



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

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

*Annual Notice of Changes*  
*for 2024*



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

## *Annual Notice of Changes for 2024*

### 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*.

### Additional resources

- This document is available for free in Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog and Vietnamese.
- 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.

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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

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- 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 (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.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-833-522-3767, TTY: 711, 24 hours a day, 7 days a week, including holidays. Someone that speaks English can help you. This is a free service.

- توجد لدينا خدمات ترجمة فورية مجانية للإجابة عن أية أسئلة قد تكون لديك بخصوص الخطة الصحية أو خطة العقاقير الدوائية. للحصول على خدمات مترجم فوري ما عليك سوى الاتصال بنا على الرقم 1-833-522-3767، TTY: 711 على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع، بما في ذلك أيام العطلات. يمكن أن يساعدك شخص يتحدث اللغة العربية. هذه خدمة مجانية.

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- Մենք ունենք անվճար թարգմանչական ծառայություններ պատասխանելու մեր առողջության կամ դեղերի ծրագրի վերաբերյալ ձեր ցանկացած հարցի: Բանավոր թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ 1-833-522-3767, TTY` 711, օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոն օրերը: Ինչ-որ մեկը, ով խոսում է անգլերեն, կարող է օգնել ձեզ: Սա անվճար ծառայություն է:
- 我們有免費口譯服務可以回答您對我們健康計劃或藥物計劃可能持有的任何問題。若要使用口譯員，請致電 1-833-522-3767、TTY: 711 與我們聯絡即可，服務時間為每週 7 天，每天 24 小時（包含假日）。說英文的工作人員可為您提供協助。這是一項免費服務。

- ما با ارائه خدمات رایگان ترجمه شفاهی، به هر سؤالی که ممکن است شما در مورد طرح سلامت یا داروی ما داشته باشید پاسخ می‌دهیم. برای دریافت مترجم شفاهی فقط با شماره 1-833-522-3767، 24، 711 TTY ساعت شبانه روز، 7 روز هفته، از جمله تعطیلات، با ما تماس بگیرید. کسی که انگلیسی صحبت می‌کند می‌تواند به شما کمک کند. این خدمات، رایگان است.

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- अपने स्वास्थ्य या दवा प्लैन के संबंध में आपके कनिहीं भी प्रश्नों के उत्तर देने के लिए हमारे पास मुफ्त दुभाषयि सेवाएँ उपलब्ध हैं। दुभाषयि की सेवाएँ प्राप्त करने के लिए, बस हमें 1-833-522-3767, TTY: 711 पर, दनि के 24 घंटे, सप्ताह के 7 दनि, छुट्टियों समेत, कभी भी कॉल करें। हद्दी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता है। यह सेवा मुफ्त है।
- Peb muaj cov kev pab txhais lus pub dawb los teb txhua nqe lus nug uas koj muaj txog peb txoj kev phiaj xwm kev kho mob los sis tshuaj. Txhawm rau kom tau tus neeg txhais lus ces tsuas yog hu rau peb ntawm tus xov tooj 1-833-522-3767, TTY: 711, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub lim tiam, suav nrog cov hnuv so. Ib tug neeg uas hais Lus Askiv yuav tuaj yeem pab koj. Qhov no yog ib qho kev pab dawb xwb.
- Yie mbuo liepc duqv maaih faan waac mienh wangv-henh tengx dau waac bun muangx dongh haaix zanc meih qiemx naaic taux yie mbuo goux nyei ziux goux wangc siangx sou-gorn a'fai ndie nyei sou-gorn. Liouh lorx faan waac mienh se zuqc korh waac lorx taux yie mbuo yiem njiec naaiv 1-833-522-3767, TTY: 711, yietc hnoi yiem zuov benx 24 norm ziangh hoc, yietc norm leiz baaix zuov yiem 7 hnoi, lemh jienv gingc yaac maiv duqv dingh. Maaih faan waac mienh dungh haih gorngv Mienh waac wuov tengx faan waac bun meih muangx oc. Naaiv se wangv henh tengx faan waac bun muangx hnangv.

