



**L.A. Care**  
*Medicare Plus*<sup>™</sup>  
(HMO D-SNP)

**offered by L.A. Care Health Plan**

*Annual Notice of Changes*  
*for 2023*



## Changes to the L.A. Care Medicare Plus (HMO D-SNP) 2023 Member Handbook, Annual Notice of Changes and Summary of Benefits

Dear Member,

**This is important information on changes in your L.A. Care Medicare Plus coverage.**

Changes have been made to your 2023 L.A. Care Medicare Plus (HMO D-SNP) Member Handbook, Annual Notice of Changes and Summary of Benefits. The updates were made due to the Inflation Reduction Act of 2022. Below you will find information describing the updates. Please keep this information for your reference. The updated materials can be found on our website at [medicare.lacare.org](http://medicare.lacare.org).

You do not need to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays.

### Changes to you Member Handbook, Annual Notice of Changes and Summary of Benefits

Where you can find the change in your Member Handbook, Annual Notice of Changes and Summary of Benefits	Original Information	Updated Information
<b>Member Handbook:</b> Chapter 4 under “Section D. Our plan’s Benefits Chart: Medicare Part B prescription drugs”	What you must pay: ^ You pay \$0 copay or 20% coinsurance for each Medicare covered service.  ^Based on your Medi-Cal Eligibility	What you must pay: ^ You pay \$0 copay or 20% coinsurance for each Medicare covered service <sup>♦</sup> .  <b>♦Effective April 1, 2023, you may pay a lower coinsurance for certain Part B drugs if the drug’s price increased faster than the inflation rate in a benchmark quarter. Effective July 1, 2023, you won’t pay more than \$35 for a one-month supply of insulin covered under Medicare Part B prescription drugs, even if you haven’t paid your deductible.</b>  ^Based on your Medi-Cal Eligibility

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Where you can find the change in your Member Handbook, Annual Notice of Changes and Summary of Benefits	Original Information	Updated Information
<p><b>Annual Notice of Changes:</b> “Section E. Changes to benefits and costs for next year - Medicare Covered Benefits table”</p>	<p>2023 (next year) column Medicare Part B Rx Drugs</p> <p>You pay a 0 - 20% coinsurance amount. Your coinsurance amount depends on the type of Medi-Cal benefits you receive.</p>	<p>2023 (next year) column Medicare Part B Rx Drugs<sup>♦</sup></p> <p>You pay a 0 - 20% coinsurance amount<sup>♦</sup>. Your coinsurance amount depends on the type of Medi-Cal benefits you receive.</p> <p><b>♦Effective April 1, 2023, you may pay a lower coinsurance for certain Part B drugs if the drug’s price increased faster than the inflation rate in a benchmark quarter. Effective July 1, 2023, you won’t pay more than \$35 for a one-month supply of insulin covered under Medicare Part B prescription drugs, even if you haven’t paid your deductible.</b></p>
<p><b>Summary of Benefits:</b> “Section C. List of covered services: Medicare Part B prescription drugs”</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Evidence of Coverage for more information on these drugs. Prior authorization rules may apply.</p> <p>Prior authorization rules may apply.</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <b>Member Handbook</b> for more information on these drugs.</p> <p><b>Effective April 1, 2023, you may pay a lower coinsurance for certain Part B drugs if the drug’s price increased faster than the inflation rate in a benchmark quarter. Effective July 1, 2023, you won’t pay more than \$35 for a one-month supply of insulin covered under Medicare Part B prescription drugs, even if you haven’t paid your deductible.</b></p> <p>Prior authorization rules may apply.</p>

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# L.A. Care Medicare Plus (HMO-DSNP) offered by L.A. Care Health Plan

## Annual Notice of Changes for 2023

### Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [medicare.lacare.org](http://medicare.lacare.org). Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



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## A. Disclaimers

- ❖ L.A. Care Medicare Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Enrollment in L.A. Care Medicare Plus depends on contract renewal.
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## B. Reviewing your Medicare and Medi-Cal coverage for next year

When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Coordination Plan.

