

Your Summary of Benefits



The CSD Insurance Trust – HSA Plan

Lumenos Health Savings Accounts – \$3,000 (Blue Access Choice)

Effective 10/1/2018

Covered Benefits	Network	Non-Network <i>For all non-network services, reimbursement is based on allowable amount. Member is responsible for the difference between the amount charged and the allowable amount, in addition to deductible and coinsurance</i>
Deductible The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance. Network and Non-Network deductibles are separate and do not accumulate towards each other	Single: \$3,000 Family: \$6,000	Single: \$5,500 Family: \$11,000
Out-of-Pocket Limit Network and Non-Network out of pocket amounts are separate and do not accumulate towards each other.	Single: \$4,000 Family: \$8,000	Single: \$7,000 Family: \$14,000
Physician Home and Office Services <ul style="list-style-type: none"> Including Office Surgeries, allergy serum, allergy injections and allergy testing 	0% after deductible	20% after deductible
Preventive Care Services Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility Immunizations through age 5 	No copayment/coinsurance	20% after deductible
Emergency and Urgent Care <ul style="list-style-type: none"> Emergency Room Services (facility/other covered services) (copayment waived if admitted) Urgent Care Center Services 	0% after deductible Addtl \$250 penalty for non-emergent use (applies to ages 15 & over)	0% after deductible
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	0% after deductible	20% after deductible

Blue 5.0

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Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Cardiac Rehabilitation 60 visits Pulmonary Rehabilitation 60 visits Physical/Manipulation therapy excludes Chiropractic Services: : 60 visits Occupational Therapy: 60 visits Chiropractic Services: 26 visits Speech therapy: 60 visits 	0% after deductible 0% after deductible	20% after deductible 20% after deductible
Behavioral Health Services: Mental Illness and Substance Abuse¹ <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility 	0% after deductible	20% after deductible
Human Organ and Tissue Transplants using Anthem Centers for Transplant Excellence <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	0% after deductible	20% after deductible
Prescription Drugs <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) (90-day supply available for 3x copay) Includes diabetic test strip Anthem Rx Direct Mail Service: (90-day supply) Includes diabetic test strip - Member may be responsible for additional cost when not selecting the available generic drug. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.	\$10/\$30/\$50 after deductible \$25/\$75/\$125 after deductible	50% after deductible Not covered
Lifetime Maximum	Unlimited	Unlimited

Notes:

- All deductibles and coinsurance apply toward the out-of-pocket maximum including prescription drugs. (Excludes Non-network Human Organ and Tissue Transplants).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance.
- Deductible applies to all prescription drug expenses. Once the deductible is met the appropriate copayment/coinsurance applies.
- Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Benefit period = plan year

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- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.
- Infertility not covered; TMJ not covered
- Elective abortions are not covered.

1 We encourage you to review the Schedule of Benefits for limitations.

2 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

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.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.