L.A. Care Medicare Plus™
(HMO D-SNP)

# Summary of Benefits
2023

# L.A. Care Medicare Plus (HMO D-SNP) | 2023 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by L.A. Care Medicare Plus. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of L.A. Care Medicare Plus. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

## Table of Contents

## A. Disclaimers

This is a summary of health services covered by L.A. Care Medicare Plus for 2023. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. The 2023 Evidence of Coverage / Member Handbook will be available by October 15, 2022. An up-to-date copy of the 2023 Member Handbook is available on our website at medicare.lacare.org. You may also call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays to ask us to mail you a 2023 Evidence of Coverage / Member Handbook.

- 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.
- This is not a complete list. The benefits information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the L.A. Care Medicare Plus *Member Handbook*.
- 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 hnub, 7 hnub hauv ib asthiv, suav nrog cov hnub so tib si. Qhov hu no yog hu dawb xwb.
- ՈՒՇԱԴՐՈՒԹՅՈՒՆ.Եթե խոսում եք հայերեն, լեզվական աջակցության ծառայությունները հասանելի են Ձեզ անվճար: Զանգահարեք **1-833-522-3767** հեռախոսահամարով (TTY՝ **711**), օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոն օրերը: Հեռախոսազանգն անվճար է:
- ចំណាំ: បើអ្នកនិយាយភាសា ខ្មែរ, សេវាជំនួយផ្នែកភាសា គ្មានបង់ថ្លៃ គឺមានសម្រាប់ជួយអ្នក។ សូមទូរស័ព្ទទៅ **1-833-522-3767** (TTY: **711**), 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍រួមទាំងថ្ងៃឈប់សម្រាក។ ការហៅទូរស័ព្ទនេះគឺមិនគិតថ្លៃទេ។
- 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, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສັງຄ່າ. ໂທຣ 1-833-522-3767 (TTY: 711), ໄດ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ອັນຕໍ່ອາທິດ, ລວມເຖິງ ອັນພັກຕ່າງໆ. ເບີ້ໂທຣນີ້ແມ່ນບໍ່ເສັງຄ່າ.
- 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.
- 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** (YTT: **711**) ، ٤٢ ساعة في اليوم و٧ أيام في الأسبوع، بما في ذلك أيام العطلات. هذه المكالمة 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 ۴۲ ساعت شبانه روز و ۷ روز هفته، حتی روز های تعطیل با **1-833-522-3767** (TTY: **711**) تماس بگیرید. تماس رایگان می باشد.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) 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. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- You can get this document 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.

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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.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|---|
| **What is a Medicare-Medi-Cal Coordination Plan?** | A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination Plan is an organization made up of doctors, hospitals, pharmacies, providers of Managed Long-term Services and Supports (MLTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need. |
| **Will I get the same Medicare and Medi-Cal benefits in L.A. Care Medicare Plus that I get now?** | You will get most of your covered Medicare and Medi-Cal benefits directly from L.A. Care Medicare Plus. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.<br><br>When you enroll in L.A. Care Medicare Plus, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.<br><br>If you are taking any Medicare Part D prescription drugs that L.A. Care Medicare Plus does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for L.A. Care Medicare Plus to cover your drug if medically necessary. For more information, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. |

| Frequently Asked Questions | Answers |
|---|---|
| **Can I go to the same doctors I use now?** | Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with L.A. Care Medicare Plus and have a contract with us, you can keep going to them.<br>• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in L.A. Care Medicare Plus's network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.<br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of L.A. Care Medicare Plus's plan.<br>• If you are currently under treatment with a provider that is out of L.A. Care Medicare Plus's network, or have an established relationship with a provider that is out of L.A. Care Medicare Plus's network, call Member Services to check about staying connected.<br>• If the doctors that you currently see are not part of L.A. Care's network of providers, there is a potential for you to keep your doctor or hospital for a limited period of time, this is called Continuity of Care.<br>To be eligible for Continuity of Care (COC):<br>○ You must have seen the Primary Care Physician (PCP) and/or Specialist at least once during the last 12 months, and have an upcoming appointment with the PCP or Specialist within the next 12 months.<br>○ Your Provider must be willing to accept the L.A. Care Health Plan rates and contract with the appropriate Medical Group/IPA.<br>○ The provider does not have any documented quality of care concerns that would cause L.A. Care or PPG to exclude the provider from its network.<br>Each continuity of care request must be completed within:<br>○ Thirty (30) calendar days from the date L.A. Care or PPG receives the request;<br>○ Fifteen (15) calendar days if the member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or<br>○ Three (3) calendar days if there is risk of harm to the member<br>• To find out if your doctors are in the plan's network, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays or read L.A. Care Medicare Plus's *Provider and Pharmacy Directory* on the plan's website at medicare.lacare.org.<br>If L.A. Care Medicare Plus is new for you, we will work with you to develop an Individualized Plan of Care to address your needs. |