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section E** for more information.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medi-Cal services in **Section G2**.

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## B1. Additional resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-833-522-3767** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free.
- **ATENCIÓN:** Si usted habla español, los servicios de asistencia con el idioma estarán disponibles para usted sin costo. Llame al 1-833-522-3767 (TTY: 711), las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.
- **ध्यान दें:** अगर आप हिंदी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं, आपके लिए उपलब्ध हैं। अवकाश के दिनों समेत, दिन के 24 घंटे, सप्ताह के 7 दिन **1-833-522-3767** (TTY: **711**) पर कॉल करें। कॉल निःशुल्क है।
- **LUS TSHAJ TAWM:** Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj, hu rau **1-833-522-3767** (TTY: **711**), 24 teev hauv ib hnuv, 7 hnuv hauv ib asthiv, suav nrog cov hnuv so tib si. Qhov hu no yog hu dawb xwb.
- ՈՒՇԱԴՐՈՒԹՅՈՒՆ.Եթե խոսում եք հայերեն, լեզվական աջակցության ծառայությունները հասանելի են Զեզ անվճար: Զանգահարեք **1-833-522-3767** հեռախոսահամարով (TTY՝ **711**), օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոն օրերը: Հեռախոսագանգն անվճար է:

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



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- ចំណាំ: បើអ្នកនិយាយភាសា ខ្មែរ, សេវាជំនួយផ្នែកភាសា គ្មានបង់ថ្លៃ គឺមានសម្រាប់ជួយអ្នក។ សូមទូរសព្ទទៅ **1-833-522-3767** (TTY: **711**), 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុង មួយសប្តាហ៍រួមទាំងថ្ងៃឈប់សម្រាក។ ការហៅទូរសព្ទនេះគឺ មិនគិតថ្លៃទេ។
- 안내: 한국어를 사용하실 경우 언어지원서비스를 무료로 이용하실 수 있습니다. 연중무휴로 이용할 수 있는 **1-833-522-3767** (TTY: **711**) 번으로 전화하십시오. 통화료는 무료입니다.
- ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਛੁੱਟੀ ਵਾਲੇ ਦਿਨਾਂ ਸਮੇਤ 24 ਘੰਟੇ, 7 ਦਿਨ **1-833-522-3767** (TTY: **711**) ‘ਤੇ ਕਾਲ ਕਰੋ।ਕਾਲ ਮੁਫਤ ਹੈ
- ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ມີບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສັຽຄ່າ. ໂທຮ **1-833-522-3767** (TTY: **711**), ໄດ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມເຖິງ ວັນພັກຕ່າງໆ. ເປີໂທຮມີແມ່ນບໍ່ ເສັຽຄ່າ.
- ВНИМАНИЕ! Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по телефону **1-833-522-3767** (TTY: **711**), круглосуточно, без выходных, включая праздничные дни. Звонок бесплатный.

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).





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- โปรดทราบ: หากท่านพูดภาษาไทย เรามีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่เสียค่าใช้จ่าย โปรดโทรฟรีที่หมายเลข 1-833-522-3767 (TTY: 711) ได้ตลอด 24 ชั่วโมง ทุกวัน ไม่เว้นวันหยุด
- PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-833-522-3767** (TTY: **711**), 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga piyesta opisyal. Libre ang pagtawag.
- CHÚ Ý: Nếu quý vị nói Tiếng Việt, hiện có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi **1-833-522-3767** (TTY: **711**), 24 giờ một ngày, 7 ngày một tuần, kể cả các ngày lễ. Cuộc gọi là miễn phí.
- 注意：如果您說中文，您可免費獲得語言協助服務。請致電 **1-833-522-3767**（TTY：711），服務時間為每週 7 天，每天 24 小時（包含假日）。這是免費電話。

- عناية: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً. اتصل على **1-833-522-3767** (TTY: **711**)، ٤٢ ساعة في اليوم و ٧ أيام في الأسبوع، بما في ذلك أيام العطلات. هذه المكالمات مجانية.
- ت وجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان بطور رایگان در اختیار شما قرار دارد. می توانید در تمام ٤٢ ساعت شبانه روز و ٧ روز هفته، حتی روزهای تعطیل با **1-833-522-3767** (TTY: **711**) تماس بگیرید. تماس رایگان می باشد.

