

Frequently Asked Questions About the Lumenos[®] Health Savings Account (HSA) Plan with Gift Card Rewards

Anthem Blue Cross and Blue Shield's Lumenos HSA Plan Overview

Q: What is the Lumenos HSA plan?

A: The Lumenos HSA 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 HSA plan, you have a Health Savings Account that can be funded by your own pre-tax contributions. Others may also contribute money to your HSA on your behalf. You can use money in your HSA to pay for your medical care, including prescriptions.

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

Q: How is my HSA funded?

A: Your HSA is funded by your own pre-tax contributions, up to a certain annual limit. You may also contribute post-tax money to your HSA. Others (including your employer) may contribute to your account as well. The total of all contributions cannot exceed the limits defined by the U.S. Treasury and the Internal Revenue Service (IRS).

Q: How does the HSA plan work?

A: Here's how it works:

- First, you can use money in your HSA to pay for covered medical expenses and prescriptions. The HSA dollars you use apply toward your plan's annual deductible. If you do not spend all of your HSA dollars, and you have money remaining in your HSA at the end of a plan year, it rolls over to the following year and can earn interest. Also, you own the HSA; if you retire or leave your employer, the money is yours to keep.
- If you spend all of your HSA funds, or you choose not to use your HSA funds to pay for covered services, 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 HSA plan covers nationally recommended preventive care with no deduction from your HSA 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 available HSA dollars, or if you choose not to use your HSA dollars to pay for covered services, 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.

Q: Who is eligible to open an HSA?

A: To be eligible, you must meet these criteria:

- You must be covered by an HSA-compatible health plan, such as the Lumenos HSA plan, and you cannot be covered by any other medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouse's plan as secondary coverage, or an executive medical plan. Note: Federal law requires minimum deductible levels for individual and family coverage for HSA-compatible health plans.
- You must be enrolled in the plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month). You may make the maximum annual HSA contribution for the year regardless of the month you become eligible.
- You must not be enrolled in Medicare.
- You must not be eligible to be claimed as a dependent on another individual's tax return.
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- If you are a veteran, you may not have received veterans' benefits within the last three months.
- You must not be active military.

Q: What is the difference between an HSA and a health care flexible spending account (FSA)?

A: Both HSAs and FSAs can be funded with pre-tax dollars and be used to pay for medical expenses. However, HSA balances can roll over from year to year, while FSA money is forfeited if it is not spent during a 14 1/2 month period. And, if you leave your employer, your HSA dollars are yours to keep; but FSA dollars would be forfeited. With an FSA, you have from January 1 until March 15 of the following year to incur eligible expenses. Note: You are eligible to have both an HSA and an FSA only if the FSA has been defined as either limited/special purpose (e.g., limited for dental and/or vision services or dependent care only) or the FSA that has been designed only allows payment for the coinsurance under the Traditional Health Coverage component of the plan, after the deductible was met.

Contributions to Your Health Savings Account (HSA)

Q: Who may contribute?

A: You may contribute to your HSA up to certain limits. Family members or other persons may also contribute to your HSA on your behalf, provided they do not exceed the contribution limits described below.

Q: How do I make contributions to my HSA?

A: The easiest way is through pre-tax payroll deductions, if allowed by your employer. However, you may also contribute directly to your HSA post-tax, by sending a check to the address printed on your HSA checkbook.

Q: How much can I contribute to my HSA?

A: Each plan year, you may contribute money to your HSA up to a maximum contribution limit set by the U.S. Treasury and the IRS. All combined contributions to your account cannot exceed your annual contribution maximum. For 2009, the annual contribution maximum set by the U.S. Treasury and the IRS is \$3,000 for individual coverage and \$5,950 for family coverage. The contribution maximums set by the U.S. Treasury and the IRS may be increased for inflation annually. Check our online health site for the most current maximum amounts.

Q: Can I ever contribute more than the annual limit?

A: Yes, individuals age 55 and older who are not enrolled in Medicare are eligible to contribute an additional amount above the regular limits (referred to as a catch-up contribution). These individuals can make catch-up contributions each year until they enroll in Medicare. The additional "catch-up" contributions allowed are \$1,000 per year from 2009 and after.

Catch-up contributions apply to the account holder (employee) only, and the contribution amounts allowed are subject to proration if you are enrolled in the plan less than 12 months. Catch-up contributions can be made in the same way your regular contributions are made.

Q: What if I contribute too much to my account during a year and exceed the annual maximum contribution?

