



**INDIVIDUAL AND FAMILY HEALTH CARE PLANS
FOR CALIFORNIA**



MCABR5810C (3/09)

A consumer-driven health plan designed to help individuals
and families control their out-of-pocket health expenses

Getting healthy.

Staying healthy.

And saving money while you do it.

Lumenos[®] HSA

Staying healthy is just as important as getting better.

Your health care dollars are too precious to waste. One way we can help you keep those dollars in your pocket is to help you stay as healthy as possible.

So we created a consumer-driven health plan called Lumenos HSA. Its innovative PPO design helps you lower your coverage costs and control your out-of-pocket health expenses. All while helping to improve your health and well-being. Whether you have a long-term condition, a temporary illness, or general good health, Lumenos HSA puts you in charge of your health.

Getting healthy. Staying healthy. And saving money while you do it. That's what makes Lumenos special.

Familiar coverage with unfamiliar savings

Lumenos is a different kind of health care plan. But it should also look pretty familiar. You'll recognize all of the PPO coverage you typically get for office visits, medical care, tests and prescriptions. The difference is that the coverage is offered in an innovative, lower-premium/higher-deductible package — plus, you can set up a health savings account funded by tax-deductible contributions.

That's right — they're *your* health care dollars. Save them or use them to help pay for health expenses. It's your coverage, your money. Lumenos lets you treat it that way.

Plan Features	Lumenos HSA Plan	Typical PPO Plan
Coverage for basic medical care and prescriptions	✓	✓
Personal health account can help pay medical expenses	✓	
Traditional health coverage to protect you against large health expenses	✓	✓
100% coverage for preventive care with no deduction from your health account and no out-of-pocket costs when you use in-network providers	✓	
Health account can be used to help pay your deductible or for medical expenses that aren't covered by the plan, like contact lenses and over-the-counter medications	✓	
Savings for using network doctors, hospitals and pharmacies	✓	✓
Interactive online health tools to help you make better health decisions and track your health account balance	✓	
Personalized programs to address or prevent health problems	✓	
Integrated health savings account available with our preferred banking partner	✓	
Unused health account funds can be rolled over from year to year	✓	
Health account balance belongs to you if you leave the plan	✓	
Tax-deductible contributions mean extra savings	✓	

When you use network doctors for preventive care, no funds are deducted from your health account and you have no out-of-pocket costs. No deductible, no copay, nothing.

Lumenos[®] HSA Plan Benefits

		Coinsurance/Out-of-Pocket Limit ² Cost to Member	
Your Coinsurance and Maternity Choices	Your Annual Deductible Choices ¹	In-Network	Out-of-Network
30% Coinsurance Plans — without Maternity	Individual: \$1,500	30% / \$3,500	50% / \$8,500
	\$3,000	30% / \$2,000	50% / \$7,000
	Family: \$3,000	30% / \$7,000	50% / \$17,000
	\$6,000	30% / \$4,000	50% / \$14,000
0% Coinsurance Plan — without Maternity	Individual: \$5,000	0% / \$0	30% / \$5,000
	Family: \$10,000	0% / \$0	30% / \$10,000
0% Coinsurance Plan — with Maternity	Individual: \$5,000	0% / \$0	30% / \$5,000
	Family: \$10,000	0% / \$0	30% / \$10,000
Lifetime Maximum <i>(the amount the plan pays up to, per member)</i>		\$7 million for plans without maternity \$5 million for plan with maternity	

Covered Services	In-Network	Out-of-Network
	<i>(your share of costs after deductible)</i>	
Doctor's Office Visits		50% or 30%
Professional Services <i>(x-ray, lab, anesthesia, surgeon, etc.)</i>		
Hospital Inpatient <i>(overnight hospital stays)</i>	30% or 0%	All charges except \$650 per day
Hospital Outpatient <i>(if you don't stay overnight)</i>		All charges except \$380 per day
Emergency Room Services		
Maternity	0% if maternity plan is selected	30% if maternity plan is selected
	(not covered for plans without maternity)	
Preventive Care	0% <i>(deductible waived)</i>	50% or 30%
Chiropractic Services	30% or 0%	All charges except \$25 per visit
	Plan covers up to 24 visits per year	
Prescription Drug Coverage	30% or 0%	50% or 30% of drug limited fee schedule and all excess charges

¹ In-network and out-of-network deductibles accumulate together. For family coverage, either one or more members must satisfy the annual family deductible before any covered services will be paid by the plan. Deductibles are waived for in-network preventive care services.

