



A consumer-driven health plan designed to help individuals and families control their out-of-pocket health expenses

Getting healthy.

Staying healthy.

And saving money while you do it.

Anthem 

Lumenos[®] HSA

Staying healthy is just as important as getting better.

Your health care dollars are too precious to waste. One way we can help you keep those dollars in your pocket is to help you stay as healthy as possible.

So we created a consumer-driven health plan called Lumenos HSA. Its innovative design helps you lower your coverage costs and control your out-of-pocket health expenses. All while improving your health and well-being. Whether you have a long-term condition, a temporary illness, or general good health, Lumenos HSA puts you in charge of your health.

Getting healthy. Staying healthy. And saving money while you do it. That's what makes Lumenos special.

Familiar coverage with unfamiliar savings

Lumenos is a different kind of health care plan. But it should also look pretty familiar. You'll recognize many of the benefits you're accustomed to, plus coverage for most preventive care services before you have to meet your deductible. Then, after you meet your deductible, you have coverage for office visits, medical care, tests and prescriptions.

The difference is that the Lumenos HSA is offered in an innovative, lower premium/higher deductible package. Many preventive services are covered right away and then all covered services are applied to your deductible. And since Lumenos HSA is compatible with a Health Savings Account (HSA) you can choose to set up an account and fund it with tax deductible contributions to help with qualified expenses while you meet your deductible.

That's right — HSA funds are *your* health care dollars. Save them or use them to help pay for health expenses. It's your coverage, your HSA money. Lumenos lets you treat it that way.

Plan Features	Lumenos HSA Plan	Typical PPO Plan
Coverage for basic medical care and prescriptions	✓	✓
Personal health savings account can help pay medical expenses	✓	
Traditional health coverage to protect you against large health expenses	✓	✓
100% coverage for preventive care with no deduction from your health account and no out-of-pocket costs when you use in-network providers	✓	
Health savings account can be used to help pay your deductible or for medical expenses that aren't covered by the plan, like contact lenses and over-the-counter medications	✓	
Savings for using network doctors, hospitals and pharmacies	✓	✓
Interactive online health tools to help you make better health decisions	✓	✓
Personalized programs to address or prevent health problems	✓	✓
Integrated health savings account available with our preferred banking partner	✓	
Unused health savings account funds can be rolled over from year to year	✓	
Health savings account balance belongs to you if you leave the plan	✓	
Tax-deductible contributions mean extra savings	✓	

Like with any PPO plan, you choose your own doctor and never need a referral. Just keep in mind that network providers will probably cost you less.

What makes Lumenos so valuable?

Medical care is covered the same as a traditional health plan

Even though Lumenos is different, you're still covered for the medical services that you've come to expect from your health plan. Many preventive services are covered right away and then all covered services are applied to your deductible. But you can also use your personal health savings account to pay for these covered services until you meet your deductible and traditional health coverage kicks in. Some of what Lumenos covers:

- Physician office visits
- Inpatient hospital services
- Outpatient surgery services
- Diagnostic X-rays/lab tests
- Emergency hospital services, urgent care and ambulance
- Durable medical equipment
- Prescription drugs
- Home health care and hospice care
- Physical, speech and occupational therapy services

Preventive care is fully covered with no deductible

Lumenos is your plan to help you stay healthy. We want to make it easier for you to do what's right for your health and your budget. That's why we pay for screenings and exams so you don't worry about whether or not to get them done.

Most Lumenos plans cover 100 percent of preventive care when you visit network doctors.

Child Preventive Care	Adult Preventive Care
Preventive physical exams	Preventive physical exams
Immunizations	Immunizations
Screening Tests including the following: <ul style="list-style-type: none">• Hearing screening• Screening for lead exposure• Pelvic exam and Pap test (if recommended by your doctor)	Screening Tests including the following: <ul style="list-style-type: none">• Hearing screening• Cholesterol and lipid level screening• Blood glucose test to screen for Type 2 diabetes• Prostate cancer screenings including digital rectal exam and PSA test• Breast exam and Mammography screening• Pelvic exam and Pap test

You don't have to use any of your health savings account funds for these services if you visit a network provider.

