



Lumenos PPO

Health Incentive Account (HIA) 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.

			GHIA9	GHIA10	GHIA11	GHIA12	GHIA13	GHIA14
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
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	\$500	\$500	\$750	\$750	\$1,000	\$1,000
	Family	In-network/Out-of-network	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Coinsurance	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
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	\$2,500	\$3,500	\$2,750	\$3,750	\$3,000	\$4,000
		Out-of-network	\$5,000	\$7,000	\$5,500	\$7,500	\$6,000	\$8,000
	Family	In-network	\$5,000	\$7,000	\$5,500	\$7,500	\$6,000	\$8,000
		Out-of-network	\$10,000	\$14,000	\$11,000	\$15,000	\$12,000	\$16,000
Physician Office Visit PCP/SPC <i>(includes x-ray and lab work in office)</i>	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
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%
	Out-of-network		70%	70%	70%	70%	70%	70%
Outpatient Surgical Facility/Ambulatory Surgery Center	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
Inpatient Hospital Services	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
Inpatient and Outpatient Physician Services <i>(surgeon, anesthesiologist, radiologist, pathologist)</i>	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
Maternity <i>(physician fee only)</i>	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
Physical and Occupational Therapy, Chiropractic Care, Athletic Trainers <i>(combined specialties)</i>	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%
	Benefit Year max		20 visits	20 visits	20 visits	20 visits	20 visits	20 visits
Mental Health/Substance Abuse	Inpatient	In-network	90%	80%	90%	80%	90%	80%
		Out-of-network	70%	60%	70%	60%	70%	60%
	Outpatient	In-network	90%	80%	90%	80%	90%	80%
		Out-of-network	70%	60%	70%	60%	70%	60%
Intermediate Level Mental Health – Partial Hospitalization Program or Intensive Outpatient Program	In-network		90%	80%	90%	80%	90%	80%
	Out-of-network		70%	60%	70%	60%	70%	60%



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

All the HIA plan designs have standard incentives included.