



Lumenos® with HSA and Rewards 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 the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And to help offset your out-of-pocket health expenses, you can earn additional funds for your health account by taking certain steps to improve your health.

Your Lumenos with HSA and Rewards 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 annual contribution maximum set by the U.S. Treasury and IRS:

- \$3100 individual coverage
- \$6250 family coverage

Note: These limits apply to all combined contributions from any source including HSA dollars from rewards. Rollover funds are not subject to these limits.

Earn More Money for Your Account

What's special about your HSA plan is that you may earn additional funds for your health account with rewards for healthy behaviors.

Earn Rewards:

If you do this:

- Complete the MyHealth Assessment online \$50
- Enroll in a Health Coaching Program \$100
- Graduate from a Health Coaching Program \$200
- Complete our Healthy Lifestyles: Tobacco-Free Program \$50
- Complete our Healthy Lifestyles: Healthy Weight Program \$50

You can earn this in your HSA:

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 a 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

- \$2000 individual coverage
- \$4000 family coverage

Your **benefit period** may be a calendar year or a plan year. A **calendar year** means your benefit period runs from January through December while a **plan year** runs from the effective date of the plan through a 12-month period (e.g. February 1 through January 31 or July 1 through June 30).

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 a network provider. You'll pay more if you visit an out-of-network provider.

Traditional Health Coverage

After your deductible, the plan pays:

- 100% for network providers
- 100% for network pharmacies¹
- 70% for out-of-network providers
- same as network pharmacies¹

After your deductible, your coinsurance or copay responsibility is:

- 0% for network providers
- Retail²: \$10/\$30/\$50 or 20% for network pharmacies
- Mail²: \$10/\$60/\$150 or 20% for 90-day supply
- 30% for out-of-network providers
- same as network pharmacies
- n/a

¹Plan pays percentage after member tier copay/coinsurance.

²For tier 3 drugs, copay or coinsurance whichever is greater up to \$200 per script retail and \$400 per script mail.

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.

Annual Out-of-Pocket Maximum

- Network Providers
- \$3000 individual coverage
- \$6000 family coverage
- Out-of-Network Providers
- \$4000 individual coverage
- \$8000 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.

