



Lumenos PPO

Health Reimbursement Account (HRA) Health Plans

Effective 10/15/09

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

			GHRA117	GHRA119	GHRA121	GHRA123	GHRA125	GHRA127	GHRA129	GHRA131	GHRA133	GHRA135	GHRA137	GHRA139	GHRA141
Employer Contribution <i>(not included in base rate quoted by BCBSGa)</i>	Individual		\$500	\$750	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,500
	Family		\$1,000	\$1,500	\$1,500	\$2,000	\$1,500	\$2,000	\$1,500	\$2,000	\$2,000	\$2,000	\$3,000	\$3,000	\$5,000
Contribution Rollover Maximum	Individual		\$1,500	\$2,250	\$2,250	\$3,000	\$2,250	\$3,000	\$2,250	\$3,000	\$3,000	\$3,000	\$4,500	\$4,500	\$7,500
	Family		\$3,000	\$4,500	\$4,500	\$6,000	\$4,500	\$6,000	\$4,500	\$6,000	\$6,000	\$6,000	\$9,000	\$9,000	\$15,000
Lifetime Maximum <i>(combined for in-network and out-of-network)</i>	In-network/Out-of-network		\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
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	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000	\$3,000	\$5,000	\$5,000
	Family	In-network/Out-of-network	\$3,000	\$3,000	\$4,000	\$4,000	\$5,000	\$5,000	\$5,000	\$5,000	\$6,000	\$6,000	\$6,000	\$10,000	\$10,000
Coinsurance	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	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	\$5,000	\$5,000	\$2,500	\$2,500	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
		Out-of-network	\$10,000	\$10,000	\$10,000	\$10,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Family	In-network	\$10,000	\$10,000	\$10,000	\$10,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
		Out-of-network	\$20,000	\$20,000	\$20,000	\$20,000	\$10,000	\$10,000	\$20,000	\$20,000	\$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%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	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%	100%	100%	100%	100%
	Out-of-network		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Outpatient Surgical Facility/Ambulatory Surgery Center	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
Inpatient Hospital Services	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
Inpatient and Outpatient Physician Services <i>(surgeon, anesthesiologist, radiologist, pathologist)</i>	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
Maternity <i>(physician fee only)</i>	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
Physical and Occupational Therapy, Chiropractic Care, Athletic Trainers <i>(combined specialties)</i>	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
	Benefit Year max		20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits
Mental Health/Substance Abuse	Inpatient	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
		Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
	Outpatient	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
		Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%

This plan grid offers a summary of the plans. Please refer to the Benefit Summaries for further details. Anthem Lumenos plans are underwritten by Blue Cross and Blue Shield of Georgia, Inc., an independent licensee of the Blue Cross Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross and Blue Shield of Georgia, Inc. ©ANTHEM and LUMENOS are registered trademarks of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



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		GHRA117	GHRA119	GHRA121	GHRA123	GHRA125	GHRA127	GHRA129	GHRA131	GHRA133	GHRA135	GHRA137	GHRA139	GHRA141
Intermediate Level Mental Health – Partial Hospitalization Program or Intensive Outpatient Program	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
Urgent Care Center	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%	70%
Emergency Room <i>(medical emergencies or serious accidental injuries)</i>	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
	Out-of-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%	100%
Prescription Drugs <i>(includes mail order)</i>	In-network	80%	80%	80%	80%	100%	100%	80%	80%	80%	80%	80%	100%	100%
	Out-of-network	80%	80%	80%	80%	100%	100%	80%	80%	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	\$50	\$50	\$50	\$50
	Enroll in Health Coaching Program	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
	Graduate Health Coaching Program	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
	Complete Tobacco-Free Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
	Complete Healthy Weight Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Special note:														
All of the HRA plan designs have standard incentives included. Additionally, they are also available with unlimited contribution rollover maximums. For your convenience, the plan numbers of the unlimited contribution plans are listed below:														
Plan # w/limited rollover maximums	Plan # w/unlimited rollover maximums													
GHRA117	GHRA118													
GHRA119	GHRA120													
GHRA121	GHRA122													
GHRA123	GHRA124													
GHRA125	GHRA126													
GHRA127	GHRA128													
GHRA129	GHRA130													
GHRA131	GHRA132													
GHRA133	GHRA134													
GHRA135	GHRA136													
GHRA137	GHRA138													
GHRA139	GHRA140													
GHRA141	GHRA142													