



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

# Summary of Benefits 2026





# 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 *Member Handbook*.

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## A. Disclaimers



This is a summary of health services covered by L.A. Care Medicare Plus for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. The 2026 Member Handbook will be available by October 15, 2025 on our website at [medicare.lacare.org](https://www.medicare.lacare.org). To get a free copy by mail, call Member Services at **1-833-522-3767** (TTY: 711), 24 hours a day, 7 days a week, including holidays.

- ❖ 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*.
- ❖ 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](https://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/](https://www.dhcs.ca.gov/)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, 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.
- ❖ Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
- **ATTENTION:** If you need help in your language, call **1-833-522-3767** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-833-522-3767** (TTY: **711**). These services are free.

### (Arabic) الشعار بالعربية

• يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ

تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل **1-833-522-3767** (TTY: **711**).  
هذه الخدمات (TTY: **711**) المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-833-522-3767** مجاناً.



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

## Հայերեն պիտակ (Armenian)

- ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարեք **1-833-522-3767** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-833-522-3767** (TTY: **711**): Այդ ծառայություններն անվճար են:

## 简体中文标语 (Chinese)

- 请注意：如果您需要以您的母语提供帮助，请致电 **1-833-522-3767** (TTY: **711**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-833-522-3767** (TTY: **711**)。这些服务都是免费的。

## ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

- ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## हिंदी टैगलाइन (Hindi)

- ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-833-522-3767** (TTY: **711**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-833-522-3767** (TTY: **711**) पर कॉल करें। ये सेवाएं नः शुल्क हैं।



## Nqe Lus Hmoob Cob (Hmong)

- CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-833-522-3767** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-833-522-3767** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

## 日本語表記 (Japanese)

- 注意日本語での対応が必要な場合は **1-833-522-3767** (TTY: **711**) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 **1-833-522-3767** (TTY: **711**) へお電話ください。これらのサービスは無料で提供しています。

## 한국어 태그라인 (Korean)

- 유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-833-522-3767** (TTY: **711**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-833-522-3767** (TTY: **711**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



## ເທກໄລພາສາລາວ (Laotian)

- ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-833-522-3767** (TTY: **711**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-833-522-3767** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mien Tagline (Mien)

- LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-833-522-3767** (TTY: **711**). Liouh lorx jauvlouc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx ❖ caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-833-522-3767** (TTY: **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

## ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

- ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-833-522-3767** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-833-522-3767** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



## مطلب به زبان فارسی (Farsi)

- توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، (TTY: 711) **1-833-522-3767** مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-833-522-3767** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## Русский слоган (Russian)

- ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-833-522-3767** (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-833-522-3767** (TTY: 711). Такие услуги предоставляются бесплатно.

## Mensaje en español (Spanish)

- ATENCIÓN: si necesita ayuda en su idioma, llame al **1-833-522-3767** (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-833-522-3767** (TTY: 711). Estos servicios son gratuitos.





## Tagalog Tagline (Tagalog)

- ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-833-522-3767** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-833-522-3767** (TTY: **711**). Libre ang mga serbisyong ito.

## แท็กไลน์ภาษาไทย (Thai)

- โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-833-522-3767** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

## Примітка українською (Ukrainian)

- **УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-833-522-3767** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-833-522-3767** (TTY: **711**). Ці послуги безкоштовні.



## Khẩu hiệu tiếng Việt (Vietnamese)

- CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-833-522-3767** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-833-522-3767** (TTY: **711**). Các dịch vụ này đều miễn phí.
- ❖ 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.
- ❖ This document is available for free in Arabic, Armenian, Chinese, Punjabi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Cambodian, Farsi, Russian, Spanish, Tagalog, Thai, Ukrainian and Vietnamese. These versions are also available on our website at [medicare.lacare.org](https://www.medicare.lacare.org).
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English and/or in an alternate format, please contact Member Services at (833) 522-3767, TTY: 711, 24 hours a day, 7 days a week, including holidays. A representative can help you make or change a standing request.



## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What's a Medi-Medi Plan?</b>	<p>A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), 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.</p>
<b>Will I get the same Medicare and Medi-Cal benefits in L.A. Care Medicare Plus that I get now?</b>	<p>You'll get most of your covered Medicare and Medi-Cal benefits directly from L.A. Care Medicare Plus. You'll 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 Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>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.</p> <p>If you are taking any Medicare Part D drugs that L.A. Care Medicare Plus doesn't normally cover, you can get a temporary supply and we'll 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 or at the number listed at the bottom of this page.</p>



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

Frequently Asked Questions	Answers
<p><b>Can I use the same doctors I use now?</b></p>	<p>Often that's 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.</p> <ul style="list-style-type: none"> <li>• 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. <b>You must use the providers in L.A. Care Medicare Plus's network.</b> If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.</li> <li>• 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.</li> <li>• If you're currently under treatment with a provider that's out of L.A. Care Medicare Plus's network, or have an established relationship with a provider that's out of L.A. Care Medicare Plus's network, call Member Services to check about staying connected and ask for continuity of care.</li> </ul> <p>To be eligible for Continuity of Care (COC):</p> <ul style="list-style-type: none"> <li>◦ 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.</li> <li>◦ Your Provider must be willing to accept the L.A. Care Health Plan rates and contract with the appropriate Medical Group/IPA.</li> <li>◦ Your provider must not have any documented quality of care concerns that would cause L.A. Care or PPG to exclude the provider from its network.</li> </ul> <p>Each continuity of care request must be completed within:</p> <ul style="list-style-type: none"> <li>◦ Thirty (30) calendar days from the date L.A. Care or PPG receives the request;</li> <li>◦ Fifteen (15) calendar days if the member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or</li> <li>◦ Three (3) calendar days if there is risk of harm to the member</li> </ul> <p>To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read L.A. Care Medicare Plus's <i>Provider and Pharmacy Directory</i> on the plan's website at <a href="http://medicare.lacare.org">medicare.lacare.org</a>.</p> <p>If L.A. Care Medicare Plus is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.</p>



Frequently Asked Questions	Answers
<b>What's a L.A. Care Medicare Plus Care Manager?</b>	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.
<b>What are Long-term Services and Supports (LTSS)?</b>	Long-term Services and Supports (LTSS) 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.
<b>What's a Multipurpose Senior Services Program (MSSP)?</b>	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.
<b>What happens if I need a service but no one in L.A. Care Medicare Plus' network can provide it?</b>	Most services will be provided by our network providers. If you need a service that can't be provided within our network, L.A. Care Medicare Plus will pay for the cost of an out-of-network provider.
<b>Where's L.A. Care Medicare Plus available?</b>	The service area for this plan includes: Los Angeles County, California. You must live in this area to join the plan.
<b>What's prior authorization?</b>	<p>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 <b>before</b> 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.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> 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 or at the numbers listed at the bottom of this page for help.</p>



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

Frequently Asked Questions	Answers
<b>What's a referral?</b>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that's 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.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.</p>
<b>Do I pay a monthly amount (also called a premium) under L.A. Care Medicare Plus?</b>	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of L.A. Care Medicare Plus?</b>	No. You don't pay deductibles in L.A. Care Medicare Plus.
<b>What's the maximum out-of-pocket amount that I will pay for medical services as a member of L.A. Care Medicare Plus?</b>	There's no cost sharing for medical services in L.A. Care Medicare Plus, so your annual out-of-pocket costs will be \$0.
<b>What happens if I lose Medi-Cal eligibility?</b>	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 Member Handbook for more information.



