

# Lumenos® Simplified Quote Form (group size 2-50)



Broker Name		Broker number		Date submitted		Requested effective date	
Type <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Reinstatement		Current carrier		Association		Type of industry <input type="checkbox"/> Composite <input type="checkbox"/> Age/Sex	
Broker fax no.		Broker phone no.		Broker e-mail		Group name	
Group contact name		Group phone no.		Group address		City, State, ZIP code	
						SIC code	

Please select  Calendar Year  
 benefit period:  Plan Year

## Lumenos® Health Incentive Account Plus Options – Network: Blue Access<sup>SM</sup>

String Number	Lumenos Product Code	Health Care Incentive	Network Preventive	Network										Out-of-network				Employer/ Health Plan Contribution (Ind)	Employer/ Health Plan Contribution (Fam)	Contribution Rollover Maximum (Ind)	Contribution Rollover Maximum (Fam)	Bridge Amount (Ind)	Bridge Amount (Fam)		
				Physican Home and Office Services	Network & Non network Combined Deductible (Ind)	Network & Non network Combined Deductible (Fam)	Inpatient Facility	Outpatient Surgery: Hospital/ ACF	Other Outpatient Services	Inpatient/ Outpatient Professional Services	Network OOP Max (Ind)	Network OOP Max (Fam)	Network & Non-network Emergency Room Services Hospital	Covered Services Co-Insurance	Non-network OOP Max (Ind)	Non-network OOP Max (Fam)	Prescription Drug Network / Rx Option							Prescription Drug Non-Network / Rx Option	
<input type="checkbox"/> 1	GHIAP1	Yes	0%	10%	\$1,000	\$2,000	10%	10%	10%	10%	10%	\$2,500	\$5,000	10%	30%	\$5,000	\$10,000	10%	30%	\$500	\$1,000	\$1,500	\$3,000	\$500	\$1,000
<input type="checkbox"/> 2	GHIAP95	Yes	0%	0%	\$2,000	\$4,000	0%	0%	0%	0%	0%	\$3,000	\$6,000	0%	30%	\$6,000	\$12,000	Z	Z	\$750	\$1,500	\$2,250	\$4,500	\$1,250	\$2,500
<input type="checkbox"/> 3	GHIAP15	Yes	0%	20%	\$1,500	\$3,000	20%	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%	\$750	\$1,500	\$2,250	\$4,500	\$750	\$1,500
<input type="checkbox"/> 4	GHIAP13	Yes	0%	20%	\$1,500	\$3,000	20%	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%	\$500	\$1,000	\$1,500	\$3,000	\$1,000	\$2,000
<input type="checkbox"/> 5	GHIAP94	Yes	0%	0%	\$1,500	\$3,000	0%	0%	0%	0%	0%	\$2,500	\$5,000	0%	30%	\$5,000	\$10,000	Z	Z	\$500	\$1,000	\$1,500	\$3,000	\$1,000	\$2,000
<input type="checkbox"/> 6	GHIAP23	Yes	0%	20%	\$2,000	\$4,000	20%	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%	\$750	\$1,500	\$2,250	\$4,500	\$1,250	\$2,500
<input type="checkbox"/> 7	GHIAP3	Yes	0%	20%	\$1,000	\$2,000	20%	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%	\$500	\$1,000	\$1,500	\$3,000	\$500	\$1,000
<input type="checkbox"/> 8	GHIAP49	Yes	0%	30%	\$1,500	\$3,000	30%	30%	30%	30%	30%	\$5,000	\$10,000	30%	50%	\$10,000	\$20,000	30%	50%	\$500	\$1,000	\$1,500	\$3,000	\$1,000	\$2,000

## Rx Plans

Rx Code	Retail Copays	Mail Service Copays	Non-Network Copays	Deductible	OOP Maximum	Comments
Z	\$10/\$30/\$50/25% w \$150 max	\$10/\$75/\$150/25% w \$150 max.*	50% (min \$75)	Medical deductible applies before copayments	Accumulates to overall medical plan OOP & 100% coverage afterwards	Only available on certain Lumenos plans

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