

## Anthem Blue Cross and Blue Shield's Lumenos HIA Plus Plan Overview

### **Q: What is the Lumenos HIA Plus plan?**

**A:** The Lumenos HIA Plus plan is one plan in the family of consumer-driven health plans offered by Anthem Blue Cross and Blue Shield. Consumer-driven health plans are designed to educate you about health care options and empower you to take control of your health, as well as the dollars you spend on your care. With the Lumenos HIA Plus plan, you receive an annual allocation in a Health Incentive Account (HIA) that is used to pay for covered health care expenses.

The plan also includes a Traditional Health Coverage component – similar to a typical health plan – which helps protect you against further health care expenses. In addition, the Lumenos HIA Plus plan provides access to personalized health services and online tools to help you manage your health, health decisions and health care dollars.

### **Q: How does the HIA Plus plan work?**

**A:** Here's how it works:

- First, use your HIA funds to pay for covered medical expenses and prescriptions. The account dollars you use apply toward your plan's annual deductible. If you do not spend all of your HIA dollars, and you have funds remaining in your HIA at the end of a plan year, they stay in your HIA for as long as you're enrolled in the plan to help pay for future health care needs.
- If you spend all of your HIA funds, you will pay a limited amount out of pocket – called a bridge – to satisfy your deductible before the Traditional Health Coverage begins.
- Then, if needed, use the plan's Traditional Health Coverage – the plan and you share the cost for additional covered services through coinsurance. Once you have paid your entire bridge amount, the Traditional Health Coverage component of the plan will help protect you from further health expenses.
- Preventive care is covered. The Lumenos HIA Plus plan covers nationally recommended preventive care with no deduction from your HIA and no out-of-pocket costs to you, as long as you receive care from an in-network provider.

### **Q: What is a bridge?**

**A:** After you have used your annual health account allocation, you'll pay a limited amount out of pocket – called a bridge – when you incur additional expenses. You must pay the entire bridge amount in order to satisfy your plan's deductible, before the Traditional Health Coverage component of the plan begins.

## Your Health Incentive Account (HIA) Funds

### **Q: How is my Health Incentive Account funded?**

**A:** The health plan makes an annual allocation to your Health Incentive Account (HIA). You also have the opportunity to earn extra money for your HIA by taking certain steps to improve your health.

### **Q: How much money is placed in my health account?**

**A:** The annual allocation to your health account varies depending on whether you've elected individual or family coverage. If your Lumenos HIA Plus plan becomes effective in a month other than January, your annual allocation may be prorated depending on whether your employer has chosen a calendar year plan or a benefit year plan. However, you still must meet the plan's full deductible responsibility before the Traditional Health Coverage will begin. Please see your Plan Summary for information about your annual health account allocation. You also have the opportunity to earn extra money for your health account for taking certain steps to improve your health.

### **Q: When can I use my health account allocation?**

**A:** Your health account funds are available on your first day of coverage.

### **Q: What type of services may I pay for with my health account funds?**

**A:** You can use the money in your health account to cover the cost of covered health care services like doctor's office visits, prescription drugs, and lab tests. Check the Lumenos HIA Plus Plan Summary for more information on covered services.

### **Q: Do I pay for prescription drugs from my health account?**

**A:** Yes. You may pay for your prescription drugs from your health account. You can find information on how to obtain and pay for your prescription drugs later in this FAQ document.

### **Q: How do I find out my health account balance?**

**A:** It's easy. The My Account page on the online health site at anthem.com will show you how you can keep track of your account activity and balance, as well as get details on all of your medical claims. You will also receive a monthly statement of your account balance.

### **Q: Can I roll over all the money in my health account at the end of each plan year?**

**A:** Yes. Whatever you don't spend on covered services will roll over to the next year, as long as you remain enrolled in the Lumenos HIA Plus plan. If you roll over money to the next year, your larger health account balance will result in a smaller bridge amount. Check your Plan Summary to see if there is a limit to the amount of funds that can roll over to the following year.

### **Q: If I leave the Lumenos HIA Plus plan, what happens to my HIA?**

**A:** Your HIA balance will roll over as long as you are actively enrolled in the plan. If you leave the plan or your employer, the funds in your HIA stay with the health plan.

## 360° Health® and Rewards

### Q: What is 360° Health?

**A:** 360° Health is our approach to surrounding you with the resources, tools, guidance and support to help you manage your health and to help you make the right health care decisions for you and your family. The tools and health coaching programs described in the next few questions are just some of the resources available to you through 360° Health.

### Q: What are rewards?

**A:** Rewards are one of the ways the Lumenos HIA Plus plan makes it easier for you to do the right things when it comes to your health. This program provides additional HIA dollars to encourage you to take certain steps that can maintain and improve your health.