| Frequently Asked Questions | Answers |
|---|---|
| **What is a L.A. Care Medicare Plus Care Manager?** | A L.A. Care Medicare Plus Care Manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. |
| **What are Managed Long-term Services and Supports (MLTSS)?** | Managed Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency. |
| **What is a Multipurpose Senior Services Program (MSSP)?** | A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides, and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home. |
| **What happens if I need a service but no one in L.A. Care Medicare Plus's network can provide it?** | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, L.A. Care Medicare Plus will pay for the cost of an out-of-network provider. |
| **Where is L.A. Care Medicare Plus available?** | The service area for this plan includes: Los Angeles County. You must live in this area to join the plan. |
| **What is prior authorization?** | Prior authorization means an approval from L.A. Care Medicare Plus to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. L.A. Care Medicare Plus may not cover the service, procedure, item, or drug if you don't get prior authorization.<br><br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. L.A. Care Medicare Plus can provide you or your provider with a list of services or procedures that require you to get prior authorization from L.A. Care Medicare Plus before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays for help. |

| Frequently Asked Questions | Answers |
|---|---|
| **What is a referral?** | A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, L.A. Care Medicare Plus may not cover the services. L.A. Care Medicare Plus can provide you with a list of services that require you to get a referral from your PCP before the service is provided.<br><br>Refer to the *Evidence of Coverage* to learn more about when you will need to get a referral from your PCP. |
| **Do I pay a monthly amount (also called a premium) under L.A. Care Medicare Plus?** | No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| **Do I pay a deductible as a member of L.A. Care Medicare Plus?** | No. You do not pay deductibles in L.A. Care Medicare Plus. |
| **What is the maximum out-of-pocket amount that I will pay for medical services as a member of L.A. Care Medicare Plus?** | There is no cost sharing for medical services in L.A. Care Medicare Plus, so your annual out-of-pocket costs will be $0. |
| **What happens if I lose Medi-Cal eligibility?** | If you are within our plan's 3-month period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, during this period, we will not continue to cover Medicaid benefits that are included under the applicable Medicaid State Plan, nor will we pay the Medicare premiums or cost sharing for which the state would otherwise be liable had you not lost your Medicaid eligibility. Your cost for services may change, please reference the Evidence of Coverage / Member Handbook for more information. |

## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care** | Hospital stay | $0 | Hospital services are covered when determined to be medically necessary by your treating doctor and L.A. Care Medicare Plus. There are no limits to the number of medically necessary covered days for each hospital stay.<br><br>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. You must go to network doctors, specialists, and hospitals. Prior authorization and referral may be required for network hospitals non-emergency procedures. |
| | Doctor or surgeon care | $0 | Doctor and surgeon care are provided as part of your hospital stay. Prior authorization rules and referral requirements may apply. |
| | Outpatient hospital services, including observation | $0 | Prior authorization rules and referral requirements may apply. |
| | Ambulatory surgical center (ASC) services | $0 | Prior authorization rules and referral requirements may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You want a doctor** | Visits to treat an injury or illness | $0 | If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.<br>You must go to network doctors, specialists, and hospitals. |
| | Specialist care | $0 | You must go to network doctors, specialists, and hospitals.<br>Prior authorization and referral required for network hospitals and specialists. |
| | Wellness visits, such as a physical | $0 | Annual Wellness Visit every 12 months. |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | $0 | Prior authorization rules and referral requirements may apply. |
| | Acupuncture | $0 | Limit of two visits each month. More visits may be allowed with prior authorization if medically necessary.<br>For Medicare-covered acupuncture visits: Up to 12 acupuncture visits in 90 days if you have chronic low back pain. An additional 8 sessions of acupuncture for chronic low back pain if you show improvement. You may not get more than 20 acupuncture treatments for chronic low back pain each year. Acupuncture treatments for chronic low back pain must be stopped if you don't get better or if you get worse. |
| | "Welcome to Medicare" (preventative visit one time only) | $0 | During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need emergency care** | Emergency room services | $0 | You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization or referral.<br><br>Emergency and urgently needed care services received outside the United States are covered to a limit of $10,000 combined per calendar year. |
| | Urgent care | $0 | You may get covered urgent care whenever you need it, anywhere in the United States or its territories without prior authorization or referral.<br><br>Emergency and urgently needed care services received outside the United States are covered to a limit of $10,000 combined per calendar year. |
| **You need medical tests** | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | $0 | Prior authorization rules and referral requirements may apply. |
| | Lab tests and diagnostic procedures, such as blood work | $0 | Prior authorization rules and referral requirements may apply.<br><br>No prior authorization or referral required for COVID-19 testing related services. |
| **You need hearing/auditory services** | Hearing screenings | $0 | Prior authorization rules may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need dental care** | Dental check-ups and preventive care | $0 | L.A. Care Medicare Plus members are entitled to Dental Benefits from Medi-Cal Dental.<br><br>For questions about your coverage or help finding a Medi-Cal Dentist in your area call 1-800-322-6384 or TTY: 1-800-735-2922 or visit www.denti-cal.ca.gov. |
| | Restorative and emergency dental care | $0 | L.A. Care Medicare Plus members are entitled to Dental Benefits from Medi-Cal Dental.<br><br>For questions about your coverage or help finding a Medi-Cal Dentist in your area call 1-800-322-6384 or TTY: 1-800-735-2922 or visit www.denti-cal.ca.gov. |
| **You need eye care** | Eye exams | $0 | **Medically necessary vision exams** for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Prior authorization rules and referral requirements may apply.<br><br>Up to 1 **supplemental routine eye exam** every year. |
| | Glasses or contact lenses | $0 | One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery.<br><br>Eyeglasses (lenses and frames) or contact lenses up to a $500 plan coverage limit every two years.<br><br>Prior authorization rules may apply. |
| | Other vision care | $0 | |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need mental health services** | Mental health services | $0 | Coverage includes:<br>• Individual therapy<br>• Group therapy<br>• Family Therapy<br>• Medication management/Psychiatric evaluation<br>• Psychological testing when clinically indicated to evaluate a mental health condition<br>• Partial hospitalization program (PHP)<br>• Psychiatric inpatient care |
