



# Lumenos PPO

## Health Incentive Account (HIA) 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.

			GHIA9	GHIA14
<b>Lifetime Maximum</b>		In-network/Out-of-network	Unlimited	Unlimited
<b>Benefit Year Deductible (non-embedded)</b> <i>(combined for all family members; combined for in-network and out-of-network)</i>	Individual	In-network/Out-of-network	\$500	\$1,000
	Family	In-network/Out-of-network	\$1,000	\$2,000
<b>Coinsurance</b>		In-network	90%	80%
		Out-of-network	70%	60%
<b>Benefit Year Out-of-Pocket Maximum</b> <i>(includes the Benefit Year Deductible (non-embedded); in-network and out-of-network amounts do not cross accumulate)</i>	Individual	In-network	\$2,500	\$4,000
		Out-of-network	\$5,000	\$8,000
	Family	In-network	\$5,000	\$8,000
		Out-of-network	\$10,000	\$16,000
<b>Physician Office Visit PCP/SPC</b> <i>(includes x-ray and lab work in office)</i>		In-network	90%	80%
		Out-of-network	70%	60%
<b>Preventive Care Services — Adult and Child</b> <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%
		Out-of-network	70%	70%
<b>Outpatient Surgical Facility/Ambulatory Surgery Center</b>		In-network	90%	80%
		Out-of-network	70%	60%
<b>Inpatient Hospital Services</b>		In-network	90%	80%
		Out-of-network	70%	60%
<b>Inpatient and Outpatient Physician Services</b> <i>(surgeon, anesthesiologist, radiologist, pathologist)</i>		In-network	90%	80%
		Out-of-network	70%	60%
<b>Maternity</b> <i>(physician fee only)</i>		In-network	90%	80%
		Out-of-network	70%	60%
<b>Physical and Occupational Therapy, Chiropractic Care, Athletic Trainers</b> <i>(combined specialties)</i>		In-network	90%	80%
		Out-of-network	70%	60%
		Benefit Year max	20 visits	20 visits
<b>Mental Health/Substance Abuse</b>	Inpatient	In-network	90%	80%
		Out-of-network	70%	60%
	Outpatient	In-network	90%	80%
		Out-of-network	70%	60%
<b>Intermediate Level Mental Health — Partial Hospitalization Program or Intensive Outpatient Program</b>		In-network	90%	80%
		Out-of-network	70%	60%

This plan grid offers a summary of the plans. Please refer to the Benefit Summaries for further details.

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		GHIA9	GHIA14
<b>Urgent Care Center</b>	In-network	90%	80%
	Out-of-network	70%	60%
<b>Emergency Room</b> <i>(medical emergencies or serious accidental injuries)</i>	In-network	90%	80%
	Out-of-network	90%	80%
<b>Prescription Drugs</b> <i>(includes mail order)</i>	In-network	80%	80%
	Out-of-network	80%	80%
<b>Incentives</b>	Complete online MyHealth Assessment	\$50	\$50
	Enroll in Health Coaching Program	\$100	\$100
	Graduate Health Coaching Program	\$200	\$200
	Complete Tobacco-Free Program	\$50	\$50
	Complete Healthy Weight Program	\$50	\$50

All the HIA plan designs have standard incentives included.