



## Anthem Lumenos Indiana HIA Plus Plan 1 Summary

Includes Health Incentive Account (HIA) to pay for medical care and prescriptions

- You receive annual **Health Incentive Account (HIA) Allocations**<sup>1</sup> from Anthem. This is the "Plus" component of HIA Plus.
- You can also earn Anthem funding into your HIA through **Healthy Rewards Incentives**.<sup>2</sup>
- Funds in the HIA are used to pay for covered health expenses, and are also applied against your deductible. This reduces the out-of-pocket cost you must incur before traditional coverage begins.
- Unused HIA dollars rollover from year to year, so your account can keep growing to help meet future health care costs.
- Your HIA balance will rollover as long as you are actively enrolled in the Anthem Lumenos plan. If you leave the plan, the funds in your HIA are forfeited.

HIA PLUS ALLOCATION	ANNUAL FUNDING	
Anthem Contribution to Health Account	\$500 per individual or \$1,000 per family <sup>1</sup>	
HEALTHY ACTIVITY	HEALTHY REWARDS INCENTIVES	
Health Assessment	\$50 per family per year <sup>2</sup>	
Personal Health Coach Program	\$100 per person for enrolling and \$100 for graduating <sup>2</sup>	
Smoking Cessation Program	\$50 per person <sup>2</sup>	
Weight Management Program	\$50 per person <sup>2</sup>	
BENEFIT CATEGORY	ANTHEM PAYS	
Lifetime Maximum Benefit	Unlimited amount per covered person (combined network and non-network)	
BENEFIT CATEGORY	NETWORK YOU PAY	NON-NETWORK YOU PAY
Calendar-year Deductible	\$2,500 individual / \$5,000 family <sup>4</sup>	\$5,000 individual / \$10,000 family <sup>4</sup>
	\$5,000 individual / \$10,000 family <sup>4</sup>	\$10,000 individual / \$20,000 family <sup>4</sup>
	\$10,000 individual / \$20,000 family <sup>4</sup>	\$20,000 individual / \$40,000 family <sup>4</sup>
Out-of-Pocket Maximum (including deductible)	\$2,500 individual / \$5,000 family <sup>5</sup>	\$7,500 individual / \$15,000 family <sup>5</sup>
	\$5,000 individual / \$10,000 family <sup>5</sup>	\$15,000 individual / \$30,000 family <sup>5</sup>
	\$10,000 individual / \$20,000 family <sup>5</sup>	\$30,000 individual / \$60,000 family <sup>5</sup>
Physician Office Visits	0% <sup>3</sup>	30% <sup>3</sup>
Preventive Care	0% not subject to deductible	30% <sup>3</sup>
Well Child Care	0% not subject to deductible	30% <sup>3</sup>
Prescription Drugs Retail: 30-day supply. Mail service: 90-day supply	0% <sup>3</sup>	30% <sup>3</sup>
Diagnostic Services	0% <sup>3</sup>	30% <sup>3</sup>
Inpatient Hospital Services	0% <sup>3</sup>	30% <sup>3</sup>
Outpatient Services	0% <sup>3</sup>	30% <sup>3</sup>

BENEFIT CATEGORY	NETWORK YOU PAY	NON-NETWORK YOU PAY
<b>Emergency Room</b>	0% <sup>3</sup>	30% <sup>3</sup>
<b>Urgent Care</b>	0% <sup>3</sup>	30% <sup>3</sup>
<b>Ambulance</b> (includes air)	0% <sup>3</sup>	30% <sup>3</sup>
<b>Maternity Services</b>	Not covered	
<b>Optional Maternity Rider</b> Subject to a 12-month waiting period	0% <sup>3</sup>	30% <sup>3</sup>
<b>Outpatient Therapy Services</b> Maximum visits per benefit period for network and non-network combined: <ul style="list-style-type: none"> <li>Physical Therapy - 20 visits maximum</li> <li>Speech Therapy - 20 visits maximum</li> <li>Occupational Therapy - 20 visits maximum</li> <li>Spinal Manipulation - 20 visits maximum</li> </ul>	0% <sup>3</sup>	30% <sup>3</sup>
<b>Mental Health</b> (Inpatient and Outpatient)	0% <sup>3</sup>	30% <sup>3</sup>
<b>Substance Abuse</b> (Inpatient and Outpatient)	0% <sup>3</sup>	30% <sup>3</sup>
<b>Home Health Care</b> Maximum visits per benefit period - 60 visits	0% <sup>3</sup>	30% <sup>2</sup>
<b>Hospice</b>	0% <sup>3</sup>	0% <sup>3</sup>
<b>Durable Medical Equipment</b>	0% <sup>3</sup>	30% <sup>3</sup>
<b>Human Organ and Tissue Transplant Services</b> \$1,000,000 Lifetime maximum combined network and non-network transplant provider services (Kidney and cornea transplant services covered same as any other illness under medical)	0% <sup>3</sup>	30% <sup>3</sup> (non-network transplant facility)
<b>Transportation, Lodging and Meals</b>	0% <sup>3</sup>	30% <sup>3</sup>
<b>Anthem Blue Preferred Term Life Option</b>	Available as option - additional cost	
<b>Anthem Dental Blue Option</b>	Available as option - additional cost	

<sup>1</sup> Anthem makes the annual allocation (\$500 for an individual or \$1000 for a family) to your Health Incentive Account (HIA). 25% of the annual allocation is made available at the start of each calendar year quarter (January 1, April 1, July 1, October 1), but the first allocation is always made on the start date of your plan. So if you start your plan on February 1 instead of January 1, you will receive allocations to your account on February 1, April 1, July 1 and October 1.

<sup>2</sup> **HEALTHY REWARDS INCENTIVES:**

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**, Anthem's 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 Anthem's **Smoking Cessation Program**, designed to help you lead a tobacco-free lifestyle. Participation is open to you and your coverage family members age 18 or older, and includes counseling support and tools, including nicotine replacement therapy coverage. **Earn \$50 per covered person.**
- Completing Anthem's **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 weightloss. 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.**

<sup>3</sup> Services subject to the calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

<sup>4</sup> The family deductible must be satisfied by either one or all members collectively before any covered services will be paid by the plan.

<sup>5</sup> 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.

## **Blue Access PPO Network**

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

## **Brief Outline of Coverage**

This Lumenos HIA Plus Plan Benefits Overview 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 Overview, the terms of the contract or certificate of coverage will prevail.