

COMPARISON OF MEDICAL PLANS

Effective July 1, 2009



Indemnity Medical Plans

- Anthem Blue Cross I
- Anthem Blue Cross II
- Anthem Blue Cross Prudent Buyer Plan

Health Maintenance Organizations (HMOs)

- CIGNA Network Model Plan
- Kaiser Permanente (California only)
- PacifiCare

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

The benefits offered by all LACERA-administered health plans change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area can impact your plan's rates and coverage levels.

Comparison of Medical Plans

Indemnity Insurance Plans		
	Anthem Blue Cross I	Anthem Blue Cross II
Calendar Year Deductibles/Copayments	\$100 – individual; \$100 – family	\$500 – individual; \$1,500 – family
Annual Maximum Out-of-Pocket Expenses (for most services)	N/A	\$2,500, including deductible
Lifetime Maximum Benefits	\$1,000,000	\$1,000,000
Hospital Benefits		
Room and Board	\$75 per day maximum ¹ ; \$150 per day maximum special care unit ¹	90% for PPO hospital ² ; 80% non-PPO for semi-private room; special care unit up to 2.5 times semi-private room rate
Surgical Services	According to schedule + 80% of balance ¹	80%
Hospital Services and Supplies	100% ¹	90% PPO hospital ² ; 80% non-PPO hospital
Hospital Admission Authorization Requirements	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice
Nursing Benefits		
Skilled Nursing Facility Care	70% (in-network) or 50% (out-of-network) up to \$150 per day for up to 100 days per calendar year ¹	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year ¹
Private Duty Nurses	80% in accordance with requirements	80% in accordance with requirements
Home Health Care	100% in accordance with requirements ¹	100% in accordance with requirements ¹
Hospice Care	100% up to plan limitations, in accordance with requirements ¹	100% up to plan limitations, in accordance with requirements ¹
Emergency Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum special care unit ¹	90% PPO hospital ² ; 80% non-PPO hospital
Outpatient	100% at a hospital only ¹	80%
Ambulance	80% for transportation to first hospital where care is given	80% for transportation to first hospital where care is given
Outpatient Benefits		
Doctor's Office Visits	80%	80%
Preadmission X-Ray and Lab Tests	100% ¹	100% ¹
Routine Checkups		
—Adult	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250
—Children Under 17	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250
Immunizations	Not covered except for children under age 17	Not covered except for children under age 17
Outpatient Surgical Services	100% ¹	100% ¹ (80% hospital facility fees)
Physical Therapy	80% in accordance with requirements	80% in accordance with requirements
Speech Therapy	80% in accordance with requirements	80% in accordance with requirements
Maternity	80% in accordance with requirements	80% in accordance with requirements
Prescription Drug Benefits		
Prescription Drugs	Retail: 80% in-network, 60% out-of-network; Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)	Retail: 80% in-network, 60% out-of-network; Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)
Mental Health Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum intensive care ¹ ; 30 days maximum per calendar year	90% PPO; 80% non-PPO; 15 days maximum per calendar year
Outpatient	50% of covered expenses; 20 visits maximum per calendar year	50% of covered expenses; 20 visits maximum per calendar year
Vision Benefits		
Eye Exams	Covered after accident only ³	Covered after accident only ³
Lenses	Covered after accident ³ and after eye surgery	Covered after accident ³ and after eye surgery
Frames	Covered after accident ³ or eye surgery only	Covered after accident ³ or eye surgery only
Hearing Care Benefits		
Hearing Exams	Covered after accident only ³	Covered after accident only ³
Hearing Aids	Covered after accident only ³	Covered after accident only ³

