<table>
<thead>
<tr>
<th>Indemnity Medical Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Anthem Blue Cross I</td>
</tr>
<tr>
<td>- Anthem Blue Cross II</td>
</tr>
<tr>
<td>- Anthem Blue Cross Prudent Buyer Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Maintenance Organizations (HMOs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cigna Network Model Plan (Arizona and California only)</td>
</tr>
<tr>
<td>- Kaiser Permanente (California only)</td>
</tr>
<tr>
<td>- UnitedHealthcare</td>
</tr>
</tbody>
</table>

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.
### Indemnity Insurance Plans

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Benefits Provided</th>
<th>Deductible</th>
<th>Co-payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross</td>
<td>$75 per day maximum</td>
<td>$1,000,000</td>
<td>100% up to medical necessity</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Prudent Buyer</td>
<td>$75 per day maximum</td>
<td>$1,000,000</td>
<td>100% up to medical necessity</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Hospital Benefits

- **In-Patient Hospital Benefits**
  - **Anthem Blue Cross II**
    - 100% after 60 days
  - **UnitedHealthcare**
    - 100% after 60 days
  - **Cigna Network Model**
    - 100% after 60 days

### Physical Therapy

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $75 per day maximum
  - **UnitedHealthcare**
    - $75 per day maximum
  - **Cigna Network Model**
    - $75 per day maximum

### Hearing Exams

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - Covered after accident only
  - **UnitedHealthcare**
    - Covered after accident only
  - **Cigna Network Model**
    - Covered after accident only

### Skilled Nursing Facility Car

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $75 per day maximum
  - **UnitedHealthcare**
    - $75 per day maximum
  - **Cigna Network Model**
    - $75 per day maximum

### Surgical Services

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $90% PPO; 80% non-PPO
  - **UnitedHealthcare**
    - $90% PPO; 80% non-PPO
  - **Cigna Network Model**
    - $90% PPO; 80% non-PPO

### Prescription Drugs

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply
  - **UnitedHealthcare**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply
  - **Cigna Network Model**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply

### Hearing Aids

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - One pair, after eye surgery
  - **UnitedHealthcare**
    - One pair, after eye surgery
  - **Cigna Network Model**
    - One pair, after eye surgery

### Immunizations

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $5 copay
  - **UnitedHealthcare**
    - $5 copay
  - **Cigna Network Model**
    - $5 copay

### Physical Therapy

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $75 per day maximum
  - **UnitedHealthcare**
    - $75 per day maximum
  - **Cigna Network Model**
    - $75 per day maximum

### Hearing Exams

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - Covered after accident only
  - **UnitedHealthcare**
    - Covered after accident only
  - **Cigna Network Model**
    - Covered after accident only

### Skilled Nursing Facility Car

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $75 per day maximum
  - **UnitedHealthcare**
    - $75 per day maximum
  - **Cigna Network Model**
    - $75 per day maximum

### Surgical Services

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $90% PPO; 80% non-PPO
  - **UnitedHealthcare**
    - $90% PPO; 80% non-PPO
  - **Cigna Network Model**
    - $90% PPO; 80% non-PPO

### Prescription Drugs

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply
  - **UnitedHealthcare**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply
  - **Cigna Network Model**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply

### Hearing Aids

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - One pair, after eye surgery
  - **UnitedHealthcare**
    - One pair, after eye surgery
  - **Cigna Network Model**
    - One pair, after eye surgery

### Immunizations

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $5 copay
  - **UnitedHealthcare**
    - $5 copay
  - **Cigna Network Model**
    - $5 copay

### Physical Therapy

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $75 per day maximum
  - **UnitedHealthcare**
    - $75 per day maximum
  - **Cigna Network Model**
    - $75 per day maximum

### Hearing Exams

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - Covered after accident only
  - **UnitedHealthcare**
    - Covered after accident only
  - **Cigna Network Model**
    - Covered after accident only

### Skilled Nursing Facility Car

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $75 per day maximum
  - **UnitedHealthcare**
    - $75 per day maximum
  - **Cigna Network Model**
    - $75 per day maximum

### Surgical Services

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $90% PPO; 80% non-PPO
  - **UnitedHealthcare**
    - $90% PPO; 80% non-PPO
  - **Cigna Network Model**
    - $90% PPO; 80% non-PPO

### Prescription Drugs

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply
  - **UnitedHealthcare**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply
  - **Cigna Network Model**
    - Mail order: $10 generic/$30 brand/$50 non-preferred brand/$150 specialty copay for 90-day supply

### Hearing Aids

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - One pair, after eye surgery
  - **UnitedHealthcare**
    - One pair, after eye surgery
  - **Cigna Network Model**
    - One pair, after eye surgery

### Immunizations

- **Out-of-Pocket Maximum Benefits**
  - **Anthem Blue Cross II**
    - $5 copay
  - **UnitedHealthcare**
    - $5 copay
  - **Cigna Network Model**
    - $5 copay