Choosing and using your Anthem health plan

Anthem | LACERS LA CITY EMPLOYEES' RETIREMENT SYSTEM

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
- BC Life and Health Medicare Supplement
- Anthem Medicare Preferred (PPO) with Senior RX
- Plan Compare
- How to enroll

Vision Plan

Blue View Vision

More doctors	Choose from one of the many independent eye doctors in your plan's network.
More options	Schedule appointments when it's convenient for you, including evenings and weekends.
More freedom	Order eyeglass frames or contact lenses in a store or from an online retailer in your plan's network that will send them to your door.
More savings	Receive discounts with lower out-of-pocket costs on lens options and laser vision correction surgery. Get 40% off additional pairs of glasses from retailers in your plan's network.

INDEPENDENT PROVIDER NETWORK + LensCrafters · Pearle Vision · Optical · Glasses.com · contactsdirect · 1800contacts · Ray-Ban · befitting · Oakley

Anthem Blue View Vision

Vision Benefit	In Network Provider	Out of Network Provider	Frequency
Routine eye exam	$20 copay	Up to $49 allowance	Once every 12 months
Eyeglass frames	$150 allowance, then 20% off balance	Up to $70 allowance	Once every 24 months
Eyeglass lenses • Single lenses • Bifocal lenses • Trifocal lenses • Lenticular lenses • Standard Progressive lenses	• Covered in full • Covered in full • Covered in full • Covered in full • $30 copay	• Up to $45 allowance • Up to $65 allowance • Up to $85 allowance • Up to $125 allowance • Up to $85 allowance	Once every 12 months
Eyeglass lens Enhancements • Transitions Lenses • Standard Polycarbonate • Factory scratch coating • Tint (Solid & Gradient)	• $0 after eyeglass lens copay • $0 after eyeglass lens copay • $0 after eyeglass lens copay • $0 after eyeglass lens copay	• N/A • N/A • N/A • $5	Once every 12 months
Contact Lenses *(Instead of eyeglass lenses)* • Non-disposable (elective conventional) OR • Disposable (Elective disposable) OR • Medically Necessary (Non-Elective)	• $120 allowance, then 15% off balance • $120 allowance (no additional discount) • Covered in Full	• Up to $105 allowance • Up to $105 allowance • Up to $210 allowance	Once every 12 months

Chart lists benefits for doctors in your plan's network only.

Anthem Blue View Vision

Additional Vision Savings at In-network Providers ONLY		In-Network Member Cost (after applicable copay)
Retinal Imaging – at member's option, can be performed at time of eye exam		Not more than $39

Eyeglass lens Upgrades -
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new lenses at a discounted cost. Eyeglass lens copay still applies
	• UV Coating
	• Progressive Lenses
	  • Premium tier 1
	  • Premium tier 2
	  • Premium tier 3
	• Anti-Reflective Coating
	  • Standard
	  • Premium tier 1
	  • Premium tier 2
	• Other Add-ons
		• $10
		
		• $30
		• $30
		• $30
		
		• $45
		• $57
		• $68
		• 20% off retail price

Additional Pairs of Eyeglasses – Anytime from any Blue View Vision network provider	• Complete Pair • Eyeglass materials purchased separately	• 40% off retail price • 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	• 20% off retail price
Contact lens fit and follow-up – A contact lens fitting and follow up to two follow up visits are available to you once a comprehensive eye exam has been completed	• Standard contact lens fitting • Premium contact lens fitting	• Covered in full • Covered in full
Conventional Contact Lenses	• Discount applies to materials only	• 15% off retail price

Chart lists benefits for doctors in your plan's network only.

Use your Blue View Vision Benefits at COSTCO

Using your benefits for frames, lenses, and contacts

As a Blue View Vision member, you can take advantage of Costco's great prices on frames, lenses, and contact lenses.[1]

Simply let the Costco associate know you are part of the Blue View Vision plan powered by EyeMed Vision Care. The Costco associate will:

- Check your eligibility on the EyeMed provider portal.
- Apply your benefits at checkout. You'll pay any amount over the benefit allowance (listed below) at this time.

Your materials benefits include:

- Frame allowance: $120[2]
- Contact lenses allowance: $120[2]
- Lenses — single, bifocal, trifocal: $0 copay

Other lens add-ons: offered at Costco's value pricing

Eye exams

Costco's eye doctors are not part of the Blue View Network. If you choose to get an eye exam at Costco, you must pay in full at the time of service and file the claim with Blue View Vision for out-of-network processing.