| | Inpatient and outpatient care and community-based services for people who need mental health services | $0 | You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.<br>Plan covers 90 days for an inpatient hospital stay.<br>Plan covers 60 lifetime reserve days. $0 co-pay per lifetime reserve day.<br>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need a substance use disorder services** | Substance use disorder services | $0 | Substance Abuse Services include*:<br>• Inpatient detoxification<br>• Partial hospitalization program (PHP)<br>• Outpatient treatment services<br>• Withdrawal Management services (also known as Detox)<br>• Intensive outpatient treatment<br>• Narcotic (opioid) treatment services<br>• Medication Assisted Treatment<br>• Residential treatment<br>• Case management<br>• Recovery Bridge Housing<br>• Recovery Support Services (support after treatment is completed)<br>Prior authorization may be applicable for services.<br>*Some services are carved out to the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need a place to live with people available to help you** | Skilled nursing care | $0 | **Skilled Nursing Facility (SNF)**<br>Coordination by your doctor, prior authorization rules and referral requirements may apply.<br>No limit to the number of days covered by the plan for each SNF stay.<br><br>**Home Health Care**<br>Includes medically necessary short term intermittent skilled nursing care and rehabilitation services.<br>Prior authorization rules and referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | Nursing home care | $0 | Prior authorization rules and referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | Adult Foster Care and Group Adult Foster Care | $0 | |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 | Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered while you are in the hospital and skilled nursing facility.<br>Prior authorization and referral requirements may apply for continued services upon discharge. Contact L.A. Care Medicare Plus for details. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help getting to health services** | Ambulance services | $0 | Prior authorization is not required for in-network and out-of-network emergency ambulance services.<br><br>For non-emergency ambulance services, prior authorization may apply. |
| | Emergency transportation | $0 | |
| | Transportation to medical appointments and services | $0 | **Routine Transportation**<br>Referral requirements may apply.<br><br>Unlimited round-trips to plan-approved locations every year.<br><br>**Non-Emergency Medical Transportation**<br>Contact L.A. Care Medicare Plus for more details. |
| **You need drugs to treat your illness or condition (continued on the next page)** | Medicare Part B prescription drugs | $0 | 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.<br><br>Prior authorization rules may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need drugs to treat your illness or condition (continued)** | Generic drugs<br>(no brand name) | $0 - $10.35 | There may be limitations on the types of drugs covered. Please refer to L.A. Care Medicare Plus's *List of Covered Drugs* (Drug List) for more information.<br><br>This plan uses a List of Covered Drugs (Drug List). You can see the Drug List at medicare.lacare.org or you can call Member Services to have the Drug List mailed to you.<br><br>Some drugs on the Drug List may require you to first try another drug for that condition. This is called **step therapy**.<br><br>The plan may limit the amount of a drug that a member can receive. This is called **quantity limits.**<br><br>Some drugs on the Drug List require a **prior authorization** from the plan before the drug will be approved.<br><br>For some generic drugs, **extended-day supplies** (100 days) are available at network retail pharmacies or through mail order. The cost sharing amount for these extended-day supplies is the same as for a one-month supply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need drugs to treat your illness or condition (continued)** | Brand name drugs | $0 - $10.35 | There may be limitations on the types of drugs covered. Please refer to L.A. Care Medicare Plus's *List of Covered Drugs* (Drug List) for more information.<br><br>This plan uses a List of Covered Drugs (Drug List). You can see the Drug List at medicare.lacare.org or you can call Member Services to have the Drug List mailed to you.<br><br>Some drugs on the Drug List may require you to first try another drug for that condition. This is called **step therapy**.<br><br>The plan may limit the amount of a drug that a member can receive. This is called **quantity limits**.<br><br>Some drugs on the Drug List require a **prior authorization** from the plan before the drug will be approved.<br><br>For some generic drugs, **extended-day supplies** (100 days) are available at network retail pharmacies or through mail order. The cost sharing amount for these extended-day supplies is the same as for a one-month supply.<br><br>**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.<br><br>**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. |
| | Over-the-counter (OTC) drugs | $0 | There may be limitations on the types of drugs covered. Please refer to L.A. Care Medicare Plus's *List of Covered Drugs* (Drug List) for more information. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help getting better or have special health needs** | Rehabilitation services | $0 | **Outpatient Rehabilitation Services**<br>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.<br>Coordination by your doctor, prior authorization rules and referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details.<br>**Cardiac and Pulmonary Rehabilitation Services**<br>Coordination by your doctor, prior authorization rules and referral requirements may apply. |
| | Medical equipment for home care | $0 | Prior authorization rules may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | Dialysis services | $0 | Dialysis in a center or in the home is covered when prescribed by a licensed provider.<br>**Out of Area Dialysis (provided outside of your county but in the United States)**<br>Is covered with prior approval, when the Medicare licensed center has space and enough information about you to give you the right treatment. An L.A. Care Medicare Plus Care Manager and your dialysis center social worker will help you locate a dialysis center when you are traveling. |
