



L.A. Care
Medicare Plus™
(HMO D-SNP)



L.A. Care Medicare Plus (HMO D-SNP)
Member Annual Guide | 2024

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Dear Member,

Welcome to L.A. Care Medicare Plus (HMO D-SNP)! We are excited to have you as part of our healthcare family. Inside your New Member Welcome Kit, you will find important information about your plan benefits, how to access providers, and the list of covered medications. Please take the time to read it completely and keep it in a safe place.

Our plan offers many benefits to support your health. As a member of L.A. Care Medicare Plus, you will get all the services covered by Medicare and Medi-Cal without having to pay anything. We will make sure your Medicare and Medi-Cal benefits work together smoothly. L.A. Care Medicare Plus is here for you in many ways including:

- Prescription drugs at no cost if you qualify for Extra Help.
- **\$180** over-the-counter allowance on a prepaid debit card every three months to buy approved non-prescription items like cough medicine, vitamins, bandages, and more. Any extra amount left over at the end of the three-month period does not carry over to the next three months. So, make sure you use it for the things you need.
- Dental and vision care coverage. That means you can get the necessary treatments and check-ups to keep your teeth and eyes healthy.
- Coverage for eyeglasses (including lenses and frames) or contact lenses. You can get new glasses or contacts every two years, and we cover up to **\$500** towards the cost.
- In-home support services. As a member, you have up to 60 hours per year for In-Home Support Services. In-Home Support Services benefit offered by trained caregivers (Papa Pals) includes assistance with healthy food selections, transportation for medication pick up and doctor's appointments; household chores, technical guidance on accessing health plan benefit websites and exercise.
- Housing support and food if needed.
- **24/7** member service line including nights and weekends. You can talk to care managers and also get medical advice through our nurse advice line. Virtual visits with doctors using your computer or phone are also available. Best of all, when you see doctors or go to the hospital, there are no costs if you visit providers in our network.

To get started, complete a Health Risk Assessment (HRA) with questions about your health. This will help us create a personalized plan for you. Your care manager will work with you to set goals and suggest services that meet your needs. By completing the assessment, you may qualify for a **\$50** monthly allowance for healthy foods/grocery or help with home utilities and gas at the pump. Call us now to complete your assessment and take the first step toward better health. This benefit is part of special supplemental program for the chronically ill. Not all members qualify.

We also recommend exploring additional resources available to you, such as:

- Social Needs Assistance: L.A. Care Community Link connects you with community agencies for support with housing, food, bills, and more. Visit communitylink.lacare.org or call Member Services to learn more.
- Community Resource Centers: These centers offer various resources to enhance your health and well-being. Schedule an appointment by calling **1.877.287.6290** or visit CommunityResourceCenterLA.org.

Make sure to take advantage of all the resources and services provided by L.A. Care Medicare Plus. For more information and access to plan materials, visit medicare.lacare.org.

Thank you for choosing L.A. Care Medicare Plus as your healthcare plan. We are dedicated to providing you with exceptional care and support throughout your health journey. We are excited to embark on this journey with you!

Sincerely,

L.A. Care Medicare Plus

Note: Alternative formats of this document, such as large print, braille, and audio, are available for free. Call **1-833-522-3767** (TTY: **711**), 24/7, including holidays.

L.A. Care Medicare Plus (HMO D-SNP) is a health plan that works with both Medicare and Medi-Cal to provide benefits to enrollees. Enrollment is subject to contract renewal.

Member Resource Guide



Please use this guide to understand your plan benefits.

Do you have questions or need support?

Remember, we are just a call away. Our Member Services team is available 24 hours a day, 7 days a week, including holidays, to assist you with all your healthcare needs.

Call us at **1.833.LAC.DSNP (522.3767)** (TTY: **711**)

New Member Orientation and Town Hall Meetings

We want to make sure you stay informed and involved in your healthcare journey. That's why we're inviting you to our special events called New Member Orientation and Town Hall Meetings at Community Resource Centers near you. You'll get an invitation from L.A. Care with all the details about when and where these events will happen. At the orientation, you'll learn all about the services and benefits we offer. You'll also meet healthcare providers

and get helpful resources to take care of your health. We want you to have all the information you need. The Town Hall meetings are another way we keep you in the loop and updated about our services and resources. We want you to feel supported and stay connected. So, don't miss out on these events! We can't wait to see you there.

Frequently Asked Questions

When should I see my Primary Care Physician?

For all health concerns, see your Primary Care Physician (PCP) first. Your PCP is the first person you should see when you need health care. Your PCP will make sure you get the right care, in the right place and at the right time. Your PCP will give you a referral if you need specialized care or services.

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Will I receive a L.A. Care Medicare Plus Identification (ID) card?

You will receive a L.A. Care Medicare Plus ID card. Please keep it in a safe place until 1/1/2024. Starting 1/1/2024, you can start using your L.A. Care Medicare Plus ID card and at this point you can get rid of your L.A. Care Cal MediConnect ID card as you will no longer need it.

How can I change my Primary Care Physician?

L.A. Care Medicare Plus members have the option to select from a wide range of doctors in network. If you are not happy with your PCP, you can change your PCP at any time. Your new PCP will be effective the first day of the following month. You will get a new ID card in the mail that shows your new doctor's name.

To choose a new PCP you can either:

- Call **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**), OR
- You can also visit our service member portal at members.lacare.org to find and select your PCP.

Please refer to the registration guide at the bottom of the webpage for step-by-step instructions on creating an account.

As an L.A. Care Medicare Plus member, you will be enrolled with L.A. Care for both your Medicare and Medi-Cal Programs. You will be assigned a Medicare PCP as your primary doctor who will coordinate both your Medicare and Medi-Cal services, you will not be assigned a Medi-Cal primary doctor. You may change your PCP at any time.

What is a Medical Group?

A medical group is an association of PCPs and specialists created to provide coordinated health care services.

Our plan's PCPs are affiliated with medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP refers you to specialists and services that are also affiliated with their medical group. You must get your care from network providers that are affiliated with your PCP's medical group. Usually, we won't cover care from a provider who doesn't work with our health plan and your PCP's medical group.

How should I prepare for my doctor's appointments?

Being prepared for your doctor's appointments is important. You can make the most of your time with your doctor by taking an active role in your health and asking questions.

Tips to get ready for your next doctor's visit:

- Write down all your questions
- Bring your L.A. Care Medicare Plus member ID card, Medi-Cal Benefits Identification Card (BIC) and photo ID
- Bring a list of the medications you are taking, and write down how often and when you take each medication
- Make sure to have your doctor's contact information accessible
- After your appointment, make sure you understand what you need to do.
- Get to know your doctor and don't be afraid to ask questions. If you get home and still have questions, call your doctor's office and speak to someone who can help.

When should I go to the emergency room?