By offsetting a higher deductible with lower premiums, you're free to set priorities for when and where to spend your health care dollars.

A health savings account can help pay for medical care and prescriptions

Consumer-driven health plans like Lumenos usually have lower premiums and higher deductibles than traditional PPOs. And unlike traditional high-deductible plans, your health savings account can pay for some of that deductible.

Your health savings account is your source of personal funds for health care spending. It gives you extra room to pay for covered health expenses until you meet your deductible.

- Your health savings account is your money. You fund it with your tax-deductible contributions. You decide which qualified health expenses to use your account for.
- Unused funds roll over from year to year so your account can keep growing to help meet future health care costs.
- If you ever leave the Lumenos plan, you can take your health savings account funds with you.

What makes Lumenos so user friendly?

Consumer-driven health plans may be new to many people, but Lumenos is actually pretty simple. Basically, you start by enrolling in an HSA-qualified plan like Lumenos HSA and then fund a personal health savings account with tax-deductible dollars. The account is optional, but it lets you take advantage of some big financial benefits. Then you use that account to help meet your deductible. After that, the plan operates much like traditional health coverage that you're used to, with coinsurance and out-of-pocket maximums. So you get all the tax benefits of an HSA while protecting yourself against big, expensive health problems.

Calendar year deductible

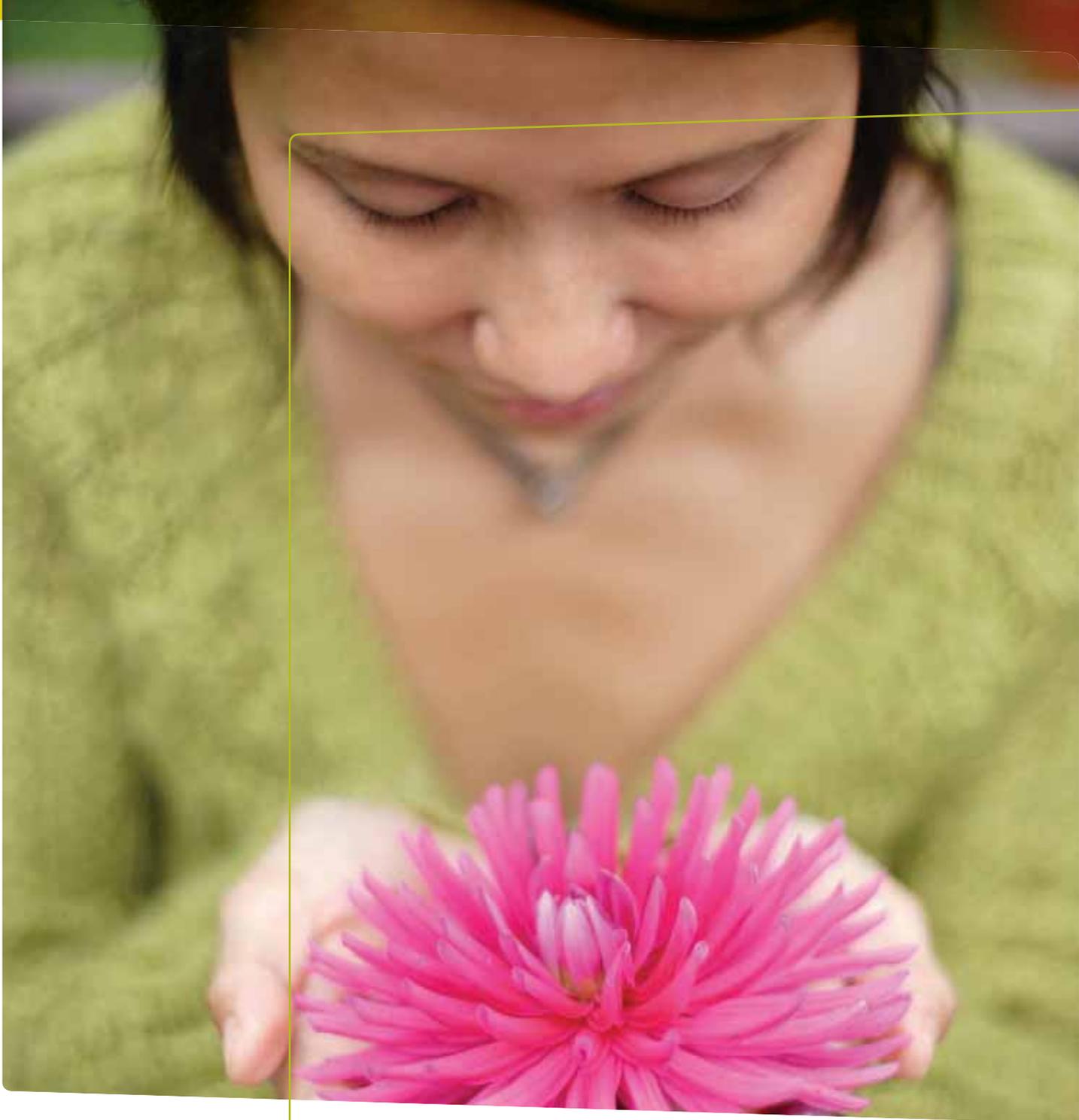
Any time you use your health savings account to cover medical expenses, it applies to your calendar year deductible. (Since preventive care is 100 percent covered by Lumenos when you visit network providers, it doesn't affect your health savings account or deductible.) If you meet your deductible before using up your health savings account, you skip straight to traditional health coverage.* But if you still have some deductible left, you're responsible for the rest.

