

2017/2018 LAPRA Medical Plans At-a-Glance

The table below provides an overview of the key benefits provided through the LAPRA medical plans. Please refer to the Anthem Blue Cross PPO or HMO, or Kaiser HMO materials for a complete description of benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Anthem Blue Cross Prudent Buyer PPO		Anthem Blue Cross CaliforniaCare Plus HMO (California Residents Only)	Kaiser HMO (California Residents Only)
	PPO Network	Non-PPO Network ¹	HMO Providers Only ³	HMO Providers Only
Providers				
Calendar Year Deductible	\$300 per person \$600 per family	\$500 per person \$1,000 per family	N/A	N/A
Calendar Year Out-of-Pocket Maximum (includes deductibles and co-pays; excludes co-pays for infertility benefits)	Medical Charges: \$2,000 per person \$6,000 per family (not to exceed \$2,000 for any one person) See page 7 for prescription drug out-of-pocket maximum.	Medical Charges: \$3,000 per person \$9,000 per family (not to exceed \$3,000 for any one person) See page 7 for prescription drug out-of-pocket maximum.	Medical and Prescription Drug Charges: \$1,000 per person \$3,000 per family	Medical and Prescription Drug Charges: \$1,500 per person \$3,000 per family
Lifetime Max	Unlimited		Unlimited	Unlimited
Office Visit	90% ²	70% ²	\$15 co-pay	\$15 co-pay
Hospitalization	90% ²	70% ^{2,4,5}	100%	100%
Emergency Room	90% ² after a \$150 co-pay (waived if admitted)		\$150 co-pay (waived if admitted)	\$150 co-pay (waived if admitted)
Urgent Care	90% ²	70% ²	\$15 co-pay	\$15 co-pay
Maternity Care	90% ²	70% ²	Doctor visits: \$15 co-pay (initial visit only) Facility charges: 100%	Doctor visits: 100% Facility charges: 100%
Well Baby/ Child Care	100% (up to age 7; not subject to deductible)	70% ² (up to age 7; not subject to deductible)	100% (up to age 7)	100% (up to age 2)
Routine Physical	100% (adults & children over age 7; not subject to deductible)	Not covered	100% (adults & children over age 7)	100%
Diagnostic X-ray & Lab Tests	90% ²	70% ²	100%	100%
Body Scans (not subject to deductible)	100% after \$25 co-pay; up to \$250 per calendar yr	Not Covered	Not Covered	Not Covered
Physical & Occupational Therapy and Chiropractic Services (additional services may be authorized)	90% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	70% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	\$15 co-pay (limited to a 60-day period of care after illness or injury; additional visits available when approved by the medical group)	\$15 co-pay (Chiropractic up to 40 visits per year)
Acupuncture	90% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	70% ² (24 visits per calendar yr combined PPO Network & Non-PPO Network)	\$15 co-pay	\$15 co-pay
Mental Health/ Chemical Dependency				
• Outpatient	90% ²	70% ²	\$15 co-pay	\$15 co-pay individual therapy/ group therapy: \$7 co-pay mental health, \$5 co-pay chem dep
• Inpatient	90% ²	70% ^{2,4,5}	100%	100%

¹ Benefits are based on the customary and reasonable charge. You are responsible for any difference between the amount charged and the customary and reasonable charge, plus any deductible and/or coinsurance amount.

² Subject to calendar year deductible.

³ Your primary care physician can refer you to a specialist when necessary and must approve all care you receive except in the event of an emergency.

⁴ Failure to obtain pre-service authorization may result in a \$350 penalty.

⁵ Covered expense is reduced by 25% for services and supplies provided by a non-contracting hospital.

When You Need a Prescription

When you enroll in a LAPRA medical plan, you automatically receive prescription drug coverage as shown in the table below. Note that prescription drug co-pays count towards your medical plan calendar year out-of-pocket maximum in the Anthem Blue Cross CaliforniaCare Plus HMO and the Kaiser HMO, but there is a separate prescription drug out-of-pocket maximum for the Anthem Blue Cross Prudent Buyer PPO.

To save money on prescription drugs, request that your doctor write your prescriptions for “generic” drugs whenever possible. Generic drugs are often the therapeutic equivalent of their brand-name counterparts, but cost significantly less.

You can purchase up to a 90-day supply of most maintenance drugs at a retail pharmacy under the Anthem Blue Cross Prudent Buyer PPO and CaliforniaCare Plus HMO. Maintenance drugs are those used to treat chronic conditions and are typically taken on a regular basis. Also, women’s prescription contraceptives will be covered with a \$0 co-pay under any LAPRA medical plan option to comply with requirements of the Affordable Care Act.

Prescription Drugs	Anthem Blue Cross Prudent Buyer PPO	Anthem Blue Cross CaliforniaCare Plus HMO (California Residents Only)	Kaiser HMO (California Residents Only)
Calendar Year Prescription Drug Out-of-Pocket Maximum	\$4,850 per person \$7,700 per family (not to exceed \$4,850 for any one person)	N/A	N/A
Retail Pharmacy • Generic ¹ • Brand • Maintenance Drugs • Injectables ² • Retail Supply	\$15 co-pay \$25 co-pay 2 co-pays (90-day supply) 20% co-pay, ¹ max \$150/prescription Up to 30 days (90 days for maintenance drugs ³)	\$15 co-pay \$25 co-pay 2 co-pays (90-day supply) 20% co-pay, ¹ max \$150/prescription Up to 30 days (90 days for maintenance drugs ³)	\$15 co-pay \$30 co-pay n/a n/a Up to 30 days
Mail Order • Generic ¹ • Brand • Injectables ² • Mail Order Supply	1-30 day supply / 31-90 day supply \$15 co-pay / \$30 co-pay \$25 co-pay / \$50 co-pay 20% co-pay, max / 20% co-pay, max \$150/prescription / \$300/prescription Up to 90 days	1-30 day supply / 31-90 day supply \$15 co-pay / \$30 co-pay \$25 co-pay / \$50 co-pay 20% co-pay, max / 20% co-pay, max \$150/prescription / \$300/prescription Up to 90 days	1-30 day supply / 31-100 day supply \$15 co-pay / \$30 co-pay \$30 co-pay / \$60 co-pay n/a Up to 100 days

¹ \$0 co-pay for women’s prescription contraceptives.

² 20% co-pay does not apply to insulin. Regular co-pays apply.

³ Maintenance drugs are those used to treat chronic conditions and are typically taken on a regular basis. To determine if your medication qualifies as a maintenance drug, contact Anthem Blue Cross at 800-700-2541. Maintenance drugs do not include any controlled substances, smoking cessation or weight management medications.