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



## L.A. Care Medicare Plus ANNUAL NOTICE OF CHANGES FOR 2023

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free.
- If you want to receive materials, now and in the future, in a language other than English or in an alternative format, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English and/or in an alternate format, please contact Member Services at 1-833-522-3767, TTY: 711, 24 hours a day, 7 days a week, including holidays. A representative can help you make or change a standing request.

### **B2. Information about our plan**

- L.A. Care Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



# L.A. Care Medicare Plus

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- Coverage under L.A. Care Medicare Plus is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.

### **B3. Important things to do**

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they will work for you next year.
  - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies?
  - Review changes to make sure our drug coverage will work for you next year.

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- Refer to **Section E2** for information about changes to our drug coverage.
- Your drug costs may have risen since last year.
  - Talk to your doctor about lower cost alternative drugs that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
  - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How do the total costs compare to other coverage options?

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- **Think about whether you are happy with our plan.**

**If you decide to stay with L.A. Care Medicare Plus:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in L.A. Care Medicare Plus.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare your new coverage will begin on the first day of the following month.

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## **C. Changes to our plan name**

On January 1, 2023, our plan name changes from L.A. Care Cal MediConnect Plan to L.A. Care Medicare Plus (HMO D-SNP).

You will receive a new ID Card in the mail that will display the new plan name by December 31, 2022. Going forward, all other communications regarding your 2023 plan and benefits will also reflect the new name.

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## **D. Changes to our network providers and pharmacies**

Our provider and pharmacy networks have changed for 2023.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [medicare.lacare.org](http://medicare.lacare.org). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

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## E. Changes to benefits and costs for next year

### E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2022 (this year)	2023 (next year)
<b>Annual Physical Exam</b>	Annual Physical Exam is <b>not</b> covered.	Annual Physical Exam <b>is</b> covered.  Up to <b>1</b> Annual Physical Exam every year.
<b>Barium Enemas</b>	Prior Authorization <b>is</b> required.	Prior Authorization is <b>not</b> required.
<b>Chiropractic Services</b>	Referral <b>is</b> required.	Referral is <b>not</b> required.
<b>Comprehensive Dental Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>is</b> required.

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	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Diabetes Self-Management Training</b>	Prior Authorization <b>is</b> required. Referral <b>is</b> required.	Prior Authorization is <b>not</b> required. Referral is <b>not</b> required.
<b>Dialysis Services</b>	Prior Authorization <b>is</b> required. Referral <b>is</b> required.	Prior Authorization is <b>not</b> required. Referral is <b>not</b> required.
<b>Digital Rectal Exams</b>	Prior Authorization <b>is</b> required.	Prior Authorization is <b>not</b> required.
<b>Eye Exams</b>	Referral <b>is</b> required.	Referral is <b>not</b> required.

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	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Eyewear</b>	Up to <b>\$300</b> for eyeglasses (frames and lenses) or contact lenses every two years. Prior Authorization is <b>not</b> required.	Up to <b>\$500</b> for eyeglasses (frames and lenses) or contact lenses every two years. Prior Authorization <b>is</b> required.
<b>Glaucoma Screening</b>	Prior Authorization <b>is</b> required. Referral <b>is</b> required.	Prior Authorization is <b>not</b> required. Referral is <b>not</b> required.
<b>Hearing Exams</b>	Referral <b>is</b> required.	Referral is <b>not</b> required.

