Choosing and using your Anthem plan

Your guide to your LACERS 2023 Open Enrollment and being confident in your benefit choices

October 20, 2022





Agenda

- Blue Vision Plan
- 65 and Under PPO and HMO Retiree Plan
- Medicare Part B only PPO and HMO Prescription Drug Plan
- Out-of-Country Plan
- Anthem Medicare Preferred (PPO) with Senior RX
- Resources



Blue View Vision

- More doctors
- More options
- More freedom

Choose from one of the many independent eye doctors in your plan's network.

Schedule appointments when it is convenient for you, including evenings and weekends.

Order eyeglass frames or contact lenses online or in a store.





PEARLE

EST. 00 1961

VISION

OPTICAL"

contactsdirect

1800 contacts

Vision Benefit Highlights

Vision plans	Anthem Blue View Vision (Non-Kaiser Permanente Plan Members)
Routine eye exam (once every 12 mos)	 \$20 for a comprehensive Eye Exam at In Network providers. Up to \$49 allowance for out of network providers.
Eyeglass frames (once every 24 mos)	\$150 allowance for one pair of eyeglass frames
Eyeglass lenses (once every 12 mos)	 Single, bifocal, trifocal, & lenticular lenses are covered in full at in network providers \$30 for progressive lenses at in network providers \$0 copay for eyeglass lens enhancements such as Transition lenses, scratch coating, tint, and standard polycarbonate lenses
Contacts (once every 12 mos)	 \$120 allowance on elective conventional & disposable contacts at in network providers Non-elective (medically necessary) contacts are covered in full at in network providers

Vision Benefit Highlights

- 20% off any balance over your allowance on eyeglass frames.
- 40% savings on an extra pair of complete eyeglasses.
- 20% off retail on some eyeglass lens upgrades & eyewear accessories such as non-prescription sunglasses, lens cleaning supplies, eyeglass cases, etc.
- 15% off retail price for conventional contact lenses



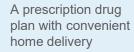
Plans at a glance

All plans include:



Access to one of the nation's largest networks of doctors and hospitals.







Convenient digital access to your plan details, online and on your phone.



Benefits for urgent and emergency care, wherever you are



Coverage for preventive care, like regular checkups, screenings, and shots



Health and wellness tools that help you stay healthy and reach your health goals





Retired Members, Dependents and Survivors under Age 65

Summer of Box offic	Anthem Blue Cross PPO		Anthem Blue Cross		Anthem Bl	Anthem Blue Cross PPO	
Summary of Benefits	Network Benefits	Non-Network Benefits	НМО	Summary of Benefits	Network Benefits	Non-Network Benefits	НМО
Calendar Year Deductible				Other Health Services			
Individual	\$	750					4 00
Family		e family member must r individual deductible	Not applicable	Allergy Tests & Treatments		Anthem pays 70%	\$20 copay
Annual Out-of-Pocket Maximum	Deductib	le excluded		Lab & X-ray	Anthem pays 90%		No charge
Individual	\$5	,000	\$500	Physical & Speech Therapy	after deductible	UCR ¹ after deductible	\$20 copay
Family	Not an	plicable	\$1,500	Dialysis & ESRD Services			+
Lifetime Maximum				Skilled Nursing Facility (limit 100 days/calendar year)			No charge
Preventive Care	Unlimited		Unlimited	Home Health Care	Anthem pays 90% after deductible; limit up to	Anthem pays 70% UCR ¹ after deductible; limit up	No charge; limit up to
Routine Physical Examination	No charge (may i	nclude lab & X-ray)	\$20 copay		60 visits/calendar year	to 60 visits/calendar year	100 visits/calendar year
Pap Smear, Pelvic & Breast Annual Exam	No charge	Anthem pays 70%	No charge after \$20	Hospice Services	Anthem pays 80% after deductible; contact Anthem Blue Cross member services for details		No charge; limits apply
Mammography	Anthem pays 100% after deductible	UCR ¹ after deductible	office visit copay	Ambulance	Anthem pays 90%		
Physician Services	ysician Services			Durable Medical Equipment	after deductible		No charge
Office Visit	¢00		¢00		\$20 copay	Anthem pays 70% UCR ¹ after deductible	
Specialist Care	\$20 copay	Anthem pays 70%	\$20 copay	Chiropractic Services (limit 30 visits/calendar year)			\$20 copay
Inpatient Surgery	Anthem pays 90%		No charge	Acupuncture Services			
Outpatient Surgery	after deductible			(limit 30 visits/calendar year)	\$20 copay		\$20 copay
Telehealth/Virtual Visits	\$20 copay	Anthem pays 70% UCR ¹ after deductible	\$0 copay	Emergency Services			
Inpatient Hospital Room & Board	npatient Hospital Room & Board			Emergency Room Visit Anthem pays		Anthem pays	\$100 copay; waived if admitted
	Anthem pays 90% after deductible	Anthem pays 80% UCR ¹ after deductible	No charge	Urgent Care Visit	90% after deductible	90% after deductible	\$20 copay



