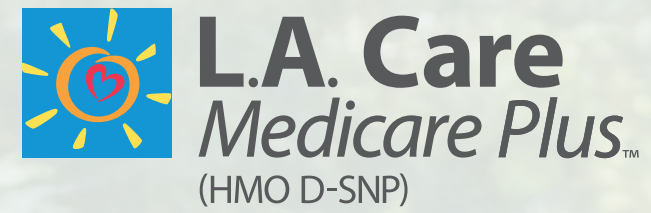


☎ 1.833.LAC.DSNP (522.3767) TTY: 711 [🌐 medicare.lacare.org](https://www.medicare.lacare.org)



# 2026 Member Annual Guide







Dear Member,

Welcome to L.A. Care Medicare Plus (HMO D-SNP)!

We are happy to have you join our healthcare family. Your New Member Welcome Kit has important information about your plan benefits, how to find doctors, and the list of medications we cover. Please read it carefully and keep it in a safe place.

### Your Benefits

As a member of L.A. Care Medicare Plus, you receive all Medicare and Medi-Cal services at no cost, along with extra benefits to support your health and wellness. We make sure your benefits work together smoothly. Here's a summary of what you will get. For more details, please refer to the Member Handbook.

Here are some of the key benefits you can expect:

- **Prescription Drugs:**

- 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.

- **Monthly Allowance:** You will receive a \$110 monthly allowance preloaded onto your Benefits Mastercard® Prepaid Card, to buy approved Over-the-Counter (OTC) items. You can shop in-store at participating retailers, online at [lacare.nationsbenefits.com](https://www.lacare.nationsbenefits.com), by phone at **1.833.571.7587** (TTY: **711**), or through the MyBenefits app. Members who qualify for the Special Supplemental Benefits for the Chronically Ill (SSBCI) can use their monthly allowance to help pay for healthy food, utility bills, and gas at the pump. To learn more about how to qualify for SSBCI, please contact Member Services or review the Member Handbook.
- **Dental Care:** We cover dental services, including cleanings, fillings, dentures, oral exams, fluoride treatments, and X-rays. Some services are covered when part of treating a primary medical condition, like jaw reconstruction after injury or tooth extractions before cancer treatment. Additional services are available through the Medi-Cal Dental Program.
- **Vision Care:** We pay for routine eye care services when provided through our network of VSP providers. Routine benefits include one eye exam per calendar year and up to \$500 toward one pair of eyeglasses (frames only) or contact lenses every two calendar years. Basic Prescription lenses are covered such as glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular lenses every two calendar years. Please visit our provider directory to find a doctor near you.

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## 24/7 Support Services

You can get help anytime, day or night, including holidays. All calls are free. Here's what you can access 24/7:

- **Member Services:** For any questions or assistance you need.
- **Nurse Advice Line:** Speak to a nurse about your health concerns.
- **Telehealth Consultations:** Talk to a doctor by phone or video without leaving home.

Best of all, when you see doctors or go to the hospital, there are no costs if you visit providers in our network.

## Getting Started

To get started, complete a Health Risk Assessment (HRA). This helps us create a personalized plan for you. Your care manager will work with you to set goals and suggest services that meet your needs. Call us now to complete your assessment and take the first step toward better health.

## Additional Resources

Make the Most of L.A. Care Medicare Plus by exploring these additional resources:

- **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](https://communitylink.lacare.org) or call Member Services to learn more.
- **Community Resource Centers:** These centers offer support services, food, and various other resources to enhance your health and well-being. Schedule an appointment by calling **1.877.287.6290** or visit [CommunityResourceCenterLA.org](https://CommunityResourceCenterLA.org).

For more information and access to plan materials, visit [medicare.lacare.org](https://medicare.lacare.org) or call Member Services at **1.833.522.3767**, TTY: **711**, 24 hours a day, 7 days a week, including holidays. A representative is standing by to assist you.

We have included a "How to Access Care" fridge magnet. It is a useful helper that you can stick right on your fridge. On it, you will find important phone numbers you can call to make doctor appointments, get transportation, and access benefits, services, and support for your healthcare needs. If you need assistance, call Member Services at **1.833.522.3767** (TTY: **711**), available 24/7, including holidays. The call is free.

Thank you for choosing L.A. Care Medicare Plus as your healthcare plan.

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.



# 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 (1.833.522.3767)** (TTY: **711**)

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## New or Returning? Make the Most of Your Plan – Watch the Member Orientation Video

As a member, you're invited to watch our virtual Member Orientation video at [medicare.lacare.org](https://www.medicare.lacare.org). The video gives you an easy way to learn about your plan benefits and the helpful services available to you.

