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### Anthem Blue Cross and Blue Shield's Lumenos HSA Plan Overview

**Q: What is the Lumenos HSA plan?**

**A:** The Lumenos HSA plan is one in the family of consumer-driven health plans offered by Anthem Blue Cross and Blue Shield. Consumer-driven health plans are designed to educate you about health care options and empower you to take control of your health, as well as the dollars you spend on your care. With the HSA plan, you have a Health Savings Account that can be funded by your own pre-tax contributions. Others may also contribute money to your HSA on your behalf. You can use money in your HSA to pay for your medical care, including prescriptions.

The plan also includes a Traditional Health Coverage component – similar to a typical health plan – which helps protect you against further health expenses. In addition, the Lumenos HSA provides access to personalized health services and online tools to help you manage your health, health decisions and your health care dollars.

**Q: How is my HSA funded?**

**A:** Your HSA is funded by your own pre-tax contributions, up to a certain annual limit. You may also contribute post-tax money to your HSA. Others (including your employer) may contribute to your account as well. The total of all contributions cannot exceed limits defined by the U.S. Treasury and the Internal Revenue Service (IRS).

**Q: How does the HSA plan work?**

**A:** Here's how it works:

- **First, you can use money in your HSA to pay for covered medical expenses and prescriptions.** The HSA dollars you use apply toward your plan's annual deductible. If you do not spend all of your HSA dollars, and you have money remaining in your HSA at the end of a plan year, it rolls over to the following year and can earn interest. Also, you own the HSA so the money is yours to keep.
- **If you spend all of your HSA funds, or you choose not to use your HSA funds to pay for covered services, you will pay a limited amount out-of-pocket – called a Bridge – to satisfy your deductible before the Traditional Health Coverage begins.**
- **Then if needed, use the plan's Traditional Health Coverage.** Once you have paid your entire Bridge amount, the Traditional Health Coverage component of the plan will help protect you from further health expenses.
- **Preventive care is covered.** The Lumenos HSA plan covers nationally recommended preventive care with no deduction from your HSA and no out-of-pocket costs to you, as long as you receive care from a provider who participates in Anthem's nationwide PPO network (an in-network provider).

**Q: What is a Bridge?**

**A:** After you have used your available HSA dollars, or if you choose not to use your HSA dollars to pay for covered services, you'll pay a limited amount out-of-pocket – called a Bridge – when you incur additional expenses. You must pay the entire Bridge amount before the Traditional Health Coverage component of the plan begins.

**Q: Who is eligible to open an HSA?**

**A:** To be eligible, you must meet these criteria:

- You must be covered by an HSA-compatible plan, such as the Traditional Health Coverage component included in the Lumenos HSA plan, and you cannot be covered by any other medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouse's plan as secondary coverage, or an executive medical plan.
- You must be enrolled in the plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month).
- You must not be enrolled in Medicare.
- You must not be claimed as a dependent on another individual's tax return.
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- If you are a veteran, you may not have received veterans benefits within the last three months.
- You may not be active military.

**Q: What is the difference between an HSA and a health care flexible spending account (FSA)?**

**A:** Both HSAs and FSAs can be funded with pre-tax dollars and be used to pay for medical expenses. However, HSA balances can roll over from year to year, while FSA money is forfeited if it is not spent during a 14 1/2 month period. And, if you leave your employer, your HSA dollars are yours to keep; FSA dollars would be forfeited. With an FSA, you have from January 1st until March 15th of the following year to incur eligible expenses. *Note: You are eligible to have both an HSA and an FSA only if the FSA has been defined as either limited/special purpose [e.g., limited for dental and/or vision services or dependent care only] or the FSA that has been designed only allows payment for the coinsurance under the PPO component of the plan, after the deductible was met.*

### Contributions to Your Health Savings Account (HSA)

**Q: Who may contribute?**

**A:** You may contribute to your HSA up to certain limits. Family members or other persons also may contribute to your HSA on your behalf, provided they do not exceed the contribution limits described below.

**Q: How do I make contributions to my HSA?**

**A:** The easiest way is through pre-tax payroll deductions, if allowed by your employer. However, you may also contribute directly to your HSA post-tax, by sending a check to the address printed on your HSA checkbook.

