

Large Group – Consumer-Driven Health Plans – for Pooled and Non-Pooled Groups of 51 or More

Lumenos PPO PLAN OPTIONS ¹	Calendar-Year Deductible	Annual Out-of-Pocket Maximum Member/Family	Physician Office Visit Member Coinsurance In Network/ Out of Network (After Deductible)	Member Coinsurance In Network/ Out of Network (After Deductible)	Prescription Drug Plans Tier 1/Tier 2/Tier 3/Tier 4 (After Deductible)
Lumenos HSA (Members and Employers may make pretax contributions)					
Lumenos HSA 1250 10/30 (LHSA287) <i>(formerly Lumenos HSA 1250 Rx Copay)</i>	\$1,250 per member ³ \$2,500 per family ³	\$2,500/\$5,000 In Network \$5000/\$10,000 Out of Network	10%/30%	10%/30%	\$10/\$30/\$50/30%
Lumenos HSA 1500/3000 10/30 (LHSA497) NEW	\$1,500/\$3,000 per member \$3,000/\$6,000 per family	\$3,000/\$6,000 In Network \$9,000/\$18,000 Out of Network	10%/30%	None/30%	
Lumenos HSA 2500 0/30 (LHSA289) <i>(formerly Lumenos HSA 2500 Rx Copay)</i>	\$2,500 per member ³ \$5,000 per family ³	\$3,500/\$7,000 In Network \$7,000/\$14,000 Out of Network	None/30%	None/30%	
Lumenos HSA 2500/3500 0/30 (LHSA498) NEW	\$2,500/\$3,500 per member \$5,000/\$7,000 per family	\$3,000/\$6,000 In Network \$7,000/\$14,000 Out of Network	None/30%	None/30%	
Lumenos HSA 2500/3500 20/40 (LHSA499) NEW	\$2,500/\$3,500 per member \$5,000/\$7,000 per family	\$3,000/\$6,000 In Network \$7,000/\$14,000 Out of Network	20%/40%	20%/40%	
Lumenos HSA 2500/5000 20/50 (LHSA500) NEW	\$2,500/\$5,000 per member \$5,000/\$10,000 per family	\$5,000/\$10,000 In Network \$15,000/\$30,000 Out of Network	20%/50%	20%/50%	
Lumenos HSA 3000 20/40 (LHSA291) <i>(formerly Lumenos HSA 3000 Rx Copay)</i>	\$3,000 per member ³ \$6,000 per family ³	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	
Lumenos HSA 3000/6000 20/40 (LHSA501) NEW	\$3,000/\$6,000 per member \$6,000/\$12,000 per family	\$5,000/\$10,000 In Network \$12,000/\$24,000 Out of Network	20%/40%	20%/40%	
Lumenos HSA Embedded Deductible² (Members and employers may make pretax contributions)					
Lumenos HSA 2500 20/40 Embedded Ded (LHSA292) <i>(formerly Lumenos HSA 2500 Rx Copay/Embedded Ded)</i>	\$2,500 per member ³ \$5,000 per family ³	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	\$10/\$30/\$50/30%
Lumenos HSA 2500/3000 20/40 Embedded Ded (LHSA502) NEW	\$2,500/\$3,000 per member \$5,000/\$6,000 per family	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	
Lumenos HSA 3000 0/30 Embedded Ded (LHSA235) <i>(formerly Lumenos HSA 3000 Rx Copay/Embedded Ded)</i>	\$3,000 per member ³ \$6,000 per family ³	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	None/30%	None/30%	

Note: Non-pooled clients can choose from an array of CDHPs that have coinsurance and Rx copay benefits once their deductibles are met.

¹ All plans are offered by Anthem Blue Cross Life and Health Insurance Company.

² **Embedded deductible and out-of-pocket maximum:**

Deductible: for an individual on family coverage plan, individual can receive benefits (coinsurance) for covered services once individual deductible is met.

Out-of-pocket maximum (includes the deductible): For an individual on family coverage plan, enrollee can receive 100% benefits for covered services once an individual out-of-pocket maximum is met.

³ Combined deductible.

This chart compares the plans in this category. Refer to each plan's *Benefit Summary* brochure for more details.

