Lumenos is the name of Anthem Blue Cross and Blue Shield’s Consumer Driven Health Plans (CDHP). Through our Lumenos products, we are offering our members a new set of options including a Health Reimbursement Account (HRA) Plan, a Health Savings Account (HSA) Plan, Health Incentive Account (HIA) Plan, and an HIA Plus Plan. We are singularly focused on maintaining and improving consumers’ health by offering an approach that engages and provides incentives for consumers to make better personal choices about their health and health care dollars.

Lumenos is an Anthem product, not a network, and since the Lumenos product uses the PPO network, your PPO contract with Anthem Blue Cross and Blue Shield means that you are a participating provider for these members. Just as with other PPO members, you will file claims for the Lumenos product through the local Anthem Blue Cross and Blue Shield plan.

Members with our Lumenos products will have a health account. When a member needs services, the provider may be paid from this account, in many cases directly by Anthem, based upon the provider’s PPO contract for covered services. In addition, nationally recognized recommended preventative services are paid at 100% of the allowed amount for covered services, in most cases, without deductions from the account or added out-of-pocket costs for the member.

If the member exhausts the money in his/her health account, he or she will then be responsible to pay for medical services until a deductible is met. The Lumenos product refers to this amount of member liability – the difference between what's available in the health account and the deductible – as the out of pocket “Bridge” amount. This amount can vary year-to-year based on the amount available in the account and could even be zero if the HRA account is particularly well funded from prior rollover dollars. During this Bridge period, the member would be responsible to pay 100% for covered services based on your PPO contract. After the member meets this amount, the member’s eligible benefits are handled through a traditional PPO program and providers are reimbursed as with any PPO plan, including the plan’s payment plus any member liability, such as coinsurance.

While the Lumenos products reward healthy behaviors, provide cost and quality information to members and focus on prevention, there is no substitute for the expertise and advice our members receive from physicians and health care professionals. None of the information sharing enhancements we are making for our members will affect the health plan reimbursement amounts to physicians, facilities, and health care professionals for the services they perform for our members.

We understand the challenges physicians, facilities, and health care professionals are facing in trying to improve performance. Our company is committed to making the transition to a more consumer-driven health care model positive for everyone involved. We look forward to working with you on this exciting product expansion. Additional information is included on the next page. If you have any questions, please contact your Network Management Representative.
Lumenos Consumer-Driven Health Plans Bulletin

Lumenos Product Basics

• **Contracts and Networks:** If you are a participating provider with Anthem’s PPO network, no additional contract is needed in order to see members with the Lumenos product.

• **Reimbursement:** As a network provider, the amount you will be paid is according to your PPO contract.

• **Claims:** You will continue to submit claims to your local Blue Cross and/or Blue Shield plan where services are rendered. To check on claim status, log into Provider Inquiry on Anthem.com or call the Provider Services number on the member ID card.

• **Eligibility and Benefits:** You can check member eligibility and benefits by calling the Provider Services number on the member’s ID card, calling 1-800-676-BLUE (2583) for out-of-area members, or logging on to Provider Inquiry on Anthem.com.

• **Member ID:** The member, as always, should present his/her ID card to you. The member will have an ID card that has the PPO suitcase, Blue Cross and/or Blue Shield logo and the Lumenos product logo. See sample ID card below:

Note: There are some employers who carry non-Blue Cross and Blue Shield Lumenos products that have employees living in some Anthem regions. The identification cards (ID) for this business will not have the Blue Cross and/or Blue Shield or the PPO suitcase on them. As always, refer to the member’s ID card for phone numbers and mailing addresses.
• **Medical Policy:** Is determined by the Local Blue Plan and their Medical Policy criteria will be followed just as with our current products.

• **Pre-Certification:** Providers can call the Pre-Certification number on the member’s ID card. Pre-Certification is required for the following services:
  - Inpatient Admissions
  - Transplant Services
  - Inpatient Hospice
  - Behavioral Health Facility
  - Rehabilitation
  - Respite Care
  - Skilled Nursing Facility
  - Substance Abuse Facility
  - Bariatric Surgery

• **Radiology Pre-Certification:** Your local plan’s PPO requirements for radiology will apply to this product, as well.

• **Pharmacy Benefits:**
  - Medical and pharmacy claims are integrated benefits with these Lumenos products.
  - Mail order is not a requirement, but can be used if the member wishes. Members should contact the Customer Service number on their member ID card or go to www.anthem.com.
  - If prior authorization is required, please call the pre-certification number on the member ID card.

• **Case Management:** Is handled by Nationwide Better Health. Call the Provider Services number on the member’s ID card if needed.

• **Preventive Care Benefits:** Our Lumenos plans cover 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 benefits include screening tests, immunizations and counseling services designed to detect and treat medical conditions to prevent avoidable premature injury, illness and death. All preventive services received from an in-network provider are covered at 100%, are not deducted from the member’s health account and do not apply to the deductible. The following is a list of covered preventive care services:
  - **Well Baby and Well Child Preventive Care**
    - Office visits through age 18
    - Screening tests for vision, hearing and lead exposure. Also, pelvic exam, pap test and contraceptive management for females who are 18 or have been sexually active.
    - Immunizations: Hepatitis (A and B), DTaP, Varicella, Influenza, Pneumococcal Conjugate, HPV, H. Influenza type B, Polio and MMR
  - **Adult Preventive Care**
    - Screening tests for coronary artery disease, colorectal cancer, prostate cancer, diabetes and osteoporosis. Also includes pelvic exam, pap test and contraceptive management.
    - Immunizations: Hepatitis (A and B), DTaP, Varicella, Influenza, Pneumococcal Conjugate and HPV.

**BENEFIT AND REIMBURSEMENT DETAILS**

- The HRA and HIA Plus products are “provider pay” products, meaning you will file the claim with Anthem, and we will pay you directly out of the member’s health account. A majority of our current Lumenos members do not exhaust these accounts each year. Those who do will then enter a “bridge” period where they’ll be responsible for paying you for their services, after the claim is processed and benefits and deductions are applied, until a predetermined annual amount is reached. Once this amount is reached, these members will begin to use traditional health coverage and generally pay a coinsurance out-of-pocket for covered services.

In most of Missouri: Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. uses. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. Life and disability products are underwritten by Anthem Life Insurance Company (ALIC). RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
The Lumenos product includes:

- Personal Health Coaches – one-on-one assistance from a specially trained registered nurse to help them manage a health condition such as diabetes, asthma, depression, high blood pressure, heart disease and pregnancy.
- 24-hour Nurse Advice Line and Customer Care Service Advocates.
- An extensive online health site that can assist members with everything from planning a diet to getting ready for a surgical procedure.
- Average hospital costs to use for comparison. We have gathered extensive Medicare information and make it available to members via the Web site through Subimo.
- Average pharmacy costs, drug interactions and generic alternatives.

Collecting Member’s Responsibility: Our Lumenos products feature unique benefit designs and are PPO products without co-payments. Since many members never max out their funds in their health accounts, many of the funds are available after the claim has been adjudicated and in most cases will be paid directly by Anthem. Per our contracts with our network providers, only copayments may be collected at the time of service. Providers will submit the Lumenos claim and can then check the remittance to identify the member’s responsibility.

Provider Remits: To simplify the administration of these CDHP products, if funds are available in the member’s account, they will be combined with any Anthem payments and shown in totality under claims payments. They will not be differentiated in any way from any other product and, therefore, will be transparent to the provider. Only the amount showing under member responsibility will be monies that are not available in the member’s account and can be collected from the member.