



Using your Lumenos[®] with HSA plan

Anthem's Lumenos plan: How the HSA-compatible plan works

Your Anthem Blue Cross and Blue Shield Lumenos plan combines a high-deductible health plan with a health savings account (HSA), funded by you with pre- or post-tax contributions. You can use the money in your HSA to pay for medical care and prescriptions that go toward satisfying your annual deductible. Once you've satisfied this deductible, your traditional health coverage — similar to a PPO or HMO — kicks in. You'll pay the appropriate coinsurance for covered services, up to your plan's annual out-of-pocket maximum. If you've met your annual out-of-pocket maximum, the plan will pay 100% of the cost of your covered services, up to the allowed amount.

All of this makes your Anthem's Lumenos plan different from a conventional plan. But, getting access to care and filling a prescription is easier than you may think. Here's what to expect.

Show your ID card

After you've enrolled, you'll receive your Anthem ID card. Just present this ID card when you visit your provider and point out the Anthem Blue Cross and Blue Shield logo.

Schedule a preventive care appointment

If you're receiving covered preventive care services, don't forget to tell your doctor that your plan covers up to 100% of the service — as long as you receive care from a network provider. (See your Plan Summary for details.)

DID YOU KNOW?

If you pay out of pocket for a service, you can reimburse yourself from your HSA. Once you have funds available in your HSA, simply write yourself a check for the amount of the out-of-pocket expense. Just be sure to keep your receipt for tax purposes.

Visit any licensed doctor or hospital

With Anthem's Lumenos plan, you can visit any licensed doctor, hospital or medical provider you want. However, the method of payment and the cost of the service may vary, depending on whether the doctor is in Anthem's network or not.

Network providers:

If your provider participates in Anthem's network, the office staff will usually take care of most of the work. Typically, you won't pay at the time you receive service. Instead, the office staff will photocopy your ID card and file the claim for you. It is important to allow them to file the claim on your behalf before you pay so you benefit from the network discounts.

- After your claim is processed, Anthem will send you and your provider a Claim Recap which shows the total cost of the service, the "allowable charge" (the provider's contracted rate) and the amount you are responsible for paying.
- Your provider will send you a bill for any charges you are responsible to pay.
- If you have enough funds in your HSA, you can use your HSA debit card or check to pay the bill. If you do not have adequate funds in your HSA or you choose not to use your HSA, you will need to pay out of your own pocket.
- The amount you pay on covered services will go toward your deductible and out-of-pocket maximum.

Out-of-network providers:

If you see a provider who isn't in the network, you may have to pay for your service at the time of your appointment. Keep in mind: You may be responsible for the total cost of service when using an out-of-network provider. If you have money available in your account, you can use your HSA debit card or check to pay for the service or you may pay out of pocket. Your provider may file the claim for you. Or, you may have to file the claim yourself to help ensure your covered expenses are applied to your plan's annual deductible and out-of-pocket maximum. You can get a claim form at anthem.com.

How the HSA-compatible plan works for prescriptions

Getting a prescription is easy with Anthem's Lumenos plan — especially when you consider that you have access to a large network of participating pharmacies to choose from. Here's what you'll do.

Visit your local pharmacy

Your Anthem ID card is also your prescription card. Simply present your ID card when you visit your pharmacy to help ensure you receive the right discount for your prescription. Remember, you'll get better discounts when you use a network pharmacy.

The way you pay for your prescription depends on the following:

- If you have funds in your HSA to cover the cost of your prescription, you can use your HSA debit card or check to pay for the prescription at the pharmacy. The full discounted cost of the prescription will automatically be deducted from your account and will apply toward your annual deductible. Medical and prescription deductibles are not separate!
- If you don't want to tap into your HSA, you can pay directly from your wallet. The cost of the prescription will still be applied toward your annual deductible.
- Once you have met your deductible and your traditional health coverage has kicked in, you'll pay only the appropriate coinsurance or copayment at the pharmacy, up to your plan's annual out-of-pocket maximum. If you have met your annual out-of-pocket maximum, the plan will pay 100% of the cost of your covered medications, up to the allowed amount. (See your Plan Summary for details.)



Use our mail order pharmacy and save

You can also order your prescriptions through our mail order pharmacy. This is easy and convenient because it saves you a trip to a retail pharmacy. Plus, you'll pay the amount the mail order pharmacy charges for the drug, which may be less than what you would pay at a retail pharmacy. The way you pay works the same. You'll just provide your HSA debit card number when you submit your mail service form. We'll call you with the cost of the drug and confirm the amount to deduct from your HSA. If you don't have enough funds in your HSA to cover the prescription, we'll ask you for a credit card number and your card will be charged.

Stretch your health care dollars with generics

Want to save money, so you can get even more from your HSA funds? Many times, you'll have the choice between a name brand drug and its generic equivalent. Generics are just as safe and effective as brand-name drugs, but they cost about 41% less!¹ The next time the doctor prescribes a medication, ask about generic alternatives and if they could work for you.

1. Trends in Brand Name and Generic Prescribed Medication Utilization and Expenditures, 1999 and 2003; AHRQ Statistical Brief #144, October 2006.

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