| **You need foot care** | Podiatry services | $0 | Prior authorization rules and referral requirements may apply.<br>Podiatry visits are limited to foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. |
| | Orthotic services | $0 | Prior authorization rules may apply. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need durable medical equipment (DME)**<br><br>**Note:** This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Evidence of Coverage*. | Wheelchairs, crutches, and walkers | $0 | Provided when medically necessary and prescribed by a licensed provider.<br><br>Prior authorization rules may apply.<br><br>Contact L.A. Care Medicare Plus for details. |
| | Nebulizers | $0 | Provided when medically necessary and prescribed by a licensed provider.<br><br>Prior authorization rules may apply.<br><br>Contact L.A. Care Medicare Plus for details. |
| | Oxygen equipment and supplies | $0 | Provided when medically necessary and prescribed by a licensed provider.<br><br>Prior authorization rules may apply.<br><br>Contact L.A. Care Medicare Plus for details. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need help living at home** | Home health services | $0 | Prior authorization rules and referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | $0 | Prior authorization rules may apply.<br>Contact L.A. Care Medicare Plus for details.<br>For MSSP or IHSS-eligible members. |
| | Adult day health, Community Based Adult Services (CBAS), or other support services | $0 | Prior authorization rules and referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | Day habilitation services | $0 | |
| | Services to help you live on your own (home health care services or personal care attendant services) | $0 | Prior authorization rules and referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued on the next page)** | Chiropractic services | $0 | Prior authorization rules may apply. |
| | Case Management | $0 | Referral requirements may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | Diabetes supplies and services | $0 | Diabetes self-management training; Diabetes monitoring supplies; Therapeutic shoes or inserts.<br>Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.<br>Prior authorization rules may apply. |
| | Services to help manage your disease(s) / Chronic Conditions: Healthy Foods/ Grocery | $0 | You will receive a prepaid allowance card of $30 monthly (no roll over) to purchase food and produce. You can also order by phone, online or have it delivered to your home.<br>To qualify for the healthy foods allowance, you must have one or more eligible chronic conditions and participate in a care management program. Your Case Manager will determine if you qualify for this benefit. |
| | Services to help manage your disease(s) / Chronic Conditions: Utility/Gas Flex Card | $0 | You will receive a prepaid allowance card of $30 monthly (no roll over) to pay for home utilities (Electric, Gas, Heating Oil, Sanitary, Water) and gas at the pump through our approved vendor.<br>To qualify for the healthy foods allowance, you must have one or more eligible chronic conditions and participate in a care management program. Your Case Manager will determine if you qualify for this benefit. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | In Home Support Services | $0 | You have access of up to 60 hours per year of companionship and assistance. Your selected companion can assist with Independent Activities of Daily living such as helping with light chores, exercises, technical support services, social activities and more. |
| | Nursing Facility Resident Services | $0 | • Chiropractic Care and Foot Care<br>• Vision and Dental<br>• Acupuncture<br>• Hearing Exams<br>Prior authorization rules may apply.<br>Contact L.A. Care Medicare Plus for details. |
| | SilverSneakers® Fitness Benefit | $0 | L.A. Care Medicare Plus offers a fitness benefit through SilverSneakers®.<br>SilverSneakers® is a fitness benefit that can help improve your health and well-being with regular exercise.<br>SilverSneakers® offers access to locations nationwide where you can use equipment and take group exercise classes. It also provides online and on-demand classes for at-home workouts. |
| | Over-the-Counter (OTC) Allowance | $0 | You are covered up to $150 quarterly (every 3 months) for approved non-prescription OTC health and wellness items such as cough and cold medicine, vitamins, pain relievers and bandages. Any remaining balance does not rollover to the next quarter.<br>If you have any questions, please call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | Personal Emergency Response System (PERS) | $0 | Prior Authorization is required and can come from Physician Provider Groups (PPGs), Skilled Nursing Facilities (SNFs), Community-Based Adult Services (CBAS), and Department of Health Services (DHS).<br>Contact L.A. Care Medicare Plus for details. |
| | Prosthetic services | $0 | Prior authorization rules may apply. |
| | Routine Acupuncture, Chiropractic and Therapeutic Massage | $0 | You are covered for up to 45 visits per year (combined) for routine acupuncture, routine chiropractor or massage therapy visits with a participating provider. This combined benefit is offered in addition to your Medicare and Medi-Cal covered acupuncture and chiropractic service treatments for medical necessity. |
| | Routine Podiatry | $0 | You are covered for up to 12 visits per year |
| | Telehealth Services | $0 | Available for Primary Care Physician Services |
| | Annual Physical Exam | $0 | You are covered for 1 visit per year |
| | Wellness/Education and Other Supplemental Benefits and Services | $0 | The plan covers the following supplemental health and wellness education services and programs:<br>• Health Education<br>• Nurse Advice Line |