If you have questions about your Blue View Vision benefits, call Member Services at the number on your member ID card.

Medical Plans

Plans at a glance

All plans include:

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

A prescription drug plan [with convenient home delivery

Convenient access to virtual care and health plan details online and from your mobile device.

Benefits for urgent and emergency care, wherever you are.

Coverage for preventive care, including regular checkups, screenings, and shots.

Health and wellness tools that support your well-being and help you reach your health goals.

*Blue Cross Blue Shield Association: *About Us: The Blue Cross Blue Shield System* (2024): bcbs.com.

Preferred provider organization (PPO) plan

Key features

- **Flexibility** to go to almost any doctor or hospital.
- **No requirement** to have a primary care doctor.
- **No referral needed** to see a specialist.

Something to think about

You'll pay less if you choose doctors and facilities in your plan's network.

Health maintenance organization (HMO) plan

Key features

- **Offers predictable** copays.
- **Has lower** out-of-pocket costs.

Something to think about

Only covers doctors that are in your plan’s network, except for emergencies.

You’re required to select a primary care doctor from the plan’s network for preventive care.

Specialist visits require a referral from your primary care doctor.

What you pay and what your plan pays

This chart is only an example. Your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see your actual share of the costs.

What you pay   What we pay

* There are plans that require you to pay a copay at the time of service.

Retired Members, Dependents and Survivors under Age 65

Anthem Blue Cross PPO	In-network	Out-of-network
Deductible	$750 Individual/$1500 Family	$750 Individual/$1500 Family
Out-of-pocket maximum	$5000	$5000
Physician services, including doctor's office visits (Medicare-covered services): • Physician visits • Specialist visits	$20 copay	Anthem pays 70% UCR after deductible
Preventive care and screenings	No charge	Covered by plan at 100%
Lab/X-Rays	Anthem pays 90% after deductible	Anthem pays 70% UCR after deductible
Urgent Care	$20 copay	Anthem pays 70% UCR after deductible
Emergency outpatient care	Anthem pays 90% after deductible	Anthem pays 70% UCR after deductible
Outpatient Surgeries	Anthem pays 90% after deductible	Anthem pays 70% UCR after deductible
Inpatient hospital care	Anthem pays 90% after deductible	Anthem pays 80% UCR after deductible
Skilled Nursing Facility (Days 1-100)	Anthem pays 90% after deductible	Anthem pays 70% UCR after deductible
Hearing Aid	Up to $2000 per ear every 36 months	Up to $2000 per ear every 36 months

Retired Members, Dependents and Survivors under Age 65

Anthem Blue Cross HMO	In-network	Out-of-network
Deductible	$0	Not covered
Out-of-pocket maximum	$500 Individual/$1500 Family	Not covered
Physician services, including doctor's office visits (Medicare-covered services): • Physician visits • Specialist visits	$20 copay	Not covered
Preventive care and screenings	No charge	Not covered
Lab/X-Rays	No charge	Not covered
Urgent Care	$20 copay	Not covered
Emergency outpatient care	$100 copay; waived if admitted	$100 copay; waived if admitted
Outpatient Surgeries	No charge	Not covered
Inpatient hospital care	No charge	Not covered
Skilled Nursing Facility (Days 1-100)	No charge	Not covered
Hearing Aid	Up to $2000 per ear every 36 months	Not covered

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

Anthem Blue Cross PPO	In-network	Out-of-network
Deductible	Medicare Part B Deductible	Medicare Part B Deductible
Out-of-pocket maximum	$5000 (deductible excluded)	$5000 (deductible excluded)
Physician services, including doctor's office visits (Medicare-covered services): • Physician visits • Specialist visits	Anthem pays 20% after the deductible	Anthem pays 20% after the deductible
Preventive care and screenings	No charge	No charge
Lab/X-Rays	Anthem pays 100%	Anthem pays 100%
Urgent Care	Anthem pays 20% after the deductible	Anthem pays 20% after the deductible
Emergency outpatient care	Anthem pays 20% after the deductible. If admitted – 90% for hospital services, Anthem pays 20% after deductible for professional services	Anthem pays 20% after the deductible. If admitted – 90% for hospital services, Anthem pays 20% after deductible for professional services
Outpatient Surgeries	Anthem pays 20% after the deductible	Anthem pays 70% UCR after the deductible
Inpatient hospital care	Anthem pays 90% after deductible	Anthem pays 70% UCR after the deductible
Skilled Nursing Facility (Days 1-100)	Anthem pays 90% after deductible	Anthem pays 70% UCR after the deductible
Hearing Aid	Up to $2000 per ear every 36 months	Up to $2000 per ear every 36 months