Retired Members, Dependents and Survivors under Age 65

Commence of Demofile	Anthem Blu	Anthem Blue Cross HMO					
Summary of Benefits	Network Benefits Non-Network Benefits						
Mental Health (MH)²/Chemical Dependency (CD)²							
Inpatient	Anthem pays 90% after deductible (MH/CD)	Anthem pays 80% UCR ¹ after deductible (MH/CD)	No charge (MH/CD)				
Outpatient	\$20 copay	Anthem pays 70% UCR ¹ after deductible	\$20 office visit copay (MD & CD); No Charge Facility (MD & CD)				
Hearing Services							
Hearing Exam		ur Routine Physical ion Benefit	\$20 copay				
Medically Necessary Hearing Aid (every 3 calendar years)		o to \$2,000 per ear 6 months	Up to \$2,000 per ear every 36 months				
Retail Prescription Drugs ⁵	Up to 30-day supply ⁶		Up to 30-day supply ⁶				
Generic	\$10 copay		\$10 copay				
Brand	\$30 copay	Anthem pays 80%; deductible does not apply	\$30 copay				
Non-formulary	\$50 copay	deductible does not apply	\$50 copay				
Mail Order ⁴ Prescription Drugs	Up to 90-day supply ⁶		Up to 90-day supply ⁶				
Generic	\$20 copay		\$20 copay				
Brand	\$60 copay	Not covered	\$60 copay				
Non-formulary	\$100 copay		\$100 copay				



Retired Members, Dependents and Survivors Age 65 or Older with Medicare Part B only

	Anthem Blue Cross PPO (Medicare) Anthem Blue Cross Network Benefits Non-Network Benefits	Anthem Blue Cross		Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross	
Summary of Benefits		Network Benefits	Non-Network Benefits	HMO (Medicare)			
Calendar Year Deductible				Other Health Services			
Individual/Family	Medicare Pa	rt B deductible	Not applicable	Allergy Tests & Treatments	Anthem pays 100%		\$20 copay
Annual Out-of-Pocket	Deductib	le excluded		Lab & X-ray			No charge
Maximum	boundary			Physical & Speech Therapy	Anthem pays 20	Anthem pays 20% after deductible	
Individual	\$5	,000	\$500	Dialysis & ESRD Services	, inclosed pulled 20		\$20 copay
Family	Not ap	plicable	\$1,500	Skilled Nursing Facility (limit 100 days/calendar year)	Anthem pays 90% after deductible	Anthem pays 70% UCR ¹ after deductible	No charge
Lifetime Maximum	Unl	mited	Unlimited				March and Bush and
Preventive Care				Home Health Care	Anthem pays 20% after deductible		No charge; limit up to 100 visits/calendar year
Routine Physical Examination	No charge (may i	nclude lab & X-ray)	\$20 copay		Contact Anthem Blue Cross Member		
Annual Pap Smear,	Anthem pays 20% after deductible		No charge after \$20 office visit copay	Hospice Services	services – Benefits are case specific		No charge; limits apply
Pelvic & Breast Exam				Ambulance			
Mammography					Anthem pays 20% after deductible		No charge
Physician Services				Durable Medical Equipment			
Office Visit			\$ 00	Transportation to medical appointments/pharmacy	Not applicable		Not applicable
Specialist Care			\$20 copay	Chiropractic Services	Medicare authorized	Medicare authorized	
Inpatient Surgery	Anthem pays 20	% after deductible		(limit 30 visits/calendar year)	visits: \$10 copay	visits: Anthem Pays 70% UCR ¹ after deductible	\$20 copay
Outpatient Surgery			No charge	Acupuncture Services	Medicare authorized	Medicare authorized	* 22
Talah ashk Mistaal Mata	Anthem pays 20%	Anthem pays 70%	* 0	(limit 30 visits/calendar year)	visits: \$10 copay	visits: Anthem Pays 70% UCR ¹ after deductible	\$20 copay
Telehealth/Virtual Visits	after deductible	UCR ¹ after deductible	\$0 copay	Emergency Services			
Inpatient Hospital Room & Bo	Inpatient Hospital Room & Board			Emergency Room Visit	Anthem pays 20% after deductible if admitted – 90% for hospital services, Anthem pays 20%		\$100 copay; waived
	Anthem pays 90%	Anthem pays 80%	No charge	Emergency Noom visit	after deductible ² for professional services		if admitted
	after deductible	UCR ¹ after deductible	no charge	Urgent Care Visit	Anthem pays 20	% after deductible	\$20 copay