HMOs

Anthem Blue Cross Prudent Buyer Plan	CIGNA Network Model Plan
\$100 – individual; \$200 – family	None
N/A	\$1,500 – individual; \$3,000 – family
\$1,000,000	Unlimited
80% Prudent Buyer; 70% non-Prudent Buyer with \$75 per day maximum; \$150 per day intensive care (for non-Prudent Buyer)	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	No charge for inpatient or outpatient
80% Prudent Buyer; 70% non-Prudent Buyer (up to \$250 per day for non-Prudent Buyer)	No charge
Authorization by a Prudent Buyer physician required. Non-Prudent Buyer physicians must contact Anthem Blue Cross	Authorization by a CIGNA HealthCare physician required within 48 hours in case of emergency outside service area
80% of semi-private room rate for up to 100 days per confinement period	No charge; 60 days per contract year
80% in accordance with requirements	No charge if authorized by a CIGNA HealthCare physician (60 visits per contract year together with Home Health Care)
100% in accordance with requirements	No charge (60 visits per contract year together with Private Duty Nursing)
100% up to plan limitations, in accordance with requirements ¹	No charge
80%	No charge
80%	\$50 copay; waived if admitted
80%	No charge when true emergency authorized by a CIGNA HealthCare physician
80% Prudent Buyer; 70% non-Prudent Buyer	\$5 copay
100% Prudent Buyer; 70% non-Prudent Buyer	No charge
\$25 copay; covered in-network only; maximum of \$250	\$5 copay
\$25 copay; maximum of \$250; covered in-network only	
Not covered except for children under age 17	No charge (after \$5 office visit copay, if applicable)
100% ¹ Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non-Prudent Buyer)	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	\$20 copay; 20 visits maximum per contract year
80% in accordance with requirements	\$20 copay; 20 visits maximum per contract year
Not covered, except for complications	Covered as for any other illness; no copay
Retail: 80%; mail order is not available	Retail: \$7 copay for 30-day supply; Mail order: \$14 copay for 90-day supply
80% Prudent Buyer; 70% non-Prudent Buyer	\$50 copay per day; 30 days maximum per calendar year
50% Prudent Buyer; 50% non-Prudent Buyer; 30 visits maximum per calendar year	Member Assistance Program: No copay for up to 3 phone or non-clinical sessions Mental Health — Individual: \$25 copay per visit; 20 visits maximum per calendar year Substance Abuse — Individual: \$15 copay for first 2 visits; \$25 copay for visits 3 – 20 Substance Abuse — Group: \$15 copay per visit; 40 visits maximum per calendar year
Not covered	\$10 copay; limit one exam every 12 months
One pair, after eye surgery	Not covered
Not covered	Not covered
Not covered	Covered as part of primary care physician exam only
Not covered	Not covered

Kaiser Permanente	PacifiCare⁴
None	None
Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
Unlimited	Unlimited
No charge	No charge
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating PacifiCare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; limit 100 consecutive days from first treatment per disability
No charge if authorized by Kaiser physician	No charge (if medically necessary)
No charge if authorized by Kaiser physician	No charge; 100 visits maximum per calendar year
No charge if authorized by Kaiser physician (up to 100 2-hour visits per calendar year)	No charge when authorized by a PacifiCare participating physician or medical group. Prognosis of life expectancy of one year or less.
No charge	No charge
\$5 at Kaiser facility; waived if admitted directly to the hospital	\$50; waived on admission
No charge if emergency	No charge when medically necessary
\$5 copay	\$5 copay
No charge	No charge with an office visit
\$5 copay	\$5 copay; no charge for age 2 and under
No charge if generally available	\$5 copay; no charge for age 2 and under
\$5 copay	No charge
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	No charge; office visit copays are waived after initial office visit copay
\$7 copay for up to 100-day supply; can be in person, Internet, mail order, telephone	Retail: \$7 copay for 30-day supply; Mail order: \$7 copay for 90-day supply
No charge; 45 days maximum per calendar year	No charge; 30 days maximum per calendar year
\$5 copay	\$5 copay; 30 visits maximum per calendar year; ⁵ must be authorized through PacifiCare Behavioral Health ⁶
\$5 copay	\$5 copay through PCP ⁶
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	Not covered

Carrier Notes:

Anthem Blue Cross Plans I, II, and Prudent Buyer

Coinsurance payment is the percentage of eligible charges after you meet the plan deductible, unless otherwise noted. **All plan reimbursements are based on negotiated rates or usual and customary charges.**

Usual and Customary charges are the maximum amounts the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

¹ Indicates deductible waived.

Anthem Blue Cross II

² For non-Medicare members only.

Anthem Blue Cross I and II

³ Treatment must be due to an accidental injury while insured and treatment must be received within two years of accident.

HMOs

Medical care must be received from HMO or contracted provider, physician or facility.

Mental Health Benefits for California Base Contracts: refer to evidence of coverage.

PacifiCare

⁴ Evercare Solutions for Caregivers – no charge for advice, information and referrals. See the Caregiver flyer, in the packet sent to retirees, for additional services.

⁵ \$5 copay and no visit maximum if diagnosed with schizophrenia; schizoaffective disorder; bipolar disorder (manic-depressive illness); major depressive disorders; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa; and severe emotional disturbances of a child as identified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* and meeting the criteria of California law.

⁶ Your PCP is your Preferred Care Provider in the PacifiCare HMO.