

Effective January 1, 2012

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

L//CERA

- **Anthem Blue Cross Plan I**
- **Anthem Blue Cross Plan II**
- **Anthem Blue Cross Plan III**

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

This chart represents only a summary of benefits. 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.

GENERAL MEDICARE INFORMATION

	Medicare Benefit Period/Service	Medicare Pays
Hospitalization Semi-private room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days 61st to 90th day 91st to 150th day ¹ Beyond 150 days	All but \$1,156 All but \$289 a day All but \$578 a day Nothing
Posthospital Skilled Nursing Facility Care 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 \$144.50 a day Nothing
Home Healthcare 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 healthcare benefits	Full cost of limited Medicare-approved visits; 80% of durable medical equipment
Hospice Care	For as long as doctor certifies need	All but 5% copay for inpatient respite care and \$5 copay for outpatient prescription drugs
Blood (Inpatient)	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
Medical Expenses	Physicians' services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment	80% of approved amount (after \$140 deductible); 100% for clinical laboratory services
Maternity	Prenatal care including tests and office visits, inpatient delivery services, etc.	Covered as any other illness
Outpatient Surgery	Treatment as medically necessary	80% of approved amount (after \$140 deductible)
Blood (Outpatient)	Unlimited during a benefit period if medically necessary	80% of approved amount (after first three pints and \$140 deductible); three-pint deductible needs to be met only once per year as an inpatient and/or outpatient
Prescription Drugs	Reimbursement of the cost of outpatient prescription drugs	Not covered. Anthem Blue Cross provides prescription drug coverage through CVS/Caremark instead of Medicare Part D
Outpatient Psychiatric	Services of doctor, CORF ² , physician assistant, and psychologist	After \$140 deductible, 60% of approved amount; for some services, 80% of approved amount
Hearing Exam	Routine hearing exam	Not covered
Hearing Aid	Cost of hearing aid	Not covered

Please Note: The total payment by both Anthem Blue Cross Plans I and II will not exceed Medicare's allowed amount. Additionally, 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 ANTHEM BLUE CROSS PLANS WITH MEDICARE

Anthem Blue Cross I Pays	Anthem Blue Cross II Pays	Anthem Blue Cross III Pays
\$75 per day; 100% for services and supplies ³	90% PPO, 80% non-PPO for semi-private room; intensive care unit up to 2.5 times semi-private room rate ³	\$1,156 (First 60 days) \$289 a day (61st to 90th day) \$578 a day (91st to 150th day) ¹ Nothing (Beyond 150 days)
Nothing	Nothing	Nothing
70% (in-network) or 50% (out-of-network) up to \$150 per 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	\$144.50 per day up to 80 days
Nothing	Nothing	Nothing
100% of all remaining costs ³	100% of all remaining costs ³	100% of all remaining costs
100% of hospice after Medicare benefit ends; drug charges covered under prescription drug benefit listed below	100% of hospice after Medicare benefit ends; drug charges covered under prescription drug benefit listed below	100% of hospice after Medicare benefit ends; drug charges covered under prescription drug benefit listed below
100% of U&C ⁴ charges	80% of U&C ⁴ charges	20% of Medicare-approved charges plus three-pint deductible
20% of U&C ⁴ charges after \$100 deductible	20% of U&C ⁴ charges after \$500 deductible	\$140 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 ⁴ charges	20% of U&C ⁴ charges	\$140 Medicare deductible; 20% of Medicare-approved charges
20% of U&C ⁴ charges	20% of U&C ⁴ charges	\$140 Medicare deductible; 20% of Medicare-approved charges
Retail: 80% in-network; 60% out-of-network ⁵ Mail order (up to 90-day supply for all): \$10 generic/\$30 brand/\$50 non-preferred brand; \$150 specialty copay ⁶	Retail: 80% in-network; 60% out-of-network ⁵ Mail order (up to 90-day supply for all): \$10 generic/\$30 brand/\$50 non-preferred brand; \$150 specialty copay ⁶	Retail: 80% in-network; 60% out-of-network ⁵ Mail order (up to 90-day supply for all): \$10 generic/\$30 brand/\$50 non-preferred brand; \$150 specialty copay ⁶
80% of covered expense for an unlimited number of visits	80% of covered expense for an unlimited number of visits	\$140 Medicare deductible; 30% of Medicare-approved charge up to 50 visits per year maximum
80% of U&C ⁴ charges within two years of an accident	80% of U&C ⁴ charges within two years of an accident	One per year; 80% of U&C ⁴
80% of U&C ⁴ charges within two years of an accident	80% of U&C ⁴ charges within two years of an accident	50% up to \$300 lifetime maximum

¹ Once you have been hospitalized for 90 days, Medicare will provide you with 60 reserve days. Each reserve day can be used once only during your lifetime. Medicare will pay all but \$578 per reserve day.

² Comprehensive Outpatient Rehabilitation Facility (CORF).

³ Deductible waived: Anthem Blue Cross I, \$100 per individual or family; Anthem Blue Cross II, \$500 per individual/\$1,500 per family.

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

⁵ At a retail pharmacy, you pay 100% for each generic or brand-name prescription. **Network pharmacy:** After you present your ID card, the pharmacist will submit your claim electronically to Caremark and then the claim will be forwarded to Anthem Blue Cross (ABC). After you meet the annual deductible, ABC will reimburse you for 80% of the prescription's cost. **Non-network pharmacy:** You must submit a claim form directly to Caremark (contact Caremark for a claim form). After you meet the annual deductible, ABC will reimburse you for 60% of reasonable and customary charges.

⁶ For speciality drugs dispensed in amounts less than a 90-day supply (e.g. 30- or 60-day supply), the copayment will be reduced and will be based on the actual amount dispensed.