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	2022 (this year)	2023 (next year)
<b>In Home Support Services (Companionship)</b>	In Home Support Services is <b>not</b> covered.	In Home Support Service <b>is</b> covered.  Up to <b>60</b> hours per year of companionship and assistance. Selected companion can assist with Independent Activities of Daily living such as helping with light chores, exercises, technical support services, social activities and more.
<b>Kidney Disease Education Services</b>	Prior Authorization <b>is</b> required.  Referral <b>is</b> required.	Prior Authorization is <b>not</b> required.  Referral is <b>not</b> required.
<b>Meal Benefit</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>is</b> required.

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Outpatient Substance Abuse Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>is</b> required.
<b>Over-the-Counter (OTC) Items</b>	<b>\$125</b> allowance every 3 months.	<b>\$150</b> allowance every 3 months.
<b>Partial Hospitalization</b>	Referral <b>is</b> required.	Referral is <b>not</b> required.
<b>Personal Emergency Response System (PERS)</b>	Prior Authorization is <b>not</b> required. Referral <b>is</b> required.	Prior Authorization <b>is</b> required Referral is <b>not</b> required.

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L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Routine Chiropractic Services / Acupuncture / Therapeutic Massage</b>	Routine Chiropractic Services / Acupuncture / Therapeutic Massage is <b>not</b> covered.	Routine Chiropractic Services / Acupuncture / Therapeutic Massage <b>is</b> covered.  Covered up to <b>45</b> visits (combined) every year for routine acupuncture, routine chiropractor or massage therapy visits with a participating provider.
<b>Routine Podiatry Services</b>	Routine Podiatry Service is <b>not</b> covered.	Routine Podiatry Service <b>is</b> covered.  Covered for up to <b>12</b> visits of routine foot care. These services can include trimming of the nails and cutting or removal of corns and calluses.

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L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

	2022 (this year)	2023 (next year)
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI) - Healthy Foods &amp; Utility/ Gas Flex Card</b></p>	<p>Healthy Foods is <b>not</b> covered.</p> <p>Utility/Gas Flex Card is <b>not</b> covered.</p>	<p>Healthy Foods <b>is</b> covered.</p> <p>A monthly allowance of <b>\$30</b> (no rollover) to healthy foods.</p> <p>Utility/Gas Flex Card <b>is</b> covered.</p> <p>A monthly allowance of <b>\$30</b> (no rollover) to pay for home utilities (Electric, Gas, Heating Oil, Sanitary, Water) and gas at the pump.</p> <p>This benefit is part of special supplemental program for the chronically ill. Not all members qualify. Please refer to Chapter 4 of the Member Handbook.</p>

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

	2022 (this year)	2023 (next year)
<p><b>Medicare Covered Benefits:</b></p> <ul style="list-style-type: none"> <li>• Ambulance Services</li> <li>• Ambulatory Surgical Center (ASC) Services</li> <li>• Cardiac and Pulmonary Rehabilitation Services</li> <li>• Chiropractic Services</li> <li>• Comprehensive Dental Services</li> <li>• Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts</li> <li>• Dialysis Services</li> <li>• Durable Medical Equipment (DME)</li> <li>• Emergency Services</li> </ul>	<p>You pay a \$0.00 copay amount.</p>	<p>You pay a 0 - 20% coinsurance amount.</p> <p>Your coinsurance amount depends on the type of Medi-Cal benefits you receive.</p>

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L.A. Care Medicare Plus  
 ANNUAL NOTICE OF CHANGES FOR 2023

	2022 (this year)	2023 (next year)
<ul style="list-style-type: none"> <li>• Eye Exams</li> <li>• Hearing Exams</li> <li>• Medicare Part B Rx Drugs and Home Infusion Drugs</li> <li>• Mental Health Specialty Services</li> <li>• Occupational Therapy Services</li> <li>• Opioid Treatment Program Services</li> <li>• Other Health Care Professional Services</li> <li>• Outpatient Blood Services</li> <li>• Outpatient Diagnostic and Therapeutic Radiological Services</li> </ul>		

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



L.A. Care Medicare Plus  
 ANNUAL NOTICE OF CHANGES FOR 2023

	2022 (this year)	2023 (next year)
<ul style="list-style-type: none"> <li>• Outpatient Diagnostic Procedures, Tests and Lab Services</li> <li>• Outpatient Hospital Services</li> <li>• Outpatient Substance Abuse Services Partial Hospitalization</li> <li>• Physical Therapy and Speech-Language Pathology Services</li> <li>• Physician Specialist Services excluding Psychiatric Services</li> <li>• Podiatry Services</li> <li>• Prosthetics/ Medical Supplies</li> </ul>		

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).





