

**How Your Anthem Blue Cross  
Plans I, II and III Benefits  
Coordinate with Medicare  
Effective January 1, 2009**



- Anthem Blue Cross I
- Anthem Blue Cross II
- Anthem Blue Cross III

This chart assumes you are enrolled in both Medicare Parts A and B (although it is only required for Anthem Blue Cross III participants) to illustrate coordination between the Anthem Blue Cross plans and Medicare.

**This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. These do not replace or modify the official documents which legally govern each plan's operation.**

## GENERAL INFORMATION

	<b>Medicare Benefit Period/Service</b>	<b>Medicare Pays</b>
<b>Hospitalization</b> Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days 61st to 90th day 91st to 150th day <sup>1</sup> Beyond 150 days	All but \$1,068 All but \$267 a day All but \$534 a day Nothing
<b>Posthospital Skilled Nursing Facility Care</b> You must have been in a hospital for at least three days, enter a facility approved by Medicare within 30 days after hospital discharge and require skilled care	First 20 days  Additional 80 days  Beyond 100 days	100% of covered services  All but \$133.50 a day  Nothing
<b>Home Health Care</b> Including part-time skilled nursing care, occupational speech therapy, physical therapy, durable medical equipment, medical supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits	Full cost of limited Medicare-approved visits; 80% of durable medical equipment
<b>Hospice Care</b>	For as long as doctor certifies need	All but 5% copay for inpatient respite care and \$5 copay for outpatient prescription drugs
<b>Blood (Inpatient)</b>	Unlimited during a benefit period if medically necessary	All but first three pints; three-pint deductible needs to be met only once per year as an inpatient and/or outpatient
<b>Medical Expenses</b>	Physicians' services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment	80% of approved amount (after \$135 deductible); 100% for clinical laboratory services
<b>Maternity</b>	Prenatal care including tests and office visits, inpatient delivery services, etc.	Covered as any other illness
<b>Outpatient Surgery</b>	Treatment as medically necessary	80% of approved amount (after \$135 deductible)
<b>Blood (Outpatient)</b>	Unlimited during a benefit period if medically necessary	80% of approved amount (after first three pints and \$135 deductible); three-pint deductible needs to be met only once per year as an inpatient and/or outpatient
<b>Prescription Drugs</b>	Reimbursement of the cost of outpatient prescription drugs	Not covered. Anthem Blue Cross provides prescription drug coverage instead of Medicare Part D
<b>Outpatient Psychiatric</b>	Services of doctor, CORF <sup>5</sup> , physician assistant, and psychologist	After \$135 deductible, 50% of approved amount; for some services, 80% of approved amount
<b>Hearing Exam</b>	Routine hearing exam	Not covered
<b>Hearing Aid</b>	Cost of hearing aid	Not covered

**Please Note:** If you switch between any of the LACERA-administered Anthem Blue Cross plans, the plan lifetime maximum will carry forward from one plan to another. For example, if you change from the Anthem Blue Cross Prudent Buyer Plan to Plan I, II or III, your accumulated expenses from the Prudent Buyer Plan will count toward your lifetime maximum for the new plan you've chosen.

# COORDINATION OF BLUE CROSS PLANS WITH MEDICARE

<b>Anthem Blue Cross I Pays</b>	<b>Anthem Blue Cross II Pays</b>	<b>Anthem Blue Cross III Pays</b>
\$75 per day, 100% for services and supplies <sup>2</sup>	90% PPO, 80% Non-PPO for semiprivate room; intensive care unit up to 2.5 times semiprivate room rate <sup>2</sup>	\$1,068 \$267 per day \$534 per day Nothing
Nothing	Nothing	Nothing
70% (in-network) or 50% (out-of-network) up to \$150/day for up to 100 days per calendar year	70% (in-network) or 50% (out-of-network) for up to 100 days per calendar year	\$133.50 per day up to 80 days
Nothing	Nothing	Nothing
100% of all remaining costs <sup>2</sup>	100% of all remaining costs <sup>2</sup>	100% of all remaining costs
100% of Hospice after Medicare benefit ends; drug charges covered under prescription drugs benefit listed below	100% of Hospice after Medicare benefit ends; drug charges covered under prescription drugs benefit listed below	100% of Hospice after Medicare benefit ends; drug charges covered under prescription drugs benefit listed below
100% of U&C <sup>4</sup> charges	80% of U&C <sup>4</sup> charges	20% of Medicare-approved charges plus three-pint deductible
20% of U&C <sup>4</sup> charges after \$100 deductible	20% of U&C <sup>4</sup> charges after \$500 deductible	\$135 Medicare deductible; 20% of Medicare-approved charges
80% in accordance with requirements	80% in accordance with requirements	Covered as any other illness for services covered by Medicare
20% of U&C <sup>4</sup> charges	20% of U&C <sup>4</sup> charges	\$135 Medicare deductible; 20% of Medicare-approved charges
20% of U&C <sup>4</sup> charges	20% of U&C <sup>4</sup> charges	\$135 Medicare deductible; 20% of Medicare-approved charges
Retail: 80% in-network, 60% out-of-network Mail Order (up to 90-day supply for all): \$10 generic/\$30 brand/\$50 non-preferred brand; \$150 specialty copay <sup>3</sup>	Retail: 80% in-network, 60% out-of-network Mail Order (up to 90-day supply for all): \$10 generic/\$30 brand/\$50 non-preferred brand; \$150 specialty copay <sup>3</sup>	Retail: 80% in-network, 60% out-of-network Mail Order (up to 90-day supply for all): \$10 generic/\$30 brand/\$50 non-preferred brand; \$150 specialty copay <sup>3</sup>
50% of covered expense up to 20 visits per year maximum	50% of covered expense up to 20 visits per year maximum	\$135 Medicare deductible; 50% of Medicare-approved charge up to 50 visits per year maximum
80% of U&C <sup>4</sup> charges within two years of an accident	80% of U&C <sup>4</sup> charges within two years of an accident	One per year; 80% of U&C <sup>4</sup>
80% of U&C <sup>4</sup> charges within two years of an accident	80% of U&C <sup>4</sup> charges within two years of an accident	50% up to \$300 lifetime maximum

<sup>1</sup> Once you have been hospitalized for 90 days, Medicare will provide you with 60 reserve days. Each reserve day can only be used once during your lifetime. Medicare will pay all but \$534 per reserve day.

<sup>2</sup> Deductible waived: Anthem Blue Cross I, \$100 per individual or family; Anthem Blue Cross II, \$500 individual/\$1,500 family.

<sup>3</sup> Copayment for specialty drugs will be prorated if the prescription amount is less than a 90-day supply.

<sup>4</sup> Usual and Customary (U&C): The maximum amount the plan will pay for service, based on what providers in that geographic area charge for similar services or supplies.

<sup>5</sup> Comprehensive Outpatient Rehabilitation Facility (CORF).