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- 当社の医療プログラムもしくは投薬計画に関して、皆様から寄せられるすべてのご質問にお答えできるように、当社では無料でご利用できる通訳サービスをご用意しています。通訳サービスのご依頼は、24時間年中無休（祝祭日も受け付けております）、電話番号1-833-522-3767、テレタイプ端末（TTY）:711まで、お電話ください。英語の通訳者が皆様をアシストいたします。こちらは無料サービスです。
- យើងមានសេវាអ្នកបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាពរដ្ឋសម្រាប់សម្លេង។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែទូរស័ព្ទមកពួកយើងតាមលេខ 1-833-522-3767, TTY: 711, 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ រួមទាំងថ្ងៃឈប់សម្រាក។ អ្នកដែលនិយាយភាសាអង់គ្លេសអាចជួយអ្នកបាន។ នេះជាសេវាកម្មដែលឥតគិតថ្លៃ។
- 무료 통역 서비스를 제공하여 의료 또는 의약품 플랜에 관한 여러분의 질문에 답변해 드립니다. 통역사를 구하려면 1-833-522-3767(TTY: 711)번(하루 24시간, 주 7일 운영, 휴일 포함)으로 연락해 주십시오. 영어를 구사하는 사람이 여러분을 도와드릴 수 있습니다. 무료 서비스입니다.

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- ພວກເຮົາມີການບໍລິການນາຍແປພາສາແບບບໍ່ເສຍຄ່າ ເພື່ອຕອບຄໍາຖາມທຸກຢ່າງທ່ານອາດຈະມີກ່ຽວກັບ ແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍຮ້າຍ ແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາທະບຽນ 1-833-522-3767, TTY: 711, 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ, ລວມທັງວັນພັກ ຕ່າງໆ. ບຸກຄົນໃດໜຶ່ງທີ່ສາມາດເວົ້າພາສາອື່ນໆກໍ່ອາດຈະສາມາດ ຊ່ວຍທ່ານໄດ້. ນັ້ນແມ່ນການບໍລິການແບບບໍ່ເສຍຄ່າ.
- ਆਪਣੇ ਹੈਲਥ ਜਾਂ ਦਵਾਈ ਪਲੈਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਸਿ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-833-522-3767, TTY: 711 (ਤੇ, ਦਿਨਿ ਦੇ 24 ਘੰਟੇ, ਹਫਤੇ ਦੇ 7 ਦਿਨਾਂ, ਛੁੱਟੀਆਂ ਸਮੇਤ, ਚੋਂ ਕਦੇ ਵੀ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵਅਿਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- Мы предлагаем бесплатные услуги устного перевода, чтобы ответить на любые возникшие у вас вопросы по поводу нашего плана здравоохранения или плана покрытия препаратов. Чтобы воспользоваться услугами устного переводчика, просто позвоните нам по телефону 1-833-522-3767 (линия TTY: 711) 24 часа в сутки, 7 дней в неделю, включая праздничные дни. Вам поможет русскоговорящий специалист. Это бесплатная услуга.

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- Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, puede llamarnos al 1-833-522-3767, TTY: 711, las 24 horas del día, los 7 días de la semana, incluso los días festivos. Alguien que hable inglés puede ayudarle. Este servicio no tiene costo.
- เรามีบริการล่ามฟรีสำหรับตอบทุกคำถามที่คุณอาจมีเกี่ยวกับแผนสุขภาพหรือแผนยาของเรา หากต้องการใช้บริการล่าม เพียงโทรหาเราที่หมายเลข 1-833-522-3767, TTY: 711 ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ รวมวันหยุดนักขัตฤกษ์ คนที่พูดภาษาอังกฤษช่วยคุณได้ บริการนี้ไม่เสียค่าใช้จ่าย
- Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong na maaaring mayroon kayo tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter tawagan lang kami sa 1-833-522-3767, TTY: 711, 24 na oras sa isang araw, 7 araw sa isang linggo, kasama ang mga holiday. Matutulungan kayo ng isang taong nagsasalita ng Ingles. Ito ay isang libreng serbisyo.

