

W I S C O N S I N

Individual

Health Savings Account Plan

Lumenos

Calendar-year deductible

Out-of-Pocket Maximum (including deductible)

Physician Office Services

Prescription Drugs

Retail: 30-day supply. Mail service: 90-day supply

Preventive Care

Well Child Care (including routine immunizations)

Diagnostic Services

Inpatient Hospital Services

Outpatient Services

Emergency Room

Urgent Care

Ambulance (includes air)

Maternity Services

Optional Maternity Rider

Subject to a 12-month waiting period

Outpatient Therapy Services

Maximum visits per benefit period for network and non-network combined:

- Physical Therapy - 20 visits maximum
- Speech Therapy - 20 visits maximum
- Occupational Therapy - 20 visits maximum
- Spinal Manipulation - no maximum

Mental Health

Inpatient
Outpatient

Substance Abuse

Inpatient
Outpatient

Home Health Care (Maximum visits per benefit period - 40 visits)

Hospice

Medical Supplies, Durable Medical Equipment

Maximum per benefit period - \$4,000

Human Organ and Tissue Transplant Services

NOTE: Kidney Disease covered up to \$30,000 per person per calendar-year

Lifetime Maximum

Pre-existing Waiting Period

Blue Preferred Term Life Option Available

Dental Blue Option Available

PLAN 1		PLAN 2	
NETWORK YOU PAY	NON-NETWORK YOU PAY	NETWORK YOU PAY	NON-NETWORK YOU PAY
\$1,500 individual / \$3,000 family ² \$3,000 individual / \$6,000 family ² \$5,000 individual / \$10,000 family ²	\$3,000 individual / \$6,000 family ² \$6,000 individual / \$12,000 family ² \$10,000 individual / \$20,000 family ²	\$1,500 individual / \$3,000 family ² \$3,000 individual / \$6,000 family ²	\$3,000 individual / \$6,000 family ² \$6,000 individual / \$12,000 family ²
\$1,500 individual / \$3,000 family ³ \$3,000 individual / \$6,000 family ³ \$5,000 individual / \$10,000 family ³	\$4,500 individual / \$9,000 family ³ \$9,000 individual / \$18,000 family ³ \$15,000 individual / \$30,000 family ³	\$5,000 individual / \$10,000 family ³ \$5,000 individual / \$10,000 family ³	\$15,000 individual / \$30,000 family ³ \$15,000 individual / \$30,000 family ³
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% not subject to deductible	30% ¹	0% not subject to deductible	40% ¹
0% not subject to deductible	30% ¹	0% not subject to deductible	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	0% ¹	20% ¹	20% ¹
0% ¹	0% ¹	20% ¹	20% ¹
Not Covered	Not Covered	Not Covered	Not Covered
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹	20% ¹	40% ¹
Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered
Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	0% ¹	20% ¹	20% ¹
0% ¹	30% ¹	20% ¹	40% ¹
0% ¹	30% ¹ (Non-network transplant facility), deductible does not apply to out-of-pocket maximums	20% ¹	40% ¹ (Non-network transplant facility), deductible does not apply to out-of-pocket maximums
Unlimited	Unlimited	Unlimited	Unlimited
12 months	12 months	12 months	12 months
YES	YES	YES	YES
YES	YES	YES	YES

Lumenos Health Savings Account Plan

- ¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.
- ² The family deductible must be satisfied by either one or all members collectively before any covered services will be paid by the plan.
- ³ Once the family out-of-pocket maximum is satisfied by either one or all members collectively, no additional coinsurance will be required for the family for the remainder of the benefit period.

These plans are available with the Blue Preferred Plus network. To find a doctor or local hospital, visit www.anthem.com and select the "Find a Doctor" button for a complete list of providers within the network.

This Lumenos HSA Plan Benefits Guide 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 contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Lumenos HSA Plan Benefits Guide, the terms of the contract or certificate of coverage will prevail.

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