

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		Group name	
						Group no.	
						City, State, ZIP code	
						SIC code	

Please select benefit period: Calendar Year Plan Year
 Intergrate the Lumenos HSA with the Mellon HSA solution Yes No

Lumenos® Health Savings Account – Network: Blue AccessSM

String Number	Lumenos Product Code	Health Care Incentive	Network Preventive	Network										Out-of-network			Prescription Drug Network / Rx Option	Prescription Drug Non-Network / Rx Option	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)								
<input type="checkbox"/> 1	GHSA1	Yes	0%	10%	\$1,250	\$2,500	10%	10%	10%	10%	\$2,500	\$5,000	10%	30%	\$5,000	\$10,000	10%	30%						
<input type="checkbox"/> 2	GHSA97	Yes	0%	0%	\$1,500	\$3,000	0%	0%	0%	0%	\$2,500	\$5,000	0%	30%	\$5,000	\$10,000	Z	Z						
<input type="checkbox"/> 3	GHSA4	Yes	0%	10%	\$1,500	\$3,000	10%	10%	10%	10%	\$3,000	\$6,000	10%	30%	\$6,000	\$12,000	10%	30%						
<input type="checkbox"/> 4	GHSA2	Yes	0%	20%	\$1,250	\$2,500	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> 5	GHSA98	Yes	0%	0%	\$2,000	\$4,000	0%	0%	0%	0%	\$3,000	\$6,000	0%	30%	\$6,000	\$12,000	Z	Z						
<input type="checkbox"/> 6	GHSA5	Yes	0%	20%	\$1,500	\$3,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> 7	GHSA99	Yes	0%	0%	\$2,500	\$5,000	0%	0%	0%	0%	\$3,500	\$7,000	0%	30%	\$7,000	\$14,000	Z	Z						
<input type="checkbox"/> 8	GHSA7	Yes	0%	20%	\$2,000	\$4,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> 9	GHSA100	Yes	0%	0%	\$3,000	\$6,000	0%	0%	0%	0%	\$4,000	\$8,000	0%	30%	\$8,000	\$16,000	Z	Z						
<input type="checkbox"/> 10	GHSA9	Yes	0%	20%	\$2,500	\$5,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> 11	GHSA11	Yes	0%	20%	\$3,000	\$6,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> 12	GHSA101	Yes	0%	0%	\$5,000	\$10,000	0%	0%	0%	0%	\$5,800	\$11,600	0%	30%	\$11,600	\$23,200	Z	Z						
<input type="checkbox"/> E1	GHSA102	Yes	0%	0%	\$2,500	\$5,000	0%	0%	0%	0%	\$3,500	\$7,000	0%	30%	\$7,000	\$14,000	Z	Z						
<input type="checkbox"/> E2	GEHSA9	Yes	0%	20%	\$2,500	\$5,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> E3	GHSA103	Yes	0%	0%	\$3,000	\$6,000	0%	0%	0%	0%	\$4,000	\$8,000	0%	30%	\$8,000	\$16,000	Z	Z						
<input type="checkbox"/> E4	GEHSA11	Yes	0%	20%	\$3,000	\$6,000	20%	20%	20%	20%	\$5,000	\$10,000	20%	40%	\$10,000	\$20,000	20%	40%						
<input type="checkbox"/> E5	GHSA104	Yes	0%	0%	\$5,000	\$10,000	0%	0%	0%	0%	\$5,800	\$11,600	0%	30%	\$11,600	\$23,200	Z	Z						

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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