L.A. Care Medicare Plus  
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	2022 (this year)	2023 (next year)
<ul style="list-style-type: none"> <li>• Primary Care Physician Services</li> <li>• Psychiatric Services</li> <li>• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services</li> <li>• Urgently Needed Services</li> </ul>		

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L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

	2022 (this year)	2023 (next year)
<b>Inpatient Hospital-Acute</b>	You pay a \$0.00 copay amount.	<p>Medicare-defined cost shares. Your coinsurance amount depends on type of Medi-Cal benefits you receive.</p> <p>Amounts for 2022. Amounts may change for 2023.</p> <ul style="list-style-type: none"> <li>•\$1,556 deductible</li> <li>•Days 1–60: \$0 coinsurance</li> <li>•Days 61–90: \$389 coinsurance per day.</li> <li>•Days 91 and beyond: \$778 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</li> <li>•Each day after lifetime reserve days – All Costs.</li> </ul>
<b>Inpatient Hospital-Psychiatric</b>		

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



L.A. Care Medicare Plus  
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	2022 (this year)	2023 (next year)
<b>Skilled Nursing Facility (SNF)</b>	You pay a \$0.00 copay amount.	<p>Medicare-defined cost shares. Your coinsurance amount depends on type of Medi-Cal benefits you receive.</p> <p>Amounts for 2022. Amounts may change for 2023.</p> <ul style="list-style-type: none"> <li>•Days 1–20: \$0 coinsurance per day.</li> <li>•Days 21–100: Up to \$194.50 coinsurance per day.</li> <li>•Days 101 and beyond: All costs.</li> </ul>

**E2. Changes to prescription drug coverage**

**Changes to our Drug List**

An updated *List of Covered Drugs* is located on our website at [medicare.lacare.org](http://medicare.lacare.org). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)

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# L.A. Care Medicare Plus

## ANNUAL NOTICE OF CHANGES FOR 2023

- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Formulary exceptions are granted for the remainder of the plan year. Please reference your formulary exception approval notice for your specific expiration date. If your approval is expiring and you would like to request an extension, a formulary exception request would need to be resubmitted.

### Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

<b>Stage 1 Initial Coverage Stage</b>	<b>Stage 2 Catastrophic Coverage Stage</b>
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2023. You begin this stage after you pay a certain amount of out-of-pocket costs.

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



## L.A. Care Medicare Plus ANNUAL NOTICE OF CHANGES FOR 2023

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$7,400.00**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

### **Important Message About What You Pay for Vaccines -**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

### **Important Message About What You Pay for Insulin -**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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visit [medicare.lacare.org](https://www.medicare.lacare.org).


### **E3. Stage 1: “Initial Coverage Stage”**

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

**We moved some of the drugs on our Drug List to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our Drug List.

The following table shows your costs for drugs in each of our 5 drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

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L.A. Care Medicare Plus  
ANNUAL NOTICE OF CHANGES FOR 2023

	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<p><b>Drugs in Tier 1</b> (Preferred Generic) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b> (Generic) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$10.35 or \$20 per prescription.</b>  Your copay depends on the amount of Extra Help you receive.</p>

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).