Retired Members, Dependents and Survivors Age 65 or Older with Medicare Part B only

	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross	
Summary of Benefits	Network Benefits	Non-Network Benefits	HMO (Medicare)	
Mental Health (MH) ² /Chemical	Dependency (CD) ²			
Inpatient	Anthem pays 90% after deductible (MH/CD)	Anthem pays 80% UCR ¹ after deductible (MH/CD)	No charge (MH/CD)	
Outpatient	Anthem pays 50% after deductible (MH/CD)	Anthem pays 50% after deductible (MH/CD)	\$20 office visit copay (MD & CD); No Charge Facility (MD & CD)	
Hearing Services				
Hearing Exam		ur Routine Physical ion Benefit	\$20 copay	
Medically Necessary Hearing Aid (every 3 calendar years)		up to \$2,000 per 36 months	up to \$2,000 per ear every 36 months	
Retail Prescription Drugs ⁴	Up to 30-day supply ^{4,5}		Up to 30-day supply ^{4,5}	
Generic	\$0 copay for select generics/ \$5 copay generics		\$10 copay	
Preferred Brand	\$25 copay	See Evidence of Coverage	\$30 copay	
Non-Preferred Brands/ Non-Formulary	\$50 copay	Coverage	\$50 copay	
Mail Order ^{3,4} Prescription Drugs	;		Up to 90-day supply ^{3,4,5}	
Generic	\$0 copay for select generics/ \$10 copay generics ⁷		\$20 copay ⁷	
Preferred Brand	\$50 copay	Not covered	\$60 copay	
Non-Preferred Brands/ Non-Formulary	\$100 copay		\$100 copay	
Specialty Tier	Copay of 20% coinsurance with a maximum copay of \$100	Copay of 20% coinsurance with a maximum copay of \$100	Copay of 20% coinsurance with a maximum copay of \$100	

Part B - Blue Cross MedicareRx (PDP) with Senior Rx Plus plan

Retail services (30-day supply)	Standard network pharmacy
Generics	\$5
Preferred brands	\$25
Nonpreferred brands	\$50
Mail-order services (90-day supply)	Mail order pharmacy
Generics	\$10
Preferred brands	\$50
Nonpreferred brands	\$100

11 Note: The amount members pay for extra covered drugs does not count toward the Part D true out-of-pocket limit or Part D catastrophic insurance.



Anthem Blue Cross PPO Out-of-Country

\$500 Deductible/person

70% reimbursement of the Usual and Customary charges

Up to \$10,000 out-of-pocket maximum per calendar year

\$10 Copay for per 30-day supply (All Anthem Blue Cross approved drugs)

*Member submitted claims only



Behavioral Health Resource

Licensed mental health professionals available 24/7 to help with:

- Stress
- Anxiety
- Depression
- Substance use
- Eating disorders





ConditionCare

A dedicated nurse team that offers support if you're living with:



Asthma



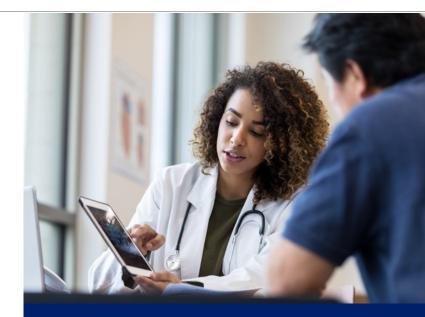
Diabetes



Heart disease or heart failure



Chronic obstructive pulmonary disease (COPD)



You also have additional support from dietitians, health educators, and pharmacists.



Diabetes Prevention Program

16-week weight loss program that includes:

- Access to a health coach
- Meal planner
- Small group support
- Weekly lessons
- Wireless scale or activity tracker



Use the Sydney Health mobile app to complete the Lark prediabetes survey by going to **My Health Dashboard** and searching for **Lark Diabetes Prevention Program** under *Programs*.