You can watch the whole video or skip to the parts you're most interested in — like over-the-counter (OTC), fitness, dental, vision, or transportation. It's a simple way to understand your plan and feel confident about using your benefits.

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## 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.

### 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 1/1/2025. Starting 1/1/2025, you can start using your L.A. Care Medicare Plus ID card. Please remember to bring your L.A. Care Medicare Plus Member ID Card and Medi-Cal Benefit Identification Card (BIC) when accessing prescription refills and medical services.

### 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.

### **How do I locate an urgent care near me?**

To find an Urgent Care center near you, please call **1.844.346.3874 (1.844.FIND.URG)**, 24 hours a day, 7 days a week, including holidays.

**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  
1200 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](http://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
- Complete your Health Risk Assessment
- Access Health Education resources
- And More!

Set up your personal L.A. Care member portal account at: [members.lacare.org](http://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 the 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.

# Know Your Care Options

Scan the QR Code on the right or visit [www.lacare.org/members/getting-care](http://www.lacare.org/members/getting-care) for more information.



Types of Care	Examples of Symptoms and Services	How to Access	Estimated Wait Time*
 <b>Nurse Advice Line (phone)</b>	<ul style="list-style-type: none"> <li>• Self-care advice</li> <li>• General health questions</li> <li>• Choosing where and when to get care</li> </ul>	<ul style="list-style-type: none"> <li>• Call <b>1.800.249.3619</b> (TTY 711)</li> </ul>	Available 24/7 including holidays
 <b>Telehealth (online/phone)</b>	<ul style="list-style-type: none"> <li>• Conditions that are not life-threatening like a cold, flu, fever, or rash</li> </ul>	<ul style="list-style-type: none"> <li>• Call <b>1.800.Teladoc (1.800.835.2362)</b> or visit <b>teladoc.com/lacare</b> to set up your account</li> </ul>	Available 24/7 including holidays
 <b>Primary Care Provider (PCP) – Routine Care</b>	<ul style="list-style-type: none"> <li>• Regular checkups, shots, treatment, and prescriptions</li> <li>• Long-term conditions or diseases like diabetes</li> <li>• Note: Your PCP may refer you to a specialist.</li> </ul>	<ul style="list-style-type: none"> <li>• Call your PCP's phone number on your ID card</li> <li>• To choose another PCP, call L.A. Care Member Services at <b>1.833.LAC.DSNP (1.833.522.3767)</b> (TTY 711) or visit <b>members.lacare.org</b> (member portal) or visit your nearest Community Resource Center to speak with a L.A. Care Member Navigator</li> </ul>	10 business days or less (Ask about same-day appointments) Note: Specialist appointment wait times may differ from PCP appointment wait times.
 <b>Urgent Care</b>	<ul style="list-style-type: none"> <li>• Cold, flu, fever</li> <li>• Rashes</li> <li>• Infections (skin, eye, ear)</li> <li>• Respiratory (wheezing, coughing)</li> <li>• Stomach pain, vomiting, diarrhea</li> <li>• Minor injuries (burns, sprains)</li> </ul>	For help finding an urgent care center, call the Nurse Advice Line or <b>1.844.FIND.URG (1.844.346.3874)</b>	48 hours or less
 <b>Emergency Care</b>	<ul style="list-style-type: none"> <li>• Life-threatening conditions like chest pain or difficulty breathing</li> <li>• Sudden vision changes</li> <li>• Weakness, trouble talking</li> </ul>	Call <b>911</b> or go to the nearest hospital emergency room	Available 24/7 including holidays

\* The waiting time may be longer. This is because a doctor may note that a longer wait time will not harm your health.

## Preparation before visiting your Doctor

### Bring these with you:



Member ID card and Medi-Cal ID card



A list of health goals and concerns to discuss with your primary care provider



A notepad or a piece of paper – don't forget a pen – so you can take notes during the visit



Your family medical History



A list or bottle(s) of medication you are taking



Your calendar, in case you need to schedule other doctor appointments or tests





# 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	American Specialty Health (ASH)
Fitness Gym	SilverSneakers®
Over-The-Counter (OTC) Items Healthy Foods/Grocery Utilities Assistance Automotive gasoline (Gas at the Pump)	NationsBenefits®
Vision Care (Routine)	VSP
Mental Health Services	Carelon Behavioral Health
Remote Access Technologies (NursingHotline)	Health Dialog
Telehealth Services	Teladoc
Routine Dental	Liberty Dental

## Acupuncture and Chiropractic (Non-Medicare covered)

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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 and acupuncture services!