**Q: How much can I contribute to my HSA?**

**A:** Each plan year, you may contribute money to your HSA up to the maximum contribution limit set by the U.S. Treasury and the IRS. All combined contributions to your account cannot exceed your annual contribution maximum. The contribution maximums set by the U.S. Treasury and the IRS may be increased for inflation annually. Check our online health site for the most current maximum amounts.

**Q: Can I ever contribute more than the annual limit?**

**A:** Yes, individuals 55 and older who are not enrolled in Medicare are eligible to contribute an additional amount above the regular limits (referred to as a catch-up contribution). These individuals can make catch-up contributions each year until they enroll in Medicare. The additional "catch-up" contributions allowed are as follows:

2006 - \$700  
2007 - \$800  
2008 - \$900  
2009 and after - \$1,000

Catch-up contributions apply to the account holder only, and the contribution amounts allowed are subject to pro-rata if you are enrolled in the plan less than 12 months. Catch-up contributions can be made by depositing post-tax dollars into your account and receiving the tax benefit when you file your federal income tax.

**Q: Does the amount that others contribute on my behalf count toward the maximum amount I may contribute for the year?**

**A:** Yes, any contribution to the account, regardless of the source, is counted toward your maximum. The only exception would be amounts rolled into the account from previous years or catch-up contributions.

**Q: How much may I contribute if I join the plan after the start of the year or if I terminate coverage prior to the end of the year?**

**A:** You may contribute the annual maximum amount as long as you join the plan before December 1 and remain enrolled in the plan for the following year. If you end coverage through Anthem, you can continue contributing to your HSA only if you continue participating in an HSA-compatible health plan. If you pre-fund your account for the entire year and then leave the plan and do not join another HSA-compatible health plan, to avoid a penalty, you will need to withdraw excess contribution dollars prior to the end of the tax year and treat these funds as taxable income if you have over-funded the account.

**Q: Can I make lump sum contributions to my HSA?**

**A:** Yes, you can make lump sum post-tax contributions up to the annual maximum.

**Q: When can I make HSA contributions?**

**A:** You can generally contribute at any time prior to the deadline for filing your federal income tax return for that year - usually April 15 of the following year. In other words, for 2007, you can make contributions up to April 15, 2008. You cannot make contributions before the start of the tax year, so for 2007, you may not make contributions before January 1, 2007.

**Q: What if my spouse has an HSA, too?**

**A:** If your spouse has an HSA, and either of you is covered under the other's plan, both of your HSA contributions are limited to the IRS contribution maximum.

## Managing the Money in Your HSA

**Q: Who holds the money in my HSA?**

**A:** Mellon Trust of New England, N.A. will hold and invest the money through an arrangement with Anthem Blue Cross and Blue Shield. As a result, Anthem will handle all of the administration for you.

**Q: Will my HSA earn interest?**

**A:** Yes. The HSA is an interest-bearing checking account.

**Q: Can I invest my HSA?**

**A:** Yes. Once you reach a balance of \$3,000 in your HSA. Of the \$3,000, you must always maintain a minimum balance of \$2,000 in your account. Then, you can invest the remaining \$1,000, which is the minimum investment required in the Dreyfus family of mutual funds currently available. Once you are ready to invest, you can request a prospectus for each fund for more details.

**Q: Are the interest and investment earnings in my HSA tax-free?**

**A:** Yes, when the funds are distributed and used for a qualified medical expense. Interest and investment earnings grow tax-deferred in the account.

**Q: Are any administrative fees charged to my HSA?**

**A:** Typical banking fees will apply, such as charges for new checks, overdraft charges or charges for replacement debit cards. Upon enrollment in the program, you will receive information about the account, including the Health Savings Account Deposit Agreement and Disclosure Statement. Please refer to the Health Savings Account Deposit Agreement and Disclosure Statement for details on the fees.

**Q: How do I find out what my HSA balance is?**

**A:** It's easy. The My Account page on our online health site will show you how you can keep track of your HSA activity and balance, as well as get details on all of your medical claims.

**Q: Can I save the money in my HSA at the end of each plan year?**

**A:** Yes. Whatever you don't spend is yours to keep and save year after year.

**Q: Is there a time restriction on when I may use the funds in the account?**

**A:** No, you may reimburse yourself for an expense with future contributions or past contributions and there is no time limit on this. The only restriction is that the service must have occurred after the HSA account was opened (and you are enrolled in Anthem's Lumenos HSA program).

