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## Amendment to Group HSA Plan Certificate of Coverage Embedded Deductible

Your Anthem Blue Cross and Blue Shield Lumenos<sup>®</sup> HSA Plan (6989ME) Certificate of Coverage is changed as stated in this amendment.

The "Benefit Determinations, Payments and Appeals" section is changed as follows:

## The "How Your Deductible Works" subsection is changed as follows:

**Single Deductible (not applicable for family policies)** The Single Deductible must be satisfied before any Covered Services are paid by the plan, except for Preventive Services which are not subject to the Deductible.

Family Deductible (for family policies) The Family Deductible may be satisfied:

- when one Member meets the Single Deductible and any combination of the other family members collectively meet the Family Deductible; or
- when the family members collectively meet the Family Deductible

No one family member will be required to satisfy more than the Single Deductible

All other terms, conditions, exclusions, and limitations of your Anthem Blue Cross and Blue Shield Lumenos<sup>®</sup> HSA Plan (6989ME) Certificate of Coverage apply to this amendment.

Lathleen S. Kiefer

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