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- Ми надаємо безкоштовні послуги перекладача, який відповість на будь-які ваші запитання про наш план медичного страхування або препарати. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-833-522-3767, ТТУ: 711, 24/7, включно у святкові дні. Вам допоможе спеціаліст, який розмовляє англійською. Послуга надається безкоштовно.
- Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình bảo hiểm sức khỏe hoặc thuốc của chúng tôi. Để được thông dịch, chỉ cần gọi cho chúng tôi theo số 1-833-522-3767, TTY: 711, 24 giờ trong ngày, 7 ngày trong tuần, kể cả ngày lễ. Một người nào đó nói tiếng Anh có thể giúp quý vị. Đây là một dịch vụ miễn phí.
- Wir bieten kostenlose Dolmetscherdienste, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns einfach an unter 1-833-522-3767, TTY: 711. Wir sind rund um die Uhr erreichbar, auch an Feiertagen. Ein englischsprachiger Mitarbeiter kann Ihnen behilflich sein. Dies ist ein kostenloser Service.

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- Nous mettons à votre disposition des services d'interprétariat gratuits pour répondre à toutes les questions que vous vous posez sur notre programme relatif à la santé et aux médicaments. Pour avoir accès à un interprète, appelez-nous au 1-833-522-3767, ATS : 711, 24 heures sur 24, 7 jours sur 7, y compris les jours fériés. Une personne parlant anglais peut vous aider. Ce service est gratuit.
- Nou gen sèvis entèprèt ki gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-833-522-3767, TTY: 711, 24 sou 24, 7 jou sou 7, ak jou ferye yo tou. Yon moun ki pale kreyòl ayisyen ka ede w. Se yon sèvis ki gratis.
- Abbiamo a disposizione un servizio di interpretariato gratuito per rispondere a qualsiasi domanda sul nostro piano sanitario o farmaceutico. Per richiedere un interprete è sufficiente chiamare il numero 1-833-522-3767, TTY: 711, 24 ore su 24, 7 giorni su 7, compresi i giorni festivi. Ti può aiutare una persona che parla inglese. Il servizio è gratuito.

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- Zapewniamy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu zdrowotnego lub farmaceutycznego. Aby zamówić tłumacza, wystarczy zadzwonić do nas pod numer 1-833-522-3767, Tryb TTY: 711, 24 godziny na dobę, 7 dni w tygodniu, również w święta. Może Ci pomóc ktoś, kto mówi po angielsku. Usługa jest bezpłatna.
- Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre nosso plano de saúde ou medicamentos. Para obter um intérprete, basta ligar para 1-833-522-3767, TTY: 711, 24 horas por dia, 7 dias por semana, incluindo feriados. Alguém que fala inglês pode te ajudar. Este é um serviço gratuito.

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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

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 on changes to your benefits for next year.

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 options and services in **Section G2**.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

**?** **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).

## **B1. Information about L.A. Care Medicare Plus**

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

## **B2. 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.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

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- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
- **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?
- **Think about whether you are happy with our plan.**

OMB Approval 0938-1444 (Expires: June 30, 2026)

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**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 network providers and pharmacies**

Our provider and pharmacy networks have changed for 2024.

**Please review the 2024 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [medicare.lacare.org](https://www.medicare.lacare.org). You may also call Member Services at the number at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

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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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## **D. Changes to benefits and costs for next year**

### **D1. 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.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

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	2023 (this year)	2024 (next year)
<b>Dental (Supplemental): Preventive and Comprehensive</b>	Certain dental services, including cleanings, fillings, and dentures, are available through the Medi-Cal Dental Program.	<p>Certain dental services, including cleanings, fillings, and dentures, are available through the Medi-Cal Dental Program.</p> <p>You pay \$0 for Dental (Supplemental): Preventive and Comprehensive services.</p> <p>We cover the following dental services through Liberty Dental:</p> <p><b>Preventive Dental</b> (e.g. Oral exam, cleaning, fluoride treatment, X-rays)</p>

OMB Approval 0938-1444 (Expires: June 30, 2026)