A: If you contribute too much to your account, IRS rules will require you to pay regular income tax plus a 10% tax penalty on the excess amount you contributed. (Different rules apply if you contributed too much because you left the plan during the year. See the question below: What if I terminate coverage prior to the end of the year?)

Q: Does the amount that others contribute on my behalf count toward the maximum amount I may contribute for the year?

A: Yes, any contributions to the account, regardless of the source, are counted towards your maximum. The only exception would be amounts rolled into the account from previous years or catch-up contributions.

Q: How much may I contribute if I join the plan after the start of the plan year?

A: Employees may enroll in the HSA plan only during open enrollment or when they begin employment (may be subject to a waiting period). If you join the plan mid-year, you can generally contribute up to the annual contribution maximum. However, to be eligible to contribute to the full amount, you must have enrolled in the plan by December 1 of the previous year, and you must stay in the plan and remain eligible to contribute to an HSA for the entire 12 months of the following year.

Q: What if I terminate coverage prior to the end of the year?

A: If you end employment with your employer, you can continue contributing to your HSA only if you continue participating in an HSA-compatible health plan. If you leave during the year and do not enroll in another HSA-compatible plan, the annual contribution maximum is prorated, based on the number of months in which you were enrolled. If you pre-fund your account for the entire year and then leave the plan and do not join another HSA-compatible health plan, to avoid a penalty, you will need to withdraw excess contribution dollars prior to the end of the tax year and treat these funds as taxable income if you have over-funded the account.

Q: Can I make lump sum contributions to my HSA?

A: Yes, you can make lump sum post-tax contributions up to the annual maximum.

Q: When can I make HSA contributions?

A: You can generally contribute at any time prior to the deadline for filing your federal income tax return for that year — usually April 15 of the following year. In other words, for 2009, you can make contributions up to April 15, 2010. You cannot make contributions before the start of the tax year, so for 2009, you may not make contributions before January 1, 2009.

Q: What if my spouse has an HSA, too?

A: If your spouse has an HSA, and either of you is covered under the other's plan, your combined HSA contributions are limited to the annual contribution maximum for family coverage.

Q: Can I roll over or transfer funds from my IRA to my HSA?

A: The Tax Reform and Health Care Act of 2006 authorized a one-time transfer of funds from an IRA to an HSA. The transferred amount, when combined with other HSA contributions for the year, may not exceed the annual maximum contribution limit. Also, after making such a transfer, you must continue to participate in a qualifying HSA-compatible health plan for 13 consecutive months, beginning in the month of the IRA to HSA transfer. Otherwise, you will be subject to income taxes and a 10 percent penalty tax on the transferred amount, except in the case of death or disability.

This kind of transfer may be a good idea if you incur a significant medical expense and do not have the means to make the maximum HSA contribution for the year.

To execute this transfer, you will need to initiate the request for transfer with the institution holding your IRA.

Q: I already have an HRA established by my employer. Can those funds be transferred to my HSA?

A: You can only roll over your HRA account to your HSA if your employer has offered this option to you.

Frequently Asked Questions About the Lumenos[®] Health Savings Account (HSA) Plan with Gift Card Rewards

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 HSA plan makes it easier for you to do the right things when it comes to your health. You can earn gift card rewards to redeem at health-focused retailers when you take certain steps that can help you maintain and improve your health. Earn rewards for completing the online MyHealth Assessment, enrolling in and graduating from a health coaching program (if eligible), and completing the Tobacco-Free and Healthy Weight programs (if eligible).

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 one \$50 gift card reward 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 a \$100 gift card reward for enrolling in the program (one reward per covered person per year). You'll receive a \$200 gift card reward 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 a \$50 gift card reward (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 a \$50 gift card reward (one reward per person per lifetime) for completing the program.

Q: What types of gift cards are available?

A: You can redeem your rewards for gift cards to select vendors featuring brand name merchandise including sporting goods, fitness apparel, health and wellness aids, and more.

Q: How will I know when I've earned a reward?

A: When you earn rewards, you'll receive a letter at home from IncentOne with a unique code and password.

Q: How do I get my gift cards?

A: Once you receive your notification letter at home, you can redeem your rewards three ways: online, by phone or fax. Simply select from the available health-focused retailers, and the gift card will be mailed to you. Details for accessing the website and the correct phone and fax numbers will be included in the notification letter.

Q: Are the gift cards considered taxable income by the IRS?

A: Yes. Gift cards constitute taxable income to the recipient. If the total value of gift card rewards earned by you and your covered family members in a calendar year is over \$600, you will receive a 1099 tax form.

Q: Can you tell me more about the gift cards?