² The annual out-of-pocket limit is in addition to the deductible. For family coverage, once the family out-of-pocket limit is satisfied by either one or more members, no additional coinsurance will be required for the family for the remainder of the calendar year. The out-of-pocket limits are separate for in-network and out-of-network services and accumulate separately.

Note: Annual deductibles and out-of-pocket amounts are reset on January 1 of each year

What makes Lumenos so valuable?

Medical care is covered the same as a traditional health plan

Even though Lumenos is different, you're still covered for the medical services that you've come to expect from your health plan. But you can also use your personal health savings account to pay for these covered services until you meet your deductible and traditional health coverage kicks in. Some of what Lumenos covers:

- Physician office visits
- Inpatient hospital services
- Outpatient surgery services
- Diagnostic X-rays/lab tests
- Emergency hospital services, urgent care and ambulance
- Durable medical equipment
- Prescription drugs
- Home health care and hospice care
- Physical, speech and occupational therapy services

Preventive care is fully covered with no deductible

Lumenos is your plan to help you stay healthy. We want to make it easier for you to do what's right for your health and your budget. That's why we pay for screenings and exams so you don't worry about whether or not to get them done.

Lumenos plans cover 100 percent of the following preventive care services when you visit in-network doctors. If you receive preventive care services from out-of-network doctors, then your deductible and coinsurance will apply.

Child Preventive Care	Adult Preventive Care
Preventive physical exams	Preventive physical exams
Immunizations	Immunizations
Screening Tests including the following: <ul style="list-style-type: none"> • Eye chart vision screening • Hearing screening • Screening for lead exposure • Pelvic exam and Pap test (if recommended by your doctor) 	Screening Tests including the following: <ul style="list-style-type: none"> • Eye chart vision screening • Hearing screening • Cholesterol and lipid level screening • Blood glucose test to screen for Type 2 diabetes • Prostate cancer screenings including digital rectal exam and PSA test • Breast exam and Mammography screening • Pelvic exam and Pap test

You don't have to use any of your health savings account funds for these services.

If you receive services for diagnostic purposes — for example, a colonoscopy when symptoms are present — the appropriate plan deductible and coinsurance will apply and available health account dollars may be used to cover these costs.

A health savings account can help pay for medical care and prescriptions

Consumer-driven health plans like Lumenos usually have lower premiums and higher deductibles than traditional PPOs. And unlike traditional high-deductible plans, your health savings account can pay for some of that deductible.

Your health account is your source of personal funds for health care spending. It gives you extra room to pay for covered health expenses (like prescription drugs) until you meet your deductible.

- Your health savings account is your money. You fund it with your tax-deductible contributions. You decide which qualified health expenses to use your account for.
- Unused funds roll over from year to year so your account can keep growing to help meet future health care costs.
- If you ever leave the Lumenos plan, you can take your health account funds with you.

By offsetting a higher deductible with lower premiums, you're free to set priorities for when and where to spend your health care dollars.

What makes Lumenos so user friendly?

Consumer-driven health plans may be new to many people, but Lumenos is actually pretty simple. Basically, you start by enrolling in an HSA-qualified plan like Lumenos HSA and then funding a personal health savings account with tax-deductible dollars. The account is optional, but it lets you take advantage of some big financial benefits. Then you use that account to help meet your deductible. After that, the plan operates much like traditional health coverage that you're used to, with coinsurance and out-of-pocket limits. So you get all the tax benefits of an HSA while protecting yourself against big, expensive health problems.

Plan deductible

Any time you use your health savings account to cover medical expenses, it applies to your plan deductible. (Since preventive care is 100 percent covered by Lumenos, it doesn't affect your health account or deductible.) If you meet your deductible before using up your health account, you skip straight to traditional health coverage.* But if you still have some deductible left, you're responsible for the rest.

Coinsurance (Traditional health coverage)

When traditional health coverage begins, the plan pays for most expenses, and you pay a percentage of the cost as coinsurance. For example, with a 30% Coinsurance Plan (70/30) we pay 70 percent of the bill and you pay 30 percent. Some plans even cover 100 percent of the approved amount. The percentage you pay will be less for in-network doctors and hospitals, higher for out-of-network. You pay the same coinsurance percentage for most benefits, such as office visits, urgent care, emergency room, and prescription drugs.

Out-of-pocket limit (Traditional health coverage)

The amount you pay out-of-pocket each year is capped at a maximum amount. Once you pay your deductible and reach the out-of-pocket limit, we pay 100 percent of in-network covered expenses for the rest of the year.* All of your coinsurance payments count toward your annual out-of-pocket limits. You have separate out-of-pocket limits for in-network services and out-of-network services.

