



**L.A. Care Covered™
2016 Benefit Changes**

CHANGES EFFECTIVE JANUARY 1, 2016

L.A. Care Health Plan has updated member cost-shares for plans offered through L.A. Care Covered™ to comply with the 2016 Standard Benefit Plan Design changes from Covered California™.

As a member of L.A. Care Covered™, you are responsible for paying a percentage or a fixed amount of the charges for covered services. This is called “member’s cost-share.” Your plan’s share of cost may have changed due to changes in the general costs associated with the administration and delivery of essential health benefits. This includes changes in your co-payments, co-insurance, and deductible, which all together are called “Out-of-Pocket” costs.

The table below is a comparison of the 2015 and 2016 member cost-sharing for the plans offered by L.A. Care Covered™. This is only a summary of the plan changes for benefit year 2016. You should review your Evidence of Coverage (also called the “Member Handbook”) for a complete list of your benefits and their cost share. The EOC is a written guide to the services the health plan covers and what you pay for services.

You can view and download an electronic copy of the 2016 EOC at our website www.lacare.org. You may also request a printed copy of the 2016 EOC by calling L.A. Care Member Services at **1-855-270-2327 (TTY/TDD 711)**.

L.A. Care Covered™ Plan	Benefit	2015 Cost Share	2016 Cost Share
Platinum 90	Specialty Rx	10%	10% (up to \$250 per prescription)
	Annual Out-of-Pocket Maximum	\$6,250/\$12,500	\$6,200/\$12,400
Gold 80	Primary Care Visit, Mental Health/Substance Use Outpatient Visit Lab, Outpatient Rehabilitation Services	\$30	\$35
	Specialist Visit	\$50	\$55
	Specialty Rx	20%	20% (up to \$250 per prescription)
Silver 70	Annual Deductible	\$2,000/\$4,000	\$2,250/\$4,500
	Specialist Visit	\$65	\$70
	Lab	\$45	\$35

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L.A. Care Covered™ Plan	Benefit	2015 Cost Share	2016 Cost Share
Silver 70	Specialty Rx	20% after pharmacy deductible	20% (up to \$250 per prescription after pharmacy deductible)
Silver 94	Annual Deductible	\$0	\$75/\$150
	Primary Care Visit, Mental Health/Substance Use Outpatient Visit Lab, Outpatient Rehabilitation Services	\$3	\$5
	Specialist Visit X-Rays	\$5	\$8
	Mental Health/Substance Use Inpatient Visit	10%	10% after deductible
	ER Visit	\$25	\$30 after deductible
	Lab	\$3	\$8
	Preferred Brand Rx	\$5	\$10
	Non-Preferred Brand Rx	\$10	\$15
	Specialty Rx	10%	10% (up to \$150 per prescription)
Silver 87	Annual Deductible	\$500/\$1,000	\$550/\$1,100
	Specialist Visit X-Rays	\$20	\$25
	Preferred Brand Rx	\$15 after pharmacy deductible	\$20 after pharmacy deductible
	Non-Preferred Brand Rx	\$25 after pharmacy deductible	\$35 after pharmacy deductible
	Specialty Rx	15% after pharmacy deductible	15% (up to \$150 per prescription after pharmacy deductible)
Silver 73	Annual Deductible	\$1,600/\$3,200	\$1,900/\$3,800
	Annual Out-of-Pocket Maximum	\$5,200/\$10,400	\$5,450/\$10,900
	Specialist Visit	\$50	\$55
	Lab	\$40	\$35
	Preferred Brand Rx	\$35 after pharmacy deductible	\$45 after pharmacy deductible
	Non-Preferred Brand Rx	\$60 after pharmacy deductible	\$70 after pharmacy deductible
	Specialty Rx	20% after pharmacy deductible	20% (up to \$250 per prescription after pharmacy deductible)



L.A. Care Covered™ Plan	Benefit	2015 Cost Share	2016 Cost Share	
Bronze 60	Annual Deductible	\$5,000/\$10,000	\$6,000/\$12,000	
	Annual Out-of-Pocket Maximum	\$6,250/\$12,500	\$6,500/\$13,000	
	Annual Pharmacy Deductible	Integrated	\$500/\$1,000	
	Primary Care Visit, Mental Health/Substance Use Outpatient Visit	\$60 subject to deductible after 1 st three non-preventive visits	\$70 subject to deductible after 1 st three non-preventive visits	
	Specialist Visit	\$70 after deductible	\$90 subject to deductible after 1 st three non-preventive visits	
	ER Visit	\$300 after deductible	100% after deductible	
	Inpatient Facility Fee	30% after deductible	100% after deductible	
	Inpatient Physician/Surgeon Fee	30% after deductible	100% after deductible	
	Lab	30% after deductible	\$40	
	X-Rays	30% after deductible	100% after deductible	
	Imaging	30% after deductible	100% after deductible	
	Generic Rx	\$15 after deductible	100% (up to \$500 per prescription after pharmacy deductible)	
	Preferred Brand Rx	\$50 after deductible	100% (up to \$500 per prescription after pharmacy deductible)	
	Non-Preferred Brand Rx	\$75 after deductible	100% (up to \$500 per prescription after pharmacy deductible)	
	Specialty Rx	30% after deductible	100% (up to \$500 per prescription after pharmacy deductible)	
	Outpatient Rehabilitation Services	\$60 after deductible	\$70	
	Home Health Care	30% after deductible	100% after deductible	
	Pregnancy – Hospital Fee and Professional Fee	Hospital Fee: 30% after deductible Professional Fee: 30% after deductible	Hospital Fee: 100% after deductible Professional Fee: 100% after deductible	
	Minimum Coverage	Annual Deductible	\$6,600/\$13,200	\$6,850/\$13,700
		Annual Out-of-Pocket Maximum	\$6,600/\$13,200	\$6,850/\$13,700