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the L.A. Care Medicare Plus *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call L.A. Care Medicare Plus Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays to get one. If you have questions, you can also call Member Services or visit medicare.lacare.org.

## D. Benefits covered outside of L.A. Care Medicare Plus

There are some services that you can get that are not covered by L.A. Care Medicare Plus but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays to find out about these services.

| **Other services covered by Medicare, Medi-Cal, or a State Agency** | **Your costs** |
|---|---|
| Certain hospice care services covered outside of L.A. Care Medicare Plus | $0 |
| Psychosocial rehabilitation | $0 |
| Targeted case management | $0 |
| Rest home room and board | $0 |
| Dental Services<br>L.A. Care Medicare Plus members are entitled to Dental Benefits from Medi-Cal Dental. Those services include such things as dental exams, cleaning, periodontics, laboratory processed crowns, root canals in back teeth, and partial dentures with adjustments, repairs, and relines.<br>Medi-Cal Dental will provide up to $1,800 in covered services per year and possibly more if medically necessary or if you are residing in a nursing facility. For questions about your coverage or help finding a Medi-Cal Dentist in your area call **1-800-322-6384** or TTY: **1-800-735-2922** or visit **www.denti-cal.ca.gov**. | $0 |
| In-Home Supportive Services (IHSS) Program | $0 |
| Specialty Mental Health and Substance use Disorder | $0 |
| Assisted Living | $0 |
| Multipurpose Senior Services Program (MSSP) | $0 |
| Regional Center Services | $0 |

## E. Services that L.A. Care Medicare Plus, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays to find out about other excluded services.

| **Services L.A. Care Medicare Plus, Medicare, and Medi-Cal do not cover** | |
|---|---|
| Couples therapy | Certain durable medical equipment (DME) such as stairway elevators, dehumidifers, telephone alert systems, and whirlpool baths. If you have questions or are unsure if your DME is covered, please contact Member Services for more information. |

## F. Your rights as a member of the plan

As a member of L.A. Care Medicare Plus, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. L.A. Care Medicare Plus will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.

- Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- Appeal certain decisions made by DMHC or our providers
- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call L.A. Care Medicare Plus Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

## G. How to file a complaint or appeal a denied service

If you have a complaint or think L.A. Care Medicare Plus should cover something we denied, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call L.A. Care Medicare Plus Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays.

For complaints, grievances, and appeals you may also reach us by:

Fax: 1-213-438-5748
Mail: L.A. Care Medicare Plus
Attention: Appeals & Grievances - 348
1055 W 7th Street
Los Angeles, CA 90017

Online: www.lacare.org/online-grievance-form

For complaints, grievances and appeals, you may also use the Department of Managed Health Care's Independent Medical Review (IMR) and Complaint process by:

Phone: 1-888-466-2219
TTY: 1-877-688-9891
Online: www.dmhc.ca.gov

The DMHC's website has complaint forms, IMR application forms, and instructions online.

## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

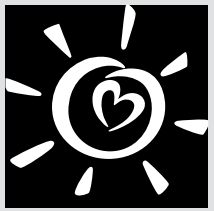
If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at L.A. Care Medicare Plus Member Services. Phone numbers are on the cover of this summary.
- Or, call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can report fraud:
  - Electronically at reportingfraud@lacare.org
  - Anonymously on L.A. Care's Fraud Hotline (800) 400-4889

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call L.A. Care Medicare Plus Member Services:**

1-833-522-3767
Calls to this number are free. 24 hours a day, 7 days a week, including holidays
Member Services also has free language interpreter services available for non-English speakers.

TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week, including holidays




Toll Free: **1.833.522.3767** | TTY: **711** **lacare.org**

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