Anthem HealthKeepers

Henrico County General Government and Public Schools
Lumenos® with HSA Plan Summary

The Lumenos with HSA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you benefits with a high deductible (your upfront out-of-pocket cost) and health care dollars to spend your way.

Your Lumenos with HSA Plan	
First - Use your HSA to pay for covered services: **Health Savings Account** With the Lumenos with Health Savings Account (HSA), you can **contribute pre-tax dollars to your HSA**. Others may also contribute dollars to your account. You can use these dollars to help meet your annual deductible responsibility. Unused dollars can be saved or invested and accumulate through retirement.	**Contributions to Your HSA*** **The 2017 annual contribution maximum set by the U.S. Treasury and IRS:** $3,400 individual coverage $6,750 family coverage (any dependent coverage) **Henrico's 2017 contribution to your HSA**** $1,200 individual coverage $2,400 family coverage (any dependent coverage) *These limits apply to all combined contributions from any source including dollars you contribute to your HSA and dollars your employer contributes to your HSA. Rollover funds are not subject to these limits. **The County's HSA contribution is available to full-time and eligible part-time employees only.
Plus - To help you stay healthy, use: **Preventive Care** 100% coverage for nationally recommended services.	**Preventive Care** No out-of-pocket costs for you as long as you receive your preventive care from an in-network provider. If you choose to go to an out-of-network provider, your deductible or traditional health coverage benefits will apply.
Then - **Your Deductible** The deductible is the annual amount you pay – using your HSA or out-of-pocket – before you reach the traditional health coverage portion of the plan.	**Annual Deductible Responsibility*** $3,000 individual coverage $6,000 family coverage ($3000 individual level) Your benefit period runs on a calendar year from January 1 through December 31. *The deductible includes both medical services and prescription drugs.
If needed - **Traditional Health Coverage** Similar to a PPO or HMO, after you meet your deductible, you pay coinsurance (a percentage of the provider's charges) or a copay when you visit an in-network provider. You'll pay more if you visit an out-of-network provider. Your traditional health coverage begins: 1) Once any family member reaches the individual level deductible (within the annual deductible), that family member's future expenses will be eligible for traditional health coverage. 2) The remaining family members must satisfy the remainder of the annual deductible before traditional health coverage begins.	**Traditional Health Coverage for Medical Services** After your deductible, the plan pays: 100% for in-network providers — 70% for out-of-network providers **Traditional Health Coverage for Prescription Drugs** After your deductible, your copay responsibility is: In-network pharmacies: Retail: $10/$30/$55 for 30 day supply — same as in-network pharmacies Mail order: $10/$60/$165 for 90-day supply — n/a
Additional protection: For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the **plan pays 100% of the cost for covered services** for the remainder of the plan year with the exception of: routine vision care, the cost of care received when the benefit limits have been reached, the cost of services and supplies not covered under your benefits and balance billed amounts by out of network providers.	**Annual Out-of-Pocket Maximum** In-Network Providers — Out-of-network Providers $4,000 individual coverage — $6,000 individual coverage $8,000 family coverage — $12,000 family coverage Your annual out-of-pocket maximum consists of your annual deductible and your copay/coinsurance amounts.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

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Overview of Covered Preventive Services

Preventive Care

Anthem's Lumenos with HSA plan covers preventive services[1] recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to help prevent avoidable premature injury, illness and death.

All preventive services received from an network provider are covered at 100%, are not deducted from your HSA and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply. If you receive any of these services for diagnostic purposes — for example, a colonoscopy when symptoms are present — the appropriate plan deductible and coinsurance will apply and available account funds may be used to cover costs.

The following is an overview of the types of preventive services covered:

Child Preventive Care

Office Visits for preventive services
Screening Tests for vision, hearing, and lead exposure. Also includes pelvic exam and Pap test for females who are age 18, or have been sexually active.
Immunizations:
- Hepatitis A
- Hepatitis B
- Diphtheria, Tetanus, Pertussis (DtaP)
- Varicella (chicken pox)
- Influenza – flu shot
- Pneumococcal Conjugate (pneumonia)
- Human Papilloma Virus (HPV) – cervical cancer
- H. Influenza type b
- Polio
- Measles, Mumps, Rubella (MMR)

Adult Preventive Care

Office Visits for preventive services
Screening Tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams and Pap test.
Immunizations:
- Hepatitis A
- Hepatitis B
- Diphtheria, Tetanus, Pertussis (DtaP)
- Varicella (chicken pox)
- Influenza – flu shot
- Pneumococcal Conjugate (pneumonia)
- Human Papilloma Virus (HPV) – cervical cancer

Summary of Exclusions or Limitations

Some covered services may have limitations or other restrictions.[2] With Anthem's Lumenos with HSA plan, the following services are limited:

Annual routine vision exam $15; not subject to deductible.
Skilled nursing facility services limited to 100 days per benefit period.
Home health care services limited to 100 visits per benefit period.
Physical and occupational therapy services limited to a combined 30 visits per benefit period.[3]
Speech therapy services limited to 30 visits per benefit period.[3]
Spinal manipulations and other manual medical intervention visits limited to 30 visits per benefit period.
Early intervention services unlimited per member per calendar year from birth through age 2.
Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder is unlimited per member per benefit period for age two through age ten.
Wigs limited to 1 wig per member per year.

1 Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.
2 Additional limitations and exclusions may apply. For a complete list of exclusions and limitations, please refer to your Evidence of Coverage. Some covered services may require pre-approval.
3 Speech, physical and occupational therapies are unlimited for Early Intervention and Autism Spectrum Disorder.

Please note: This summary is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Group Contract, Evidence of Coverage and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail. This summary is for a full year in the Lumenos plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary. The information included does not constitute legal, tax, or benefit plan design advice. Anthem strongly encourages consultation with a tax advisor before establishing a Health Savings Account. Any Health Savings Account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administration of the HSA.