

# 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
Rates <input type="checkbox"/> Composite <input type="checkbox"/> Age/Sex		Broker fax no.		Broker phone no.	Broker e-mail
Group contact name		Group phone no.		Group address	City, State, ZIP code
Group no.		Group name		SIC code	

**Please select**  Calendar Year  
**benefit period:**  Plan Year

## Lumenos® Health Incentive Account 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	GHIA1	Yes	0%	10%	\$500	\$1,000	10%	10%	10%	10%	\$2,500	\$5,000	10%	30%	\$5,000	\$10,000	20%	30%						
<input type="checkbox"/> 2	GHIA2	Yes	0%	20%	\$500	\$1,000	20%	20%	20%	20%	\$3,500	\$7,000	20%	40%	\$7,000	\$14,000	20%	40%						
<input type="checkbox"/> 3	GHIA6	Yes	0%	20%	\$1,000	\$2,000	20%	20%	20%	20%	\$4,000	\$8,000	20%	40%	\$8,000	\$16,000	20%	40%						

## 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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