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

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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 – 1 every year
- X-Rays – 1 every year
- Cleaning – 1 every year
- Fluoride Treatment – 1 topical application in a year

### Comprehensive Services:

- Restorative
- Endodontics– 1 per tooth per lifetime
- Periodontics
- Prosthodontics (Fixed and Removable)
- Oral/Maxillofacial Surgery Adjunctive General 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. Prior authorization rules are listed in the Member Handbook.

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 **1.855.552.8243**, Monday to Friday, 8:00 a.m. to 8:00 p.m., local time.

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** for more information.

**Coverage includes:**

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

As of July 1, 2026, dental benefits will no longer be available to members who do not meet satisfactory immigration status requirements.

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

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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.

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## Gym Membership

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SilverSneakers® offers access to over 22,000 gyms 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.com/tuition-rewards) 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.

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## Hearing Services

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### *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

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### *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

## Mental Health Services

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### *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

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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.

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## Benefit Prepaid Card Allowance

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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 an 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.

Only approved items are covered by the allowance. You can use the printed catalog or visit [lacare.nationsbenefit.com](http://lacare.nationsbenefit.com) 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.

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.

- **In-Stores:** You can shop for a variety of approved items at places like Albertsons, CVS, Food-4-Less, Ralphs, Walgreens, Walmart, and more. To find a store near you, visit Go to [lacare.nationsbenefits.com](http://lacare.nationsbenefits.com) to find a participating store near you.
- **Online:** Go to [lacare.nationsbenefits.com](http://lacare.nationsbenefits.com) to see the list of 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 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:** You can look through your Review the OTC Catalog or go to [lacare.nationsbenefits.com](http://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 8 a.m. - 8 p.m. local time.

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 **LACare.NationsBenefits.com**.

## Personal Emergency Response Systems (PERS)

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Feeling safe at home is important. If you are at risk of falls, health issues, or emergencies at home, you may qualify for a Personal Emergency Response System (PERS), a medical alert monitoring service. With PERS, you receive a device that lets you push a button to get immediate help in an emergency. If you have any questions, please call Member Services at **1.855.322.5007**, (TTY: **711**).

## Podiatry Services (Routine)

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Our plan covers up to **14** 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.

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## Prescription Coverage – Medicare Part D

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*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. 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](https://www.medicare.lacare.org)

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## Medicare Part D Prescription Benefits Co-Pay

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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.

You may be able to get up to a 100-day supply of your medicine to reduce pharmacy visits. Ask your doctor or pharmacist if this is an option. Many medicines can also be mailed to your home—call Member Services to learn more. If your medicine isn't covered or needs approval, please contact your doctor or pharmacist.



## 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, the 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 [Medi-CalRx.dhcs.ca.gov](https://www.Medi-CalRx.dhcs.ca.gov), or
2. **By phone** – call Medi-Cal Rx Customer Service at **1.800.977.2273** twenty-four hours a day, seven days a week, or **711** for TTY Monday thru Friday, 8am to 5pm.

### ***Help with certain chronic conditions - Special Supplemental Benefits for the Chronically Ill (SSBCI)***

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 will have more spending options to use the monthly \$110 allowance preloaded on your Benefits Mastercard to pay for approved items beyond the over-the-counter (OTC) non-prescription health and wellness items. You will also be able to pay for:

- Healthy foods like fruits, vegetables, and whole grains
- Home utility bills like electricity, gas, water, and trash
- Gas at the pump to help you get where you need to go

Important: Your allowance does not carry over to the next month. Try to use all \$110 each month so you get the most from your benefit.

Please note not everyone will qualify.

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## How Do You Qualify?

You must have:

- a serious long-term health issues that affects your daily life, and
- Be at high risk for going to the hospital or other major health problems, and
- Require a lot of help taking care of your health, and

To qualify for SSBCI, you must have one or more chronic conditions that meet eligibility criteria:

- Diabetes mellitus,
- Overweight, obesity, and metabolic syndrome,
- Chronic gastrointestinal disease,
- Chronic kidney disease (CKD),
- Post-organ transplantation,
- Immunodeficiency and Immunosuppressive disorders,
- Conditions associated with cognitive impairment,
- Conditions with functional challenges,
- Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell,
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning,
- Chronic alcohol use disorder and other substance use disorders (SUDs),
- Autoimmune disorders,
- Cancer,
- Cardiovascular disorders,
- Chronic heart failure,
- Dementia,
- Severe hematologic disorders,
- HIV/AIDS,
- Chronic lung disorders,
- Chronic and disabling mental health conditions,
- Neurologic disorders,
- Stroke

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. Call Member Services at **1.833.522.3767** (TTY: **711**) for assistance.

