

2016/2017 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)	\$75 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.