Emergency Care

A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, you believe that there would be either:

- Serious risk to your health
- Harm to bodily functions
- Serious dysfunction of any bodily organ dysfunction, or
- If you are in active labor and there isn't enough time to safely transport you to a hospital before delivery

Call 911 or go to the nearest emergency room if you have a medical emergency. If you are unsure if you have a medical emergency, call the Nurse Advice Line at **1.800.249.3619** (TTY: **711**), 24 hours a day, 7 days a week, including holidays.

When should I go to urgent care?

Go to an urgent care center if your condition is not severe, but still needs immediate attention. Urgent care can help prevent your condition from getting worse. If you don't know if you need urgent care, call the Nurse Advice Line **1.800.249.3619** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. They can also help you find the nearest urgent care center.

You do not need a referral from your PCP for emergency care or urgently needed care.

What should I do if I get a bill for covered services?

You should not get a bill for any covered services. If you do, please call L.A. Care Medicare Plus Member Services at **1.833.LAC.DSNP** (**1.833.522.3767**) (TTY: **711**), 24 hours a day, 7 days a week, including holidays.

What if I'm unhappy about the care or service I receive?

We really care about you and want to make sure you're happy with your healthcare. If you ever feel sad or worried about the services or care you get, you can call Member Services and let us know by filing a complaint. We will write down everything you tell us and take it seriously. Your feedback is super important, and we will work hard to fix any problems as fast as we can. You can even complain about us, the hospital, or any other doctor, even if they're not in our plan's network. We're here to listen and make things right for you

How do I file a complaint?

Write, visit or call L.A. Care Medicare Plus.

L.A. Care Health Plan
 Member Services Department
 1055 West 7th Street
 Los Angeles, CA 90017

1.833.LAC.DSNP (1.833.522.3767)
 (TTY: **711**)

You may also file a complaint online at **lacare.org**.

What is a Prior Authorization/Referral?

Prior authorization: Is an approval you must get from us before you can get a specific service or drug or use an out-of-network provider.

Our plan may not cover the service or drug if you don't get approval first.

Our plan covers some network medical services only if your doctor or other network provider gets prior authorization from us.

- Covered services that need our plan's prior authorization are marked in Chapter 4 of your Member Handbook.

Our plan covers some drugs only if you get prior authorization from us.

Covered drugs that need our plan's prior authorization are marked in the List of Covered Drugs (Drug Formulary).

Referral: A referral is your primary care provider's (PCP's) approval to use a provider other than your PCP. If you don't get approval first, we may not cover the services. You don't

need a referral to use certain specialists, such as women's health specialists. You can find more information about referrals in Chapters 3 and 4 of your Member Handbook.

What is a Service Authorization Request and how to Submit one?

For services that require Prior Authorization your doctor may submit a request for Authorization on your behalf. Or, L.A. Care's Member Services team may assist you in submitting a Service Authorization Request (SAR). SARs may either be submitted to your Medical Group or to L.A. Care's Health Services team for approval. Call **1.833.LAC.DSNP** (**1.833.522.3767**) (TTY: **711**) for assistance.

Where should claims be mailed?

Please send claims to the address found on the back of your L.A. Care Medicare Plus member ID card.

What is a Health Risk Assessment (HRA)?

Be ready for a call from a friendly L.A. Care representative! They'll call you in the first 45 days after you join our plan to do something called Health Risk Assessment (HRA). You can also find the HRA form in your New Member Welcome Packet. Just fill it out and send it back to us. The HRA is a set of questions to learn more about your health needs. This helps us plan for your care better. We do this check every year to keep you healthy. If you want, you can call us at **1.844.522.3767** to do the HRA over the phone. We're here to help you. Your health is important to us, so don't forget to do the HRA!

L.A. Care Community Resource Centers (CRC)

Our resource centers are open to members and the general public. Get access to a variety of health care and community resources including:

- **Member Services and Navigators** – Get help receiving quality care and resolving challenges to get the care you need.
- **Management of Chronic Conditions** – Participate in our diabetes prevention programs. Learn about healthy eating and the importance of regular physical activity with a trained lifestyle coach.
- **Health Technology** – Access electronic health resource tools, such as health portals and apps, to help manage and improve your health. The Center will offer support to learn how to use these tools.
- **Care Management** – Get the most from your health care benefits by working with a Care Manager. A Care Manager can help members organize and develop a plan for their care.
- **Community Link** – Use the L.A. Care Community Link platform to receive social services assistance for housing, food, bills and in-person health and wellness classes.

Our friendly staff are committed to creating a safe space that is warm and welcoming. We're here for everyone in the community, whether it's for your first dance class or you need help with health care. Stop by and experience our great classes and services – it's all free!

Visit our website online to see our locations available to you:

communityresourcecenterla.org

L.A. Care Connect – Your Member Portal

Your exclusive member portal, L.A. Care Connect, is where you can:

- View your eligibility and benefits
- Request, view, and/or print your ID card
- Change your Doctor or Medical Group
- Manage your medications, view your medication history, find a pharmacy, and access all other Pharmacy benefits
- Access Health Education resources
- And More!

Set up your personal L.A. Care member portal account at: members.lacare.org

Please refer to the registration guide at the bottom of the webpage for step-by-step instructions on creating an account.

What is Exclusively Aligned Enrollment?

As an L.A. Care Medicare Plus member, you will be enrolled with L.A. Care for both your Medicare and Medi-Cal Programs. By aligning both your Medicare and Medi-Cal enrollment with L.A. Care, we will be able to better coordinate your care. When you enroll with L.A. Care Medicare Plus, your Medi-Cal plan will automatically be changed to L.A. Care if you are not a member of L.A. Care for Medi-Cal already.

What is a Care Manager?

A Care Manager is one main person who works with you, with the health plan, and with your care providers to make sure you get the care you need. If you do not know who your assigned Care Manager is, call us at **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**) for assistance.



Benefit and Service Highlights

L.A. Care Medicare Plus - Supplemental Vendors at a Glance

L.A. Care Medicare Plus contracts with trusted partners to provide you additional benefits and services. You may also visit our website, [medicare.lacare.org](https://www.medicare.lacare.org), for additional information or to view their directory.

Service	Vendor
Chiropractic Acupuncture Therapeutic Massage	American Specialty Health (ASH)
Fitness Gym	SilverSneakers®
In-Home Support Services	Papa
Meals (Post Discharge)	Mom's Meals
Over-The-Counter Allowance	NationsBenefits®
Personal Emergency Response System (PERS)	Life Station
Special Supplemental Benefits for the Chronically Ill	NationsBenefits®
Vision Care (Routine)	VSP
Mental Health Services	Carelon Behavioral Health
Health Education	Health Dialog
Remote Access Technologies (Nursing Hotline)	Health Dialog
Telehealth Services	Teladoc
Routine Dental	Liberty Dental



Acupuncture, Chiropractic and Therapeutic Massage (Non-Medicare covered)



In addition to your Medicare and Medi-Cal covered Acupuncture and Chiropractic services, you may also receive up to 45 visits (combined) for routine chiropractic acupuncture or therapeutic massage!