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## 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.  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 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	
	Ambulatory surgical center (ASC) services	\$0	Prior authorization rules and referral requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	You must go to network doctors, specialists, and hospitals.  If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.
	Specialist care	\$0	You must go to network doctors, specialists, and hospitals.  Prior authorization and referral required for network specialist and hospitals.
	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 requirements may apply.
	Acupuncture (Medicare Covered)	\$0	Limit of two visits each month. More visits may be allowed with prior authorization if medically necessary.  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.  Prior authorization rules and referral requirements may apply.
	"Welcome to Medicare" (preventive 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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services	\$0	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization or referral.</p> <p>Emergency and urgently needed services received outside of the United States and its territories are covered up to \$10,000 combined per calendar year.</p>
	Urgent care	\$0	<p>You may get covered urgent care whenever you need it, anywhere in the United States or its territories without prior authorization or referral.</p> <p>Choose an urgent care center that works with your medical group. You can find your medical group on your member ID card.</p> <p>Emergency and urgently needed care services received outside the United States are covered to a limit of \$10,000 combined per calendar year.</p>
<b>You need medical tests</b>	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	<p>Prior authorization rules and referral requirements may apply.</p> <p>No prior authorization or referral required for COVID-19 testing related services.</p>
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Referral requirements may apply.
	Hearing aids	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need dental care (continued on the next page)</b></p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>Our plan covers dental services and procedures including:</p> <ul style="list-style-type: none"> <li>• Oral Exams – 1 every year</li> <li>• Cleanings – 1 every year</li> <li>• Fluoride Treatment – 1 topical application</li> <li>• X-Rays – 1 every year</li> </ul> <p>Our plan partners with Liberty Dental to provide your dental benefits. Benefits exclusions and limitations may apply. There may be exceptions if medically necessary.</p> <p>To locate a network dentist you may call Member Services at 1-855-552-8243 or search the online dental provider directory at <a href="http://medicare.lacare.org">medicare.lacare.org</a>. It is recommended that you work with your in-network dentist to check benefit coverage prior to obtaining dental services. If you choose to use a dentist outside of the network, the services you receive will not be covered by our plan.</p> <p>Additional dental services, such as check-ups and preventive care are available through the Medi-Cal Dental Program. For more information you can visit the website at <a href="http://dental.dhcs.ca.gov/">dental.dhcs.ca.gov/</a>.</p> <p>As of July 1, 2026, dental benefits will no longer be available to members who do not meet satisfactory immigration status requirements.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need dental care (continued from previous page)</b></p>	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Our plan covers dental services and procedures including the following:</p> <ul style="list-style-type: none"> <li>• Restorative</li> <li>• Endodontics – 1 per tooth per lifetime</li> <li>• Periodontics</li> <li>• Prosthodontics (Fixed and Removable)</li> <li>• Oral/Maxillofacial Surgery</li> <li>• Adjunctive General Services</li> </ul> <p>Our plan partners with Liberty Dental to provide your dental benefits. Benefits exclusions and limitations may apply. There may be exceptions if medically necessary.</p> <p>To locate a network dentist you may call Member Services at 1-855-552-8243 or search the online dental provider directory at <a href="http://medicare.lacare.org">medicare.lacare.org</a>. It is recommended that you work with your in-network dentist to check benefit coverage prior to obtaining dental services. If you choose to use a dentist outside of the network, the services you receive will not be covered by our plan.</p> <p>Prior authorization rules are listed in the Member Handbook and referral requirements may apply.</p> <p>Dental services are available through the Medi-Cal Dental Program. For more information you can visit the website at <a href="http://dental.dhcs.ca.gov/">dental.dhcs.ca.gov/</a>.</p> <p>As of July 1, 2026, dental benefits will no longer be available to members who do not meet satisfactory immigration status requirements.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	<p><b>Medically necessary vision exams</b> for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p> <p>Referral requirements may apply.</p> <p>Up to 1 <b>supplemental routine eye exam</b> every year</p>
	Glasses or contact lenses	\$0	<p>Your routine vision benefits include:</p> <ul style="list-style-type: none"> <li>• One routine eye exam per calendar year</li> <li>• Up to \$500 toward one pair of eyeglasses (frames only) or contact lenses every two calendar years</li> <li>• Basic Prescription lenses are covered such as glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular lenses every two calendar years. Upgrades and enhancements such as progressive lens, scratch resistance coatings, other coatings and additions are not covered.</li> </ul> <p><b>Note:</b> Basic Prescription lenses do not count towards the \$500 allowance.</p> <p>To find out more about vision care covered through L.A. Care Medicare Plus, please call 1-855-492-9028 (TTY 711) 8:00 a.m. to 8:00 p.m., 7 days a week or visit their provider directory on our website at: <b><a href="http://www.vsp.com/advantageonly">www.vsp.com/advantageonly</a></b></p> <p>Prior Authorizations may apply for routine eye exam.</p>
	Other vision care	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need mental health services (continued on the next page)</b></p>	<p>Mental health services</p>	<p>\$0</p>	<p>Coverage includes:</p> <ul style="list-style-type: none"> <li>• Individual therapy</li> <li>• Group therapy</li> <li>• Family Therapy</li> <li>• Psychiatric consultation</li> <li>• Psychological and neuropsychological testing when clinically indicated to evaluate a mental health condition</li> </ul> <p>Additional specialty mental health services are available to you through the Los Angeles County Department of Mental Health. Coverage includes:</p> <ul style="list-style-type: none"> <li>• Crisis intervention</li> <li>• Day treatment intensive services</li> <li>• Targeted case management</li> </ul> <p>To access these services, you can call the L.A. County Help Line at 1-800-854-7771. Someone is available to assist you 24/7.</p> <p>Prior authorization rules may apply. However, no prior authorization is required for an initial mental health assessment.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need mental health services (continued from previous page)</b></p>	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>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.</p> <p>Plan covers 90 days for an inpatient hospital stay.</p> <p>Plan covers 60 lifetime reserve days. \$0 co-pay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Once these benefits are exhausted, inpatient services will be pursued through the County Specialty Mental Health Provider through your Medi-Cal coverage.</p> <p>Prior Authorization rules may apply.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a substance use disorder services</b>	Substance use disorder services	\$0	<p>Substance Use includes*:</p> <ul style="list-style-type: none"> <li>• Outpatient Treatment</li> <li>• Intensive Outpatient Treatment</li> <li>• Case Coordination</li> <li>• Medication Assisted Treatment (MAT)</li> <li>• Withdrawal Management (also known as Detox)</li> <li>• Recovery Bridge Housing</li> <li>• Recovery Support Services</li> <li>• Residential Treatment</li> </ul> <p>Prior authorization may be applicable for some services.</p> <p>*Some services are carved out to the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control.</p> <p>To access these services, you can call the L.A. County Help Line at 1-800-854-7771. Someone is available to assist you 24/7.</p>
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	<p><b>Skilled Nursing Facility (SNF)</b> Coordination by your doctor, prior authorization rules and referral requirements may apply.</p> <p>No limit to the number of days covered by the plan for each SNF stay.</p> <p><b>Home Health Care</b> Includes medically necessary short term intermittent skilled nursing care and rehabilitation services.</p> <p>Prior authorization rules and referral requirements may apply.</p>
	Nursing home care	\$0	Prior authorization rules and referral requirements may apply.
	Adult Foster Care and Group Adult Foster Care	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	<p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered while you are in the hospital and skilled nursing facility.</p> <p>Prior authorization and referral requirements may apply for continued services upon discharge.</p>
<b>You need help getting to health services</b>	Ambulance services	\$0	<p>Prior authorization is not required for in-network and out-of-network emergency ambulance services.</p> <p>For non-emergency ambulance services, prior authorization may apply.</p>
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	<p><b>Routine Transportation</b> Referral requirements may apply.</p> <p>Unlimited round-trips to plan-approved locations every year.</p> <p><b>Non-Emergency Medical Transportation</b> Contact L.A. Care Medicare Plus or refer to the Member Handbook for more details.</p>



