LACERA

COMPARISON OF MEDICAL PLANS

2022

For those enrolled in Medicare Parts A and B

Effective July 1, 2022

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.

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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[1]**	**SCAN[2]**	**UnitedHealthcare Medicare Advantage HMO[3]**
Outpatient Benefits				
Doctor's Office Visit	20% of Medicare-approved charges	$5 copay	$5 copay	$5 copay
Preadmission X-ray and Lab Tests	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
Routine Checkups	Not covered	No charge	$5 copay	No charge
Immunizations	Not covered	No charge	No charge	No charge with an office visit copay
Outpatient Surgical Services	20% of Medicare-approved charges	$5 copay per procedure	No charge	No charge
Physical Therapy	20% of Medicare-approved charges	$5 copay	$5 copay	No charge with an office visit copay
Speech Therapy	20% of Medicare-approved charges	$5 copay	$5 copay	No charge with an office visit copay
Maternity	Covered the same as an illness for services covered by Medicare	$5 copay	Covered in accordance with Medicare guidelines	Covered in accordance with Medicare guidelines
Chiropractic Care	20% of Medicare-approved charges	$5 copay for Medicare-covered services[4]	$5 copay for Medicare-covered services[4]	$5 copay for Medicare-covered services[4]
Transportation	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	12 one-way rides to medically-related appointments, up to 30 days following discharge[3]
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 mail order for 90-day supply[5]	$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 100-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)
Mental Health and Substance Abuse Benefits				
Inpatient	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.[6]	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	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
Substance Abuse	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
Vision Benefits				
Eye Exams	Not covered	$5 copay	$5 copay for Medicare-covered, medically-necessary eye exam	$5 copay
Lenses	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
Frames	Not covered unless after eye surgery		Not covered	Not covered
Hearing Care Benefits				
Hearing Exams	One per calendar year; 80%	$5 copay	$5 copay	$5 copay
Hearing Aids	50% up to $300 lifetime maximum	Not covered	$600 allowance, every 24 months	Not covered

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Calendar Year Deductibles	None	None	None	None
Annual Maximum Out-Of-Pocket Expenses (for most services)	None	Maximum copayments of $1,500 – individual $3,000 – family	$3,400	$6,700
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Benefits				
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Nursing Benefits				
Skilled Nursing Facility Care	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
Private Duty Nurses	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
Home Healthcare	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 (1) below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser Permanente physician	No charge, provided care is in accordance with Medicare guidelines	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	$5 copay; waived if admitted	No charge	No charge
Outpatient	20% of Medicare-approved charges	$5 copay; waived if admitted	$25 copay; waived if admitted	$50 copay; waived if admitted
Ambulance	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

[1] Kaiser Senior Advantage - Supplemental benefits with meals and transportation, as well as the Silver&Fit Exercise & Healthy Aging program are available. Contact Kaiser at (877) 750-2746.

[2] 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 for 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

[3] UnitedHealthcare's Healthy at Home program includes 28 home-delivered meals, 12 one-way rides to medically-related appointments and pharmacy, and 6 hours of in-home personal care for up to 30 days following discharge from inpatient and skilled nursing facilities. Referral is required. UnitedHealthcare also includes the Renew Active® fitness program (which replaces Silver Sneakers), and PERS.

[4] 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.

[5] Copayment for specialty drugs will be prorated if you receive less than a 90-day supply.

[6] Note: Visit or day limits do not apply to certain mental healthcare described in the evidence of coverage.