Anthem Preferred Blue HRA and Rewards Plan Summary

Underwritten by Matthew Thornton Health Plan, Inc., a wholly owned subsidiary of Anthem. The Anthem HRA 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 help offset your out-of-pocket health expenses.

**Your Preferred Blue HRA and Rewards Plan**

<table>
<thead>
<tr>
<th>First - Use your HRA to pay for covered services:</th>
<th>HRA Allocation from your employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Reimbursement Account</td>
<td>$1,500 Individual coverage</td>
</tr>
<tr>
<td>With the Anthem Health Reimbursement Account</td>
<td>$3,000 Family coverage</td>
</tr>
<tr>
<td>(HRA), you receive an annual allocation from your employer in your HRA. Money in your HRA is used to help meet your annual deductible responsibility.</td>
<td>Unused funds roll over year to year. If there are rollover limits, you may roll over up to 1 times your annual health account allocation.</td>
</tr>
<tr>
<td></td>
<td>HRA Allocation may be applied to both In-Network and Out-of-network Benefits.</td>
</tr>
</tbody>
</table>

| Plus - To help you stay healthy, use: |
| Preventive Care |
| 100% coverage for nationally recommended services |

<table>
<thead>
<tr>
<th>Then - Your Bridge</th>
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<tbody>
<tr>
<td>After you use all of the money in your HRA, you then pay a Bridge amount out of your pocket until you meet your annual deductible responsibility. Your HRA dollars plus your Bridge amount add up to your annual deductible responsibility.</td>
</tr>
<tr>
<td>Health Account + Bridge = Deductible</td>
</tr>
</tbody>
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<thead>
<tr>
<th>If needed - Traditional Health Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your traditional health coverage begins after you have paid your Bridge amount.</td>
</tr>
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</table>

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<tr>
<th>Traditional Health Coverage</th>
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<tbody>
<tr>
<td>After your bridge, the plan pays:</td>
</tr>
<tr>
<td>100% for in-network providers</td>
</tr>
<tr>
<td>70% for out-of-network providers</td>
</tr>
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<tr>
<th>Additional protection:</th>
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<tbody>
<tr>
<td>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 calendar year.</td>
</tr>
<tr>
<td>Your annual out-of-pocket maximum consists of funds you spend from your HRA, your deductible responsibility and your coinsurance [and copay] amounts. If you are covered under a single membership and you meet your Out-of-Pocket limit, you will not have to pay additional Deductible, Coinsurance or Copayments for the rest of the Benefit Period.</td>
</tr>
<tr>
<td>If you are covered under a family membership and the family Out-of-Pocket Limit is met, no family Member will have to pay additional Deductible, Coinsurance or Copayments for the rest of the Benefit Period. One Member or all Members collectively can satisfy the family Out-of-Pocket Limit. The Out-of-Pocket Limit does not include your premium, amounts over the Maximum Allowed Amount or charges for non-covered services.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Annual Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Providers</td>
</tr>
<tr>
<td>$3,000 Individual coverage</td>
</tr>
<tr>
<td>$6,000 Family coverage</td>
</tr>
</tbody>
</table>

Your annual out-of-pocket maximum consists of funds you spend from your HRA, your Bridge responsibility and your coinsurance amounts.
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Earn More Money for Your Account
What’s special about your HRA plan is that you may earn additional funds for your health account through the Healthy Rewards incentive program.

Earn Rewards
Members who participate and complete the below programs can earn up to $650.

<table>
<thead>
<tr>
<th>Program</th>
<th>Reward:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Moms for participation and completion</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Healthy Lifestyles online participation</td>
<td>Up to $150</td>
</tr>
<tr>
<td>ConditionCare participation and completion.</td>
<td>Up to $300</td>
</tr>
</tbody>
</table>

Your employer will provide you with additional health care dollars in your HRA for the following*:

**Future Moms:** Individualized obstetric support for expectant high-risk and non-high-risk mothers. Members can earn up to a $200 Future Mom’s incentive. This includes three milestones: $100 initial enrollment, $50 interim, and $50 postpartum; timing and rules apply.

**Healthy Lifestyles Online:** Each adult family member can earn up to $150 each year. Members earn a $50 incentive at each 3,000, 5,000 and 10,000 point milestone. Members can quickly achieve their first milestone of 3,000 points by completing the Well-Being Assessment and setting up their Well-Being Plan.