**Q: May I only use the funds in my HSA on my expenses or may I use it for other family members?**

**A:** You may use the funds in your HSA for any person treated as a qualified dependent on your federal tax form, even if this person is not covered under the plan (although this may reduce the dollars you will have to offset your out-of-pocket responsibility).

**Q: If I leave Anthem's Lumenos HSA plan, what happens to my HSA?**

**A:** You own your HSA. So, if you leave Anthem's Lumenos HSA plan, you can take the account with you. You can even use it after you retire – for example, to pay Medicare premiums. You may choose to keep the funds in your account or roll the funds into a different account. If you leave the funds in your account, maintenance fees will apply; please refer to the Health Savings Account Deposit Agreement and Disclosure Statement for a list of these fees. *Note: If you keep your HSA after leaving the plan, you cannot continue to contribute to it unless you enroll in another HSA-compatible plan.*

**Q: Can I roll funds from my HSA over to another HSA if I leave the program?**

**A:** Yes.

## Tax Issues

**Q: What are the tax benefits of an HSA?**

**A:** There are several benefits:

1. Contributions to the account are (federal) tax-deferred or tax-advantaged.
2. Withdrawals from the account for qualified medical expenses are (federal) tax-free.
3. Any investment and interest earnings in your account are (federal) tax-deferred.
4. Depending on the state where you live, you may save on your state tax as well.

**Q: How does the money I contribute to my HSA help me save on taxes?**

**A:** Any money you contribute to your HSA is considered (federal) tax-exempt. That is, it is not counted as taxable income for the year. So if you contribute \$1,000 to your HSA, your adjusted gross income for the year is reduced by \$1,000, which could save what you owe for taxes, depending on your tax status.

**Q: Are there any special instructions for filing my taxes?**

**A:** Yes. You will receive a 1099 form and a 5498 form in the mail near tax time so you can file your taxes. You will have to complete an 8889 form when you file your taxes. In addition, you need to keep track of your receipts for anything you pay for from your account in the event you need to provide documentation to the IRS to show you used any HSA funds on qualified medical expenses. Please consult a tax advisor to ensure you file your taxes correctly.

## Services Covered by the Lumenos HSA

**Q: What services does the Lumenos HSA plan cover?**

**A:** The Lumenos HSA covers any covered medical expenses, which generally include expenses covered by a typical health plan – from checkups and prescription drugs to major surgery. Check the Lumenos HSA Health Plan Description Form to see some of the services covered by your plan.

You can also use your HSA to pay for certain additional qualified medical expenses not covered by the Lumenos HSA health plan. Qualified medical expenses are defined in section 213d of the Internal Revenue Service (IRS) code. For a complete list of qualified medical expenses, please refer to our online health site.

**Q: What about preventive care services like mammograms and physicals?**

**A:** The Lumenos HSA covers preventive care services like physical exams, immunizations and mammograms. The cost for these services is not deducted from your HSA and you do not have to pay anything out of your own pocket, if you receive care from an in-network provider. If you choose to receive preventive care services from an out-of-network provider, your deductible or Traditional Health Coverage benefits will apply.

**Q: Does the Lumenos HSA plan cover prescription drugs?**

**A:** Yes. You can first choose to pay for your prescription drugs from your HSA. If you have depleted your HSA – or choose not to use these funds – you will have to pay out-of-pocket until you satisfy your annual deductible before the Traditional Health Coverage part of the plan begins. Then, you will pay the applicable coinsurance for any of your prescription drugs.

**Q: What is the difference between covered services and qualified medical expenses?**

**A:** Services considered to be qualified medical expenses for payment from the HSA have been defined in section 213d of the IRS code. This includes many services that may not be covered under the Traditional Health Coverage part of the plan. *Covered services* are services that are covered under the Traditional Health Coverage part of the HSA plan. When you use your HSA to pay for covered services, the expense is applied toward your deductible under the Traditional Health Coverage. When you use the HSA to pay for *qualified medical expenses* that are not covered under the Traditional Health Coverage, those expenses will not apply toward your deductible.

**Q: What if I use my HSA on non-qualified medical expenses?**

**A:** The amount you spend on the non-qualified expense will be considered part of your taxable income. You will also owe a 10% penalty on that amount. In addition, non-qualified expenses will not apply toward the deductible under the Traditional Health Coverage part of the plan.