L.A. Care Medicare Plus  
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	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<p><b>Drugs in Tier 3</b> (Preferred Brand) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0-\$9.85 <b>per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$10.35 or \$47 per prescription.</b>  Your copay depends on the amount of Extra Help you receive.</p>
<p><b>Drugs in Tier 4</b> (Non-Preferred Brand) Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0-\$9.85 <b>per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 - \$10.35 or \$100 per prescription.</b>  Your copay depends on the amount of Extra Help you receive.</p>

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



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	2022 (this year)	2023 (next year)
<p><b>Drugs in Tier 5</b> (Specialty Tier) Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	N/A	<p>Your copay / coinsurance for a one-month (30-day) supply is <b>\$0 - \$10.35 or 25% Coinsurance per prescription.</b></p> <p>Your copay depends on the amount of Extra Help you receive.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$7,400.00**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information how much you pay for prescription drugs.

**E4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$7,400.00** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

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L.A. Care Medicare Plus  
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- To locate more information about your prescriptions that Medicare and Medi-Cal cover, refer to the *List of Covered Drugs*.

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## F. Administrative changes

	2022 (this year)	2023 (next year)
<b>Contract/ Plan Benefit Package (PBP)</b>	<b>H8258-001</b>	<b>H1224-001</b>

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L.A. Care Medicare Plus  
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	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Over-the-Counter (OTC) Items</b>	<p>Over-the-Counter items may be purchased at a retail location using your Over-the-Counter debit card. Retail location stores include: Walmart, CVS, Kroger, Ralphs, Food for Less, Albertsons, Walgreens and other participating retailers.</p> <p>Over-the-Counter items may also be delivered to your home by ordering online through: <a href="http://HealthyBenefitsPlus.com/LACareCMC">HealthyBenefitsPlus.com/LACareCMC</a> or by calling: 1-833-832-7309 (TTY 711).</p>	<p>Over-the-Counter items may be purchased at a retail location using your Benefits MasterCard Prepaid card. Retail location stores include: Walmart, CVS, Rite Aid, Walgreens and other participating retailers.</p> <p>Over-the-Counter items may also be delivered to your home by ordering online through: <a href="http://NationsOTC.com/LACareDSNP">NationsOTC.com/LACareDSNP</a> or by calling: 1-833-690-0180 (TTY 711).</p>

**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



## **G. Choosing a plan**

### **G1. Staying in our plan**

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2023.

### **G2. Changing plans**

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.

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## L.A. Care Medicare Plus ANNUAL NOTICE OF CHANGES FOR 2023

- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

### **Your Medicare services**

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



L.A. Care Medicare Plus  
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<p><b>1. You can change to:</b></p> <p><b>Another Medicare health plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs and Services/Medicare Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



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<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).





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**3. You can change to:**

**Original Medicare without a separate Medicare prescription drug plan**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

**Here is what to do:**

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



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<p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs and Services/Medicare Counseling/</a>.</p>	<p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).



## Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

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## H. Getting help

### H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

### Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2023 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at [medicare.lacare.org](https://www.medicare.lacare.org). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2023.

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](https://www.medicare.lacare.org).



## Our website

You can visit our website at [medicare.lacare.org](https://medicare.lacare.org). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).


## H2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](https://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

## H3. Ombuds Program

The Health Consumer Alliance Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Consumer Alliance Ombuds Program:

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**,  visit [medicare.lacare.org](https://medicare.lacare.org).

## L.A. Care Medicare Plus ANNUAL NOTICE OF CHANGES FOR 2023

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Health Consumer Alliance Ombuds Program is 1-888-804-3536.

### **H4. Medicare**

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [www.medicare.lacare.org](http://www.medicare.lacare.org).



## ***Medicare & You 2023***


You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **H5. California Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at **1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**,  visit [medicare.lacare.org](http://medicare.lacare.org).

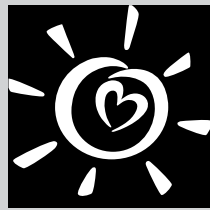
## L.A. Care Medicare Plus ANNUAL NOTICE OF CHANGES FOR 2023

to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online.

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**If you have questions**, please call L.A. Care Medicare Plus at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. The call is free. **For more information**, visit [medicare.lacare.org](http://medicare.lacare.org).





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