



Lumenos PPO Health Savings Account (HSA) 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.

			GHSA44	GHSA45	GHSA46	GHSA47	GHSA48	GHSA49	GHSA50
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
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	\$3,000	\$3,000	\$5,000
	Family	In-network/Out-of-network	\$3,000	\$4,000	\$5,000	\$5,000	\$6,000	\$6,000	\$10,000
Coinsurance	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	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	\$5,000	\$5,000	\$5,000	\$5,000
		Out-of-network	\$10,000	\$10,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000
	Family	In-network	\$10,000	\$10,000	\$5,000	\$10,000	\$10,000	\$10,000	\$10,000
		Out-of-network	\$20,000	\$20,000	\$10,000	\$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%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	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%
	Out-of-network		70%	70%	70%	70%	70%	70%	70%
Outpatient Surgical Facility/Ambulatory Surgery Center	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	70%
Inpatient Hospital Services	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	70%
Inpatient and Outpatient Physician Services <i>(surgeon, anesthesiologist, radiologist, pathologist)</i>	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	70%
Maternity <i>(physician fee only)</i>	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	70%
Physical and Occupational Therapy, Chiropractic Care, Athletic Trainers <i>(combined specialties)</i>	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	70%
	Benefit Year max		20 visits	20 visits	20 visits	20 visits	20 visits	20 visits	20 visits
Mental Health/Substance Abuse	Inpatient	In-network	80%	80%	100%	80%	100%	80%	100%
		Out-of-network	60%	60%	70%	60%	70%	60%	70%
	Outpatient	In-network	80%	80%	100%	80%	100%	80%	100%
		Out-of-network	60%	60%	70%	60%	70%	60%	70%
Intermediate Level Mental Health – Partial Hospitalization Program or Intensive Outpatient Program	In-network		80%	80%	100%	80%	100%	80%	100%
	Out-of-network		60%	60%	70%	60%	70%	60%	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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		GHSA44	GHSA45	GHSA46	GHSA47	GHSA48	GHSA49	GHSA50
Urgent Care Center	In-network	80%	80%	100%	80%	100%	80%	100%
	Out-of-network	60%	60%	70%	60%	70%	60%	70%
Emergency Room <i>(medical emergencies or serious accidental injuries)</i>	In-network	80%	80%	100%	80%	100%	80%	100%
	Out-of-network	80%	80%	100%	80%	100%	80%	100%
Prescription Drugs <i>(includes mail order)</i>	In-network	80%	80%	100%	80%	80%	80%	100%
	Out-of-network	80%	80%	100%	80%	80%	80%	100%
Incentives Incentives are available as gift cards only for fully-insured groups.	Complete online MyHealth Assessment	\$50	\$50	\$50	\$50	\$50	\$50	\$50
	Enroll in Health Coaching Program	\$100	\$100	\$100	\$100	\$100	\$100	\$100
	Graduate Health Coaching Program	\$200	\$200	\$200	\$200	\$200	\$200	\$200
	Complete Tobacco-Free Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50
	Complete Healthy Weight Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50

Special note:

All the HSA plan designs listed on this grid are also available without incentives. For your convenience, the plan numbers of the non-incentive plans are listed below:

Plan # w/Incentives	Plan # w/out Incentives
GHSA44	GHSA51
GHSA45	GHSA52
GHSA46	GHSA53
GHSA47	GHSA54
GHSA48	GHSA55
GHSA49	GHSA56
GHSA50	GHSA57

The following HSA plan designs are also available with embedded deductibles. Note: these plans are only available as embedded deductible **with incentives**.

Plan # w/non-embedded deductible	Plan # w/embedded deductible
GHSA44	N/A
GHSA45	N/A
GHSA46	GHSA58
GHSA47	GHSA59
GHSA48	GHSA60
GHSA49	GHSA61
GHSA50	GHSA62