You can log in to the online health site to answer a lot of your questions - such as "What is my health account balance?" or "What is the status of a claim?" From the site, you can click "contact us" to send your question. Of course, you always have the option to call us toll-free at 1-888-224-4911.

Q: When will I get my ID card?

A: You and your family members should receive your Anthem ID card(s) no later than your effective date of coverage. If you do not receive your card, or if you misplace or lose it, please contact us by going to www.anthem.com and click "contact us" or phone us toll-free 1-888-224-4911. (Monday through Friday, 7 a.m. to midnight MT and 9 a.m. to 1 p.m. MT Saturday).

Don't Forget: For more information, visit Anthem's online educational health site at www.anthem.com. Or call us toll-free at 1-888-224-4911.