## Telehealth

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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](https://www.teladoc.com) or download the Teladoc mobile app.

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

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

## Transportation

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***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

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## Vision Services

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Your routine vision benefits include:

- One routine eye exam per calendar year
- Up to **\$500** toward one pair of eyeglasses (frames only) or contact lenses every two calendar years
- 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.

**Note:** Basic Prescription lenses do not count towards the \$500 allowance.

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: [www.vsp.com/advantageonly](http://www.vsp.com/advantageonly)

## Worldwide Emergency/ Urgent Coverage

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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**).

## Website

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



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

We make it easy for you to access all your important 2026 L.A. Care *Medicare Plus* plan information, such as a complete listing of Providers, Pharmacies, List of Covered Drugs (Formulary) and Member Handbook at [medicare.larcare.org](https://www.medicare.larcare.org).

All of your important health coverage is at [medicare.larcare.org](https://www.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](https://www.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.**

You can view or ask us for the 2026 *Provider/Pharmacy Directory, List of Covered Drugs (Formulary) and Member Handbook* starting **October 15, 2025.**

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.**



# Notice of Privacy Practices

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**Effective Date: July 15, 2025**

## **Your Information. Your Rights. Our Responsibilities.**

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 certain responsibilities we have to keep your PHI safe, including our privacy practices as required by California laws and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 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**

We are required by law to maintain the privacy and security of your PHI. We are committed to protecting your PHI and keep the PHI of our current and former members private and secure as required by law and accreditation standards. We use physical, technical and administrative safeguards to ensure the privacy of your PHI, 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 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 the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described in this notice, in compliance with State and Federal laws, or in accordance with your written permission.

### III. Changes to this Notice of Privacy Practices

L.A. Care will 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;
- Date of birth
- Care and treatment received;
- Health history;
- The cost of/payment for care;
- Race/ethnicity;
- Language;
- Sex assigned at birth;
- Gender identity;
- Sexual orientation; and
- Pronouns.

### Ways In Which We Typically Use and Share PHI:

We may generally use and share PHI in the following ways without your authorization:

- **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.
- **Other 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 Family 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 without your authorization, 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 in compliance with and as allowed by applicable laws:

- 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.

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- 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, including 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 Health and claims records. 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. Please note, however, 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. Because L.A. Care does not keep a complete copy of your medical records, please contact your healthcare provider if you want to change an error in your medical records.
- **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.

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- **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.

You may exercise the foregoing rights by contacting L.A. Care as described below.

## IX. Sensitive Services

A member who may consent to receive sensitive services is not required to obtain any other member’s authorization to receive sensitive services or to submit a claim for sensitive services. “Sensitive services” means those services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence for members 12 years of age and older. L.A. Care will direct communications regarding sensitive services to a member’s alternate designated mailing address, email address, or telephone number or, in the absence of a designation, in the name of the member at the address or telephone number on file. L.A. Care must not disclose medical information related to sensitive services to any other member without express written authorization from the member receiving care. L.A. Care will accommodate requests for confidential communication in the form and format requested, if it is readily producible in the requested form and format, or at alternative locations. A member’s request for confidential communication related to sensitive services will be valid until the member revokes the request or submits a new request for confidential communications.



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).

## **X. Reproductive Health Care Privacy**

We are prohibited from using or disclosing your PHI to conduct a criminal, civil, or administrative investigation, or impose criminal, civil, or administrative liability against you for seeking, obtaining, providing, or facilitating lawful reproductive health care. We are also prohibited from identifying you for such purposes. For example, we cannot disclose your PHI, including your name, to facilitate a criminal investigation against you for lawfully obtaining prescription birth control or abortifacients.

We may not use or disclose your PHI relating to reproductive health care for purposes of health oversight activities, judicial and administrative proceedings, law enforcement purposes, or coroners and medical examiners without taking reasonable steps to obtain an attestation from the requestor that such request is lawful. For example, we may not disclose your PHI regarding a lawfully obtained abortion to law enforcement without taking reasonable steps to obtain attestation that law enforcement will not use your PHI for a prohibited purpose.