Anthem's Medicare Advantage: benefits summary

Medicare Advantage takes retiree care to the next level

Original Medicare		Medicare Advantage with Part D			
Includes	Includes	Includes Additional benefits			
Part A Hospital coverage	Part A Hospital coverage	 Single ID card Simpler 	 SilverSneakers[®] fitness program 		
Part B Medical coverage	Part B Medical coverage	retiree experience ◦ Custom benefit match	 Routine vision and hearing care 		
	Part D Prescription	 National network platform 	 Telehealth services at no extra cost 		
oes <u>not</u> include Prescription	drug coverage	 Routine foot care Additional annual 	 Preventive care at no extra cost 		
drug coverage	Medicare Advantage offers everything Original Medicare does, plus a robust suite of value-added	physical examPlan sponsor control	Behavioral health services		
Dental, vision, and hearing coverage	programs, whole-person care benefits and innovative digital tools.	 Comprehensive support 	 Outstanding quality metrics and results 		

The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., 17 and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2022 Tivity Health, Inc. All rights reserved.

Your access to providers explained

With this plan you can:

- Continue to see your current doctor, and your doctor will keep filing your claims
- Use any doctor or care provider who that accepts Medicare and the plan without a referral
- Choose either **in- or out-of-network** care providers. The cost shares are the same.

Please check with your provider to see if they accept Medicare. This plan can only pay providers who accept Medicare.





What you will need ...



Will I need a preapproval?

- Some services will need preapprovals; innetwork providers will obtain the approval from the plan for you. Services that require a preapproval are marked with an asterisk(*) in your benefits chart in the *Evidence of Coverage* document.
- We also encourage out-of-network providers to seek approval from the plan for you.



Will I need a referral?

• No referrals needed.

Anthem Medicare Preferred (PPO) with Senior RX Plus

BENEFITS AT A GLANCE

	What	You Pay		
COVERED SERVICES	In Network	Out of Network*	Rx Ber	efits
Deductible	\$0	\$0		
Annual Maximum Out-of-Pocket	\$0	\$0		
Outpatient Visits			Ret	ail
*Primary Care visits (PCP)	\$0	\$0	Select Generics	\$0
*Specialist visits	\$0	\$0	Generics	\$5
Urgent Care	\$0	\$0	Preferred Brand	\$25
Emergency Room	\$0	\$0	Non-Preferred	
Lab/X-ray	\$0	\$0	Brand/Specialty	\$50
Chiropractic coverage beyond Medicare	\$0	\$0		
Acupuncture	\$0	\$0		
Durable Medical Equipment (DME)	\$0	\$0	Mail Order	
Ambulance	\$0	\$0	Select Generics	\$0
Inpatient Benefits			Generics	\$10
Inpatient Hospital Benefits	\$0	\$0	Preferred Brand	\$50
Skilled Nursing Facility days 1 - 100	\$0	\$0	Non-Preferred	
Home Health Agency Care	\$0	\$0	Brand/Specialty	\$100

*Provider needs to be willing to accept Medicare

Anthem Medicare Preferred (PPO) with Senior RX Plus Hearing/Vision/Foot Care Benefits

Routine hearing services	In Network	Out of Network
Routine exams * <i>Maximum benefit</i> \$70 per year	\$0	\$0
Hearing aids * <i>Maximum benefit</i> \$2,000 every 3 years	\$0	N/A
Routine vision services	In Network	Out of Network
Routine exams * Maximum benefit \$70 per year	\$0	\$0
Eyewear allowance *Maximum benefit \$100 every 2 years	\$0	\$0
Routine Foot Care	In Network	Out of Network
Routine Foot Care * <i>Up to 12 covered visits per year</i>	\$0	\$0

The support and resources you need for overall well-being



ER/urgent care when traveling

 \sim

Community care

coordination

Anthem Blue Cross Member Resources

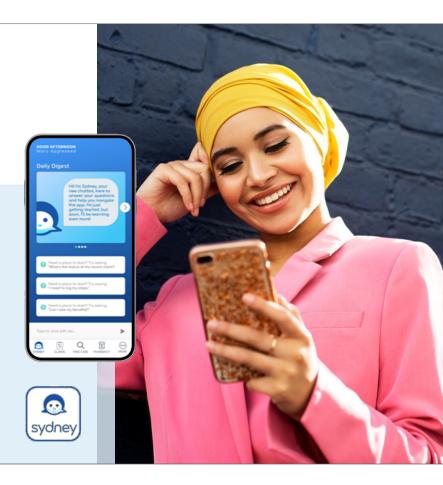
Sydney Health mobile app

Download Sydney Health and register on the app to take full advantage of your Anthem plan.

Use it to:

- Find care and check costs.
- See all benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescription orders and refills.

- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.