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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	Medicare Part B 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 <i>Member Handbook</i> for more information on these drugs.  Prior authorization rules may apply.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	\$0-\$12.65 or 25% for a 30-day supply.  Copays/Coinsurance for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to <i>L.A. Care Medicare Plus's List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,100 you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.  Tiers 1: \$0 Copay  Tiers 2-5: \$0-\$12.65 or 25% Coinsurance  Your copay/Coinsurance depends on the amount of Extra Help you receive.  For some covered Medicare Part D 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.



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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	<p><b>Outpatient Rehabilitation Services</b> Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>Coordination by your doctor, prior authorization rules and referral requirements may apply.</p> <p>Contact L.A. Care Medicare Plus for details.</p> <p><b>Cardiac and Pulmonary Rehabilitation Services</b> Coordination by your doctor, prior authorization rules and referral requirements may apply.</p>
	Medical equipment for home care	\$0	<p>Prior authorization rules may apply.</p> <p>Contact L.A. Care Medicare Plus for details.</p>
	Dialysis services	\$0	<p>Dialysis in a center or in the home is covered when prescribed by a licensed provider.</p> <p><b>Out of Area Dialysis (provided outside of your county but in the United States)</b> Is covered with prior approval, when the Medicare licensed center has space and enough information about you to give you the right treatment. A L.A. Care Medicare Plus Care Manager and your dialysis center social worker will help you locate a dialysis center when you are traveling.</p> <p>Prior authorization and referral rules may apply.</p> <p>Contact L.A. Care Medicare Plus for details.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need foot care</b>	Podiatry services	\$0	Medicare covered podiatry visits are limited to foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.  Prior authorization rules and referral requirements may apply.
	Orthotic services	\$0	Prior authorization rules may apply.
<b>You need durable medical equipment (DME)</b>  <b>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook.</b>	Wheelchairs, crutches, and walkers	\$0	Provided when medically necessary and prescribed by a licensed provider.  Prior authorization rules may apply.  Contact L.A. Care Medicare Plus for details.
	Nebulizers	\$0	Provided when medically necessary and prescribed by a licensed provider.  Prior authorization rules may apply.  Contact L.A. Care Medicare Plus for details.
	Oxygen equipment and supplies	\$0	Provided when medically necessary and prescribed by a licensed provider.  Prior authorization rules may apply.  Contact L.A. Care Medicare Plus for details.