Services are provided by American Specialty Health (ASH). You must use a contracted provider to receive covered services. Visit the provider directory on our website at: [medicare.lacare.org](https://www.medicare.lacare.org)

Dental Services



L.A. Care Medicare Plus covers dental services and procedures. These services may include, but are not limited to, the following:

Preventive Services:

- Oral Exams
- X-Rays
- Cleaning – 3 every year
- Fluoride Treatment

Comprehensive Services:

- Diagnostic
- Restorative
- Periodontics
- Extractions
- Endodontics– 1 per tooth per lifetime
- Dentures, Oral Surgery, Other Services

Our plan partners with Liberty Dental to provide your dental benefits.

Benefits exclusions and limitations may apply. There may be exceptions if medically necessary.

For a detailed list of coverage or dentist provider network, you can visit the website at [medicare.lacare.org](https://www.medicare.lacare.org) or by calling **1-855-522-8243**, Monday to Friday, 8:00 a.m. to 8:00 p.m, local time.

Prior authorization rules are listed in the Member Handbook and referral requirements may apply. A specialist referral authorization may apply if the procedure is not within the scope of a general dentist.

For more information, please refer to the Member Handbook.

Additional dental coverage may also be available through the Medi-Cal Dental Program, call **1.800.322.6384** (TTY: **1.800.735.2922**) or visit [smilecalifornia.org](https://www.smilecalifornia.org) for more information.

Coverage includes:

- Routine exams and cleanings
- Root canals and crowns
- Filling and repairs
- Partial dentures, denture repairs and relines

What is Durable Medical Equipment (DME) and how do I access it?



Durable Medical Equipment (DME) is equipment that helps you complete your daily activities. Examples of these items are wheelchairs, crutches, powered mattress systems, diabetic supplies, hospital beds ordered by a provider for use in the home, IV infusion pumps, speech generating devices, oxygen equipment and supplies, nebulizers, or walkers. If you require DME items, you should talk to your doctor or you can call Member Services for a Service Authorization Request at **1.833.LAC.DSNP** (**1.833.522.3767**) (TTY: **711**) for assistance.

Gym Membership



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. You can also access classes, set reminders of upcoming workouts, and stay connected through the SilverSneakers® Go mobile app.

To set up your account:

- visit [SilverSneakers.com](https://www.SilverSneakers.com), or
- download the **SilverSneakers® Go** mobile app.

As a SilverSneakers® member, you can save thousands of dollars on tuition for your loved ones, simply by working out at a participating SilverSneakers® location. It's easy and no cost to you. Please visit [SilverSneakers.TuitionRewards.com](https://www.SilverSneakers.TuitionRewards.com) for more information.

For more information about utilizing SilverSneakers® benefits, give SilverSneakers® a call at **1.866.584.7389** (TTY **711**) Monday - Friday 8 a.m. to 8 p.m., EST or visit <https://tools.silversneakers.com/>, to see participating locations.

Hearing Services



Hearing services provided by Medi-Cal

We pay for hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.

For hearing services you can call Member Services for a Service Authorization Request at **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**) for assistance.

Immunizations



Protect yourself and your family. Get immunized!

Schedule an appointment with your doctor. We can help. Call us at **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**). We pay for the following vaccines at no cost to you!

- COVID-19 vaccines
- Flu shots, once each flu season in the fall and winter (more flu shots if needed)
- Hepatitis B vaccine if you are at high or intermediate risk of getting hepatitis B
- Pneumonia vaccine
- Other vaccines if you are at risk and they meet Medicare Part B coverage rules

In-Home Support Services



Our plan pays for up to **60 hours** per year for In-Home Support Services. This benefit is offered by trained caregivers (Papa Pals) which includes assistance with healthy food selections, transportation for medication pick up and doctor's appointments; household chores, technical guidance on accessing health plan benefit websites and exercise. Support may be in home or virtual.

We partner with Papa to provide these services. Simply call **1.800.348.7951** to get started with this amazing program!

Mental Health Services



Did you know that your mental health is as important as your physical health?

Do you ever feel sad, worried, or overwhelmed? These feelings can be normal responses to stress, loss or life's daily demands. If these feelings last for more than two weeks, call our counselors at Carelon Behavioral Health at **1.877.344.2858** (TTY: **711**) 24 hours a day, 7 days a week to talk to someone who can help.

Nurse Advice Line



Call L.A. Care's Nurse Advice Line to get medical advice from a registered nurse based on your current symptoms anytime, day or night.

Simply call 1.800.249.3619 (TTY: **711**), 24 hours a day, 7 days a week, including holidays to get answers to your health concerns.

The nurse can help you decide:

- Whether you need to see the doctor;
- What to do if your symptoms get worse;
- What you can do at home to start feeling better.

We also use interpreters for all other languages, at no cost to you.

Over-the-Counter (OTC) Benefit and How it Works



At the beginning of each calendar quarter, your OTC card is loaded with the quarterly OTC amount for your plan.

We will provide up to **\$180** quarterly (every 3 months) to use for approved, non-prescription OTC items. Your balance does not carry over—try to spend the full amount on the items you need before the end of each quarter. You can use this benefit to order non-prescription OTC health and wellness items such as cough and cold medicine, vitamins, pain relievers, bandages and COVID-19 Over-The-Counter Tests.

Your OTC allowance Benefits Mastercard® Prepaid Card, along with activation instructions and an OTC catalog will be mailed to you.

You can shop multiple ways:

- **In-Store:** You can shop for a variety of approved items at Albertsons, CVS, Food-4-Less, Ralphs, Walgreens, Walmart, and more. Go to lacare.nationsbenefits.com to find a participating store near you.
- **Online:** Go to lacare.nationsbenefits.com to view a variety of approved products. If this is your first time placing an order online, you will need to create an account by registering on the Benefits Pro Portal or the Benefits Pro app. If you already created an account, simply log in, select your items and when ready click “Checkout.”
- **By Phone:** Review the OTC Catalog or go to lacare.nationsbenefits.com to find the products you want to order. To place an order by phone, please call **1-833-571-7587** (TTY: **711**). Member Service Representatives are available 24 hours per day, 7 days a week, including holidays.

Having the *Benefits Pro* app on your mobile phone helps a lot! You can view your account balance and transactions through the app. Download the free app in the App Store® or Google Play™.

For additional information, please refer to the 2024 OTC Catalog. If you have any questions, please call Member Services at **1.833.571.7587**, (TTY: **711**).

Personal Emergency Response Systems (PERS)



If you are at risk of falls or emergencies in the home may qualify for a Personal Emergency Response System, a device that allow members to call for help in an emergency by pushing a button.

If you have any questions, please call Member Services at **1.833.571.7587**, (TTY: **711**).

Podiatry Services (Routine)



Our plan covers up to 12 routine foot care visits every year for non-Medicare covered Podiatry.

Routine foot care can include:

- Cutting or removing corns and calluses
- Trimming, cutting, or clipping nails
- Hygienic or other preventive maintenance, like cleaning and soaking your feet

Make an appointment with your doctor for this service.

Prescription Coverage – Medicare Part D



We're here to help answer your medication questions.