*Deductibles and out-of-pocket amounts are reset on January 1 of each year.

What makes Lumenos so helpful?

Anthem 360° Health® helps you reach your personal healthy best

Anthem 360° Health surrounds you with resources, tools and guidance to make good health care decisions. Instead of waiting for health problems (and their costs) to crop up, these programs can help you prevent them or keep them from getting worse. Best of all, 360° Health is built into your plan at no extra cost. It includes:

- *MyHealth@Anthem®* – Health assessments, resource centers, and health calculators so you see progress and stay motivated.
- *24/7 NurseLine* – Health information from a registered nurse whenever you need it.
- *ConditionCare* – One-on-one help from trained professionals in managing a chronic condition like asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and heart failure.
- *MyHealth Coach* – Personal help with a wide range of health needs, primarily high blood pressure, high cholesterol, low back pain, musculoskeletal issues like arthritis, and certain types of cancer.
- *Healthy Lifestyles Programs* – Our proven “Tobacco-Free” and “Healthy Weight” programs help you adopt new habits for a healthy lifestyle with personalized support and educational resources.
- *SpecialOffers@AnthemSM* – Members-only discounts help you stretch your health account even further with savings on services and products that promote a healthy lifestyle.

Prescription drug extras help you control your health – and your wallet

Lumenos not only puts you in charge of your health care dollars, it can also help you spend less of those dollars on prescription drugs. Once traditional health coverage kicks in, prescription drugs are fully covered (less any coinsurance payments). But that doesn't mean you have to wait to save money. Here's how:

- Since you decide how to spend it, your health account can be used to pay for prescription drugs.
- We're able to negotiate significant discounts on all types of prescription medicines. If you don't have funds in your account, you still benefit from our discount rate. Just show your health plan ID card at pharmacies in our network— that's over 95 percent of pharmacies nationwide.
- To further lower your cost, visit anthem.com/ca to learn about generics or other low-cost alternatives.
- Ordering a 90-day supply through mail order can also save you money. Once you're approved in the plan, you can download a mail order form from anthem.com.

Network discounts pass even more savings on to you

We negotiate special member rates with each network doctor, hospital and pharmacy. When you use a network provider, you get that negotiated rate for services and prescriptions. If you visit an out-of-network provider, you'll still have benefits, but your share of the cost for covered services may be higher.

With Lumenos, you can go to your local pharmacy or use our mail order service. It's up to you.

What makes Lumenos so rewarding?

The Lumenos HSA gives you two financial advantages that traditional plans don't: tax advantages and full ownership of your health savings account. This lets you save now and for the future. While the account is optional with Lumenos, it really helps you make the most of those advantages.

Tax Advantages: Save now

When you open an HSA, you open a separate health savings account that can save on taxes in three ways:

- Contributions to your account may be tax-deductible (within certain IRS limits).
- Money in your account can earn tax-deferred interest.
- Withdrawals to pay for eligible medical expenses are never taxed.

Full Ownership: Have it for the future

You decide how and when to use your account. If you don't spend it all in a given year, the rest rolls over, so your account keeps growing. A traditional PPO doesn't give you the chance to invest in your health and the future. But with Lumenos, the money in the account is yours to keep — it's never forfeited, even if you leave the health care plan.

As good as these benefits may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

SET UP A HEALTH SAVINGS ACCOUNT IN JUST A FEW STEPS

We've already partnered with several banks to help you establish and manage your HSA. We'll even set it up for you. If you already have an established health savings account, or if you'd rather use another financial institution, that's fine too.

This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible high deductible health plan (such as the Lumenos HSA plan)
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa
- You cannot be covered by any other medical plan that is not an HSA-compatible high deductible health plan
- You cannot be enrolled in Medicare
- You cannot be claimed as a dependent on another individual's tax return
- If you are a veteran, you may not have received veteran's benefits within the last three months
- You cannot be active military

Why dental coverage?

Dental care can play an important role in your overall health. Regular checkups and cleanings can help detect the early signs of oral health problems, reduce the risk of permanent damage to your teeth and gums, and prevent costly treatments down the road.

Dental Blue® PPO Plans feature:

- One of the largest Dental PPO networks in the state (more than 21,000 dental locations)
- No deductibles for cleanings, exams and x-rays
- Savings on popular services like veneers, dental implants and braces
- Negotiated discounts on services during any waiting periods and after you reach your annual maximum

The Dental Blue PPO plans give you the flexibility to see any dentist, although your costs will usually be less when you see a dentist in the network.