### Q: What is the MyHealth Assessment?

**A:** The MyHealth Assessment is an online health profile that takes only a few minutes to complete. It helps you identify possible health risk factors, based on your current health, family history, lifestyle and other factors. And, like all of the tools on our online health site, the MyHealth Assessment is confidential. The information is not shared with your employer and it is protected by the highest level of online security available. You and your family members are eligible to complete the MyHealth Assessment.

### Q: How does the MyHealth Assessment help me earn rewards?

**A:** One adult family member is eligible to earn \$50 in your HIA per plan year for completing the MyHealth Assessment.

### Q: What are health coaching programs?

**A:** The health coaching programs team consumers who have certain ongoing health conditions and other health needs with a specially trained registered nurse to help them manage their health condition.

### Q: What health coaching programs are available with my Lumenos plan?

**A:** The following programs are available at no cost to you:

- **ConditionCare** – for ongoing conditions such as asthma, diabetes, heart failure, coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD).
- **MyHealth Coach** – for most other health needs, with an emphasis on high blood pressure, high cholesterol, low back pain, pre- and post-surgery support and certain types of cancer and musculoskeletal/arthritis conditions.
- **Future Moms** – to assist mothers-to-be in making informed health care decisions for a healthy pregnancy and delivery.
- **ComplexCare** – to support consumers with multiple ongoing health conditions.

### Q: How do the health coaching programs help me earn rewards?

**A:** If you or your covered family members have an eligible condition and qualify to participate in a health coaching program, you'll receive \$100 in your health account for enrolling in the program (one reward per covered person per year). You'll receive \$200 for achieving your health goals and graduating from the program (one reward per covered person per year).

### Q: What is the Healthy Lifestyles: Tobacco-Free Program?

**A:** The Tobacco-Free Program is a step-by-step program that uses proven techniques and personalized support to help you stop using tobacco and improve your health for total well-being. It features one-on-one telephone counseling sessions to help you develop your own Tobacco-Free plan, including determining what nicotine-replacement products may work best for you. The program also includes coverage for nicotine-replacement products (gum or patch). You and your covered family members over age 18 are eligible for this program.

### Q: How does the Tobacco-Free Program help me earn rewards?

**A:** You and your spouse are eligible to receive \$50 in your health account (one reward per person per lifetime) for completing this program.

### Q: What is the Healthy Lifestyles: Healthy Weight Program?

**A:** Our Healthy Weight Program includes one-on-one telephone counseling sessions designed to help you achieve a weight that supports good health. Working with a registered dietitian and health educator, you'll have confidential phone sessions to discuss topics like healthy eating, physical activity and exercise, stress management, maintenance and relapse. It's available to you and your covered family members age 18 or older who have a Body Mass Index (BMI) of 25 or higher.

### Q: How does the Healthy Weight Program help me earn rewards?

**A:** You and your spouse are eligible to receive \$50 in your health account (one reward per person per lifetime) for completing the program.

## Services Covered by the Lumenos HIA Plus Plan

### Q: What services does the Lumenos HIA Plus plan cover?

**A:** The Lumenos HIA Plus plan covers medical expenses, which generally include expenses covered by a typical health plan – from checkups and prescription drugs to major surgery. Check the Lumenos HIA Plus Plan Summary to see some of the services covered by your plan.

### Q: What about preventive care services like mammograms and physicals?

**A:** The Lumenos HIA Plus plan covers preventive care services like physical exams, immunizations and mammograms. The cost for these services is not deducted from your HIA and you do not have to pay anything out of your own pocket, if you receive care from an in-network provider. If you choose to receive preventive care services from an out-of-network provider, the plan deductible and out-of-network coinsurance will apply, and your health account may be used to cover these costs.

# Frequently Asked Questions About the Lumenos® Health Incentive Account (HIA) Plus Plan

## **Q: Does the Lumenos HIA Plus plan cover prescription drugs?**

**A:** Yes. You must first pay for your prescription drugs from your HIA. If you have depleted your HIA, you will have to pay out of pocket until you satisfy your bridge amount before the Traditional Health Coverage part of the plan begins. Then, you will pay the applicable coinsurance for any of your prescription drugs.

## **Q: Do I have coverage for pre-existing conditions?**

**A:** If you have a medical condition before joining this plan, you may have to wait a certain period of time before the plan will cover that condition. This limitation does not apply to pregnancy.

## **Selecting Health Care Providers**

### **Q: What is the difference between in-network and out-of-network providers?**

**A:** In-network providers are health care providers who participate in Anthem's PPO network or, when traveling, the nationwide BlueCard® PPO network. They are doctors, pharmacies, hospitals and other medical facilities that have contracted with Anthem and agreed to accept a certain amount from us as payment in full for specific covered services.

