

¹ Once you have been hospitalized for 90 days, Medicare will provide you with 60 reserve days. Each reserve day can be used only once during your lifetime. Medicare will pay all but \$682 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 **Network pharmacy:** At a retail pharmacy, you pay 20% coinsurance after meeting your annual deductible. No deductible under the Anthem Blue Cross Plan III.

Non-network pharmacy: You must submit a claim form directly to CVS/Caremark (contact CVS/Caremark for a claim form). After you meet the annual deductible, ABC will reimburse you for 60% of reasonable and customary charges.

⁶ For specialty 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.

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 or II, your accumulated expenses from the Prudent Buyer Plan will count toward your lifetime maximum for the new plan you've chosen.

Statement of Non-Discrimination

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-administered Retiree Healthcare Benefits Program cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

LACERA-administered Retiree Healthcare Benefits Program 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Effective January 1, 2019

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

LACERA

- 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.



	Medicare Benefit Period/Service	Medicare Pays	Anthem Blue Cross I Pays	Anthem Blue Cross II Pays	Anthem Blue Cross III Pays
Hospitalization Semi-private room and board, general nursing, drugs, and miscellaneous hospital services and supplies	First 60 days 61st to 90th day 91st to 150th day ¹ Beyond 150 days	All but \$1,364 All but \$341 a day All but \$682 a day Nothing	\$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	\$1,364 (First 60 days) \$341 a day (61st to 90th day) \$682 a day (91st to 150th day) ¹ Nothing (Beyond 150 days)
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 \$170.50 a day Nothing	Nothing 70% (in-network) or 50% (out-of-network) up to \$150 per day for up to 100 days per calendar year ³ Nothing	Nothing 70% (in-network) or 50% (out-of-network) for up to 100 days per calendar year Nothing	Nothing \$170.50 per day up to 80 days 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	Nothing except 20% of the Medicare-approved amount for durable medical equipment	Nothing except 20% of the Medicare-approved amount for durable medical equipment	Nothing except 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	For as long as doctor certifies need	All but 5% coinsurance for inpatient respite care and \$5 copay for outpatient prescription drugs	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
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	100% of U&C ⁴ charges	80% of U&C ⁴ charges	20% of Medicare-approved charges plus three-pint deductible
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 \$185 deductible); 100% for clinical laboratory services	20% of U&C ⁴ charges after \$100 deductible	20% of U&C ⁴ charges after \$500 deductible	\$185 Medicare deductible; 20% of Medicare-approved charges
Maternity	Prenatal care, including tests and office visits, inpatient delivery services, etc.	Covered as any other illness	80% in accordance with requirements	80% in accordance with requirements	Covered as any other illness for services covered by Medicare
Outpatient Surgery	Treatment as medically necessary	80% of approved amount (after \$185 deductible)	20% of U&C ⁴ charges	20% of U&C ⁴ charges	\$185 Medicare deductible; 20% of Medicare-approved charges
Blood (Outpatient)	Unlimited during a benefit period if medically necessary	80% of approved amount (after first three pints and \$185 deductible); three-pint deductible needs to be met only once per year as an inpatient and/or outpatient	20% of U&C ⁴ charges	20% of U&C ⁴ charges	\$185 Medicare deductible; 20% of Medicare-approved charges
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	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
Mental Healthcare	Services of doctor, CORF ² , physician assistant, and psychologist	After \$185 deductible, 80% of approved amount	80% of covered expense for an unlimited number of visits	80% of covered expense for an unlimited number of visits	\$185 Medicare deductible; 20% of Medicare-approved charge up to 50 visits per year maximum
Hearing Exam Note: Medicare does not cover hearing aids or exams for the fitting of hearing aids.	Routine hearing exam Note: Covered by Medicare if ordered by doctor to see if medical treatment is needed.	80% of approved amount (after \$185 deductible)	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
Hearing Aid	Cost of hearing aid	Not covered	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