



Lumenos PPO

Health Reimbursement Account (HRA) Health Plans

Effective 10/1/10

All benefits are subject to the Benefit Year Deductible, except in-network Preventive Care Services, or unless otherwise noted.

			GHRA119	GHRA121	GHRA125	GHRA127	GHRA129	GHRA133	GHRA135	GHRA139	GHRA141
Employer Contribution <i>(not included in base rate quoted by BCBSGa)</i>	Individual		\$750	\$750	\$750	\$1,000	\$750	\$1,000	\$1,000	\$1,500	\$2,500
	Family		\$1,500	\$1,500	\$1,500	\$2,000	\$1,500	\$2,000	\$2,000	\$3,000	\$5,000
Contribution Rollover Maximum	Individual		\$2,250	\$2,250	\$2,250	\$3,000	\$2,250	\$3,000	\$3,000	\$4,500	\$7,500
	Family		\$4,500	\$4,500	\$4,500	\$6,000	\$4,500	\$6,000	\$6,000	\$9,000	\$15,000
Lifetime Maximum		In-network/Out-of-network	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Benefit Year Deductible (non-embedded) <i>(combined for all family members; combined for in-network and out-of-network)</i>	Individual	In-network/Out-of-network	\$1,500	\$2,000	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000	\$5,000	\$5,000
	Family	In-network/Out-of-network	\$3,000	\$4,000	\$5,000	\$5,000	\$5,000	\$6,000	\$6,000	\$10,000	\$10,000
Coinsurance		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Benefit Year Out-of-Pocket Maximum <i>(includes the Benefit Year Deductible (non-embedded); in-network and out-of-network amounts do not cross accumulate)</i>	Individual	In-network	\$5,000	\$5,000	\$2,500	\$2,500	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
		Out-of-network	\$10,000	\$10,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Family	In-network	\$10,000	\$10,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
		Out-of-network	\$20,000	\$20,000	\$10,000	\$10,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Physician Office Visit PCP/SPC <i>(includes x-ray and lab work in office)</i>		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Preventive Care Services — Adult and Child <i>(in-network services are not subject to Benefit Year Deductible (non-embedded); Benefit Year Deductible (non-embedded) is waived through age 5 for out-of-network services)</i>		In-network	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Out-of-network	70%	70%	70%	70%	70%	70%	70%	70%	70%
Outpatient Surgical Facility/Ambulatory Surgery Center		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Inpatient Hospital Services		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Inpatient and Outpatient Physician Services <i>(surgeon, anesthesiologist, radiologist, pathologist)</i>		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Maternity <i>(physician fee only)</i>		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Physical and Occupational Therapy, Chiropractic Care, Athletic Trainers <i>(combined specialties)</i>		In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
		Benefit Year max	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits



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Mental Health/Substance Abuse	Inpatient	In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
	Outpatient	In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%
		Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%
Intermediate Level Mental Health — Partial Hospitalization Program or Intensive Outpatient Program	In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%	
	Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%	
Urgent Care Center	In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%	
	Out-of-network	60%	60%	70%	70%	60%	70%	60%	70%	70%	
Emergency Room <i>(medical emergencies or serious accidental injuries)</i>	In-network	80%	80%	100%	100%	80%	100%	80%	100%	100%	
	Out-of-network	80%	80%	100%	100%	80%	100%	80%	100%	100%	
Prescription Drugs <i>(includes mail order)</i>	In-network	80%	80%	100%	100%	80%	80%	80%	100%	100%	
	Out-of-network	60%	60%	100%	100%	80%	80%	80%	100%	100%	
Incentives <i>(not included in base rate quoted by BCBSGa)</i>	Complete online MyHealth Assessment	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
	Enroll in Health Coaching Program	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	
	Graduate Health Coaching Program	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	
	Complete Tobacco-Free Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
	Complete Healthy Weight Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	

All the HRA plan designs have standard incentives included.