



Lumenos PPO Health Incentive Account Plus (HIAP) Health Plans

Effective 10/15/09
(Fully Insured Groups Only)

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

			GHIAP63	GHIAP65	GHIAP67	GHIAP69	GHIAP71	GHIAP73	GHIAP75	GHIAP77	GHIAP79	GHIAP81	GHIAP83	GHIAP85
Health Plan Contribution	Individual		\$500	\$750	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$1,000	\$1,000	\$1,500	\$1,000
	Family		\$1,000	\$1,500	\$1,500	\$2,000	\$1,500	\$2,000	\$1,500	\$2,000	\$2,000	\$2,000	\$3,000	\$2,000
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	\$3,000
	Family		\$3,000	\$4,500	\$4,500	\$6,000	\$4,500	\$6,000	\$4,500	\$6,000	\$6,000	\$6,000	\$9,000	\$6,000
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
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
	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
Coinsurance	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	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	\$5,000	\$5,000	\$2,500	\$2,500	\$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
	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
		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
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%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	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%	100%	100%	100%	100%	100%
	Out-of-network		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%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%
Inpatient Hospital Services	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	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%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%
Maternity <i>(physician fee only)</i>	In-network		80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	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%
	Out-of-network		60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	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
Mental Health/Substance Abuse	Inpatient	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
		Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%
	Outpatient	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
		Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%

This plan grid offers a summary of the plans. Please refer to the Benefit Summaries for further details.
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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%
	Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%
Urgent Care Center	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
	Out-of-network	60%	60%	60%	60%	70%	70%	60%	60%	70%	60%	60%	70%
Emergency Room (medical emergencies or serious accidental injuries)	In-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
	Out-of-network	80%	80%	80%	80%	100%	100%	80%	80%	100%	80%	80%	100%
Prescription Drugs (includes mail order)	In-network	80%	80%	80%	80%	100%	100%	80%	80%	80%	80%	80%	100%
	Out-of-network	80%	80%	80%	80%	100%	100%	80%	80%	80%	80%	80%	100%
Incentives	Complete online MyHealth Assessment	\$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
	Graduate Health Coaching Program	\$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
	Complete Healthy Weight Program	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50

Special note:

All of the HIA Plus 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
GHIAP63	GHIAP64
GHIAP65	GHIAP66
GHIAP67	GHIAP68
GHIAP69	GHIAP70
GHIAP71	GHIAP72
GHIAP73	GHIAP74
GHIAP75	GHIAP76
GHIAP77	GHIAP78
GHIAP79	GHIAP80
GHIAP81	GHIAP82
GHIAP83	GHIAP84
GHIAP85	GHIAP86