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

Anthem Blue Cross HMO	In-network	Out-of-network
Deductible	Not applicable	Not covered
Out-of-pocket maximum	$500 individual/$1500 Family	Not covered
Physician services, including doctor's office visits (Medicare-covered services): • Physician visits • Specialist visits	$20 copay	Not covered
Preventive care and screenings	$20 copay	Not covered
Lab/X-Rays	No charge	Not covered
Urgent Care	$20 copay	Not covered
Emergency outpatient care	$100 copay; waived if admitted	Not covered
Outpatient Surgeries	No charge	Not covered
Inpatient hospital care	No charge	Not covered
Skilled Nursing Facility (Days 1-100)	No charge	Not covered
Hearing Aid	Up to $2000 per ear every 36 months	Not covered

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

Medicare Supplement

BENEFITS AT A GLANCE

What You Pay

COVERED SERVICES	
Deductible	Medicare Deductible (Part B)
Annual Maximum Out-of-Pocket	$0
Outpatient Visits	
*Primary Care visits (PCP	$0
*Specialist visits	$0
Urgent Care	$0
Emergency Room	$0
Lab/X-ray	$0
Chiropractic coverage beyond Medicare	$0
Acupunture	$0
Durable Medical Equipment (DME)	$0
Ambulance	$0
Inpatient Benefits	
Inpatient Hospital Benefits	$0
Skilled Nursing Facility days 1 - 100	$0
Home Health Agency Care	$0

Rx Benefits	
Retail	
Select Generics	$0
Generics	$5
Preferred Brand	$25
Non-Preferred Brand/Specialty	$50
Mail Order	
Select Generics	$0
Generics	$10
Preferred Brand	$50
Non-Preferred Brand/Specialty	$100

Your pharmacy benefits

Retail services (30-day supply)	Standard pharmacy
Generics	$10
Preferred brands	$30
Nonpreferred drugs, including specialty drugs and nonformulary drugs	$50

Home delivery 90-day supply (Specialty limited to a 30-day supply)	Home delivery
Generics	$20
Preferred brands	$60
Nonpreferred drugs, including specialty drugs and nonformulary drugs	$100

Anthem Blue Cross 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

Anthem Blue Cross Medicare Preferred benefits summary

Accessing care

With this PPO plan, you can:

- Continue to see your current doctor as long as they accept Medicare.
- See any care provider who accepts both Medicare and your health plan without a referral.
- Pay the same cost share whether you see care providers in or out of your plan's network.

It's easy to find care.

Once you enroll, you'll be able to use our Find Care tool to search for doctors and other care providers in your area by:

- Visiting **anthem.com**/ca or the **Sydney**[SM]**Health app** and selecting **Find Care**.
- Contacting Member Services by calling the number on the back of your plan membership card.
- If you're not enrolled yet, you can still use the **Find Care** tool to search as a guest.

Anthem Medicare Preferred (PPO) with Senior RX medical benefits summary

Covered services	In-network	Out-of-network
Deductible	$0	$0
Out-of-pocket maximum	$0	$0
Physician services, including doctor's office visits (Medicare-covered services): • Physician visits • Specialist visits	$0 copay	$0 copay
Preventive care and screenings	Covered by plan at 100%	Covered by plan at 100%
Lab/X-Rays	$0 copay	$0 copay
Urgent Care	$0 copay	$0 copay
Emergency outpatient care	$0 copay	$0 copay
Outpatient Surgeries	$0 copay	$0 copay
Inpatient hospital care Hospital days are unlimited. Covered services include, but are not limited to, a semiprivate room (or a private room if medically necessary).	$0 copay	$0 copay
Skilled Nursing Facility (Days 1-100)	$0 copay	$0 copay

Anthem Medicare Preferred (PPO) with Senior RX hearing, vision, foot care benefits summary

Covered services – Hearing	In-network	Out-of-network
Routine exams * *Maximum benefit $70 per year, every calendar year*	$0	$0
Hearing aids * *Maximum benefit $2,000 per ear, every 3 calendar years*	$0	$0

Covered services – Vision	In-network	Out-of-network
Routine exams * *Maximum benefit $70, every calendar year*	$0	$0
Eyewear allowance **Maximum benefit $100, every 2 calendar years*	$0	$0

Routine Foot Care	In Network	Out of Network
Routine Foot Care * *Up to 12 covered visits every calendar year* * *Up to 8 compression stockings every calendar year*	$0	$0

Anthem's Part D benefits

Phases of prescription drug coverage

Part D includes three phases: deductible, initial, and catastrophic coverage.
Here's what you can expect during these phases.

