

# COMPARISON OF MEDICAL PLANS

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
1. Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-786-6464, Ext. 1.
2. Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-786-6464, Ext. 1。
3. Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-786-6464, Ext. 1.
4. Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-786-6464, Ext. 1.
5. Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-786-6464, Ext. 1 번으로 전화해 주십시오.
6. Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-786-6464, Ext. 1:
7. Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-786-6464, Ext. 1 تماس بگیرید.
8. Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-786-6464, Ext. 1.
9. Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-786-6464, Ext. 1 まで、お電話にてご連絡ください。
10. Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-786-6464-1, Ext. 1.
11. Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਵੱਚ ਸਹਾਇਤਾ ਮੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-786-6464, Ext. 1 'ਤੇ ਕਾਲ ਕਰੋ।
12. Cambodian	ប្រុងប្រយ័ត្នប្រសិនបើអ្នកនិយាយភាសាខ្មែរអ្នកមានសេវាកម្មជំនួយភាសាគតគិតថ្លៃនៅចំពោះមុខអ្នក។ ទូរស័ព្ទមកលេខ 1-800-786-6464, Ext. 1 ។
13. Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-786-6464, Ext. 1.
14. Hindi	ध्यान दः यद आप हदी बोलते ह तो आपके लए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। पर काल कर 1-800-786-6464, Ext. 1.
15. Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-786-6464, Ext. 1.

For those enrolled in Medicare Parts A and B

Effective July 1, 2020

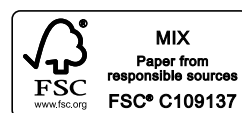
## Medicare Supplement Plan

- Anthem Blue Cross III

## Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Permanente Senior Advantage
- UnitedHealthcare Medicare Advantage HMO
- SCAN Health Plan

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**  
(For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

Medicare Supplement		Medicare Advantage Prescription Drug (MA-PD) HMOs		
	Anthem Blue Cross III	Kaiser Permanente Senior Advantage <sup>6</sup>	SCAN <sup>1</sup>	UnitedHealthcare Medicare Advantage HMO
<b>Outpatient Benefits</b>				
<b>Doctor's Office Visit</b>	20% of Medicare-approved charges	\$5 copay	\$5 copay	\$5 copay
<b>Preadmission X-ray and Lab Tests</b>	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
<b>Routine Checkups</b>	Not covered	No charge	\$5 copay	No charge
<b>Immunizations</b>	Not covered	No charge	No charge	No charge with an office visit copay
<b>Outpatient Surgical Services</b>	20% of Medicare-approved charges	\$5 copay per procedure	No charge	No charge
<b>Physical Therapy</b>	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
<b>Speech Therapy</b>	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
<b>Maternity</b>	Covered the same as an illness for services covered by Medicare	\$5 copay	Covered as any illness	Covered in accordance with Medicare guidelines
<b>Chiropractic Care</b>	20% of Medicare-approved charges	\$5 copay for Medicare-covered services <sup>3</sup>	\$5 copay for Medicare-covered services <sup>3</sup>	\$5 copay for Medicare-covered services <sup>3</sup>
<b>Transportation</b>	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	Not covered
<b>Prescription Drug Benefits</b>				
<b>Prescription Drugs</b>	Retail: 80% in-network, 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply <sup>4</sup>	\$7 copay for up to 100-day supply; covers dental prescriptions	Retail: \$7 generic/\$15 brand for 30-day supply Mail order: \$7 generic/\$15 brand for 90-day supply Generic drug discounts at Preferred Network Pharmacies (CVS, Rite-Aid, Costco, Vons, Ralphs): \$2 Retail/\$4 Mail-Order	\$7 copay for 30-day supply (or for 90-day mail order supply for maintenance medications only)
<b>Mental Health and Substance Abuse Benefits</b>				
<b>Inpatient</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; for unlimited number of days	No charge; 90 days per benefit period. 190-day lifetime maximum in Medicare facility. <sup>2</sup>	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
<b>Outpatient</b>	20% of Medicare-approved charges; up to 50 professional visits per year	\$5 copay for each visit per calendar year for an unlimited number of visits	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
<b>Substance Abuse</b>	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5 per individual visit; \$2 per group visit	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
<b>Vision Benefits</b>				
<b>Eye Exams</b>	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
<b>Lenses</b>	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/contacts) purchased from plan optical sales every 24 months; \$150 allowance	Not covered	Not covered
<b>Frames</b>	Not covered unless after eye surgery		Not covered	Not covered
<b>Hearing Care Benefits</b>				
<b>Hearing Exams</b>	One per calendar year; 80%	\$5 copay	\$5 copay	\$5 copay
<b>Hearing Aids</b>	50% up to \$300 lifetime maximum	Not covered	\$600 allowance, every 24 months	Not covered

