

Lumenos® Benefits Comparison

Consumer-Driven Health (CDH) PPO Plans

SERVICES RECEIVED	Lumenos HSA
Deductible (in and out-of-network)	\$1,250/member; \$2,500/family; \$2,500/member, \$5,000/family; \$5,000/member, \$10,000/family
Coinsurance (in-network)	No cost share after Deductible*
Coinsurance (out-of-network)	30% coinsurance**
Covered Services	In-Network You Pay
Preventive Care <i>Immunizations & Screenings Pap Smear, Mammogram, PSA Testing</i>	Covered at 100%
<i>Routine Physical Exams, Hearing and Vision Exams†</i>	Covered at 100%
Other Outpatient Care <i>Medical Exams and Injections</i>	Deductible & Coinsurance
<i>Lab, X-ray, Ultrasound</i>	Deductible & Coinsurance
<i>CT & MRI scans</i>	Deductible & Coinsurance
<i>Physical, Occupational & Speech Therapy</i>	Deductible & Coinsurance
<i>Outpatient & Ambulatory Surgery</i>	Deductible & Coinsurance
Inpatient Care <i>Semi-private Room & Board</i>	Deductible & Coinsurance
<i>Physician Services, Surgery, Anesthesia, Lab, X-ray, CT & MRI scans, supplies & medications, Physical, Occupational & Speech Therapy‡</i>	Deductible & Coinsurance
<i>Skilled Nursing & Physical Rehab Facility (Limited to 100 inpatient days per member/year for each facility)</i>	Deductible & Coinsurance
Emergency Room Services <i>ER Physician, CT & MRI scans, medical supplies, etc.</i>	Deductible & Coinsurance
<i>ER Charge</i>	Deductible & Coinsurance
Durable Medical Equipment <i>(Limited to \$3,000 per member/year)</i>	Deductible & Coinsurance
Mental Health & Substance Abuse² <i>Outpatient Visit</i>	Deductible & Coinsurance
<i>Inpatient Services</i>	Deductible & Coinsurance
Prescription Drugs (per calendar year)	\$2,000
Prescription Drug Maximum	Deductible & Coinsurance
Lifetime Maximum Benefit	Unlimited (in-network); \$1,000,000 (out-of-network)

¹ Physical, occupational and speech therapy limited to \$3,000 per member/year

² Inpatient and outpatient services subject to combined \$3,000 per member/year and \$10,000 per member/lifetime maximums

*There is an 80% in-network coinsurance option for the \$2,500 deductible plan. With this option, you pay 20% coinsurance for covered services after the deductible.

**The 80% in-network coinsurance option for the \$2,500 deductible plan has an out-of-network coinsurance of 60%. With this option, you pay 40% coinsurance for covered services after the deductible.

† Under the Lumenos plans, Vision exams are not a covered service for members over 18 under.