## Selecting Health Care Providers

**Q: What is the difference between in-network and out-of-network providers?**

**A:** In-network providers are health care providers who participate in Anthem's nationwide PPO network. They are doctors, pharmacies, hospitals and other medical facilities

that have contracted with Anthem and agreed to accept a certain amount from us as payment in full for specific covered services. Out-of-network providers have not contracted with us and have not agreed to accept a certain amount from Anthem as payment in full for specific covered services.

Out-of-network doctors may charge more for specific services than what our in-network providers have agreed to accept. If you choose to receive care from an out-of-network provider, you will be responsible for any additional amount they may charge.

**Q: How do I know if my doctor is an in-network provider?**

**A:** To find a list of in-network providers, visit our online educational health site and search the ProviderFinder online directory at [www.anthem.com](http://www.anthem.com).

**Q: If my doctor isn't an in-network provider, can I still use his or her services?**

**A:** You can visit any licensed doctor you choose and you won't need a referral to see a specialist. You may save money, though, when you visit an in-network provider. Also, if you see an out-of-network provider, you might have to file a claim yourself or pay any additional amount he or she might charge.

**Q: Do you provide quality information on doctors and hospitals?**

**A:** Yes. Anthem provides physician and hospital quality data from multiple sources, including public and proprietary databases, consumer ratings and physician self-reported information. These ratings on physicians and hospitals can be found in the ProviderFinder on the online health site.

**Q: Can I visit any doctor or hospital while traveling?**

**A:** Yes. You may see any licensed doctor or use any hospital. Remember that some may participate in our network, and some may not. You can find a list of doctors in your area who participate in our network by using the ProviderFinder on our online health site.

## Obtaining and Paying for Medical Services

**Q: What do I do when I need to see a doctor?**

**A:** When you enroll, you'll get an Anthem ID card. You will also receive an HSA debit card and convenience checks to access your HSA. Present your Anthem ID card when you visit your doctor and point out the Blue Cross and Blue Shield logo on the card.

- **If you see an in-network provider**, typically you will not pay at the time you receive services. Your provider will file a claim. We will send you and your provider a Claim Recap showing your cost. Then, your provider will send you a bill and you can use your HSA debit card or checks to make payment to your provider.
- **If you see an out-of-network provider**, you may use your HSA debit card or checks to pay for services at the time you receive them, if you have money available. You should then file a claim with Anthem to ensure that covered expenses are applied toward your plan's annual deductible.
- **If you have no funds available in your HSA**, or you choose not to use your HSA funds to pay for covered services, you will need to pay out-of-pocket until you have paid your entire Bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance for covered services, up to your plan's annual out-of-pocket maximum. If you are visiting an in-network provider, the provider's office will usually file a claim for you. If you are visiting an out-of-network provider, you may have to file a claim yourself.

**Q: What do I do when I need to get a prescription drug?**

**A:** When you enroll, you'll get an Anthem ID card. Present your ID card when you visit your pharmacy. Be sure to point out the Anthem Blue Cross and Blue Shield logo to be sure you are charged the Anthem rate for your prescription. You can use the ProviderFinder on our online health site to find one of the pharmacies participating in our network. More than 95% of pharmacies nationwide participate in our network.

- **If you have funds available in your HSA**, the pharmacy will swipe your HSA debit card and the amount you owe will be deducted from your HSA. You can also write a check to cover the cost of your prescription(s).
- **If you have no funds available in your HSA**, you will need to pay out-of-pocket until you have paid your entire Bridge amount needed to satisfy your deductible. Once the Traditional Health Coverage component begins, you will pay only the appropriate coinsurance amount at the pharmacy, up to your plan's annual out-of-pocket maximum.
- **You can also order your prescriptions by mail.** If you have funds available in your HSA, you must provide your HSA debit card number when submitting the mail service form. If you do not have funds available, you will be responsible for any overdraft fees.

**Q: Can I use the money in my HSA immediately to pay for covered services?**

**A:** Yes, if you have funds and have signed and returned the agreement you will receive in the HSA information packet mailed to your home after your coverage is effective.