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Lumenos HRA (Employer funds allocation)					
Lumenos HRA 1500 10/30 <i>(formerly Lumenos HRA 1500 Rx Copay)</i> Unlimited Rollover (LHRA408) 1x Rollover (LHRA390) 2x Rollover (LHRA389)	\$1,500 per member (\$750 Allocation) ³ \$3,000 per family (\$1,500 Allocation) ³	\$3,000/\$6,000 In Network \$6,000/\$12,000 Out of Network	10%/30%	10%/30%	\$10/\$30/\$50/30%
Lumenos HRA 1500/2500/10/30 (LHRA872) NEW	\$1,500/\$2,500 per member (\$750 Allocation) \$3,000/\$5,000 per family (\$1,500 Allocation)	\$3,000/\$6,000 In Network \$6,000/\$12,000 Out of Network	10%/30%	10%/30%	
Lumenos HRA 2000 20/40 <i>(formerly Lumenos HRA 2000 Rx Copay)</i> Unlimited Rollover (LHRA409) 1x Rollover (LHRA391) 2x Rollover (LHRA392)	\$2,000 per member (\$1,000 Allocation) ³ \$4,000 per family (\$2,000 Allocation) ³	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	
Lumenos HRA 2000/3000 20/40 (LHRA873) NEW	\$2,000/\$3,000 per member (\$1,000 Allocation) \$4,000/\$6,000 per family (\$2,000 Allocation)	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	
Lumenos HRA 3000 0/30 <i>(formerly Lumenos HRA 3000 Rx Copay)</i> Unlimited Rollover (LHRA410) 1x Rollover (LHRA421) 2x Rollover (LHRA422)	\$3,000 per member (\$1,500 Allocation) ³ \$6,000 per family (\$3,000 Allocation) ³	\$4,000/\$8,000 In Network \$8,000/\$16,000 Out of Network	None/30%	None/30%	
Lumenos HIA Plus (Anthem funds allocation)					
Lumenos HIA Plus 1500 10/30 (\$750 Allocation/\$1,500 Allocation) (LHIA Plus 276) <i>(formerly Lumenos HIA Plus 1500 Rx Copay)</i>	\$1,500 per member (\$750 Allocation) ³ \$3,000 per family (\$1,500 Allocation) ³	\$3,000/\$6,000 In Network \$6,000/\$12,000 Out of Network	10%/30%	10%/30%	\$10/\$30/\$50/30%
Lumenos HIA Plus 1500/2500 10/30 (LHIA Plus 316) NEW	\$1,500/\$2,500 per member (\$750 Allocation) \$3,000/\$5,000 per family (\$1,500 Allocation)	\$3,000/\$6,000 In Network \$6,000/\$12,000 Out of Network	10%/30%	10%/30%	
Lumenos HIA Plus 2000 20/40 (\$1,000 Allocation/\$2,000 Allocation) (LHIA Plus 277) <i>(formerly Lumenos HIA Plus 2000 Rx Copay)</i>	\$2,000 per member (\$1,000 Allocation) ³ \$4,000 per family (\$2,000 Allocation) ³	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	
Lumenos HIA Plus 2000/3000 20/40 (LHIA Plus 317) NEW	\$2,000/\$3,000 per member (\$1,000 Allocation) \$4,000/\$6,000 per family (\$2,000 Allocation)	\$5,000/\$10,000 In Network \$10,000/\$20,000 Out of Network	20%/40%	20%/40%	
Lumenos HIA Plus 3000 0/30 (\$1,500 Allocation/\$3,000 Allocation) (LHIA Plus 278) <i>(formerly Lumenos HIA Plus 3000 Rx Copay)</i>	\$3,000 per member (\$1,500 Allocation) ³ \$6,000 per family (\$3,000 Allocation) ³	\$4,000/\$8,000 In Network \$8,000/\$16,000 Out of Network	None/30%	None/30%	

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Lumenos HIA (Account funded through member rewards)					
Lumenos HIA 500 10/30 (LHIA29) NEW	\$500 per member ³ \$1,000 per family ³	\$2,500/\$5,000 In Network \$5,000/\$10,000 Out of Network	10%/30%	10%/30%	\$10/\$30/\$50/30%
Lumenos HIA 750 10/30 (LHIA30) NEW	\$750 per member ³ \$1,500 per family ³	\$2,750/\$5,500 In Network \$5,500/\$11,000 Out of Network	10%/30%	10%/30%	
Lumenos HIA 1000 10/30 (LHIA31) NEW	\$1,000 per member ³ \$2,000 per family ³	\$3,000/\$6,000 In Network \$6,000/\$12,000 Out of Network	10%/30%	10%/30%	

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