My Family Health Record

Get a holistic view of your entire health history

With My Family Record you can:

- Access an overall view of all your medical record data from your different providers.
- Download and share your health history and electronic medical records (EMR) with your providers, caregivers, and family members.
- View an overall picture of your health with charts and graphs that track your health data over time.



MyHealth Advantage

Stay on top of your health

MyHealth Advantage:

- Helps you keep track of your health and progress.
- Includes reminders to make preventive care appointments.
- Checks your health claims, routine tests, and checkups on a regular basis.
- Includes recent claims, receive personalized messages, and money-saving tips.



LiveHealth Online

Convenient care from home

Whether you're dealing with a cold or managing anxiety, you can have a video visit with a health care professional to help with a wide range of issues using a smartphone, tablet, or computer with a camera.

With LiveHealth Online^{*} you can:

- Access a board-certified doctor in the comfort of your home, 24/7.
- Have a doctor video visit with common conditions, like the flu, colds, sinus infections, and skin rashes – this even includes having prescriptions sent to the pharmacy, if needed.
- Set up a counseling session with a licensed therapist or psychologist, to find help when you feel depressed, anxious, or stressed.





24/7 NurseLine

Registered nurses can:

- Answer health questions.
- Help you decide where to go for care.
- Find doctors or other healthcare professionals near you.

Special offers

Take advantage of savings and discounts at SpecialOffers@Anthem™

Here are some of the retailers with special offers for Anthem's Medicare Advantage members:*



livinglean



🕂 fitbit

1800 contacts°



GLASSES





* Vendors and offers are subject to change without prior notice. Anthem does not endorse and is not responsible for the products, services or information offered by the vendors or providers. We negotiated the arrangements and discounts with each independent vendor or provider in order to assist our members. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputse regarding these products and services may be subject to the queroe process.



Contacting Member Services



Phone: Call the Member Services number on your ID card.



Online:

Register at **anthem.com** or download the Sydney Health mobile app to chat with a team member.

Whole health builds confidence for the next adventure



Our retiree plans can help you navigate toward the future you've been planning – physically, emotionally, socially, and financially.

Anthem 💁

Anthem Blue Cross is an HMO & LPPO plan with a Medicare contract. Anthem Blue Cross Life and Health Insurance Company is an LPPO plan with a Medicare contract. Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company depends on contract renewal. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem BC Health Insurance Company and Anthem BL Health Insurance Company and Anthem BL Cross Life and Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company and Anthem Blue Cross is the trade name of Blue Cross of California. Anthem BC Health Insurance Company and Anthem BL Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services," and must be included whenever materials reference out-of-network/non-contracted providers.

Appendix

Your drug plan includes select generic benefits

Select generic drugs with proven effectiveness and value are offered at no or low cost.

Examples:

Cardiovascular

- Amlodipine/benazepril capsule
- Atenolol tablet
- Benazepril HCL tablet
- Bisoprolol-hydrochlorothiazide tablet
- Carvedilol tablet
- Chlorthalidone tablet
- Enalapril maleate tablet
- Furosemide tablet
- · Hydrochlorothiazide capsule/tablet
- Lisinopril tablet
- Losartan potassium tablet
- Metoprolol tartrate tablet
- Olmesartan tablet
- Ramipril tablet



Cholesterol

- Atorvastatin tablet
- Lovastatin tablet
- Pravastatin sodium tablet

• Simvastatin tablet



- Glimepiride tablet
- Pioglitazone tablet
- Metformin tablet

These are examples of some of the drug categories and drugs covered under your select generics benefit. Please see your drug list for a full list of select generics. Not all generic drugs within a drug category are included in your <\$X> copay select generics benefit. Note: If your plan has a deductible, the deductible is waived on select generics.

Understanding Part D – IRMAA

An income-related monthly adjusted amount (IRMAA) is a surcharge added to monthly Medicare Part B and Part D premiums, based on yearly income. The Social Security Administration will notify you if you are affected by Part D IRMAA.

Income limit for beneficiary filing an individual income tax return or filing separately from spouse:



Income limit for a beneficiary filing a joint tax return: >\$194,000

Two ways to pay the IRMAA:



Deduct the amount from Social Security

2

Pay Centers for Medicare and Medicaid Services (CMS) directly

Extra prescription drug help for those who need it

The Medicare Extra Help program helps people with limited resources pay for their prescription drugs.

Eligibility

If you qualify and are enrolled in a Part D plan, Medicare can pay up to 100% of your prescribed drug costs.

Costs

Costs covered can include help toward your drug plan's monthly premium, yearly deductible, coinsurance, and copays for covered prescription drugs.

Program benefits

Other benefits of the program include no coverage gap and no late-enrollment penalty.