Coinsurance (Traditional health coverage)

After you meet your deductible and when traditional health coverage begins, the plan pays for most expenses, and you pay a percentage of the cost as coinsurance. (For example, 80/20 means we pay 80 percent of the bill and you pay 20 percent.) Some plans could even cover 100 percent of the approved amount. The percentage you pay will be less for in-network doctors and hospitals, higher for out-of-network. You pay the same coinsurance percentage for most benefits, such as office visits, urgent care, emergency room, and prescription drugs.

Out-of-pocket maximum (Traditional health coverage)

The amount you pay out-of-pocket each year is capped at a maximum amount. Once you reach that max, we pay 100 percent of in-network covered expenses for the rest of the year.* All of your deductible and coinsurance payments count toward your annual out-of-pocket maximum. You have separate out-of-pocket maximums for in-network services and out-of-network services.



When you use network doctors for preventive care, no funds are deducted from your health savings account and you have no out-of-pocket costs. No deductible, no copay, nothing.

*You may have separate in-network and out-of-network deductibles, depending on your plan. Deductibles and out-of-pocket amounts are reset on January 1 of each year.

What makes Lumenos so helpful?

Anthem 360° Health® helps you reach your personal healthy best

Anthem 360° Health surrounds you with resources, tools and guidance to make good health care decisions. Instead of waiting for health problems (and their costs) to crop up, these programs can help you prevent them or keep them from getting worse. Best of all, 360° Health is built into your plan at no extra cost. It includes:

- *MyHealth@Anthem*® — Health assessments, resource centers, and health calculators so you see progress and stay motivated.
- *24/7 NurseLine* — Health information from a registered nurse whenever you need it.
- *ConditionCare* — One-on-one help from trained professionals in managing a chronic condition like asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and heart failure.
- *MyHealth Coach* — Personal help with a wide range of health needs, primarily high blood pressure, high cholesterol, low back pain, musculoskeletal issues like arthritis, and certain types of cancer.
- *Healthy Lifestyles Programs* — Our proven “Tobacco-Free” and “Healthy Weight” programs help you adopt new habits for a healthy lifestyle with personalized support and educational resources.
- *SpecialOffers@Anthem*SM — Members-only discounts help you stretch your health savings account even further with savings on services and products that promote a healthy lifestyle.