Dental SelectHMO Plans feature:

- A network of more than 4,800 dentists to choose from
- No deductibles and a low \$5 copay for exams, cleanings and x-rays
- Coverage for orthodontic services
- No annual maximums and no waiting periods for most services

The Dental SelectHMO network is not available in all counties so ask your agent for more details.

Why term life insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time.

Here are just a couple of reasons why you'll want to purchase term life insurance from Anthem Blue Cross Life and Health Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll

Term life monthly rates

Age	\$15,000 Benefit	\$30,000 Benefit	\$50,000 Benefit	\$75,000 Benefit	\$100,000 Benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

Give yourself every advantage... good health, a bright smile and financial security.

Some definitions — so we're all on the same page

- A *premium* is the amount of money you pay on a regular basis to keep your health care plan active. Your premiums do not apply toward your deductible.
- A *deductible* is typically the amount you have to pay each calendar year for services that your health plan covers before the plan begins paying. Lumenos plans cover certain services before the deductible is met.
- A *coinsurance level* (which starts after your annual deductible is met) is the percentage of cost for which you will be responsible for services that your plan covers.
- An *out-of-pocket limit* is the total amount of money (not counting your premiums or deductible) you have to pay each year for your covered medical services. Your coinsurance payments for covered services count toward your out-of-pocket limit.
- A *discount* is the reduced out-of-pocket cost you enjoy when you obtain covered health care services from a network provider.
- A *drug formulary* is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You may help control the amount you pay for prescriptions by encouraging your doctor to prescribe medications from the Anthem formulary on our website at [anthem.com/ca](https://www.anthem.com/ca).

Like with any PPO plan, you choose your own doctor and never need a referral. Just keep in mind that network providers will probably cost you less.



What the California Individual Lumenos Plans Do Not Cover

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The Lumenos plans Policy booklets contain a comprehensive list of the plans' exclusions and limitations which you should read before you enroll. For a sample copy of a Policy booklet, ask your agent or contact Anthem Blue Cross.

Exclusions and Limitations

- Cosmetic surgery.
- Custodial care.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Orthodontic services, braces, and other orthodontic appliances.
- Durable Medical Equipment, except as specifically stated in the Policy.
- Educational services and nutritional counseling, except as specifically provided or arranged by Anthem.
- Any amounts in excess of the maximum amounts stated in the benefit sections of the Policy.
- Experimental or investigative services.
- Food and/or dietary supplements, except for formulas and special food products as specifically stated in the Policy.
- Any services provided by a local, state or federal government agency.
- Hearing aids.
- Infertility services.
- Mental and nervous disorders and substance abuse, except as specifically stated in the benefit sections of the Policy.
- Care or treatment furnished in a non-contracting hospital, except for a Medical Emergency as defined in the Policy.
- Any services received by Medicare benefits without payment of additional premium.
- Services received before your effective date or during an inpatient stay that began before your effective date.
- Services received after your coverage ends.
- Any services or supplies that are not Medically Necessary.
- Orthopedic shoes, except when joined to braces or shoe inserts.
- Outdoor treatment programs.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Personal comfort items.
- Services or supplies related to a pre-existing condition.
- Private duty nursing.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered) except as specifically stated in the Policy.
- Services for which no charge would be made if you did not have a health plan or insurance coverage.
- Services from relatives.
- Sex changes.
- Telephone and facsimile machine consultations.
- Services not specifically listed as Covered Services in the Policy.
- Vision care, except as specifically stated in the benefit sections of the Policy.
- Services primarily for weight reduction or treatment of obesity, except Medically Necessary treatment of morbid obesity.
- Conditions covered by workers' compensation law.
- Maternity and pregnancy care (unless the plan selected specifically includes maternity coverage).

Enrollment Guidelines

To enroll, you must be:

- Age 64¾ or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64¾ or younger;
- The applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service).
- The applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and is chiefly dependent upon you for support or maintenance.

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Anthem offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plans listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the plan in this brochure or if you have discontinued group coverage, please contact your Anthem Blue Cross representative for information regarding other Individual coverage options.

Waiting Periods

There is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. Anthem will credit the time you were enrolled in the previous plan. Consult with your Anthem Blue Cross agent or representative if you have a question about the underwriting process.

Rights and Obligations

Incurred Medical Care Ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies' incurred medical care ratio for 2008 was 83.38 percent. This ratio was calculated after provider discounts were applied.

No-Obligation Review Period

After you enroll in a Lumenos plan offered by Anthem Blue Cross Life and Health Insurance Company, you will receive a Policy/EOC booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy/EOC booklet along with a letter notifying us that you wish to discontinue coverage. Policy/EOC booklets are available for you to examine prior to enrolling. Ask your agent or Anthem Blue Cross.