You can get your Medicare Part D prescriptions filled at any pharmacy in L.A. Care Medicare Plus network. To find pharmacies near you or ask questions about your prescriptions, call **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. When you enrolled, you were sent a How to Access flyer, which included instructions about requesting a list of covered drugs (called a Formulary).

The Formulary shows you which medications are covered by L.A. Care Medicare Plus. You may need to pay the full cost of the medication yourself if the medication is not listed. Call us before you go to the pharmacy to see if your medication is covered.

You can also get the most up-to-date list of covered medications on our website at medicare.lacare.org.

Medicare Part D Prescription Benefits Co-Pay

Tier #1: All Covered Part D Drugs - **\$0**

Co-pays may apply if you are not eligible for Extra Help.

Did you know? You can get your medications mailed to you. To learn more, call **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**).

Prescription Coverage – Medi-Cal RX



Your Medi-Cal pharmacy benefits are managed by the Department of Healthcare Services (DHCS) through a pharmacy benefit contractor, Magellan Medicaid Administration, Inc. (Magellan).

Bring your Medi-Cal Benefits Identification Card (BIC) when you go to the pharmacy. The pharmacy will use your card to look up your information and give you your medications.

You can obtain pharmacy benefits covered by Medi-Cal:

- 1. Online** – use the Medi-Cal Rx Pharmacy Locator at www.Medi-CalRx.dhcs.ca.gov, or
- 2. By phone** - call Medi-Cal Rx Customer Service at **1.800.977.2273** (TTY: **711**), 24 hours a day, 7 days a week, Monday thru Friday, 8 a.m. to 5 p.m.

Special Supplemental Benefits for the Chronically Ill (SSBCI)



Healthy Foods/Grocery, Utility and Gas at the Pump

The following SSBCI benefits are offered through NationsBenefits®, an L.A. Care approved vendor.

Healthy Foods/Grocery, Utility and Gas at the Pump: You will receive a prepaid combined allowance card of **\$65** monthly. Any remaining balance does not rollover to the next month. You can use this benefit to purchase food/produce, pay for home utilities (Electric, Gas, Heating Oil, Sanitary, Water) and gas at the pump through our approved vendor.

To qualify for the Special Supplemental Benefits for the Chronically Ill (SSBCI), you must:

- 1.** Complete an Initial Health Risk Assessment (HRA) if you are new to L.A. Care, or
- 2.** Complete an Annual Health Risk Reassessment if you are an existing L.A. Care member, and

- 3.** 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).

- Autoimmune Disorders
- Cancer
- Cardiovascular Disorders
- Chronic Alcohol and Other Drug Dependence
- Chronic and Disabling Mental Health Conditions
- Chronic Heart Failure
- Chronic Lung Disorders
- Dementia
- Diabetes
- End-Stage Liver Disease
- End-Stage Renal Disease (ESRD)
- HIV/AIDS
- Neurologic Disorders
- Severe Hematologic Disorders
- Stroke

Once you complete your Health Risk Assessment (HRA), we will review your HRA results and medical history to determine your eligibility. If you qualify, you will receive information from our vendor NationsBenefits® on how to access the benefit. This benefit is part of special supplemental program for the chronically ill. Not all members qualify.

Telehealth



Telehealth is a convenient way of getting medical care without leaving your home or wherever you are. Doctors are available to diagnose, treat, and prescribe medication when needed.

To set up your account, visit Teladoc.com or download the Teladoc mobile app.

For more information call **1.800.Teladoc (1.800.835.2362)** 24/7 or visit www.teladoc.com/lacare

Your PCP may also offer telehealth services, ask about telehealth services at your next appointment!

Transportation



Getting to your doctor's appointments is easy.

As an L.A. Care Medicare Plus member, you have free unlimited transportation to get you to your doctor's office and other medical appointments through your Medi-Cal benefits. For more information about your transportation benefits or to schedule a ride, call **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**).

What you will need:

- Member ID Number (this number can be found on your Member ID card)
- Date of birth
- Date, time, and reason you need to see the doctor
- Pick up and drop off addresses

Vision Services



As a member of L.A. Care Medicare Plus, you are covered for a variety of vision services including:

- One routine eye exam every year
- Up to **\$500** for eyeglasses or contact lenses every 2 years

To find out more about vision care covered through L.A. Care Medicare Plus, please call **1.855.492.9028** (TTY **1.800.428.4833**) 8 a.m. to 8 p.m., 7 days a week or visit their provider directory on our website at: www.vsp.com/eye-doctor

Website



L.A. Care Medicare Plus members should visit the plan website at medicare.lacare.org for the latest information on plan benefits, services, and other helpful information to help you stay healthy.

Worldwide Emergency/Urgent Coverage



If you have an emergency when you are not in L.A. County, you can go to the nearest emergency facility (doctor's office, clinic, or hospital).

L.A. Care Medicare Plus offers worldwide emergency coverage anywhere in the world. Emergency and urgently needed services are covered worldwide without prior authorization. We will cover up to **\$10,000** in costs per year. Contact Member Services for additional information at **1.833.LAC.DSNP (1.833.522.3767)** (TTY: **711**).

Wellness and Health Care Planning (WHP) Services



You will receive education regarding Advanced Care Planning while completing your Health Risk Assessment or participation in our Care Management program; followed by an ability to complete your ACP during your Annual Wellness Visit or In-home Assessment, which can be in-person, telephonic, or web based. Advance Care planning means having conversations, making decisions and completing forms, such as an Advanced Care Directive, outlining the care you would like to receive in case you became unable to make medical decisions for yourself. This will ensure that medical professionals know your wishes regarding your treatment preferences. Your physician or other qualified health care professional will help you complete necessary forms. Talk to your Care Manager if you have questions about the process. To obtain a copy of the Advance Health Care Directive form, you can visit medicare.lacare.org. This is voluntary and you are free to decline the services.

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.

How to Access L.A. Care Medicare Plus (HMO D-SNP) Member Materials

We make it easy for you to access all your important **2024** L.A. Care Medicare Plus plan information, with a complete listing of Providers, Pharmacies, Formulary (List of Covered Drugs) and Member Handbook at medicare.larcare.org.

All of your important health coverage is at medicare.larcare.org.



Provider/Pharmacy Directory – A list of doctors, facilities, and pharmacies in our network

- Download our full Provider/Pharmacy Directory in the Member section
- Use an online searchable directory at medicare.larcare.org.



List of Covered Drugs (Formulary) – A list of the drugs that we cover

- Download an updated List of Covered Drugs (Formulary) in the Member section



Member Handbook – Explains plan eligibility, health care services, prescription drug coverage, rights, and protections.

- Download our full Member Handbook in the Member section

If you would like a copy of your Provider/Pharmacy Directory, List of Covered Drugs (Formulary), and/or Member Handbook mailed to you, call Member Services at **1.833.522.DSNP (3767)** (TTY: **711**), **24 hours a day, 7 days a week, including holidays** or request one at medicare.larcare.org.