**Q: How do I pay for services using HSA dollars?**

**A:** You will receive both checks and a debit card to pay for services from your HSA.

**Q: How do I use my debit card to pay for services?**

**A:** You can use your HSA debit card with health care providers such as doctors, hospitals and pharmacies who accept MasterCard®. Remember, when you visit an in-network provider, a claim will automatically be filed for you, and a Claim Recap will be sent to you in the mail. Your doctor will then bill you for your payment responsibility. *Note: Your HSA debit card may not be used at an ATM.*

**Q: How do I use my HSA checks?**

**A:** Use your HSA checks just as you would use checks from your bank checking account. The applicable funds will be withdrawn from your account when the check is processed. Of course, like a checking account, you must have funds available before using your checks or debit card. You will be responsible for any overdraft fees. Remember, when using an in-network provider, a claim will automatically be filed for you, and a Claim Recap will be sent to you in the mail. Your doctor will then bill you for your payment responsibility.

**Q: Can other family members use my debit card and checks?**

**A:** Yes. Anyone who is an eligible participant on your account can use your debit card provided the person is listed as a signatory on the account.

**Q: How do I add, replace or delete people who are eligible to use my account?**

**A:** Your name, as owner, will be the only name on the HSA account. However, you can authorize other individuals to sign checks drawn on the account or request additional debit cards for eligible family members. For additional debit cards, you must provide authorized signatures for all who participate in the account. To add or delete a person from your account, contact Anthem.

**Q: What does “out-of-pocket” mean?**

**A:** Out-of-pocket expenses are those you pay yourself. This includes money you spend from your HSA and amounts you pay toward your annual deductible amount. Once benefits begin under the Traditional Health Coverage, you will pay a percentage of your covered expenses, called coinsurance. Your coinsurance responsibility is also an example of an out-of-pocket expense.

**Q: Can I pay out-of-pocket for my medical expenses instead of using my HSA?**

**A:** Yes. You may pay out-of-pocket expenses with after-tax dollars and let your HSA balance grow tax-free.

**Q: What is the most I will pay out-of-pocket in the Lumenos HSA program?**

**A:** If you spend your health care dollars only on covered expenses and you receive care from in-network providers, your responsibility will not be more than your annual out-of-pocket maximum. Please refer to your Lumenos HSA Health Plan Description Form for more details.

**Q: Does Anthem require pre-notification before going to the hospital?**

**A:** Yes. We require that your doctor notify us prior to hospitalization so we can coordinate care and offer you assistance from a Personal Health Coach.

**Q: What should I do with my receipts?**

**A:** You should retain all of your receipts for services you've received. Since you own the HSA, you are responsible for providing documentation to the IRS, if you ever need to, for the expenses charged to your HSA.

## Personal Health Services

**Q: What is the Health Assessment?**

**A:** The Health Assessment is an online health profile that takes only a few minutes to complete. It helps you identify possible health risk factors, based on your current health, family history, lifestyle and other factors. And like all of the tools on our online health site, the Health Assessment is confidential. The information is protected by the highest level of online security available. You and your family members are eligible to complete the Health Assessment.

**Q: What is a Personal Health Coach Program?**

**A:** The Personal Health Coach Program teams consumers who have certain chronic medical conditions, such as asthma, diabetes, cancer or heart disease, with a specially trained nurse care manager to help them manage their health condition.

**Q: What is the Smoking Cessation Program?**

**A:** The Smoking Cessation Program is a step-by-step program that uses proven techniques and personalized support to help you stop using tobacco and improve your health for total well being. It features nine one-on-one telephone counseling sessions to help you develop your own tobacco cessation plan, including determining what nicotine-replacement products may work best for you. The program also includes coverage for nicotine-replacement products (gum or patch). You and your covered family members over 18 are eligible for this program.

**Q: What is the Weight Management Program?**

**A:** Our Weight Management Program includes nine on-on-one telephone counseling sessions designed to help you achieve a weight that supports good health. Working with a registered dietitian and health educator, you'll have confidential phone sessions to discuss topics like healthy eating, physical activity and exercise, stress management, maintenance and relapse. It's available to you and your covered family members age 18 or older who have a Body Mass Index (BMI) of 25 or higher. Call toll-free 1-888-224-4911 between 7 a.m. and 7 p.m. MT, Monday through Thursday and between 7 a.m. and 5 p.m. MT, Friday.