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<b>You need help living at home</b>	Home health services	\$0	Prior authorization rules and referral requirements may apply.  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.  Contact L.A. Care Medicare Plus for details.  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.  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.  Contact L.A. Care Medicare Plus for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued on the next page)</b>	Chiropractic services (Medicare Covered)	\$0	
	Case Management	\$0	Referral requirements may apply. Contact L.A. Care Medicare Plus for details.
	Diabetes supplies and services	\$0	Diabetes self-management training; Diabetes monitoring supplies; Therapeutic shoes or inserts.  Diabetic Supplies and Services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.  Prior authorization rules may apply.
	SilverSneakers® Fitness Benefit	\$0	L.A. Care Medicare Plus offers a fitness benefit through SilverSneakers.  SilverSneakers is a fitness benefit that can help you live a healthier, more active life through fitness and social connection  <ul style="list-style-type: none"> <li>SilverSneakers® offers access to a nationwide network of participating gym and community locations where you can take classes and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week.</li> </ul> SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services</b> <b>(continued from the previous page)</b>	Benefits Prepaid Card Allowance	\$0	<p>You will receive a \$110 monthly allowance, preloaded on your Benefits Mastercard® Prepaid Card, to use for approved over-the-counter (OTC) health and wellness items such as cough and cold medicine, vitamins, pain relievers, bandages, and more. The card and activation instructions will be mailed to you about 7 to 10 days after joining the plan. You will also receive OTC catalog in the mail, which list all approved items. Once your coverage begins and the card is activated, you can start placing orders. Shipping is free, and most items arrive within about two days.</p> <p>Getting your items is easy! You can use your Benefits Mastercard® Prepaid Card in-store at participating pharmacies and retail locations, online, or by phone.</p> <p>Only approved items are covered by the allowance. You can use the printed catalog or visit <a href="http://lacare.nationsbenefit.com">lacare.nationsbenefit.com</a> to check which products are eligible. Please note that any unused funds do not carry over to the next month. To make the most of your benefit, it's a good idea to use the full allowance each month. For more information, please refer to the Member Handbook. To learn how to use these benefits, contact NationsBenefits® at 1-833-571-7587 (TTY: 711) or visit NationsBenefits at <b>LACare.NationsBenefits.com</b></p> <p><b>For more information on how to use these benefits, contact NationsBenefits® at 1-833-571-7587 (TTY: 711) or visit NationsBenefits at LACare.NationsBenefits.com</b></p>
	Personal Emergency Response System (PERS)	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued from the previous page)</b>	Prosthetic services	\$0	Prior authorization rules may apply.
	Routine Acupuncture and Chiropractic Services	\$0	You are covered for up to 45 visits per year (combined) for routine acupuncture and routine chiropractor 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 14 visits per year
	Telehealth Services	\$0	
	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: <ul style="list-style-type: none"> <li>• Nurse Advice Line</li> </ul>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services</b> <b>(continued from the previous page)</b>	Meal Benefit	\$0	<p><b>Meals as Medicine</b></p> <p>L.A. Care’s Meals As Medicine program helps Members learn about healthy foods and good eating habits. It also offers home delivered meals or healthy food items that can be prepared at home. When you join, you get:</p> <ul style="list-style-type: none"> <li>• Healthy food tailored to your health needs.</li> <li>• Food sent to your home.</li> <li>• At least 2 meals per day or 1 food box for up to 12 weeks based on your health needs and goals.</li> <li>• Time with a nutrition expert to learn more about healthy eating.</li> </ul> <p>To join the program, you must have a health condition that can be helped by a special diet. This may include diabetes, kidney disease, high blood pressure or other conditions of the heart. An L.A. Care Registered Dietitian will ask you some questions to see if this program is right for you. During the program, you must be able to receive a food delivery every week. You will also need to store and prepare the meals properly. To learn more, call the Meals As Medicine program at (855) 856-6943.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued from the previous page)</b>	Radiation therapy	\$0	
	Services to help manage your disease	\$0	
	Special Supplemental Benefits for the Chronically Ill (SSBCI)	\$0	<p>The Special Supplemental Benefits for the Chronically Ill (SSBCI) is a program that gives extra help to people who have serious, long-term health problems. It's designed to make daily life easier and help members take better care of their health at home. If you qualify, you can use the \$110 monthly allowance on your Benefits Mastercard to purchase approved items beyond just over-the-counter (OTC) non-prescription health and wellness products. You will also be able to pay for Healthy Foods, Utilities Assistance and Automotive gasoline (Gas at the Pump).</p> <p>To qualify for SSBCI, members must have one or more chronic conditions that meet eligibility criteria. Some examples include, but are limited to, Cardiovascular Disorders, Diabetes, Chronic Kidney Disease (CKD), Chronic and Disabling Mental Health Conditions, COPD, and other chronic conditions listed in the Member Handbook. Eligible members must also have serious long-term health issues that impact daily life, be at high risk for hospitalization or other major health problems and require significant assistance to manage their care. Responses from your Health Risk Assessment (HRA) and your medical records are used to help determine if you qualify. You can also ask your doctor to submit a request to L.A. Care that verifies your qualifying medical condition(s) and other eligibility criteria for SSBCI. Please remember that the SSBCI benefit and your qualifications (when approved) ends at the end of the benefit year. Not everyone will qualify.</p>