A: Gift cards can be used just like cash to purchase merchandise from the retailers, but gift cards may not be redeemed for cash. You can transfer your gift card to another person if you wish.

Managing the Money in Your HSA

Q: Who holds the money in my HSA*?

A: A qualified financial institution will hold and invest the money. If your employer selects an Anthem Blue Cross and Blue Shield partner bank, Anthem will handle all of the enrollment administration for you.

Q: Will my HSA earn interest?

A: Yes. The HSA is an interest-bearing checking account.

Q: Can I invest my HSA*?

A: Yes. You'll need to reach a minimum balance in your HSA before you can begin investing. You must maintain that minimum balance in your account, and then you can invest any additional amount in the investment funds available. When you are ready to invest, all you need to do is request a prospectus for each fund that will provide more details.

Q: Are the interest and investment earnings in my HSA tax-free?

A: Yes, when the funds are distributed and used for a qualified medical expense. Interest and investment earnings grow tax-deferred in the account.

Q: Are any administrative fees charged to my HSA*?

A: Typical banking fees will apply, such as charges for new checks, overdraft charges or charges for replacement debit cards. Upon enrollment in the program, you will receive information about the account, including the Health Savings Account Deposit Agreement and Disclosure Statement. Please refer to the Health Savings Account Deposit Agreement and Disclosure Statement for details on the fees.

Q: How do I find out my HSA balance*?

A: It's easy. The My Account page on our online health site will show you how you can keep track of your HSA activity and balance, as well as get details on all of your medical claims.

Q: Can I save the money in my HSA at the end of each plan year?

A: Yes. Whatever you don't spend is yours to keep and save year after year.

Q: Is there a time restriction on when I may use the funds in the account?

A: No, you may reimburse yourself for an expense with future contributions or past contributions and there is no time limit on this. The only restriction is that the service must have occurred after the HSA account was opened (and you are enrolled in Anthem's Lumenos HSA Plan).

Q: May I only use the funds in my HSA for my expenses or may I use it for other family members?

A: You may use the funds in your HSA for any person treated as a qualified dependent on your federal tax form, even if this person is not covered under the plan (although this may reduce the dollars you will have to offset your out-of-pocket responsibility).

Q: If I leave Anthem's Lumenos HSA plan, what happens to my HSA*?

A: You own your HSA. So, if you leave Anthem's Lumenos HSA plan or even leave your employer, you can take the account with you. You can even use it after you retire – for example, to pay Medicare premiums. You may choose to keep the funds in your account or roll the funds into a different account. If you leave the funds in your account, maintenance fees will apply; please refer to the Health Savings Account Deposit Agreement and Disclosure Statement for a list of these fees. Note: If you keep your HSA after leaving the plan, you cannot continue to contribute to it unless you enroll in another HSA-compatible plan.

Q: Can I roll funds from my HSA over to another HSA if I leave the program?

A: Yes.

*If your employer has selected a financial institution to administer your HSA that is not one of Anthem's partner banks, or you choose to have your HSA at a different bank, you will not have access to HSA information through Anthem Customer Service or our online health site. Administration of your account and investment rules and fees for your account may also vary.

Frequently Asked Questions About the Lumenos[®] Health Savings Account (HSA) Plan with Gift Card Rewards

Tax Issues

Q: What are the tax benefits of an HSA?

A: There are several benefits:

1. Contributions to the account are (federal) tax-deferred or tax-advantaged.
2. Withdrawals from the account for qualified medical expenses are (federal) tax-free.
3. Any investment and interest earnings in your account are (federal) tax-deferred.
4. Depending on the state where you live, you may save on your state tax as well.

Q: How does the money I contribute to my HSA help me save on taxes?

A: Any money you contribute to your HSA is considered (federal) tax-exempt. That is, it is not counted as taxable income for the year. So if you contribute \$1,000 to your HSA, your adjusted gross income for the year is reduced by \$1,000 which could save what you owe for taxes, depending on your tax status.

Q: Are there any special instructions for filing my taxes?

A: Yes. You will receive a 1099 form and a 5498 form in the mail near tax time so you can file your taxes. You will have to complete an 8889 form when you file your taxes. In addition, you need to keep track of your receipts for anything you pay for from your account in the event you need to provide documentation to the IRS to show you used any HSA funds on qualified medical expenses. Please consult a tax advisor to ensure you file your taxes correctly.

Services Covered by the Lumenos HSA Plan

Q: What services does the Lumenos HSA plan cover?

A: The Lumenos HSA 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 HSA Plan Summary to see some of the services covered by your plan.