You can view or ask us for the **2024** Provider/Pharmacy Directory, List of Covered Drugs (Formulary) and Member Handbook beginning **October 15, 2023**.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call **1.833.522.3767** (TTY: **711**), 24 hours a day, 7 days a week, including holidays.



THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL, AND VISION INFORMATION ABOUT YOU, WITH REGARD TO YOUR HEALTH BENEFITS, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

The Local Initiative Health Authority for Los Angeles County, a public entity operating and doing business as L.A. Care Health Plan (L.A. Care) provides your health care benefits and coverage through State, Federal, and commercial programs. Safeguarding your protected health information (PHI) is important to us. L.A. Care is required to give you this notice about your rights and some of our responsibilities to keep your PHI safe, including California State notice of practices, and the Health Insurance Portability and Accountability Act (HIPAA) notice of practices. This notice tells you how we may use and share your PHI. It also tells you what your rights are. You may have additional or more stringent privacy rights under state law.

I. Your PHI is Personal and Private.

L.A. Care receives PHI which identifies you, such as your name, contact information, personal facts, and financial information, from several sources, such as State, Federal, and local agencies after you become eligible, assigned to, and/or enroll in a L.A. Care program. We also receive PHI about you that you provide to us. Also, we receive PHI from health care providers such as physicians, clinics, hospitals, labs, and other insurance companies or payors. We use this information to coordinate, approve, pay for, and improve your health care, and to communicate with you. We cannot use your genetic information to decide whether we will give you healthcare coverage or the cost of that coverage. At times, we may receive race, ethnicity, and language information about you. We may use this information to help you, to communicate with you, and to identify your needs, such as providing you with educational materials in the language of your preference, and offering interpretation services at no cost to you. We use and share this information as provided in this notice. We do not use this information to decide whether we will give you healthcare coverage or the cost of that coverage.

II. How We Protect Your PHI

L.A. Care is committed to protecting your PHI. We keep the PHI of our current and former members private and secure as required by law, and accreditation standards. We use physical and electronic safeguards, and our staff is regularly trained on the use, and sharing of PHI. Some of the ways we keep PHI safe include securing offices and locking desks, and filing cabinets, password protecting computers and electronic devices, and giving access only to the information that

a staff needs to do their job. Where required by law, when our business partners work with us, they must also protect the privacy of any PHI we share with them and are not allowed to give PHI to others except as allowable by law, and this notice. As required by law, we will let you know if there was a breach of your unsecured PHI. We will follow this notice, and will not use or share your information other than as described in this notice, or in compliance with State and Federal laws, or in accordance with your permission.

III. Changes to this Notice of Privacy Practices

L.A. Care must adhere to the notice we are now using. We have the right to change this notice of privacy practices at any time. Any changes will apply to all your PHI, including PHI we received before the changes were made. We will let you know when we make changes to this notice through a newsletter, letter, or our website. You can also ask us for a copy of the new notice, please see below on how to contact us.

IV. How We May Use and Share PHI About You

L.A. Care collects, uses or shares PHI that is provided to us as allowed by law for treatment, payment, and health care operations associated with the program in which you are enrolled. The PHI we use and share includes, but is not limited to:

- Name;
- Address;
- Care and treatment received;
- Health history;
- The cost of/payment for care.

Ways In Which We Typically Use and Share PHI:

We generally use and share PHI in the following ways:

- **Treatment: We do not provide treatment**, but we can use and share PHI with health care and other service providers such as doctors, hospitals, durable medical equipment suppliers, and others to offer you care, and treatment and other services, and information to help you.

- **Payment:** We can use and share PHI with healthcare providers, service providers and other insurers and payers to process requests for payments, and pay for health services provided to you.
- **Health Care Operations:** We can use and share PHI to run our organization and contact you when necessary, for example for audits, quality improvement, care management, coordinating care, and day-to-day functions. We may also use and share PHI with State, Federal, and County programs for participation, and program administration.

Some Examples of Ways We Use PHI:

- To give information to a doctor or hospital to confirm your benefits, copay, or deductible.
- To approve care in advance.
- To process and pay claims for health care services and treatment you received.
- To give PHI to your doctor or hospital so they can treat you.
- To review the quality of care and services you receive.
- To help you and provide you with educational and health improvement information and services, e.g. for conditions like diabetes.
- To inform you of additional services and programs that may be of interest to you and /or help you, e.g. a fitness class at a L.A. Care Community Resource Center.
- To remind you to get regular health assessments, screenings, or checkups.
- To develop quality improvement programs and initiatives, including creating, using, or sharing de-identified data as allowed by HIPAA.
- To use and share information, directly or indirectly, with health information exchanges, for treatment, payment, and health care operations.
- Investigating and prosecuting cases, such as for fraud, waste, or abuse.

V. Other Ways In Which We Can Use And Share PHI

We are allowed or required to share your PHI in other ways, usually to contribute to the public good, such as public health and research. We can use or share your PHI for the following additional purposes:

- To comply with State, Federal, or local laws.
- To comply with a request of a law enforcement agency, such as the police, military, or national security agency, or a Federal, State, or local government agency or body, such as workers' compensation board, or a health oversight agency for activities authorized by law, and court or administrative order.
- To respond to the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- To help with product recalls.
- To report adverse reactions to medications.
- To report suspected abuse, neglect, or domestic violence, as required or allowed under law.
- For health care research.
- To respond to organ and tissue donation requests, and work with a medical examiner or funeral director.
- In relation to complaints, investigations, lawsuits and legal actions.
- To prevent or reduce a serious threat to anyone's health or safety.

VI. Communicating With You

We may use PHI to communicate with you or your designee about benefits, services, selecting your health care provider and billing and payments. L.A. Care will comply with applicable laws in its communications with you, including the Telephone Consumer Protection ACT (TCPA). We may communicate with you through letters, newsletters, pamphlets, and as follows:

- **Phone Calls.** If you have provided us with your phone number (including if a guardian or designee has provided their phone number), including your cell phone number, then we, including our affiliates and subcontractors, on our behalf, may call you by using an automatic telephone dialing system/or an artificial voice in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving calls, please contact your cell phone carrier for this information. If you don't want to be contacted in this way, then please let the caller know, or contact us to be placed on our Do Not Call List.
- **Texting You.** If you have provided us with your cell phone number (including if a guardian or designee has provided their phone number), then for certain purposes, such as reminders, treatment options, services, and premium payment reminders or confirmations, we, including our affiliates and subcontractors, on our behalf, may text you in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving texts.

Please contact your cell phone carrier for this information. If at any time you don't want to receive text messages, then please follow the unsubscribe information on the message, or please reply with "STOP" to stop receiving such messages.