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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services</b> <b>(continued from the previous page)</b>	California Integrated Care Management (CICM)	\$0	<p>L.A. Care recognizes the vulnerability of members who would otherwise be eligible for Enhanced Care Management (ECM). L.A. Care will identify members who may be eligible to receive CICM who meet the California Department of Health Care Services (DHCS)-prescribed eligibility criteria for the 8 populations of focus below. The member's Health Risk Assessment may also be used to assisting in determining eligibility:</p> <ul style="list-style-type: none"> <li>• Adult Nursing Facility Residents Transitioning to the Community</li> <li>• Members At Risk for Avoidable Hospital or Emergency Department Utilization</li> <li>• Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization</li> <li>• Adults Experiencing Homelessness</li> <li>• Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs</li> <li>• Adults Transitioning from Incarceration</li> <li>• Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities as defined by California public health data on maternal morbidity and mortality (Birth Equity)</li> <li>• Adults with Documented Dementia Needs</li> </ul> <p>Through CICM, the assigned Care Manager still acts as a single point of contact for members and/or caregivers to help identify available or alternative services that target member's specific needs and identifies interventions that are tailored to the member based on the member's current level of services and support.</p>

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 *Member Handbook*. If you don't have an *Member Handbook*, call L.A. Care Medicare Plus Member Services at the number listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [medicare.lacare.org](https://www.medicare.lacare.org).



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

There are some services that you can get that aren't 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 the number listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services  Dental Managed Care (DMC) member contact information can be found at <b><a href="http://www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation">www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation</a></b> .  For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at <b><a href="http://smilecalifornia.org">smilecalifornia.org</a></b> or <b><a href="http://sonriecalifornia.org">sonriecalifornia.org</a></b> .	\$0
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
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



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## 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 the number listed at the bottom of this page 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, dehumidifiers, 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.
In vitro fertilization (IVF), including but not limited to infertility studies or procedures to diagnose or treat infertility	Fertility preservation
Experimental services	Home modifications
Vehicle modifications	Cosmetic surgery

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## 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'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. 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



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- **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



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- **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 file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by 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.dmhca.ca.gov/](http://www.dmhca.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
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call L.A. Care Medicare Plus Member Services at the number listed at the bottom of this page.

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 Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.



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

If you have a complaint or think L.A. Care Medicare Plus improperly denied, delayed, or modified a service, call Member Services at the number listed at the bottom of this page. You may also submit a complaint in writing to Appeals and Grievance Department 1200 West 7th Street Los Angeles, CA 90017. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call L.A. Care Medicare Plus Member Services at the number listed at the bottom of this page.

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

Fax: 1-213-438-5748  
Mail: L.A. Care Medicare Plus  
Attention: Appeals and Grievance -348  
1200 W 7th Street  
Los Angeles, CA 90017

Online: <https://www.lacare.org/members/file-grievance/grievance-appeal-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.dmhca.gov](http://www.dmhca.gov)**

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



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## 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.
- You can report fraud:
  - Electronically at [reportingfraud@lacare.org](mailto:reportingfraud@lacare.org)
  - Anonymously on L.A. Care's Fraud Hotline 1-800-400-4889



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





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



**lacare.org**

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Card, 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.