**Enroll in ConditionCare:** (Incentive $100) Disease management for prevalent, high-cost conditions (asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure). Each family member can get one incentive per year. In the first year and later years, members must stay qualified to enroll and earn incentives. Members who have more than one health problem will enroll in one combined program — not separate ones for each condition.

**Graduate from ConditionCare:** (Incentive $200) There’s no limit to the number of family members that can graduate and earn the incentive. Each family member can earn one credit per year. In the first year and later years, members must stay qualified to enroll, graduate and earn incentives. Members who have more than one health problem will graduate from one combined program — not separate ones for each condition.

*Your rewards are considered taxable income. You should consult with a qualified tax consultant.

Summary of Covered Services

**Preventive Care**
Anthem’s HRA plan covers preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to help prevent avoidable premature injury, illness and death.

All preventive services received from a network provider are covered at 100%, are not deducted from your HRA and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply. If you receive any of these services for diagnostic purposes — for example, a colonoscopy when symptoms are present — the appropriate plan deductible and coinsurance will apply and available account dollars may be used to cover costs.
The following is an overview of the types of preventive services covered:

### Child Preventive Care
- **Office Visits** for preventive services
- **Screening Tests** for vision, hearing, and lead exposure. Also includes pelvic exam and Pap test for females who are age 18, or have been sexually active.
- **Immunizations:**
  - Hepatitis A
  - Hepatitis B
  - Diphtheria, Tetanus, Pertussis (DtaP)
  - Varicella (chicken pox)
  - Influenza – flu shot
  - Pneumococcal Conjugate (pneumonia)
  - Human Papilloma Virus (HPV) – cervical cancer
  - H. Influenza type b
  - Polio
  - Measles, Mumps, Rubella (MMR)

### Adult Preventive Care
- **Office Visits** for preventive services
- **Screening Tests** for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams and Pap test.
- **Immunizations:**
  - Hepatitis A
  - Hepatitis B
  - Diphtheria, Tetanus, Pertussis (DtaP)
  - Varicella (chicken pox)
  - Influenza – flu shot
  - Pneumococcal Conjugate (pneumonia)
  - Human Papilloma Virus (HPV) – cervical cancer

* Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

### Medical Care
Anthem’s HRA plan covers a wide range of medical services to treat an illness or injury. You can use your available HRA funds to pay for these covered services. Once you spend up to your deductible amount shown on Page 1 for covered services, you will have traditional health coverage with the coinsurance listed on Page 1 to help pay for additional covered services.

The following is a summary of covered medical services under Anthem’s HRA plan:

- Physician Office Visits
- Inpatient Hospital Services
- Outpatient Surgery Services
- Diagnostic X-rays/Lab Tests
- Emergency Hospital Services (in-network coinsurance applies to both in-network and out-of-network)
- Inpatient and Outpatient Mental Health and Substance Abuse Services

- Maternity Care
- Chiropractic Care
- Prescription Drugs
- Home Health Care and Hospice Care
- Physical, Speech, and Occupational Therapy Services
- Durable Medical Equipment

If you have questions, please call toll-free 1-888-224-4896.
Summary of Covered Services (Continued)

Some covered services may have limitations or other restrictions.* With Anthem’s HRA plan, the following services are limited:

- Skilled nursing facility services limited to 100 days per calendar year.
- Home health care services are limited to 100 visits per calendar year.
- Durable Medical Equipment: unlimited per member per calendar year including one hearing aid per ear each time a hearing aid prescription changes and prosthetic limbs that replace an arm or leg in whole or in part.
- Chiropractic Visits: Limited to 12 visits per member per calendar year.
- Physical Therapy, Occupational Therapy, and Speech Therapy limited to 20 visits per therapy, per member, per calendar year.
- Nutritional Counseling: Unlimited visits per member per calendar year (in-network benefit only).
- Inpatient hospitalizations require authorizations.

Specific state mandates regarding limitations may apply.

*For a complete list of exclusions and limitations, please refer to your Certificate of Coverage. Some covered services may require pre-approval.
Additional limitations and exclusions may apply. For a complete list of exclusions and limitations, please refer to your Certificate of Coverage. Some covered services may require pre-approval.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1–866–444–3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

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.

Please note: This summary 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 Group Master Contract, Certificate and Cost Sharing Schedule. In the event of a conflict between the Group Master Contract and this description, the terms of the Group Master Contract will prevail. This summary is for a full year in the Anthem HRA plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary.

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