You can also use your HSA to pay for certain additional qualified medical expenses not covered by the Lumenos HSA plan. Qualified medical expenses are defined in section 213d of the Internal Revenue Service (IRS) code. For a complete list of qualified medical expenses, please refer to our online health site at anthem.com.

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

A: The Lumenos HSA plan covers preventive care services like physical exams, immunizations and mammograms. You are not required to deduct any funds from your HSA for the cost of these services, 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, your deductible or Traditional Health Coverage benefits will apply.

Q: Does the Lumenos HSA plan cover prescription drugs?

A: Yes. You can first choose to pay for your prescription drugs from your HSA. If you have depleted your HSA – or choose not to use these funds – you will have to pay out of pocket until you satisfy your annual deductible 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.

Q: What is the difference between covered services and qualified medical expenses?

A: Services considered to be qualified medical expenses for payment from the HSA have been defined in section 213d of the IRS code. This includes many services that may not be covered under the Traditional Health Coverage part of the plan. Covered services are services that are covered under the Traditional Health Coverage part of the HSA plan. When you use your HSA to pay for covered services, the expense is applied toward your deductible under the Traditional Health Coverage. When you use the HSA to pay for qualified medical expenses that are not covered under the Traditional Health Coverage, those expenses will not apply toward your deductible.

Q: What if I use my HSA on non-qualified medical expenses?

A: The amount you spend on the non-qualified expense will be considered part of your taxable income. You will also owe a 10% penalty on that amount. In addition, non-qualified expenses will not apply toward the deductible under the Traditional Health Coverage part of the plan.

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 PPD network or, when traveling, in the nationwide BlueCard[®] PPD 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 in-network providers, visit our online educational health site and search the ProviderFinder online directory at anthem.com.

*If your employer has selected a financial institution to administer your HSA that is not one of Anthem's partner banks, or you choose to have your HSA at a different bank, you will not have access to HSA information through Anthem Customer Service or our online health site. Administration of your account and investment rules and fees for your account may also vary.

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 an in-network provider. Also, if you see an out-of-network provider, you might have to file a claim yourself or pay any additional amount he or she might charge.

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

A: Yes. Anthem 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 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, you'll get an Anthem ID card. You will also receive an HSA debit card and convenience checks to access your HSA. Present your Anthem ID card when you visit your doctor and point out the Anthem Blue Cross and Blue Shield logo on the card.

- If you see an in-network provider, typically you will not pay at the time you receive services. Your provider will file a claim. We will send you and your provider a Claim Recap showing your cost. Then, your provider will send you a bill and you can use your HSA debit card or checks to make payment to your provider.
- If you see an out-of-network provider, you may use your HSA debit card or checks to pay for services at the time you receive them, if you have money available. You should then file a claim with Anthem to ensure that covered expenses are applied toward your plan's annual deductible.
- If you have no funds available in your HSA, or you choose not to use your HSA funds to pay for covered services, 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. If you are visiting an in-network provider, the provider's office will usually file a claim for you. If you are visiting an out-of-network provider, you may have to file a claim yourself.

Q: Can I use the money in my HSA immediately to pay for covered services?**

A: Yes, if you have funds and have signed and returned the agreement you will receive in the HSA information packet mailed to your home after your coverage is effective.

Q: How do I pay for services using HSA dollars?**

A: You will receive both checks and a debit card to pay for services from your HSA.

Q: How do I use my debit card to pay for services?**

A: You can use your HSA debit card with health care providers such as doctors, hospitals and pharmacies who accept MasterCard®. Remember, when you visit an in-network provider, a claim will automatically be filed for you, and a Claim Recap will be sent to you in the mail. Your doctor will then bill you for your payment responsibility.

Q: How do I use my HSA checks?**

A: Use your HSA checks just as you would use checks from your bank checking account. The applicable funds will be withdrawn from your account when the check is processed. Of course, like a checking account, you must have funds available before using your checks or debit card. You will be responsible for any overdraft fees. Remember, when using an in-network provider, a claim will automatically be filed for you, and a Claim Recap will be sent to you in the mail. Your doctor will then bill you for your payment responsibility.

Q: Can other family members use my debit card and checks?**

A: Yes. Anyone who is an eligible participant on your account can use your debit card provided the person is listed as a signatory on the account.

Q: How do I add, replace or delete people who are eligible to use my account?**

A: Your name, as owner, will be the only name on the HSA account. However, you can authorize other individuals to sign checks drawn on the account or request additional debit cards for eligible family members. For additional debit cards, you must provide authorized signatures for all who participate in the account. To add or delete a person from your account, contact Anthem.