Deductible phase

Your plan has no deductible.

Initial coverage phase

You pay your copay or coinsurance, and your plan pays the rest of the cost of your covered drugs until the total cost reaches $2,100.

Catastrophic coverage phase

Once expenses reach $2,100, your plan plays the rest of the cost of your covered drugs.

* If you qualify for low-income subsidy or programs of all-inclusive care for the elderly (PACE), you do not qualify for the Medicare Coverage Gap Discount program because your Extra Help programs eliminate the coverage gap for you.

Your pharmacy benefits

Part B Retirees, Medicare Supplement Plan, Medicare Advantage Preferred (PPO)

Retail services (30-day supply)	Standard pharmacy
Select generics	$0
Generics	$5
Preferred brands	$25
Nonpreferred drugs, including specialty drugs and nonformulary drugs	$50
Home delivery 90-day supply (Specialty limited to a 30-day supply)	**Home delivery**
Select generics	$0
Generics	$10
Preferred brands	$50
Nonpreferred drugs, including specialty drugs and nonformulary drugs	$100
Maximum Out of Pocket	**$2,100**

Have your prescriptions delivered with CarelonRx Pharmacy

Anthem has partnered with CarelonRx to simplify your prescription drug coverage and delivery while keeping your out-of-pocket costs down.

With home delivery, you can:

- Get 90-day supplies of maintenance medications delivered to your home.
- Set up automatic refills, reminders, and track your orders.
- Speak with a pharmacist 24/7.

To sign up after enrollment, call CarelonRx Pharmacy Contact Center or the number on the back of your member ID card.

You can also log in to your account on the Sydney Health app and switch your medications to CarelonRx Pharmacy.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

Medicare Supplement plan and Medicare Advantage PPO plan

	Life & Health Medicare Plan (Medicare Supplement)	Medicare Preferred (PPO) Plan
24/7 NurseLine	Included	Included
Anthem Network	Prudent Buyer Plan (CA) and BlueCard PPO (outside California)	Anthem Medicare Preferred (CA) and BCBSA Medicare Advantage Network Sharing (outside California)
Assistive Devices	Not included	**Included**
Cancer Care Navigator	Included	Included
Community Resource Connections	Not included	**Included**
Concierge Care Programs (Covid, Type 2 Diabetes & Post-Discharge)	Not included	**Included**
Coverage outside the plan's network	Retirees can visit any doctor, specialist, or hospital who accepts Medicare without a referral.	Retirees can visit any doctor, specialist, or hospital who accepts Medicare without a referral.
Coordination of benefits	Medicare pays first, Medicare Supplement pays second	Anthem Blue Cross is primary
Single ID card	Not included	**Included**
First Impressions TelephoneLine	Not included	**Included**
Health and Fitness Tracker	Not included	**Included**
Hearing coverage	Up to $2,000 per ear, per year, every 36 months for routine hearing tests* and hearing aids	Up to $2,000 per ear, per year, every 36 months for routine hearing tests* and hearing aids.
Home Lab Kits/Screenings Program	Not included	**Included**

Medicare Supplement plan and Medicare Advantage PPO plan

	Life & Health Medicare Plan (Medicare Supplement)	Medicare Preferred (PPO) Plan
House Calls Program	Not included	**Included**
In-Home Palliative Care Program	Not included	**Included**
In-Home Support	Not included	**Included**
Medicare Community Resource Support	Not included	**Included**
Member Connect Program	Not included	**Included**
Non-Emergency Transportation Program	Not included	**Included**
Over the Counter Benefit	Not included	**Included**
Personal Emergency Response System	Not included	**Included**
Personal Home Helper	Not included	**Included**
SilverSneakers	Included	Included
Special Offers	Included	Included
Routine foot care	Coverage available for diabetes-related foot complications for both foot care and compression stockings.	Up to 12 covered visits every calendar year for hygienic and preventative maintenance, including compression stockings.
Vision coverage	The Anthem Blue View Vision plan is a separate vision plan offered by LACERS. Optometric services, including eye exercises and routine eye exams, are not covered by this plan.	In addition to the Anthem Blue View Vision. Routine vision exams up to $70 maximum benefit every calendar year. Eyewear allowance includes $100 maximum benefit every 2 calendar years.