- **Emails.** If you have given us your email address (including if a guardian or designee has provided their email address), then for some limited purposes (e.g. sending you enrollment, member, provider, and educational materials, or reminders or confirmation of payments, if you agree to receive these electronically), then we may email you. There may be a charge by your internet or email or mobile cell phone provider to receive emails, please contact your internet or email or mobile cell phone provider for this information. You acknowledge and agree that if you use an unencrypted email address and/or computer, or access your emails through a mobile device, or share an email, or computer, or mobile cell phone, then there is a risk that your PHI could be read by a third party and you accept the risks of such and waive any protections you may have under any laws. If at any time you don't want to receive email messages, then please follow the "Unsubscribe" instructions at the bottom of the message to stop receiving email communications.

VII. Written Permission

If we want to use or share your PHI for any purpose not provided in this notice, then we will get your written permission. For example, using or sharing PHI for marketing or sale needs your written permission. If we use or share psychotherapy notes, we may also need your permission. If you give us your permission, you can cancel it at any time in writing, and we will not use or share your PHI for that purpose after the date we process your request. But, if we have already used or shared your PHI with your permission, then we may not be able to undo any action that happened before you cancelled your permission.

VIII. Your Rights

You have certain rights to your PHI, and how it can be used or shared. You have the right to:

- **Get a copy of health and claims records.** You can ask to see, or get a copy of your PHI. We will provide a copy or a summary of your health and claims records. There may be some information and records we may not disclose as allowable by law, or we may not be able to provide certain information in some forms, formats, or media. We may charge a reasonable fee, for copying and mailing your PHI.

L.A. Care does not keep a complete copy of your medical records, please contact your healthcare provider if you want to look at, or get a copy of, or change an error in your medical records.

- **Ask us to correct health and claims records.** If you believe there is a mistake in your PHI, you can ask us to correct it. There may be some information we may not be able to change (e.g. the doctor's diagnosis), and will tell you that in writing. If someone else gave us the information (e.g. your doctor), then we will let you know, so you can ask him/her to correct it.
- **Request that we communicate with you confidentially.** You can ask us to contact you in a specific way (e.g. home or office phone) or to send mail to a different address. Not all requests may be agreed to, but we will grant a reasonable request.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. By law, we are not required to agree to your request, and we may say "no" if it would affect your care, payment of claims, key operations, or non-compliance with rules, regulations, or government agency, or law enforcement requests, or a court or administrative order.
- **Get a list of those with whom we've shared Your PHI.** You can ask us for a list (accounting) of the times we've shared your health information, who we shared it with, and a brief description of the reason. We will provide you with the list for the period you request. By law, we will provide the list for a maximum of six (6) years prior to the date of your written request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as when we shared the information with you, or with your permission. We'll provide one accounting a year for free, but may charge a reasonable fee for any additional requests.
- **Get a copy of this privacy notice.** You can get a paper copy of this notice by calling us.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We may ask that you or your designee provide us with some information and documents (e.g. copy of the court order granting guardianship). You or your guardian will need to fill out a written authorization. Please contact us at the number below to find out how to do this.

Please call us at the number on your ID card, or write to us to find out about how to request any of the above. You will need to submit your request in writing, and tell us certain information. We can send you the form(s).

IX. Complaints

If you think we have not protected your PHI, you have the right to file a complaint with us, by contacting us at:

L.A. Care Member Services
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Phone: **1.888.839.9909**
TTY/TDD: **711**

You may also contact:

U.S. Department of Health and Human Services
Office for Civil Rights
Attention: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103

Phone: **1.800.638.1019**
Fax: **1.415.437.8329**
TTY/TDD: **1.800.537.7697**
www.hhs.gov/ocr/privacy/hipaa/complaints/

Medi-Cal Members may also contact:

California Department of Health Care Services
Office of HIPAA Compliance
Privacy Officer
1501 Capitol Avenue, MS0010
P.O. Box 997413
Sacramento, CA 95899-7413
dhcs.ca.gov

X. Use Your Rights Without Fear

L.A. Care will not take any action against you for using the privacy rights in this notice or filing a complaint.

XII. Effective Date

The original effective date of this notice is April 14, 2003. This notice was most recently revised on October 1, 2019.

XII. Contacting Us, or Questions, or if you want this notice in another language or format:

If you have questions about this notice, or want help in applying your rights, or want this notice in another threshold language (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request) at no cost to you, then please call or write us at:

L.A. Care Member Services
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Phone: **1.888.839.9909**
TTY/TDD: **711**

or

L.A. Care Privacy Officer
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

NONDISCRIMINATION NOTICE

Discrimination is against the law. L.A. Care Health Plan follows State and Federal civil rights laws. L.A. Care Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

L.A. Care Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

L.A. Care Health Plan
Member Services Department
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
1-833-522-3767 TTY: 711

HOW TO FILE A CIVIL RIGHTS GRIEVANCE

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a civil rights grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact L.A. Care Health Plan Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays, by calling **1-833-522-3767**. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:

L.A. Care Health Plan
Chief Compliance Officer
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Email: civilrightscoordinator@lacare.org

- **In person:** Visit your doctor's office or L.A. Care Health Plan and say you want to file a civil rights grievance.
- **Electronically:** Visit L.A. Care Health Plan website at www.lacare.org/members/member-support/file-grievance/grievance-appeal-form or send an email to civilrightscoordinator@lacare.org.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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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This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the *Member Handbook*.

You can ask for this information in other formats, such as large print and audio. Call **1.833.522.3767** (TTY: **711**). The call is free.

English

ATTENTION: If you speak English, language assistance services, are available to you. Free aids and services for people with disabilities are also available. We have free interpreter services to answer any questions you may have about our health or drug plan. To get these free services, just call us at **1.833.522.3767** (TTY: **711**), 24 hours a day, 7 days a week, including holidays. The call is free.

Arabic

تنبيه: إذا كنت تتحدث اللغة عربي، فإن خدمات المساعدة اللغوية متاحة لك. كما تتوفر المساعدات والخدمات المجانية للأشخاص ذوي الإعاقة. كذلك، نوفر لك خدمات الترجمة الفورية مجاناً للرد على أي تساؤلات قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على هذه الخدمات المجانية، ما عليك سوى الاتصال بنا على الرقم **1.833.522.3767** (TTY: **711**)، على مدار 24 ساعة في اليوم، و7 أيام في الأسبوع، بما في ذلك أيام العطلات. علماً بأن هذه المكالمات مجانية.