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		<p><b>Comprehensive Dental</b> (Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Dentures, Oral Surgery, other Services)</p> <p>Limitations and exclusions may apply for both Preventive and Comprehensive Dental services.</p> <p>Please refer to Liberty Dental's Provider Directory for available dentists.</p> <p>For more information, please refer to the Member Handbook.</p> <p>Authorization and/or Referral may be required.</p>
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<p><b>Over-the-Counter (OTC) Items</b></p>	<p><b>\$150</b> allowance every 3 months. Any remaining balance does not rollover to the next quarter.</p>	<p><b>\$180</b> allowance every 3 months. Any remaining balance does not rollover to the next quarter.</p>
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b></p> <p><b>Help with certain chronic conditions</b></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>	<p>Healthy Foods/ Grocery &amp; Utility/ Gas Flex Card</p> <p>A monthly allowance of \$30 (no rollover) to pay for healthy foods.</p> <p>A monthly allowance of \$30 (no rollover) to pay for home utilities (Electric, Gas, Heating Oil Sanitary, Water) and gas at the pump.</p>	<p>Healthy Foods/ Grocery, Utility and Gas at the Pump</p> <p>A monthly combined allowance of \$65 to pay for healthy foods/ grocery, home utilities (such as Electric, Gas, Heating Oil Sanitary, or Water bills) and gas at the pump. Any remaining balance does not rollover to the following month.</p>

OMB Approval 0938-1444 (Expires: June 30, 2026)

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	<p>To qualify for the healthy foods and Utility/ Gas allowance, you must have one or more of the following conditions and participate in a care management program. You must complete a Health Risk Assessment and your Care Manager will determine if you qualify for this benefit.</p> <ul style="list-style-type: none"> <li>• Autoimmune disorders</li> <li>• Cancer</li> <li>• Cardiovascular disorders</li> </ul>	<p>To qualify for this benefit, you must complete a yearly Health Risk Assessment. You must also have a chronic condition from the list below. This condition must be life threatening, disabling, and/or put you at risk for hospitalization or poor health outcome(s).</p> <ul style="list-style-type: none"> <li>• Autoimmune disorders</li> <li>• Cancer</li> <li>• Cardiovascular disorders</li> <li>• Chronic alcohol and other drug dependence</li> </ul>
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OMB Approval 0938-1444 (Expires: June 30, 2026)

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	<ul style="list-style-type: none"> <li>• Chronic alcohol and other drug dependence</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic heart failure</li> <li>• Chronic lung disorders</li> <li>• Dementia</li> <li>• Diabetes</li> <li>• End-stage liver disease</li> <li>• End-stage renal disease (ESRD)</li> <li>• HIV/AIDS</li> <li>• Neurologic disorders</li> <li>• Severe hematologic disorders</li> <li>• Stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic heart failure</li> <li>• Chronic lung disorders</li> <li>• Dementia</li> <li>• Diabetes</li> <li>• End-stage liver disease</li> <li>• End-stage renal disease (ESRD)</li> <li>• HIV/AIDS</li> <li>• Neurologic disorders</li> <li>• Severe hematologic disorders</li> <li>• Stroke</li> </ul>
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OMB Approval 0938-1444 (Expires: June 30, 2026)

**?** **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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<p><b>Wellness and Health Care Planning (WHP) Services</b></p> <p>Medicare approved L.A. Care Medicare Plus to provide lower copayments/co-insurance as part of the Value-Based Insurance Design (VBID) program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p>	<p>Not Covered.</p>	<p>You will be eligible for the following WHP services:</p> <p>A voluntary Advance Care Planning (ACP) through your Annual Wellness visit, Medicare Health Risk Assessment, Care Management Program or In-home Assessment.</p> <p>For more information, please refer to Member Handbook in Chapter 4.</p>
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<p><b>Prior Authorization</b></p> <p><b>Some services may require prior authorization. Please refer to Chapter 4 in the Member Handbook for more details.</b></p>	<p>The following services requires prior authorization:</p> <ul style="list-style-type: none"> <li>• Chiropractic Services – Medicare covered</li> <li>• Outpatient Hospital: Observation Services</li> <li>• Meal Benefit</li> <li>• Personal Emergency Response System (PERS)</li> </ul> <p>The following services does not require prior authorization:</p> <ul style="list-style-type: none"> <li>• Dialysis Services</li> </ul>	<p>The following services does not require prior authorization:</p> <ul style="list-style-type: none"> <li>• Chiropractic Services – Medicare covered</li> <li>• Outpatient Hospital: Observation Services</li> <li>• Meal Benefit</li> <li>• Personal Emergency Response System (PERS)</li> </ul> <p>The following services require prior authorization:</p> <ul style="list-style-type: none"> <li>• Dialysis Services</li> </ul>
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<p><b>Referral</b></p> <p><b>Some services may require a referral. Please refer to Chapter 4 in the Member Handbook for more details.</b></p>	<p>The following services requires a referral:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital-Acute</li> <li>• Outpatient Hospital: Observation Services</li> </ul>	<p>The following services does not require a referral:</p> <ul style="list-style-type: none"> <li>• Inpatient Hospital-Acute</li> <li>• Outpatient Hospital: Observation Services</li> </ul>
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**D2. 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 number at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