Out-of-network providers have not contracted with us and have not agreed to accept a certain amount from Anthem as payment in full for specific covered services. Out-of-network doctors may charge more for specific services than what our in-network providers have agreed to accept. If you choose to receive care from an out-of-network provider, you will be responsible for any additional amount they may charge.

### **Q: How do I know if my doctor is an in-network provider?**

**A:** To find a list of participating doctors, visit our educational health site and search the ProviderFinder directory at anthem.com.

### **Q: If my doctor isn't an in-network provider, can I still use his or her services?**

**A:** You can visit any licensed doctor you choose and you won't need a referral to see a specialist. You may save money, though, when you visit a doctor who participates in our network. Also, if you see a doctor that does not participate in our network, you may have to file a claim yourself.

### **Q: Do you provide quality information on doctors and hospitals?**

**A:** The Lumenos HIA Plus plan provides physician and hospital quality data from multiple sources including public and proprietary databases, consumer ratings and physician self-reported information. These ratings on physicians and hospitals can be found in the ProviderFinder on the online health site.

### **Q: Can I visit any doctor or hospital while traveling?**

**A:** Yes. You may see any licensed doctor or use any hospital. Remember that some may participate in our network, and some may not. To find an in-network doctor or hospital while traveling, call 1-800-810-BLUE.

## **Obtaining and Paying for Medical Services**

### **Q: What do I do when I need to see a doctor?**

**A:** When you enroll in the plan, you'll get an Anthem ID card. Present your Anthem ID card when you visit your doctor and point out the Anthem Blue Cross and Blue Shield logo on the card.

Your Lumenos plan allows you the flexibility to visit any licensed doctor you want, but the method of payment varies, depending on whether the doctor is an in-network or out-of-network provider.

- If you visit an in-network provider, typically the doctor's staff will photocopy your ID card and submit a claim for payment. If your medical expense is a covered service, it will be paid from your health account. If you have depleted all of the funds in your HIA, you will need to pay out of pocket until you have paid your entire bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance for covered services, up to your annual out-of-pocket maximum.
- If you visit an out-of-network provider, you may be asked to pay at the time of your appointment. Many doctors will still file a claim for you. If they do not, you will need to send a claim to Anthem for reimbursement. If you have depleted all of the funds in your health account, you will need to pay out of pocket until you have paid your entire bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance for covered services, up to your plan's annual out-of-pocket maximum.

### **Q: If I need to file a claim, how do I get reimbursed?**

**A:** In most cases, you won't need to file a claim if you visit an in-network provider or pharmacy. If you visit an out-of-network provider, you might have to file a claim, depending on the doctor's policy. If you do need to submit a claim yourself, you will need to send a claim to Anthem for reimbursement.

### **Q: Does the Lumenos plan require pre-notification before being hospitalized?**

**A:** Yes. Your doctor should notify us prior to hospitalization, so we can coordinate care and offer you assistance from a health coach.

### **Q: What does "out-of-pocket" mean?**

**A:** Out-of-pocket expenses are those you pay yourself. This includes your bridge amount. Once benefits begin under the Traditional Health Coverage, you will pay a percentage of your covered expenses, called coinsurance. Your coinsurance responsibility is also an example of an out-of-pocket expense.

### **Q: What is the most I will pay out of pocket in the Lumenos HIA Plus plan?**

**A:** Your Lumenos HIA Plus plan includes an out-of-pocket limit that is defined in your Plan Summary. Money you spend from your HIA, your bridge and any coinsurance you pay all count toward this limit. Your limit is lower if you receive care from in-network providers.

## Obtaining and Paying for Prescription Drugs

### Q: What do I do when I need to get a prescription drug?

**A:** When you enroll, you'll get an Anthem ID card. Present your ID card when you visit your pharmacy. Be sure to point out the Anthem Blue Cross and Blue Shield logo to ensure you are charged the Anthem rate for your prescription. You can use the ProviderFinder on our online health site to find one of the pharmacies participating in our network. More than 95% of pharmacies nationwide participate in our network.

- If you have enough funds available in your health account to cover the cost of your prescription, you'll pay nothing at the pharmacy. A claim will automatically be filed for you and the cost of your prescription will be deducted from your HIA. If you have depleted your HIA, you will need to pay for the expense out of pocket until you have paid your entire bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance amount at the pharmacy, up to your plan's annual out-of-pocket maximum.
- You also have the option of ordering your prescriptions by mail. The payment works the same. The only difference is you must provide a credit card number when submitting the mail service form. Your card will be charged if you have used all of your health account funds.