Armenian

Ուշադրություն՝ Եթե հայերեն եք խոսում, լեզվական օգնության ծառայություններ են հասանում Ձեզ: Հասանելի են նաև անվճար օժանդակություններ և ծառայություններ հաշմանդամների համար: Մենք ունենք անվճար բանավոր թարգմանչական ծառայություններ՝ պատասխանելու մեր առողջապահական կամ դեղերի ծրագրի վերաբերյալ Ձեր որևէ հարցի: Այս անվճար ծառայություններից օգտվելու համար պարզապես զանգահարեք մեզ **1.833.522.3767** (TTY: **711**) համարով, օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոնական օրերը: Հեռախոսազանգն անվճար է:

Cambodian

ចំណាប់អារម្មណ៍៖ បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក។ ជំនួយ និងសេវាកម្មគិតថ្លៃ ក៏មានសំរាប់មនុស្សពិការផង។ យើងមានសេវាអ្នកបកប្រែគិតថ្លៃ ដើម្បីឆ្លើយសំណួរអ្វីមួយ ដែលអ្នកអាចមានអំពីគំរោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលសេវាកម្មគិតថ្លៃទាំងនេះ គ្រាន់តែហៅមកយើង លេខ **1.833.522.3767** (TTY: **711**) 24 ម៉ោង មួយថ្ងៃ 7 ថ្ងៃ មួយអាទិត្យ រួមទាំងថ្ងៃបុណ្យផង។ ហៅគិតថ្លៃ។

Chinese

注意：如果您說中文，您可獲得語言協助服務。我們也為殘障人士提供免費輔助和服務。我們有免費口譯員服務以回答您對我們健康計劃或藥物計劃可能持有的任何疑問。若需要上述免費服務，您僅需致電 **1.833.522.3767** (TTY: **711**) 即可，服務時間為每週 7 天，每天 24 小時（包含假日）。上述電話均為免費。

Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی در اختیار شما می باشند. امداد و خدمات رایگان برای اشخاص معلول نیز موجود می باشند. ما خدمات ترجمه شفاهی رایگان را برای پاسخگویی به هرگونه سوالی که ممکن است در مورد بیمه درمانی یا داروئی ما داشته باشید در اختیار داریم. برای دریافت این خدمات، کفایت با شماره **1.833.522.3767** (TTY: **711**)، در 24 ساعت شبانه روز و 7 روز هفته، شامل تعطیلات رسمی تماس بگیرید. این تماس رایگان است.

Hindi

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। विकलांग लोगों के लिए मुफ्त सहायता और सेवाएं भी उपलब्ध हैं। हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। ये निःशुल्क सेवाएं प्राप्त करने के लिए, बस हमें **1.833.522.3767** पर कॉल करें। (TTY: **711**), दिन के 24 घंटे, सप्ताह के 7 दिन, छुट्टियों सहित। फ़ोन करना मुफ्त है।

Hmong

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.

Japanese

ご注意：日本語を話される方は、言語支援サービスをご利用いただけます。障がいをお持ちの方は、援助とサービスも無料をご利用いただけます。私どもの医療保険プランや薬剤保険プランについてのご質問にお答えするために、無料の通訳サービスもご用意しています。これら無料サービスの利用をご希望の方は、**1.833.522.3767** (TTY: **711**) にて弊社までお電話ください。祝日を含む毎日24時間体制で受け付けております。この番号はフリーダイヤルです。

Korean

주의: 귀하가 한국인을 사용하는 경우 귀하는 언어 지원 서비스를 이용하실 수 있습니다. 장애가 있는 사람들을 위한 무료 지원 및 서비스 또한 이용하실 수 있습니다. 저희의 건강 또는 약품 플랜에 관한 귀하의 문의사항에 답변해드리기 위한 무료 통역 서비스가 마련되어 있습니다. 무료 서비스를 받으시려면 저희에게 **1.833.522.3767** (TTY: **711**)번으로 공휴일 포함 주 7일, 하루 24시간 동안 전화하십시오. 통화료는 무료입니다.

Laotian

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ຄົນລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີພ້ອມສໍາລັບທ່ານ. ມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ບໍ່ເສຍຄ່າສໍາລັບຄົນພິການອີກດ້ວຍ. ພວກເຮົາມີບໍລິການນາຍແປພາສາບໍ່ເສຍຄ່າ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນປະກັນສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການຮັບການບໍລິການບໍ່ເສຍຄ່າເຫຼົ່ານີ້, ພຽງແຕ່ໂທມາຫາພວກເຮົາໄດ້ທີ່ **1.833.522.3767** (TTY: **711**), ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ລວມທັງວັນພັກ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

Mien

COR FIM JANGX LONGX OC: Beiv taux meih gongngv benx ang gitv waac nor, ninh mbuo se duqv mbenc maaih tengx nzie waac jauv-louc bun meih oc. Corc aengx zoix mbenc duqv maaih jaa-dorngx aengx caux gong-bou jauv-louc liouh bun nzie wuaaic fangx nyei buonc mienh. Yie mbuo mbenc maaih faan waac mienh wang-henh tengx nzie dau waac bun muangx dongh meih maaih waac qiemx zuqc naaic gongngv taux yie mbuo goux heng-wangc a'fai ndie-daan wuov. Liouh zipv longc taux naaiv deix zuangx wang-henh jauv-louc nor, douc 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 leix baaiz bouc dauh yiem zuov benx 7 hnoi, lemh jienv hnoi-gingc yaac maiv dingh oc. Naaiv norm douc waac gorn se wang-henh longc.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਮੁਫਤ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਬਾਸੀ ਸੇਵਾਵਾਂ ਹਨ। ਇਹਨਾਂ ਮੁਫਤ ਸੇਵਾਵਾਂ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬਸ ਸਾਨੂੰ ਇਸ ਤੇ ਕਾਲ ਕਰੋ **1.833.522.3767** (TTY: **711**), ਇੱਕ ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਛੁੱਟੀਆਂ ਸਮੇਤ। ਕਾਲ ਕਰਨਾ ਨਿਸ਼ੁਲਕ ਹੈ।

Russian

ВНИМАНИЕ! Если вы не говорите по-Руски, вам будут оказаны услуги языковой поддержки. Лицам с инвалидностью предоставляются бесплатные услуги и средства. Мы предоставляем услуги устного перевода, чтобы ответить на любые вопросы о нашем плане страхования или лекарственного обеспечения. Чтобы воспользоваться этими бесплатными услугами, просто позвоните нам по телефону **1.833.522.3767** (линия TTY: **711**) 24 часа в сутки, 7 дней в неделю, включая праздничные дни. Звонок бесплатный.

Spanish

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.

Please use this calendar to write down important reminders and appointments.

Tagalog

PAALALA: Kung nagsasalita kayo ng Tagalog, may makukuha kayong mga serbisyo ng tulong sa wika. Mayroon ding mga libreng tulong at serbisyo para sa mga taong may mga kapansanan. Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong ninyo tungkol sa aming planong pangkalusugan o panggamot. Para makuha ang mga libreng serbisyo ito, 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. Libre ang tawag.