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<b>Calendar Year Deductibles</b>	None	None	None	None
<b>Annual Maximum Out-Of-Pocket Expenses (for most services)</b>	None	Maximum copayments of \$1,500 – individual \$3,000 – family	\$3,400	\$6,700
<b>Lifetime Maximum Benefits</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Hospital Benefits</b>				
<b>Room and Board</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
<b>Surgical Services</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
<b>Hospital Services and Supplies</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
<b>Nursing Benefits</b>				
<b>Skilled Nursing Facility Care</b>	Plan pays Medicare daily deductible for days 21–100; no coverage beyond 100 days	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility
<b>Private Duty Nurses</b>	Not covered	No charge if authorized by a Kaiser Permanente physician	No charge when medically necessary only, per Medicare guidelines	No charge when medically necessary only, per Medicare guidelines
<b>Home Healthcare</b>	Plan pays nothing except 20% of the Medicare-approved amount for durable medical equipment only	No charge for Medicare-covered Home Health and no charge for part-time intermittent care if authorized by a Kaiser Permanente physician	No charge for Medicare-covered Home Health. See (*) below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines
<b>Hospice Care</b>	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser Permanente physician	No charge	No charge, provided care is in accordance with Medicare guidelines
<b>Emergency Benefits</b>				
<b>Inpatient</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
<b>Outpatient</b>	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
<b>Ambulance</b>	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

<sup>1</sup> SCAN includes expanded coverage for Independent Living Power™ services, which are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties. Qualifying members are eligible for up to \$650 per month of these additional services.

- No charge for personal care coordination via phone
- No copay for emergency response system
- \$15 copay per visit for alternative caregiver visit to a member's home when his or her regular caregiver is not available
- \$15 copay per visit for adult day care to provide relief for regular caregiver
- No copay for up to five days in a facility when regular caregiver is unavailable
- \$15 copay per visit for transportation escort to medical, dental, optometric or other necessary appointments
- \$15 copay per visit for personal care such as assistance with bathing, dressing, eating, getting in and out of bed, moving about/walking and grooming
- \$15 copay per visit for homemaker services such as light cleaning, grocery shopping, laundry and meal preparation
- No copay for bathroom durable medical equipment
- No copay for home-delivered meals
- No copay for inpatient custodial care up to 5 days in a facility. Medicare will not pay for a stay in a facility if the services received are primarily for those purposes.
- SilverSneakers by Tivity Health Fitness Program available at no extra cost.

<sup>2</sup> Note: Visit or day limits do not apply to certain mental healthcare described in the evidence of coverage.

<sup>3</sup> Manual manipulation of the spine to correct subluxation that can be demonstrated by X-ray, when the manipulation is prescribed by plan physician and performed by plan provider.

<sup>4</sup> Copayment for specialty drugs will be prorated if you receive less than a 90-day supply

<sup>5</sup> UnitedHealthcare Medicare Advantage HMO includes coverage for Solutions for Caregiver's services — No charge for advice, information and referrals. See the Caregiver flyer included in the materials received after enrollment in the plan for additional services.

<sup>6</sup> Kaiser Senior Advantage - Silver&Fit Exercise & Healthy Aging available effective July 1, 2019. Contact Kaiser at (877) 750-2746.

**NON-DISCRIMINATION NOTICE**

The LACERA-administered Retiree Healthcare Benefits Program complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LACERA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The LACERA-Administered Retiree Healthcare Benefits Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Cassandra Smith, Director, or Leilani Ignacio, Retiree Healthcare Division.

If you believe that LACERA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cassandra Smith, Director, Retiree Healthcare, or Leilani Ignacio:  
LACERA  
P.O. Box 7060, Pasadena, CA 91109-7060  
Telephone: (800) 786-6464, then press 1, or (626) 564-6132  
Fax: (626) 564-6799  
Email: healthcare@lacera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Cassandra Smith or Leilani Ignacio are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.