**READY TO ENROLL?
Call your Anthem Blue Cross
Agent today!**



BARRICKS INSURANCE SERVICES
13900 NW Passage #302
Marina Del Rey, CA 90292
Phone: (877) 566-5454
CA License: 0383850

<http://www.barricksinsurance.com>

This brochure provides a brief summary of benefits and services. If there is a difference between this brochure and the Policy, the Policy will prevail.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Anthem strongly encourages consultation with a tax advisor before establishing a Health Savings Account. Lumenos, Dental Blue and Term Life are offered by Anthem Blue Cross Life and Health Insurance Company. Dental SelectHMO is offered by Anthem Blue Cross. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM, LUMENOS and 360° Health are registered trademarks of Anthem Insurance Companies, Inc. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association. SpecialOffers@AnthemSM is a service mark of Anthem Insurance Companies, Inc.

Stay focused on your fitness.

A photograph showing two people cycling on a dirt path through a green field. The person in the foreground is wearing blue pants and a white shoe, while the person in the background is wearing a red shoe. The background is slightly blurred, showing a clear blue sky and some distant structures.

Let ACS | Mellon handle the finances.

YOU'RE ONLY ONE CHECKMARK AWAY

Simply make the selection on your application form. We'll take care of setting up your account. We'll also take care of sending you a Welcome Kit to get you started. All you have to take care of is your health. Which is, after all, the most important thing.

Setting up a Health Savings Account

The Lumenos® HSA plan is a nice way to save on premiums. But that's just the tip of the savings iceberg. To realize your plan's full financial power, consider opening a health savings account to go with your Lumenos plan. The portability and tax savings of an HSA account can add up fast.

We've joined with Affiliated Computer Services (ACS) and The Bank of New York Mellon (BNY Mellon) to integrate their HSA accounts with our Lumenos HSA plans. Setting up your account with BNY Mellon is easy. Plus, it comes with built-in advantages and conveniences:

- a single customer service contact for the health plan and your HSA
- a single online health site to access your plan benefit information and account details
- several payment and deposit options, including special checks and automatic fund transfers
- competitive interest rates and investment opportunities for the funds in your account

Of course, if you'd rather use another financial institution for your account, that's fine too.

A closer look

HSA Welcome Kit

If you make the selection on your application form, your Health Savings Account will automatically be set up once you're approved for the Lumenos HSA plan, and you'll soon receive an HSA Welcome Kit. In it, you'll find all of the banking documentation and instructions for using your account. A separate application for your account is only required if you choose a financial institution other than BNY Mellon.

This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible high deductible health plan (such as the Lumenos HSA plan)
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa
- You cannot be covered by any other medical plan that is not an HSA-compatible high deductible health plan
- You cannot be enrolled in Medicare
- You cannot be claimed as a dependent on another individual's tax return
- If you are a veteran, you may not have received veteran's benefits within the last three months
- You cannot be active military

Interest and investments

You'll earn interest on your HSA funds and have the chance to invest your funds as long as you keep a minimum \$2,000 HSA balance. Investment options include a number of mutual families. Once you're ready to invest, just call the ACS | Mellon HSA Solution Contact Center at 866-686-4798 Monday through Friday from 8 a.m. to 8 p.m. (Eastern Time) for a prospectus with more details.

Debit cards and checkbooks

Use your MasterCard® debit card or your HSA checkbook (provided by BNY Mellon) to pay your health care provider or pharmacy directly for eligible medical expenses, or to get cash from your account.

Deposits to your account

To contribute to your HSA, simply send a check and deposit slip to the address printed on your HSA checkbook. Or you can set up an electronic funds transfer between your bank and BNY Mellon for regular account contributions.

Account activity statements

Each month, you'll receive a statement from BNY Mellon that shows all of your account activity. You'll also receive IRS 1099 and IRS 5498 forms from BNY Mellon near tax time to help with tax preparation.

ACS | Mellon HSA fee and rate schedule

A Deposit Agreement and a Disclosures and Fee Sheet will be in your HSA Welcome Kit. Please refer to those documents for the complete terms and conditions related to your account.

As good as these options may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

Administrative fees	
One time account set-up	\$15
Banking fees	
Monthly account fee	\$2.95
Debit card transactions	no charge
Check writing	no charge
ATM transactions	\$1
Card replacement	\$5
Check reorder	\$10
Non-sufficient funds	\$25
Stop check service	\$25
Duplicate check	\$5