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.

OMB Approval 0938-1444 (Expires: June 30, 2026)

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## L.A. Care Medicare Plus ANNUAL NOTICE OF CHANGES FOR 2024

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 number at the bottom of the page or contact your care manager 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*.)
  - 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.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

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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**

**We moved some of the drugs on the 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 the Drug List.

The following table shows your costs for all covered Part D drugs

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	2023 (this year)	2024 (next year)
<p><b>All Covered Part D Drugs</b></p> <p>Cost for a one-month supply of a covered Part D drug that is filled at a network pharmacy</p> <p>Medicare approved L.A. Care Medicare Plus to provide lower copayments/co-insurance as part of the Value-Based Insurance Design (VBID) program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p>	<p>Tier 1 Drugs – Preferred Generic:</p> <p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p> <p>Tier 2 Drugs – Generic</p> <p>Your copay for a one-month (30-day) supply is <b>\$0 - \$10.35 or \$20 per prescription.</b></p> <p>Tier 3 Drugs – Preferred Brand:</p> <p>Your copay for a one-month (30-day) supply is <b>\$0 - \$10.35 or \$47 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>

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	<p>Tier 4 Drugs – Non-Preferred Brand:</p> <p>Your copay for a one-month (30-day) supply is <b>\$0 - \$10.35 or \$100 per prescription.</b></p> <p>Tier 5 Drugs – Specialty:</p> <p>Your copay / coinsurance for a one-month (30-day) supply is <b>\$0 - \$10.35 or 25% Coinsurance per prescription.</b></p> <p>For Tiers 2-5, your copay depends on the amount of Extra Help you receive.</p>	
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## E. Administrative changes

	2023 (this year)	2024 (next year)
Zero Dollar Cost Sharing Information	You pay \$0 copay or 20% coinsurance for each Medicare covered visit.  Based on your Medi-Cal Eligibility.	You pay \$0 copay for each Medicare covered visit.

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## F. Choosing a plan

### F1. 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 2024.

### F2. 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**:

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- 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.
- The **Medicare Advantage (MA) 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, when:

- 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 facility or a long-term care hospital.

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## 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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<p><b>1. You can change to:</b></p> <p><b>Another Medicare health plan, including another Medicare Medi-Cal 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 Program of All-inclusive Care for the Elderly (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 plan when your new plan's coverage begins. Your Medi-Cal plan may change.</p>
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OMB Approval 0938-1444 (Expires: June 30, 2026)

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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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OMB Approval 0938-1444 (Expires: June 30, 2026)

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<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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.</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>
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OMB Approval 0938-1444 (Expires: June 30, 2026)

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L.A. Care Medicare Plus  
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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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OMB Approval 0938-1444 (Expires: June 30, 2026)

**?** **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 choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – 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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## G. Getting help

### G1. 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 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 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 2024.

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## 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*).

## G2. 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/).

## G3. Ombuds Program

The Medicare Medi-Cal 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 Medicare Medi-Cal Ombuds Program:

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- 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 Medicare Medi-Cal Ombuds Program is 1-888-804-3536.

### **G4. 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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## ***Medicare & You 2024***

You can read the *Medicare & You 2024* 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. This 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 18774862048.

## **G5. California Department of Managed Health Care**

The California Department of Managed Health Care (DMHC) 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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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 **(1877-688-9891)** 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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**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**



Toll Free: **1.833.522.3767** | TTY: **711**



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