Prescription drug extras help you control your health — and your wallet

Lumenos not only puts you in charge of your health care dollars, it can also help you spend less of those dollars on prescription drugs. Once traditional health coverage kicks in, prescription drugs are fully covered (less any coinsurance payments). But that doesn't mean you have to wait to save money. Here's how:

- Since you decide how to spend it, your health savings account can be used to pay for prescription drugs.
- We're able to negotiate significant discounts on all types of prescription medicines. If you don't have funds in your account, you still benefit from our discount rate. Just show your health plan ID card at Blue Cross and Blue Shield network pharmacies — that's over 95 percent of pharmacies nationwide.
- To further lower your cost, visit anthem.com to learn about generics or other low-cost alternatives.
- Ordering a 90-day supply through mail order can also save you money. Once you're approved in the plan, you can download a mail order form from anthem.com.

With Lumenos, you can go to your local pharmacy or use our mail order service. It's up to you.

Network discounts pass even more savings on to you

We negotiate special member rates with each network doctor, hospital and pharmacy. When you use a network provider, you get that negotiated rate for services and prescriptions. If you visit an out-of-network provider, you'll still have benefits, but your share of the cost for covered services may be higher.

What makes Lumenos so rewarding?

The Lumenos HSA gives you two financial advantages that traditional plans don't: tax advantages and full ownership of your health savings account. This lets you save now and for the future. While the account is optional with Lumenos, it really helps you make the most of those advantages.

Tax Advantages: Save now

When you open an HSA, you open a separate health savings account that can save on taxes in three ways:

- Contributions to your account may be tax-deductible (within certain IRS limits).
- Money in your account can earn tax-deferred interest.
- Withdrawals to pay for eligible medical expenses are never taxed.

Full ownership: have it for the future

You decide how and when to use your account. If you don't spend it all in a given year, the rest rolls over, so your account keeps growing. A traditional PPO doesn't give you the chance to invest in your health and the future. But with Lumenos, the money in the account is yours to keep — it's never forfeited, even if you leave the health care plan.

As good as these benefits may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

SET UP A HEALTH SAVINGS ACCOUNT IN JUST A FEW STEPS



This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible high deductible health plan (such as the Lumenos HSA plan)
- You must be a U.S. resident over the age of 18, and not a resident of Puerto Rico or American Samoa
- You cannot be covered by any other medical plan that is not an HSA-compatible high deductible health plan
- You cannot be enrolled in Medicare
- You cannot be claimed as a dependent on another individual's tax return
- If you are a veteran, you may not have received veteran's benefits within the last three months
- You cannot be active military

Apply for Lumenos now...it's easy!

Applying for Lumenos couldn't be simpler. Your Anthem Authorized Sales Agent will help you complete the application.

1

Applying through the mail:

- Step 1: Complete and return the Enrollment Application.
- Step 2: Complete and return the Health Statement and any additional health questionnaires, if applicable. A Domestic Partner form is also included, if applicable.

Completed paperwork must be received by the last day of the month to be considered for coverage beginning the following month (for example, by July 31 for an effective date of August 1). Incomplete paperwork could delay your coverage, so make sure you've filled everything out..

Applying on-line

Can't be bothered with paper forms? Then talk to your Anthem Authorized Sales Agent about applying online.

Don't worry ... we're fanatical about protecting your privacy. That's why our secure website has technical safeguards to help protect your information and keep it confidential.

Get a free look with a money-back guarantee

If approved, you'll receive your Lumenos policy by mail. Once you receive your policy, you'll have 10 days to review it. If you decide that Lumenos coverage is not for you, you may cancel your policy within those 10 days and your premiums will be refunded (less any claims that were already paid.)

2

Important Eligibility Information

To be eligible for membership as a policyholder under Lumenos, the applicant must:

1. Be a resident of New Hampshire;
2. Be under the age of 65 and not eligible for any publicly funded health plan including Medicaid, CHAMPUS/TRICARE or Medicare Part A;
3. Not have any other type of health insurance. If the applicant has other insurance coverage in-force, he or she must replace that coverage. Please refer to the Replacing Coverage section of this guide;
4. Agree to pay for the cost of premium that Anthem requires; and
5. Satisfy the following requirements to guarantee renewability:
 - a) Eligibility criteria continues to be met;
 - b) There are no fraudulent or material misrepresentations on the application;
 - c) Membership has not been terminated by Anthem under the terms of this policy.

