



**L.A. Care Covered *Direct*TM
2017 Benefit Changes**

CHANGES EFFECTIVE JANUARY 1, 2017

L.A. Care Health Plan has updated member cost-shares for plans offered through L.A. Care Covered *Direct*TM.

As a member of L.A. Care Covered *Direct*TM, you are responsible for paying a percentage or a fixed amount of the charges for covered services. This is called the “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 2016 and 2017 member cost-sharing for the plans offered by L.A. Care Covered *Direct*TM. This is only a summary of the plan changes for benefit year 2017. 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 2017 EOC at our website www.lacare.org. You may also request a printed copy of the 2017 EOC by calling L.A. Care Member Services at **1-855-270-2327 (TTY 711)**.

L.A. Care CoveredTM Plan	Benefit	2016 Cost Share	2017 Cost Share
Platinum 90	Primary Care Visit; Other Practitioner Office Visit; Mental/Behavioral Health Outpatient Office Visit; Mental/Behavioral Health Other Outpatient Items and Services; Substance Use Disorder Outpatient Office Visits; Substance Use Disorder Other Outpatient Items and Services; Outpatient Rehabilitation Services; Outpatient Habilitation Services	\$20	\$15
	Urgent Care	\$40	\$15
Gold 80	Annual Out-of-Pocket Maximum	\$6,200/\$12,400	\$6,750/\$13,500



Gold 80	Primary Care Visit; Other Practitioner Office Visit; Mental/Behavioral Health Outpatient Office Visit; Mental/Behavior Health Other Outpatient Items and Services; Substance Use Disorder Outpatient Office Visits; Substance Use Disorder Other Outpatient Items and Services; Outpatient Rehabilitation Services; Outpatient Habilitation Services	\$35	\$30
	X-Rays and Diagnostic Imaging	\$50	\$55
	Imaging (CT, PET Scans, and MRIs)	\$250	\$275
	Tier 2 (Preferred Brand)	\$50	\$55
	Tier 3 (Non-Preferred Brand)	\$70	\$75
	Emergency Room Facility Fee	\$250	\$325
	Urgent Care Visit	\$60	\$30
Silver 70	Annual Deductible	\$2,250/\$4,500	\$2,500/\$5,000
	Annual Out-of-Pocket Maximum	\$6,250/\$12,500	\$6,800/\$13,600
	Primary Care Visit; Other Practitioner Office Visit; Mental/Behavioral Health Outpatient Office Visit; Substance Use Disorder Outpatient Office Visit; Outpatient Rehabilitation Services; Outpatient Habilitation Services	\$45	\$35
	X-Rays and Diagnostic Imaging	\$65	\$70
	Imaging (CT, PET Scans, MRIs)	\$250	\$300
	Tier 2 (Preferred Brand)	\$50 after pharmacy deductible	\$55 after pharmacy deductible
	Tier 3 (Non-Preferred Brand)	\$70 after pharmacy deductible	\$80 after pharmacy deductible
	Emergency Room Facility Fee	\$250 subject to deductible	\$350
	Emergency Room Physician Fee	\$50 after deductible	No Charge
	Urgent Care Visit	\$90	\$35
	Emergency Room Facility Fee	\$75 subject to deductible	\$100
	Emergency Room Physician Fee	\$40 after deductible	No Charge
	Urgent Care Visit	\$30	\$10



Bronze 60	Annual Deductible	\$6,000/\$12,000	\$6,300/\$12,600
	Annual Out-of-Pocket Maximum	\$6,500/\$13,000	\$6,800/\$13,600
	Primary Care Visit; Other Practitioner Office Visit; Mental/Behavioral Health Outpatient Office Visit; Substance Use Disorder Outpatient Office Visit	\$70 after 1 st three non-preventive visits	\$75 after 1 st three non-preventive visits
	Outpatient Rehabilitation Services; Outpatient Habilitation Services	\$70	\$75
	Specialist Visit	\$90 after 1 st three non-preventive visits	\$105 after 1 st three non-preventive visits
	Emergency Room Physician Fee	100% after deductible	No Charge
	Urgent Care Visit	\$120 after 1 st three non-preventive visits	\$75 after 1 st three non-preventive visits
Minimum Coverage	Annual Deductible	\$6,850/\$13,700	\$7,150/\$14,300
	Annual Out-of-Pocket Maximum	\$6,850/\$13,700	\$7,150/\$14,300
	Outpatient Physician/Surgeon Fees; Emergency Room Physician Fee	0% after deductible	No Charge



Discrimination is Against the Law

L.A. Care Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. L.A. Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

L.A. Care Health Plan:

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

If you need these services, contact our Member Services Department at 1-855-270-2327 (TTY 711).

If you believe that L.A. Care Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance/complaint with the Civil Rights Coordinator of L.A. Care Health Plan. You have two options in which you may file a grievance/complaint:

You may call in a grievance/complaint at:

Member Services Department – 1-855-270-2327 (TTY 711)

Or you may send in a written grievance/complaint to:

Civil Rights Coordinator
 c/o Compliance Department
 L.A. Care Health Plan
 1055 West 7th Street, 10th Floor
 Los Angeles, CA 90017
 Email: civilrightscordinator@lacare.org

You can file a grievance/complaint in person, by mail, by telephone, or by email. If you need help filing a grievance/complaint, the Civil Rights Coordinator via the Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 1-800-537-7697 (TDD).

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

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** or 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** o al **711** para TTY.

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