## Personal Health Coach

**Q: What is a Personal Health Coach?**

**A:** A Personal Health Coach is a specially trained registered nurse to help you manage a health condition.

**Q: If a Personal Health Coach contacts me, what can I expect?**

**A:** The Personal Health Coach will ask you some general health questions. Following your initial confidential consultation, your health coach will set up regular phone meetings with you.

Remember: What you and your coach talk about is always confidential.

**Q: Do Personal Health Coaches actually provide care?**

**A:** No. However, he or she might discuss treatment plans with you and your doctor to figure out how to help you receive the best care.

**Q: When is my Personal Health Coach available?**

**A:** Your coach is available during regular business hours, 6 a.m. to 6 p.m. MT. After hours, you can always leave a voicemail message. Just make sure to tell them when and where you can be reached for a confidential phone call. Once you are enrolled in the program, your coach can call you in the evenings or Saturdays, if needed.

**Q: I'm healthy and only need to go to the doctor once or twice a year. Can a Personal Health Coach help me?**

**A:** The Personal Health Coach Program is for people with chronic health problems or a serious health condition, so you probably won't need a coach. You can, however, use the 24-Hour Nurse Advice Line at any time to discuss other health problems. You can also explore the My Health pages on our online health site to find answers to your health questions.

**Q: How will contact be initiated with a Personal Health Coach?**

**A:** There are several ways contact can be initiated:

- Follow the hospital notification requirements, which are printed on the back of your ID card. A Personal Health Coach may work with you to coordinate care.
- Call a Personal Health Coach to learn more if you have diabetes, heart disease, asthma, cancer or other chronic or serious conditions.
- Finally, if you get a call or letter from a Personal Health Coach, call back. It takes only a few minutes and could be just the help you need.

*24-Hour Nurse Advice Line*

**Q: What is the 24-Hour Nurse Advice Line?**

**A:** The Nurse Advice Line is a service you can call to get answers to your immediate health care questions. Registered nurses are on hand to answer your calls 24 hours a day, 7 days a week.

*Surgical Support Nurse*

**Q: What is a Surgical Support Nurse?**

**A:** Surgical Support Nurses are registered nurses who provide education if you are facing an elective surgical procedure, such as back or joint surgery.

**Q: What information or services can a Surgical Support Nurse provide?**

**A:** Surgical Support Nurses can help you understand:

- The procedure itself - why it is performed, potential complications and typical recovery periods.
- Other treatment options that may be available.
- Questions to ask the doctor before undergoing the procedure.
- The tools available on our online health site - tools that can explain (and in many cases show) how the procedure is accomplished, help you compare hospitals where you might undergo the procedure and help you learn more about other treatments.

**Your Privacy**

**Q: Is the online health site secure?**

**A:** Yes. Our customers-only online health site is password protected and secure. In addition, all of your personal data is encrypted using 128-bit encryption, which is currently the highest level available.

**Q: What is your privacy policy?**

**A:** You can read the Privacy Policy anytime by visiting our online health site at [www.anthem.com](http://www.anthem.com).

**Getting Help**

**Q: If I have a question about the Lumenos HSA plan, whom can I contact?**

**A:** There are two ways to contact an Anthem Customer Service Advocate - by calling toll-free 1-888-224-4911 or by going to [www.anthem.com](http://www.anthem.com) and clicking "contact us."

**Q: After I join, whom should I call if I have a problem with the plan or a doctor - or with getting reimbursed?**

**A:** You can log in to the online health site to answer a lot of your questions - such as "What is my HSA balance?" or "What is the status of a claim?" From the site you can click "contact us" to send a question. Of course, you always have the option to call us toll-free at 1-888-224-4911.

**Q: When will I get my ID card?**

**A:** You and your family members should receive your Anthem ID card(s) no later than your effective date of coverage. If you do not receive your card, or if you misplace or lose it, please contact us by going to [www.anthem.com](http://www.anthem.com) and clicking "contact us" or phone us toll-free 1-888-224-4911. (Monday through Friday, 7 a.m. to midnight MT and Saturday 9 a.m. to 1 p.m. MT).

Don't Forget: For more information, visit Anthem's online educational health site at: [www.anthem.com](http://www.anthem.com). Or call us toll-free at 1-888-224-4911.

The above information does not constitute legal, tax, or benefit plan design advice. Anthem strongly encourages consultation with a tax advisor before establishing a Health Savings Account. Any Health Savings Account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administration of the HSA.

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