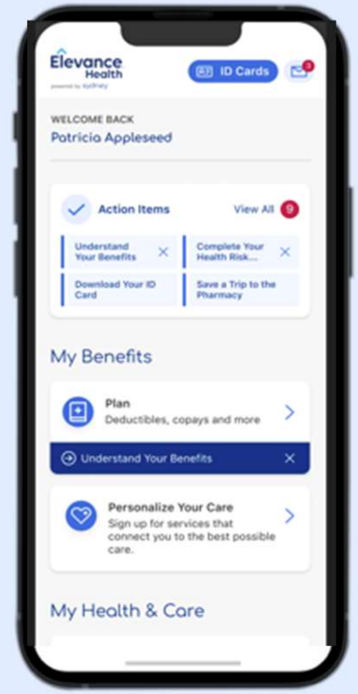
Tools, Wellness Programs and Resources

Sydney Health mobile app

Makes healthcare easier

Sydney Health helps you keep track of your health and benefits all in one place. You can use the app to:

- Find care and compare costs.
- Learn what's covered and check claims.
- View and use your digital ID cards.
- Check your plan usage.
- Fill prescriptions.
- Chat with Member Services if you have questions or need information.
- Access Virtual Care to talk with a doctor via chat or a video session.
- Use the Symptom Checker to assess your symptoms.
- Use My Health Dashboard to find wellness tips and personalized action plans.
- Connect with Community Resources to find no-cost and reduced-cost programs.
- Simplify your family's health data with My Health Record to access and share health information in one place.



[Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.]

Benefit programs

LiveHealth Online

- Have a live video visit with a board-certified doctor from the comfort of home for common conditions like colds, flu, sinus infections, and rashes.
- Have prescriptions sent to your pharmacy, if needed.[1]
- Set up a video counseling session with a licensed therapist or psychologist to find help when you feel depressed, anxious, or stressed.[2]

1 Prescription availability is defined by physician judgment.
2 Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline)or 911 and ask for help. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

24/7 NurseLine

Connect with a registered nurse day or night, who can help you:*

- Assess symptoms.
- Understand a condition and course of treatment.
- Address questions about prescriptions or over-the-counter medications.
- Recommend the right setting for the care you need.

* The information contained in this program is for general guidance only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.

Digital tools

My Health Record

My Health Record offers a holistic view of your health history. You can:

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

MyHealth Advantage

This program helps you stay on top of your health by:

- Sending regular reminders about recommended preventive care and tests.
- Offering access to health specialists who can answer your questions.
- Helping you keep track of your health and progress.

Case Management

Supporting your whole health

If you're in the hospital or have a serious health condition, a nurse care manager can:

- Help answer your questions.
- Educate you about your health issue and treatment options.
- Coordinate your care with different doctors.
- Give you tips on saving money and connecting with local resources.
- Show you how to use your health benefits.

ConditionCare CORE

A dedicated care management team 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.

SpecialOffers

Get discounts on a variety of programs that help promote health and well-being.

Visit **anthem.com** and choose **Care**; then select **Discounts**.

Save money on products and services for dental, vision, hearing, weight loss, fitness, family planning, pet insurance, health supplements, and skincare.

Emotional Well-being Resources

Emotional Well-being Resources, administered by Learn to Live, is here to help you identify the thoughts and behavior patterns that affect your emotional well-being — and work through them with online programs and personalized coaching.

Learn effective ways to manage:

- Stress
- Depression
- Anxiety
- Sleep issues

Learn to Live is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

Enrolling in Anthem’s Medicare Advantage

Enrolling in your new plan is as easy as 1-2-3

1. You do not need to do anything if you want to remain in your current plan.

2. If you want to change plans, submit your completed enrollment form to LACERS by November 17th, 2025.

3. Once you submit your enrollment form, the effective date of your plan is January 1st, 2026.

Excellent service is our priority

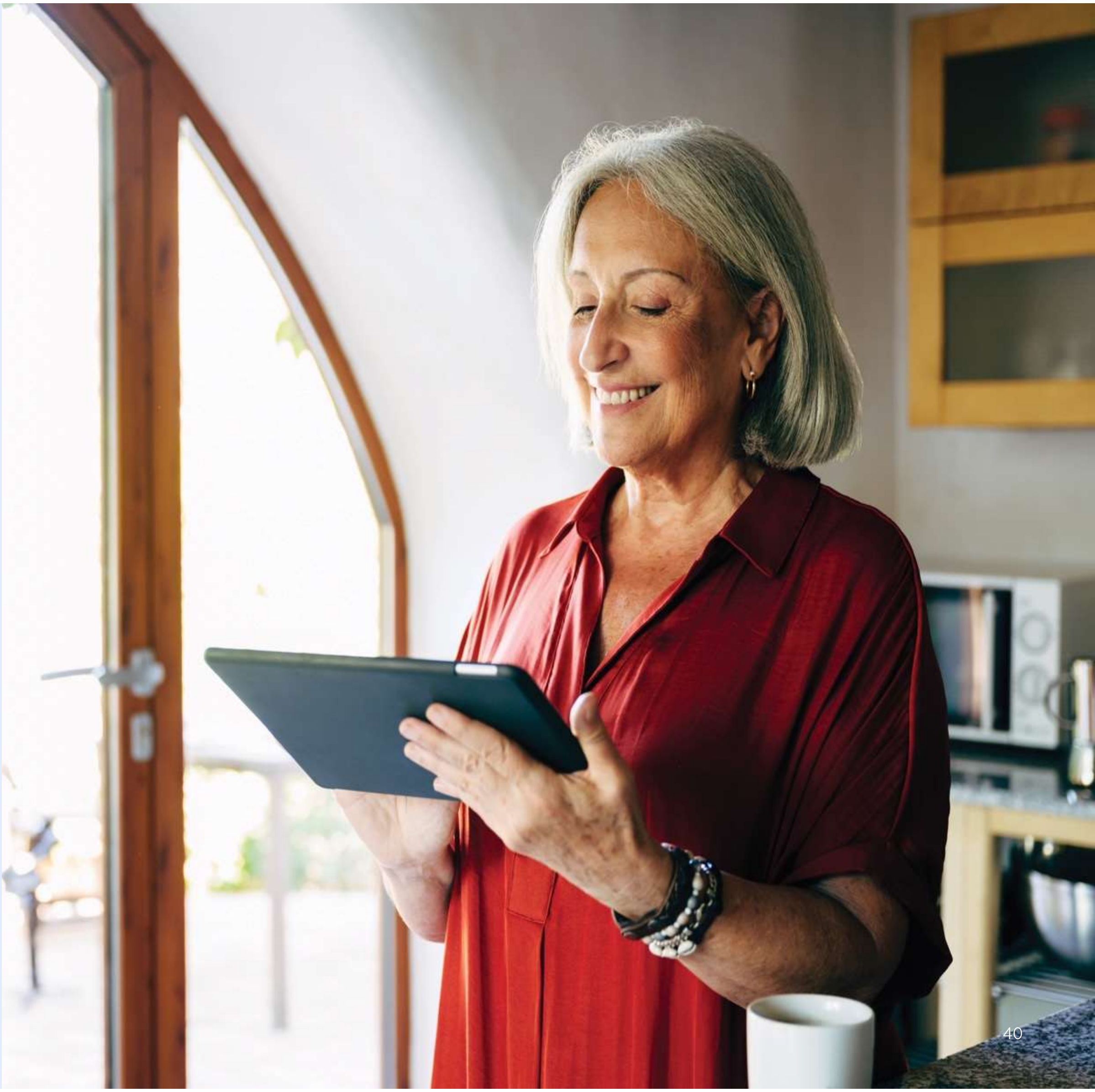
Our Anthem Member Services will help you make a smooth transition into your plan with:

- Support comparing existing and potential new plans.
- Retiree-dedicated expertise.
- Individual support, tools, and resources.
- Answers to questions about prescriptions, coverage, and choosing a care provider.

Call:

- Medicare Supplemental plan: 866-940 8303
  Prescription Drug Senior RX: 833-285-4636
- Medicare Advantage PPO plan: 833-848-8730
  MAPD Senior RX: 833-360-3662

Monday through Friday, 5 a.m. to 6 p.m. Pacific time, except holidays.



Whole health builds confidence for the next adventure

Anthem

We’re here to help. By your side. Every step of the way.

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

Out-of-network/non-contracted providers are under no obligation to treat pan members, except in emergency situations. Please call our Member Services 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.