If an individual is under 18 years of age and is covered either by his or her biological parents or guardians as defined by the State of New Hampshire, they are eligible for coverage provided they meet eligibility criteria specified in the Eligibility policy stated above. Anthem requires the parent/guardian to sign the applications as the applicant for the insured. Applicants under age 18 are eligible to apply, only requiring a parent or guardian signature on the application. Married couples and domestic partners that meet eligibility requirements may apply. Families with unmarried, dependent children under age 26 are eligible as well.

(Please note: For HSA-qualified health plans, note that while the health plan recognizes domestic partners, the IRS does not. Therefore, if you want to contribute to an HSA, you will need to enroll in two separate individual health plans.)

Those applying must complete a Health Statement and, if applicable, a Statement of Domestic Partnership. Acceptance into either plan is based on our review of your completed Health Statement.

Limitations and exclusions

This is not a complete list of non-covered services. Please review your Subscriber Certificate (including any riders, endorsements or amendments) for a complete description of coverage, limitations and exclusions. The Subscriber Certificate will be mailed to you once you are a member. Anthem Blue Cross and Blue Shield's internal appeal process is also described in the Subscriber Certificate.

The following is a list of services that are not covered. Benefits are not available for:

- Any service that is not medically necessary
- Any service required by a third party (court ordered services are covered if all of the other terms of the plan are met)
- Artificial insemination, assisted reproductive technologies, and infertility drugs
- Biofeedback services
- Blood and blood products
- Care furnished by a family member
- Claims for services received more than 12 months ago
- Chelating agents
- Chiropractic services
- Cosmetic surgery
- Custodial or convalescent care
- Disease or injury as a result of war, riot or civil disobedience
- Educational testing and therapy
- Experimental and/or investigational services
- Food or food supplements except as required by law
- Hospitalization or other services for conditions that are not covered
- Care required due to conditions or complications arising from non-covered services
- Human organ transplants other than those listed in the Subscriber Certificate as covered benefits
- Mental health services which do not usually result in favorable modification through short-term therapy
- Miscellaneous devices, materials, and supplies, including, but not limited to, breast pumps, routine hearing exams and hearing aids (except for children under 19), eyeglasses, contact lenses (except after cataract surgery), dentures and support devices for the feet and corrective shoes
- Permanent dental restoration, orthognathic and most oral surgery
- Personal comfort items
- Radial keratotomy or other surgery to correct vision
- Routine podiatry
- Sclerosing solutions
- Services covered by government programs to the extent permitted by law
- Services for work-related illness or injury that are covered by workers' compensation unless you have waived coverage in accordance with state law
- Sex changes
- Sterilization reversal
- Weight reduction management and control except diabetes education and nutritional counseling
- Wigs except as required by law

continued >

Important Eligibility Information (cont.)

Pre-existing conditions

There is an exclusion period for pre-existing conditions. A pre-existing condition means a condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received during the three months immediately preceding the effective date of coverage under your certificate. Examples of care or treatment include, but are not limited to health services such as: medication, office visits, tests, injections, therapies, hospitalization and use of medical equipment, supplies or devices.

