Company	Anthem BlueCross BlueShield	
Plan Name	Lumenos HSA Plus	
Apply	Apply	
Estimated Monthly Premium	Varies By Deductible	
Plan Type	PPO	
Networks	See provider details	
	Network	Non-Network
Copay	N/A	
Deductible	1500, 2000, 2500, 4000, 5950 (double for families)	
Coinsurance	Varies By Deductible	
Coinsurance Limit	see brochure	
Out-of-Pocket Maximum	$0 to $4000 depending on deductible (amount is doubled for families)	
Lifetime Maximum	None	
Office Visit	Please see brochure	Please see brochure
Prescription Drugs		
Emergency Room	Please see brochure	
Adult Preventive Care	0% Coinsurance, not subject to deductible (Covers nationally recommended preventive care for adults including PSA screenings, Pap tests, mammograms and more)	Please see brochure
Child Preventive Care	0% Coinsurance, not subject to deductible (Covers nationally recommended preventive care for children including immunizations and more)	
Lab/X-ray	Please see brochure	
Maternity	Not Covered	
Physical Therapy	Please see brochure	Please see brochure
Skilled Nursing		
Home Health Care		
Mental Health		
Hospital Care		
Included Benefits	see brochure	
Optional Benefits (not included in base rate quotation)		
Fees		
Policy Form Number	see brochure	
Note	Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other To view your Summary of Benefits and Coverage please visit www.healthcare.gov.	
Product Brochure	Brochure	
Summary of Benefits and Coverage		
Optional Riders included in the quote		
Optional Riders not included in the quote		

General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the health plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force health coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of health insurance coverage. Please refer to sales brochure and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.

The benefits shown in the details summary are not guaranteed. Please refer to the sales brochure and applicable inserts for further information.

Carrier Specific Disclaimers

Anthem Blue Cross and Blue Shield of Connecticut

No More Annual Maximums or Lifetime Dollar Limits: These plans will not include annual dollar limits or maximums on essential health benefits, or lifetime dollar limits or maximums. Expanded Dependent Coverage: Adult children can remain on your plan until their 26th birthday regardless of student or marital status.

Pre-Existing Condition Exclusion for Kids: There are no pre-existing condition limits for dependent children under the age of 19.

No Cost-Sharing on Preventive Care Services: These plans will not have any copayment, coinsurance or deductible requirement for in-network preventive care services recommended by the U.S. Department of Health and Human Services. This includes certain screenings, immunizations and physician visits for any covered member of your family.

New Patient Protection Benefits: Depending on the plan you are viewing, these benefits may already be included. No preauthorization will be required for emergency services, whether the emergency room is in- or out of network. If you need to use an out-of-network emergency room, you’re covered, and copayments and coinsurance will not exceed the costs for in-network emergency room services.

If the plan requires that you select a Primary Care Physician (PCP), you may choose any available in-network physician and seek care from an in-network OB-GYN specialist provider without requiring a preauthorization or referral from your PCP. Preauthorization for specific obstetrical or gynecological services is still allowed and may be required. You can also choose a pediatrician as the PCP for your child.

Due to ongoing uncertainty, Anthem has made the decision to suspend the sale of child-only policies and policies where the primary subscriber is under 19 years of age, for effective dates of 9/23 or later.

To view your Summary of Benefits and Coverage please visit www.healthcare.gov (Not applicable for Short Term plans)