

# LAPRA APB Medical Plans At-a-Glance

The table below provides an overview of the key benefits provided through the LAPRA APB 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	Kaiser HMO
	PPO Network	Non-PPO Network	HMO Providers Only	HMO Providers Only
<b>Calendar Year Deductible</b>	\$250 per person, \$500 per family		N/A	N/A
<b>Annual Out-of-Pocket Maximum</b> (excludes deductibles and co-pays)	\$1,500 per person	\$1,500 per person	\$500 per person \$1,500 per family	\$1,500 per person \$3,000 per family
<b>Lifetime Maximum</b>	\$5,000,000 per person		Unlimited	Unlimited
<b>Office Visit</b>	90% <sup>1</sup>	70% <sup>1</sup>	\$10 co-pay	\$10 co-pay
<b>Hospitalization</b>	90% <sup>1</sup>	70% <sup>1</sup>	100%	100%
<b>Urgent Care</b>	90% <sup>1</sup>	70% <sup>1</sup>	\$10 co-pay	\$10 co-pay
<b>Emergency Room</b>	\$75 co-pay per visit (waived if admitted)		\$75 co-pay (waived if admitted)	\$50 co-pay (waived if admitted)
<b>Maternity Care</b>	90% <sup>1</sup>	70% <sup>1</sup>	Doctor visits: \$10 co-pay Facility charges: 100%	Doctor visits: \$10 co-pay Facility charges: 100%
<b>Well Baby/ Child Care</b> (to age 19)	90% <sup>1</sup>	70% <sup>1</sup>	\$10 co-pay	\$10 co-pay
<b>Routine Physical</b>	\$25 co-pay, 100% up to \$250 per year	Not covered	\$10 co-pay	\$10 co-pay
<b>Physical &amp; Occupational Therapy and Chiropractic Services</b>	90% <sup>1</sup> (24 combined visits per year)	70% <sup>1</sup> (up to \$25 per visit; 24 combined visits per year)	\$10 co-pay (24 combined visits per year)	\$10 co-pay (Chiropractic up to 40 visits per year)
<b>Acupuncture</b> (24 visits per year)	90% <sup>1</sup> (up to \$30 per visit)	70% <sup>1</sup> (up to \$30 per visit)	\$10 co-pay	\$10 co-pay
<b>Mental Health/ Chemical Dependency</b>				
• Outpatient	90% <sup>1</sup>	70% <sup>1</sup>	\$10 copay	\$10 co-pay individual therapy/ \$5 co-pay group therapy
• Inpatient	90% <sup>1</sup>	70% <sup>1</sup>	100%	100%
<b>Prescription Drugs Retail Pharmacy</b>				
• Generic	\$15 co-pay		\$10 co-pay	\$10 co-pay
• Brand	\$25 co-pay <sup>3</sup>		\$15 co-pay	\$15 co-pay
• Injectables <sup>2</sup>	20% co-pay, max \$100/prescription		20% co-pay, max \$100/prescription	n/a
• Retail Supply	Up to 30 days		Up to 30 days	Up to 100 days
<b>Mail Order</b>				
• Generic	\$15 co-pay		\$10 co-pay	\$10 co-pay
• Brand	\$25 co-pay		\$10 co-pay	\$15 co-pay
• Injectables	20% co-pay, max \$100/prescription		20% co-pay, max \$100/prescription	n/a
• Mail Order Supply	Up to 90 days		Up to 90 days	Up to a 100-days

<sup>1</sup> Subject to calendar year deductible.

<sup>2</sup> 20% co-pay does not apply to insulin. Regular co-pays apply.

<sup>3</sup> If a generic drug is available and the member purchases a brand name drug, the member must pay the brand name copay **plus** the difference between the brand name cost and the generic cost.

# APB Vision

LAPRA members who enroll in an Anthem Blue Cross medical plan (PPO or HMO) automatically receive vision coverage through Vision Service Plan (VSP). A separate enrollment form is not required.

You may use any vision provider for vision care; however, when you use a VSP provider, you'll save money on exams and eyewear and there are no claim forms. VSP also offers discounts on glasses and sunglasses, contact lenses, and laser vision correction. Most services are provided every 12 months. For more information and to find a member doctor, visit the VSP website at [www.vsp.com](http://www.vsp.com).

Benefit Feature	Coverage from VSP Provider	Non-VSP Reimbursement Amounts <sup>1</sup>
<b>Eye Exam</b> Once every 12 months	\$20 co-pay	\$45 reimbursement
<b>Lenses and Frames</b> Once every 12 months	\$20 co-pay	
<b>Frames</b>	Plan pays up to \$115 (20% discount on out-of-pocket expense above \$115)	\$47 reimbursement
<b>Lenses</b>		
• Single vision lens	Plan pays 100%	\$45 reimbursement
• Lined bifocal lens	Plan pays 100%	\$65 reimbursement
• Lined trifocal lens	Plan pays 100%	\$85 reimbursement
<b>Contact Lenses &amp; Fitting Exam</b> Once every 12 months (in lieu of lenses and frames)	\$120 allowance	\$105 reimbursement

<sup>1</sup> You must submit claim forms when you use non-VSP providers.

## Vision Benefits for Kaiser HMO Members

If you are enrolled in the Kaiser HMO, vision care is provided through Kaiser. Vision exams are covered with a \$10 co-pay. In addition, members receive a \$350 allowance for medically necessary eyewear every 24 months.