Thai

โปรดทราบ : ถ้าคุณพูดภาษาไทย มีบริการความช่วยเหลือด้านภาษาให้แก่คุณ นอกจากนี้ ยังมีความช่วยเหลือและบริการต่าง ๆ ฟรีให้แก่บุคคลทุพพลภาพด้วย เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับแผนประกันสุขภาพหรือยาของเรา ถ้าต้องการบริการฟรีเหล่านี้ โปรดโทรศัพท์ถึงเราที่ **1.833.522.3767** (สำหรับผู้ป่วยรื่องทางการได้ยินหรือผู้ที่มีปัญหาในการพูด กด **711**) ได้ทุกวันตลอด 24 ชั่วโมง รวมทั้งวันหยุดโดยไม่เสียค่าใช้จ่ายใด ๆ

Ukrainian

ВАЖЛИВО! Якщо Ви розмовляєте українською, скористайтесь послугами мовної підтримки. Ми також безкоштовно надаємо спеціальні засоби зв'язку й послуги людям з особливими потребами. Скориставшись безкоштовними послугами перекладача, Ви можете отримати відповіді на будь-які запитання про план медичного страхування чи план страхового покриття лікарських засобів. Щоб безкоштовно отримати ці послуги, просто зателефонуйте нам на номер **1.833.522.3767** (TTY: **711**). Ми готові відповідати на Ваші дзвінки цілодобово, 7 днів на тиждень, у тому числі у святкові дні. Дзвінки безкоштовні.

Vietnamese

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ dành cho quý vị. Chúng tôi cũng sẵn có những phương tiện trợ giúp và dịch vụ miễn phí dành cho người khuyết tật. Chúng tôi có dịch vụ thông dịch viên miễn phí để giải đáp bất kỳ thắc mắc nào quý vị có thể có về chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận những dịch vụ miễn phí này, quý vị chỉ cần gọi cho chúng tôi theo số **1.833.522.3767** (TTY: **711**), 24 giờ mỗi ngày, 7 ngày trong tuần, kể cả ngày lễ. Cuộc gọi này miễn phí.



January – Happy New Year

IMPORTANT: If you are a new member, please complete your Health Risk Assessment.
 Call L.A. Care Medicare Plus at **1.833.522.3767** (TTY: **711**), 24 hours a day, 7 days a week, including holidays to complete your Health Risk Assessment.



Sunday	Monday	Tuesday	Wednesday
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February

February is **American Heart Month!** This is a great time to learn and focus on your cardiovascular health! Do you know what your blood pressure is? Measuring your blood pressure regularly helps your health care team diagnose any health problems early. You and your health care team can take steps to control your blood pressure if it is too high.



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Download healthy recipes for a heart healthy lifestyle through the Million Hearts Program at millionhearts.hhs.gov.

March

March is **National Kidney Month** – Did you know 37 million people in the United States are estimated to have Chronic Kidney Disease (CKD)? As many as 9 in 10 people are not aware that they have CKD. If you have diabetes or high blood pressure you are at higher risk for developing kidney disease. Taking medications as prescribed, eating healthy and getting exercise are great ways to support kidney health!



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April

April Showers Bring May Flowers and Seasonal Allergies

The start of spring could lead to uncomfortable allergies and may trigger symptoms of asthma. Talk to your provider for care if you are experiencing any discomforts.



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May

May is Mental Health Awareness Month

Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, act, make choices, and relate to others. Mental health is more than the absence of a mental illness—it's important to your overall health and quality of life.

Self-care can play an important role in maintaining your mental health and help support your treatment and recovery if you have a mental illness.

Here are some tips to help you get started with self-care:
 Get regular exercise, eat healthy, drink lots of water, get enough sleep, practice gratitude and stay connected with friends and family.

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June

Summertime is here. Time to prepare for the hot weather!

Summer months can bring fun, sun, and heat! But, sometimes the heat can become dangerous. Preventing heat-related illnesses, including heat stroke and heat exhaustion, is important for people of all ages, but extreme heat poses the greatest risk for people under age 4 and over 65, and anyone who has a pre-existing medical condition or who lives in a home without air conditioning.



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Protect yourself from heat by staying cool, find air-conditioning during hot hours and wear loose light-colored clothing, drink plenty of cool water, wear sunscreen and a hat for protection when outside, and pay attention to heat advisories.

July

July is Healthy Vision Month

There are lots of ways to keep your eyes healthy — from wearing your sunglasses to eating eye-healthy foods, like salmon and kale.

Every day, you can take simple steps to keep your eyes healthy. Use these tips to protect your eyes from things that can harm them:

- Wear sunglasses. Protect your eyes from the sun by wearing sunglasses — even on cloudy days!
- Wear protective eyewear. Safety glasses and goggles are designed to protect your eyes during certain activities, like playing sports, doing construction work, or doing home repairs.
- Give your eyes a rest. Looking at a computer for a long time can tire out your eyes. Rest your eyes by taking a break every 20 minutes to look at something about 20 feet away for 20 seconds.
- If you wear contacts, take steps to prevent eye infections. Always wash your hands before you put your contact lenses in or take them out.

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August

August is National Immunization Awareness Month.

Are you up to date with all of your shots? Check with your Primary Care Physician to see if you are due for any vaccines.



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September

Healthy Aging Month - 6 Tips for Healthy Aging

Use these 6 tips to remain active and independent as long as possible.

1. **Eat & Drink Healthy** — like fruits, vegetables, whole grains, lean meats, low-fat dairy products and water.
2. **Move More, Sit Less Throughout the Day** — Being active can help you prevent, delay, and manage chronic diseases, improve balance and stamina, reduce risk of falls, and improve brain health.
3. **Don't Use Tobacco** — If you use tobacco, take the first step towards quitting by calling **1.800.QUIT.NOW** for FREE help.
4. **Get Regular Checkups** — Visit your doctor for preventive services, not just when you are sick. This can prevent disease or find it early, when treatment is more effective.
5. **Know Your Family History** — Share your family health history with your doctor, who can help you take steps to prevent chronic diseases or catch them early.
6. **Be Aware of Changes in Brain Health** — Everyone's brain changes as they age, but dementia is not a normal part of aging. See your doctor if you have questions about memory or brain health.

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October

October is Breast Cancer Awareness Month

Breast cancer affects both men and women and is among the most common cancers. Most breast cancers are found in women who are 50 years old or older, check with your doctor to see if you are due for a mammogram.



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November

November is National Diabetes Awareness and Diabetic Eye Disease Month

There is no cure for diabetes, but it can be controlled. With the right care, people with diabetes can lead long, healthy lives. Taking steps to learn about and control this disease will help avoid long term problems with the eyes, heart, kidneys, feet, and nerves.

If you have diabetes make sure to receive an annual diabetic eye exam to check for any damage diabetes may cause to your eyes.

Controlling diabetes may be hard sometimes, but it is worth it. Here's what you can do:

- Test your blood sugar. Ask your doctor when and how often to test.
- Keep a record of your blood tests, your meals, exercise level and medicines. Take it with you when you go to the doctor.
- Take your medicine as your doctor told you to.
- Eat "balanced" meals with lean protein, whole grains, fruit and vegetables at each meal.
- Get moving! Start slowly, if you have not been active. Walking after meals is a great start.
- Check your feet each day for cuts, red spots or swelling. Get your feet checked by a doctor each year.
- If you smoke, quit! Talk to your doctor about ways to quit.
- Brush your teeth and gums after meals. Floss every day, and see your dentist at least once a year.
- Stay at a weight that is good for you. Ask your doctor how much you should weigh.

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December

Happy Holidays — Thank you for being an L.A. Care Medicare Plus Member for 2024!



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