We may use or disclose PHI involving reproductive health information for purposes otherwise permitted by HIPAA where the request for the use or disclosure of PHI is not made to investigate or impose liability on any person for seeking, obtaining, providing, or facilitating reproductive health care. For example, we may disclose PHI to a public health authority that is authorized by law to conduct public health surveillance.

"Reproductive health care" means health care, as defined by HIPAA, that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes.

## **XI. 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

1200 West 7th Street,

Los Angeles, CA 90017

Medi-Cal Member Services: **1-888-839-9909**

L.A. Care Covered/Direct Member Services: **1-855-270-2327**

PASC-SEIU Member Services: **1-844-854-7272**

L.A. Care Medicare Plus (HMO D-SNP) Member Services: **1-833-522-3767**

TTY/TDD: **711**

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You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

Medi-Cal Members may also contact California Department of Health Care Services Office of HIPAA Compliance by visiting [dhcs.ca.gov](http://dhcs.ca.gov).

## **XII. 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.

## **XIII. Effective Date**

The original effective date of this notice is April 14, 2003. This notice was most recently revised on July 15, 2025

## **XIV. 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

1200 West 7th Street,

Los Angeles, CA 90017

Medi-Cal Member Services: **1-888-839-9909**

L.A. Care Covered/Direct Member Services: **1-855-270-2327**

PASC-SEIU Member Services: **1-844-854-7272**

L.A. Care Medicare Plus (HMO D-SNP) Member Services: **1-833-522-3767**

TTY/TDD: **711**

or

L.A. Care Privacy Officer

L.A. Care Health Plan

1200 West 7th Street,

Los Angeles, CA 90017

Medi-Cal Member Services: **1-888-839-9909**

L.A. Care Covered/Direct Member Services: **1-855-270-2327**

PASC-SEIU Member Services: **1-844-854-7272**

L.A. Care Medicare Plus (HMO D-SNP) Member Services: **1-833-522-3767**

TTY/TDD: **711**

Email: [PrivacyOfficer@lacare.org](mailto:PrivacyOfficer@lacare.org)

## NONDISCRIMINATION NOTICE

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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 in a timely manner 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 in a timely manner 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, audiocassette, 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  
1200 West 7th Street,  
Los Angeles, CA 90017  
  
1-833-522-3767 TTY: 711

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## **HOW TO FILE A 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 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  
1200 West 7th Street,  
Los Angeles, CA 90017

Email: [civilrightscoordinator@lacare.org](mailto:civilrightscoordinator@lacare.org)

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



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## **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.

# Notice of Availability

## English Tagline

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.

## الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ

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

## Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-833-522-3767** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք **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 ਦਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਵਿੰ ਕੀ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿਚਿ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## हंदी 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 निःशुल्क 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.

**ແທກໂລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໄທຫາເບ **1-833-522-3767** (TTY: **711**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທົບ ອັກສອນນູແລະມິຕິພົມໃຫຍ່ ໃຫ້ໄທຫາເບ **1-833-522-3767** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**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 hluo 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 ដូចជាឯកសារសរសេរជាអក្សរធុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-833-522-3767** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

### مطلب به زبان فارسی (Farsi)

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



**L.A. Care**  
**Medicare Plus™**  
(HMO D-SNP)

### **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.

# Table of Contents

Message from L.A. Care Medicare Plus .....	2
Member Resource Guide .....	4
• Frequently Asked Questions (FAQ) .....	5
Know Your Care Options .....	9
Preparation before visiting your Doctor .....	10
Benefit and Service Highlights .....	12
• Supplemental Vendors at a Glance .....	12
• Acupuncture and Chiropractic (Non-Medicare covered) .....	13
• Dental Services .....	13
• Durable Medicare Equipment .....	14
• Gym Membership .....	15
• Hearing Services .....	15
• Immunizations .....	16
• Mental Health Services .....	16
• Nurse Advice Line .....	16
• Benefit Prepaid Card Allowance .....	17
• Personal Emergency Response Systems .....	18
• Podiatry Services (Routine) .....	18
• Prescription Coverage – Medicare Part D .....	19
• Prescription Coverage – Medi-Cal RX .....	20
• Help with certain chronic conditions - Special Supplemental Benefits for the Chronically Ill (SSBCI) .....	20
• Telehealth .....	22
• Transportation .....	22
• Vision Services .....	23
• Worldwide Emergency/Urgent Coverage .....	23
• Website .....	23
How to Access Member Materials .....	24
Notice of Privacy Practice .....	26
Nondiscrimination Notice .....	34
Notice of Availability .....	37