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: Can I pay out of pocket for my medical expenses instead of using my HSA?

A: Yes. You may pay out-of-pocket expenses with after-tax dollars and let your HSA balance grow tax-free.

Q: What is the most I will pay out of pocket in the Lumenos HSA Plan?

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

Q: Does Anthem require pre-notification before going to the hospital?

A: Yes. We require that your doctor notify us prior to hospitalization, so we can coordinate care and offer you assistance from a health coach.

**If your employer has selected a financial institution to administer your HSA that is not one of Anthem's partner banks, or you choose to have your HSA at a different bank, you will not have access to HSA information through Anthem Customer Service or our online health site. Administration of your account and investment rules and fees for your account may also vary.

Frequently Asked Questions About the Lumenos® Health Savings Account (HSA) Plan with Gift Card Rewards

Q: What should I do with my receipts?

A: You should retain all of your receipts for services you've received. Since you own the HSA, you are responsible for providing documentation to the IRS, if you ever need to, for the expenses charged to your HSA.

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 funds available in your HSA, the pharmacy will swipe your HSA debit card and the amount you owe will be deducted from your HSA. You can also write a check to cover the cost of your prescription(s).
- If you have no funds available in your HSA, 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 amount at the pharmacy, up to your plan's annual out-of-pocket maximum.
- You can also order your prescriptions by mail. When submitting the mail service form, you must provide your HSA debit card number. Our mail order pharmacy will call you with the cost of the drug and confirm the amount to deduct from your HSA. If you do not have funds available in your HSA or there are not enough funds to cover the cost of the prescription, you'll be asked for a credit card number and your card will be charged.

Q: Are there copayments for drugs? Are there tiers that determine how much I pay for a drug?

A: Anthem's Lumenos plans do not have copayments for prescription drugs. What you pay for a prescription drug is based on the drug's actual cost rather than a formulary or tier. The price of a drug may vary depending on what pharmacy you use. If you use an in-network pharmacy, you'll receive the discounted price that Anthem has negotiated for the drug. You can find detailed drug pricing information on the online health site after you join the plan.

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.



Frequently Asked Questions About the Lumenos® Health Savings Account (HSA) Plan with Gift Card Rewards

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.

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.

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. 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.

This is not a contract or policy. This brochure is not a contract with Anthem Blue Cross and Blue Shield. If there is any difference between this brochure and the group policy, the provisions of the group policy will govern.

When you redeem your reward dollars for a gift card, the amount of the gift card is considered taxable income to you. You should contact a tax advisor for guidance on tax issues.

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.

Vendors are subject to change without notice. Anthem does not endorse and is not responsible for the products, services or information provided by these vendors. Arrangements and discounts were negotiated between each vendor and Anthem for the benefit of our members.

Anthem Blue Cross and Blue Shield is the trademark of the United Way of America Hospital and Medical Service, Inc. in the state of North Carolina; Anthem Health Plan, Inc. in Georgia; Blue Cross and Blue Shield of Georgia, Inc. in Indiana; Anthem Insurance Company, Inc. in Kentucky; Anthem Health Plans of Kentucky, Inc. in Maine; Anthem Health Plans of Rhode Island, Inc. in Missouri; Anthem, Inc. in the Kansas City area; SIGMAPOINT Managed Care, Inc. (PIT), Health Affiliates Life Insurance Company (HALIC) and HMO Missouri, Inc. (HMO MISSOURI), Inc. (PIT) and certain affiliates with other non-AMBA benefits underwritten by HALIC and HMO Missouri, Inc. (PIT) and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Wisconsin, Anthem Health Plans of Wisconsin, Inc. in New Hampshire, Anthem Health Plans of New Hampshire, Inc. in Ohio, Community Insurance Company, Inc. in some states including the city of Fairfax, the town of Vienna and the area east of State Route 1233; Anthem Health Plans of Virginia, Inc. in Wisconsin; Blue Cross Blue Shield of Wisconsin; SIGMAPOINT Insurance, Inc. in Wisconsin; and Blue Cross and Blue Shield of Wisconsin. Coverage for Health Savings Accounts through the "Company" or "Anthem" policies and Group-term life insurance policies are administered by AMBA policies and Group-term life insurance policies are administered by the US policy. Independent member of the Blue Cross and Blue Shield Association. © ANTHEM, Blue Cross and Blue Shield Health and Retirement Plans of America, Blue Cross and Blue Shield, Anthem, and Blue Shield are registered trademarks of Anthem Blue Cross and Blue Shield. Anthem and Blue Shield are registered trademarks of the Blue Cross and Blue Shield Association.