### Q: Is there a formulary for Lumenos plans?

**A:** Anthem's Lumenos plans do not require using drugs on a formulary.

### Q: Will I always get the exact drug my doctor prescribes, or will the pharmacy automatically substitute generic drugs or a drug designated by the plan?

**A:** Your prescription will be filled as written by your doctor. You won't be required to use a generic or different drug first (often referred to as step therapy). You may want to discuss the costs of similar drugs with your doctor since the entire cost will come out of your account, if you have dollars in your account, or you'll have to pay out of pocket until you reach your deductible. Depending on where you live, you may also ask your pharmacist to fill your medication with a generic alternative.

### Q: Do I need to get a pre-authorization for any drugs?

**A:** Yes, there are some drugs that require pre-authorization. If you want to know if a particular drug requires pre-authorization, please contact a Customer Service Advocate.

### Q: If I use mail order, will I get a discount?

**A:** You'll pay the amount the mail order pharmacy charges for the drug, which may be less than what you'd pay at a retail pharmacy.

### Q: Do I need to use a particular pharmacy for specialty drugs?

**A:** Our preferred pharmacy for specialty drugs is PrecisionRx Specialty Solutions, which offers a robust support program to help people taking specialty medications achieve the best possible results from their treatments. Depending on your plan, you may be required to use this pharmacy for specialty drugs. Please contact a Customer Service Advocate for more details on specialty drug coverage.

## Personal Health Services:

### Health Coaching

#### Q: What is a health coach?

**A:** A health coach is a specially trained registered nurse to help you manage a health condition.

#### Q: If a health coach contacts me, what can I expect?

**A:** The health coach will ask you some general health questions. Following your initial confidential consultation, your health coach will set up regular phone meetings with you.

Remember: What you and your coach talk about is always confidential and is never shared with your employer.

#### Q: Do health coaches actually provide care?

**A:** No. However, he or she might discuss treatment plans with you and your doctor to figure out how to help you receive the best care.

#### Q: Will my employer know if I am enrolled in a health coaching program?

**A:** No. The only way your employer will know is if you tell them. Information shared by you or your physician will not be released unless you have given written permission.

#### Q: I'm healthy and only need to go to the doctor once or twice a year. Can a health coach help me?

**A:** The health coaching programs are for people with ongoing conditions or certain other health needs, so you may not need a coach. You can, however, use the 24/7 NurseLine at any time to discuss other health problems. You can also explore the 360° Health pages on our online health site to find answers to your health questions.

#### Q: How will contact be initiated with a health coach?

**A:** There are several ways contact can be initiated:

- Follow the hospital notification requirements, which are printed on the back of your ID card. A health coach may work with you to coordinate care.
- Call a Customer Service Advocate and ask to learn more if you are pregnant or have diabetes, heart disease, asthma, cancer or other chronic or serious conditions.
- If you are facing an elective surgical procedure such as back or joint surgery, call a Customer Service Advocate and ask about the MyHealth Coach program for education on these types of procedures.
- Finally, if you get a call or letter from a health coach, call back. It takes only a few minutes and could be just the help you need.

## Frequently Asked Questions About the Lumenos<sup>®</sup> Health Incentive Account (HIA) Plus Plan

### **Q: What information or services can a MyHealth Coach provide if I am facing an elective surgical procedure?**

**A:** A MyHealth Coach can help you understand:

- The procedure itself – why it is performed, potential complications and typical recovery periods.
- Other treatment options that may be available.
- Questions to ask the doctor before undergoing the procedure.
- The tools available on our online health site – tools that can explain (and in many cases show) how the procedure is accomplished, help you compare hospitals where you might undergo the procedure and help you learn more about other treatments.

### *24/7 NurseLine*

#### **Q: What is the 24/7 NurseLine?**

**A:** The 24/7 NurseLine is a service you can call to get answers to your immediate health care questions. Registered nurses are on hand to answer your calls 24 hours a day, 7 days a week.

### *Your Privacy*

#### **Q: Is the online health site secure?**

**A:** Yes. Our customers-only online health site is password-protected and secure. In addition, all of your personal data is encrypted using 128-bit encryption, which is currently the highest level available.

#### **Q: What is your privacy policy?**

**A:** You can read the Privacy Policy anytime by visiting our online health site at [anthem.com](http://anthem.com).

## We're here to help

Feel free to contact us with any questions you have about your plan. You can reach a Customer Service Advocate by calling 1-XXX-XXX-XXXX or on the Web at [anthem.com](http://anthem.com). Whatever is easiest for you. We're here to help. You can also contact us after you enroll regarding any concerns with your plan, problems with your doctor or questions about reimbursement.

Remember, you and your family members should receive your Anthem ID cards no later than your effective date of coverage. If you do not receive your card or misplace it, please contact us.

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