No benefits are available for services that you receive in treatment of a pre-existing condition during the first nine months of coverage under your certificate. The nine-month exclusion period begins on your effective date and ends nine months after your effective date. Services that you receive after the nine-month exclusion period ends will be covered, subject to all of the terms and conditions of your certificate. Exception: If you were covered by a health plan before you enrolled in this plan, you may be entitled to receive proof of prior coverage from the prior plan. You should submit the proof to Anthem Blue Cross and Blue Shield with your enrollment form or with a request for prior coverage credit. Anthem Blue Cross and Blue Shield will credit any period of creditable coverage toward meeting the nine-month exclusion period described above. Coverage under most group health plans is creditable. Medicare, Medicaid and CHAMPUS are also examples of creditable coverage. Short-term, nonrenewable individual policies for medical, hospital or major medical coverage issued pursuant to RSA 415:5, III or other law are also considered creditable coverage. Certain coverage is not creditable, as defined in NH RSA 420-G and other applicable laws. Examples of non-creditable coverages are: Medicare supplemental policies, separate policies covering only accident, disability, liability, auto liability or workers' compensation plans, non-medical dental or vision benefits, long-term care policies or policies covering only specified diseases or illnesses. Please note that if you experienced a "break in coverage" equal to 63 or more consecutive days, the coverage you had before the break will not be credited. A "break in coverage" means a period of time when you were not covered under a public or private health insurance or health benefit plan (insured or self-insured) that is defined as "creditable coverage" under applicable laws, such as NH RSA 420-G.

Effective dates

Upon approval, the effective date of coverage will be the first day of the month following receipt of the completed application, health statement and initial premium, unless the applicant requests a future effective date.

Please note: Rates are guaranteed for 1 year from the effective date. The applicant may request a future effective date (first of the month) not to exceed 60 days from the normal effective date indicated above.

Renewal/termination of coverage

Membership will not be terminated solely due to medical risk factors such as health status, current or past medical conditions. We may not renew your coverage for the following reasons:

1. Nonpayment of required premiums
2. Fraud or intentional misrepresentation
3. Anthem Blue Cross and Blue Shield has notified the New Hampshire Insurance Department in accordance with all of the terms and conditions of NH RSA 420-G:6, VII, that it will cease to offer Lumenos coverage in New Hampshire's Individual market.

Know Your Rights and Responsibilities

You have the right to:

- Receive quality health care from your primary care provider in a timely manner and in a medically appropriate setting.
- Participate with your health care professionals and providers in making decisions about your health care.
- Select a participating primary care physician and change your selection at any time without the need for stating a reason.
- Receive all benefits for which you have coverage.
- Be treated with respect and recognition of your dignity and right to privacy, consistent with state and federal laws, and our policies.
- Receive information about our organization and services, our participating health care professionals and providers, and your rights and responsibilities.
- A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities policies.

New Hampshire members may voice complaints or appeals about our company, any decisions we (or our designated administrators) make, your coverage, or the quality of care provided.

You have the responsibility to:

- Understand your health problems and participate, along with your health care professionals and providers in developing mutually agreed upon treatment goals to the degree possible.
- Provide, to the extent possible, any information that we and/or our health care professionals and providers need so care can be provided to you.
- Follow the plans and instructions for care that you have agreed on with your health care professional and provider.
- Tell your health care professional and provider if you do not understand your treatment plan or what is expected of you.
- Refuse treatment and be informed by your health care professional and provider of the medical consequences.
- Know how and when to access care in routine, urgent and emergency situations.
- Follow all plan procedures.
- Let our Customer Service Department know if you have any changes to your name, address, or family members covered under your policy.
- Provide us with accurate and complete information needed to administer your benefit plan, including other health coverage and other insurance benefits you may have in addition to your coverage.

We are committed to providing quality service to our members and participating health care professionals. To further that goal, this Member Bill of Rights and Responsibilities will serve as an example of our commitment to you. Benefits and coverage for services provided under the benefit program are governed by the Subscriber Agreement and not by this statement.

If you are a New Hampshire member, contact:

State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301-2430
Phone: 1-800-852-3416

We promise to:

- Recognize and respect your needs
- Encourage your open discussions with all health care professionals and providers
- Help you become an informed health care consumer
- Assist you in receiving appropriate health care services
- Share our expectations of your responsibilities

And we stand by our promises.

HIPAA notice of privacy practices

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

For Payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

For Health Care Operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

Authorization: We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How We Protect Information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our web site. We may also mail you a letter that tells you about any changes.

QUESTIONS?

Call your Anthem Authorized Sales Agent.



Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

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