2023 PLANS AT A GLANCE

L.A. Care Covered™

BENEFITS - SUMMARY OF PLAN CO-PAYS AND COINSURANCE	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Bronze 60 HMO	Minimum[2] Coverage
Annual Deductible[1] (individual/family)	$0	$0	$4,750/$9,500	$75/$150	$800/$1,600	$4,750/$9,500	$6,300/$12,600	$9,100/$18,200
Annual Out of Pocket Maximum[1] (individual/family)	$4,500/$9,000	$8,550/$17,100	$8,750/$17,500	$900/$1,800	$3,000/$6,000	$7,250/$14,500	$8,200/$16,400	$9,100/$17,400
Annual Pharmacy Deductible[1]	$0	$0	$85/$170	$0	$25/$50	$30/$60	$500/$1,000	N/A
OFFICE VISITS CO-PAY								
Preventive Care Services including: prenatal visits, well-child care, family planning	$0	$0	$0	$0	$0	$0	$0	$0
Primary Care Office Visits	$15	$35	$45	$5	$15	$45	$65[6]	0%[6]
Specialist Office Visits	$30	$65	$85	$8	$25	$85	$95[6]	0%
Mental Health and Substance Use Disorder Visits	$15	$35	$45	$5	$15	$45	$65[6]	0%[6]
URGENT & EMERGENCY CARE								
Urgent Care Visit	$15	$35	$45	$5	$15	$45	$65[6]	0%[6]
Emergency Room[3]	$150	$350	$400	$50	$150	$400	40%	0%
INPATIENT SERVICES								
Inpatient Hospitalization	$250/day[4]	$350/day[4]	30%	10%	25%	30%	40%	0%
Pregnancy (Labor and Delivery)	$250/day[4]	$350/day[4]	30%	10%	25%	30%	40%	0%
OUTPATIENT SERVICES								
Outpatient Surgery	$100	$150	20%	10%	15%	20%	40%	0%
Lab Services	$15	$40	$50	$8	$20	$50	$40	0%
X-rays	$30	$75	$95	$8	$40	$90	40%	0%
Imaging (CT/PET Scans, MRIs)	$75	$75	$325	$50	$100	$325	40%	0%

☐ Benefit is available prior to meeting any deductible ☐ Benefit is subject to annual deductible

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L.A. Care Health Plan is proud to be a partner of Covered California™

FOOTNOTES:

1 Annual deductible included in annual out-of-pocket maximum
2 Minimum Coverage HMO has an integrated medical and pharmacy deductible
3 Co-pay waived if member is admitted directly to the hospital
4 Co-pay is per day up to 5 days
5 Applies to members up to the age of 19
6 Any combination of the first 3 visits prior to deductible
7 Glasses (1 pair per year or contacts in lieu of glasses)
* Subject to pharmacy deductible

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	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Bronze 60 HMO	Minimum[2] Coverage
PRESCRIPTION DRUGS								
Tier 1 (Most Generics)	$5	$15	$16*	$3	$5*	$16*	$18*	0%
Tier 2 (Preferred Brand)	$15	$60	$60*	$10	$25*	$55*	40% up to $500/prescription*	0%
Tier 3 (Non-Preferred Brand)	$25	$85	$90*	$15	$45*	$85*	40% up to $500/prescription*	0%
Tier 4 (Specialty)	10% up to $250/prescription	20% up to $250/prescription	20% up to $250/prescription*	10% up to $150/prescription	15% up to $150/prescription*	20% up to $250/prescription*	40% up to $500/prescription*	0%
PEDIATRIC VISION[5] (AGES 0-19)								
Vision exam and Glasses (1 pair per year or contacts in lieu of glasses)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge[7]
PEDIATRIC DENTAL[5] (AGES 0-19)								
Oral Exam, Preventive Cleaning, X-rays, Sealants per Tooth, Topical Flouride Application and Space Maintainers (fixed)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge

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Did you know that L.A. Care *Covered*™ offers no-cost Preventive Care and wellness services? Here are just a few of the services offered:

- Blood pressure and cholesterol screening
- Type 2 diabetes screening
- Vaccines, including the flu shot
- Depression screening
- Mammograms and Pap smear
- Tobacco and alcohol use (screening and counseling)
- Diet counseling
- Colorectal cancer screening
- Prenatal and well-baby visits

This "Plans at a Glance" document is intended to be a summary of benefits. Please review the L.A. Care *Covered*™ "Evidence of Coverage" document (or Member Handbook) for a detailed description of all benefits, limitations and exclusions.

Nondiscrimination and Accessibility Statement

L.A. Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

English: To request free interpreting services, information in your language or in another format, call L.A. Care at **1.855.270.2327** (TTY **711**).

Spanish: Para solicitar servicios de interpretación gratuitos o información en su idioma o en otro formato, llame a L.A. Care al **1.855.270.2327** (TTY **711**).

L.A. Care *Covered*™ is the health plan that focuses exclusively on the health needs of all of L.A. County's diverse residents. Free confidential assistance is available 24 hours a day, 7 days a week, including holidays by calling 1.855.222.4239 (TTY 711). You may be eligible for financial assistance.

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