

MISSOURI

Health Savings Account Plan

Lumenos

Calendar-year deductible

Out-of-Pocket Maximum (including deductible)

Physician Office Services

Prescription Drugs

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

Preventive Care

Well Child Care

NOTE: routine immunizations are covered at 100% through age 5 (Network and Non-Network)

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 and Spinal Manipulation - 20 visits maximum
- Speech Therapy - No maximum
- Occupational Therapy - 20 visits maximum

Mental Health

Inpatient (maximum per benefit period - 90 days)

Outpatient

Substance Abuse

Inpatient and outpatient substance abuse rehabilitation programs are limited to ten per lifetime

Inpatient

Maximum per benefit period - 21 days, plus 6 days for detoxification

Outpatient

Maximum per benefit period for physician home visits and office services

- 30 visits

Maximum per benefit period for facility based outpatient treatment program

- 30 days

Home Health Care (Maximum visits per benefit period - 40 visits)

Hospice

Durable Medical Equipment (Maximum per benefit period - \$4,000)

Human Organ and Tissue Transplant Services

Lifetime Maximum

Pre-existing Waiting Period

Blue Preferred Term Life Option Available

Dental Blue Option Available

PLAN 1		PLAN 2	
NETWORK YOU PAY	NON-NETWORK YOU PAY	NETWORK YOU PAY	NON-NETWORK YOU PAY
\$1,500 individual / \$3,000 family ² \$3,000 individual / \$6,000 family ² \$5,000 individual / \$10,000 family ²	\$3,000 individual / \$6,000 family ² \$6,000 individual / \$12,000 family ² \$10,000 individual / \$20,000 family ²	\$1,500 individual / \$3,000 family ² \$3,000 individual / \$6,000 family ²	\$3,000 individual / \$6,000 family ² \$6,000 individual / \$12,000 family ²
\$1,500 individual / \$3,000 family ³ \$3,000 individual / \$6,000 family ³ \$5,000 individual / \$10,000 family ³	\$4,500 individual / \$9,000 family ³ \$9,000 individual / \$18,000 family ³ \$15,000 individual / \$30,000 family ³	\$5,000 individual / \$10,000 family ³ \$5,000 individual / \$10,000 family ³	\$15,000 individual / \$30,000 family ³ \$15,000 individual / \$30,000 family ³
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% not subject to deductible	30% ¹	0% not subject to deductible	40% ¹
0% not subject to deductible	30% ¹	0% not subject to deductible	40% ¹
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Not Covered	Not Covered	Not Covered	Not Covered
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0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹ (Non-network transplant facility), deductible does not apply to out-of-pocket maximums	20% ¹	40% ¹ (Non-network transplant facility), deductible does not apply to out-of-pocket maximums
Unlimited	Unlimited	Unlimited	Unlimited
12 months	12 months	12 months	12 months
YES	YES	YES	YES
YES	YES	YES	YES

Lumenos Health Savings Account 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 Alliance/Blue Access network for residents in 85 Missouri counties.

* These plans are available with the Alliance Choice/Blue Access Choice network for residents of St. Louis City and St. Louis, St. Charles, Warren, Jefferson, St. Francois and Franklin counties.

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 HSA 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 HSA Plan Benefits Guide, the terms of the contract or certificate of coverage will prevail.

In most of Missouri, Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Life and disability products are underwritten by Anthem Life Insurance Company (ALIC). 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.