

Frequently Discussed Topics

L.A. Care Health Plan

Please read carefully.



What are Copayments (Other Charges)?

Aside from the monthly premium, you may be responsible for paying a charge when you receive a covered service. This charge is called a copayment and is outlined in the Summary of Benefits. If you review your Summary of Benefits, you'll see that the amount of the copayment depends on the service you receive. An Enrollee must always be prepared to pay the copayment during a visit to the Enrollee's PCP, Specialist, or any other provider.

Note: Co-payments are not required for preventive care services, prenatal care or for pre-conception visits. Preventive care includes, but is not limited to:

- Immunizations
- Well-child visits

Cost Sharing

General rules, examples, and exceptions:

The cost sharing is the amount you are required to pay for a covered Service, for example: the Deductible, Copayment, or Coinsurance. Your cost sharing for covered Services will be the Cost Sharing in effect on the date you receive the Services, except as follows:

- If you are receiving covered inpatient hospital or Skilled Nursing Facility Services on the effective date of this Subscriber Agreement & Member Handbook, you pay the Cost Sharing in effect on your admission date until you are discharged if the Services were covered under your prior Health Plan coverage and there has been no break in coverage. However, if the Services were not covered under your prior Health Plan coverage, or if there has been a break in coverage, you pay the Cost Sharing in effect on the date you receive the Services
- For items ordered in advance, you pay the Cost Sharing in effect on the order date (although we will not cover the item unless you still have coverage for it on the date you receive it) and you may be required to pay the Cost Sharing when the item is ordered. For outpatient prescription drugs, the order date is the date that the pharmacy processes the order after receiving all of the information they need to fill the prescription Group.

For more information about your co-payments and benefits, please visit: <http://www.lacarecovered.org/for-members/benefits-costs>

Receiving a Bill

In most cases, we will ask you to make a payment toward your Cost Sharing at the time you check in. Keep in mind that this payment may cover only a portion of the total Cost Sharing for the covered Services you



receive. The provider of service will bill you for any additional Cost Sharing amounts that are due. The following are examples of when you may get a bill:

- You receive Services during your visit that were not scheduled when you made your payment at check-in. For example, if you are scheduled to receive treatment for an existing condition, at check-in we will ask you to pay the Cost Sharing that applies to these Services. If during your visit your provider finds another problem with your health, your provider may perform or order additional unscheduled Services, such as lab test or other diagnostic tests. You may have to pay separate Cost Sharing amounts for each of these additional unscheduled Services, in addition to the Cost Sharing amount you paid at check-in for the treatment of your existing condition
- You receive Services from a second provider during your visit that were not scheduled when you made your payment at check-in. For example, if you are scheduled to receive a diagnostic exam, at check-in we will ask you to pay the Cost Sharing that applies to these Services. If during your diagnostic exam your provider confirms a problem with your health, your provider may request the assistance of another provider to perform additional unscheduled Services (such as an outpatient procedure). You may have to pay separate Cost Sharing amounts for the unscheduled Services of the second provider, in addition to the Cost Sharing amount you paid at check-in for your diagnostic exam.
- You go in for Preventive Care Services and receive non-preventive Services during your visit that were not scheduled when you made your payment at check-in. For example, if you go in for a routine physical maintenance exam, at check-in we will ask you to pay the Cost Sharing that applies to these Services (the Cost Sharing may be "no charge"). If during your routine physical maintenance exam your provider finds a problem with your health, your provider may order non-preventive Services to diagnose your problem (such as laboratory tests). You may have to pay separate Cost Sharing amounts for the non-preventive Services performed to diagnose your problem, in addition to the Cost Sharing amount you paid at check-in for your routine physical maintenance exam.

If the bill is for covered or authorized services, you may receive a reimbursement from L.A. Care. Please contact L.A. Care's Member Services Department at 1-888-839-9909 (1-866-522-2731 TTY/TDD) for help.

The Annual Deductible

The annual deductible is the amount that you must pay during the calendar year for certain covered services before L.A. Care will cover those services at the applicable copayment or coinsurance in that calendar year. The deductible is based on L.A. Care's contracted rates with its participating providers and applies to certain service categories as defined in the Summary of Benefits.

A Member who has Enrolled Dependent(s) must satisfy the lower individual deductible amount, but the deductibles paid by each of the Enrolled Dependent(s) are added together to satisfy the family deductible for all Members in the family. For example, if the Deductible for one individual is \$2,000 and the Deductible for a Family of two or more is \$4,000, and if you had spent \$2,000 for services subject to the Deductible, then you will not have to pay any Cost Sharing during the rest of the calendar year. However, your Enrolled Dependents will have to continue paying the Cost Sharing during the calendar year until your family reaches the \$4,000 Family Deductible.

Annual Out-of-Pocket Maximum

The annual out-of-pocket maximum (also called the “out-of-pocket limit”) is the highest amount you or your family (if you have Enrolled Dependent(s) receiving health coverage) are/is required to pay during one benefit year. The benefit year for L.A. Care Covered™ Members starts January 1st and ends December 31st. Please refer to the Summary of Benefits for your “Out-of-Pocket limit on expenses.”

Payments that count toward the maximum

Any cost sharing payments you make for in-network services accumulate toward the maximum out-of-pocket expense. Any amounts you pay for covered services that are subject to the Deductible, also apply towards the annual out-of-pocket maximum.

Keeping track of the maximum

Step 1: We will keep track of your out-of-pocket payments, as reported to us by your providers of health care. However, because there are delays in reporting visits and payments, please request and save all receipts for payments you make to your health care providers for covered services.

Step 2: If you believe you have already met your annual out-of-pocket maximum for the current calendar year, please make a copy of your receipts, save the copy for your records, and send the originals to:

L.A. Care Health Plan
Attn: Manager, Exchange Products
RE: OOP Maximum
1055 W. 7th Street, 10th Floor
Los Angeles, CA 90017

Member Maximum Lifetime Benefits

There is no maximum limit on the aggregate payments by the Plan for covered services provided under this Benefit Plan.

If You Receive a Bill for a Covered Service

If you receive a bill that is for covered or authorized services, you may receive a reimbursement from L.A. Care. Please contact L.A. Care’s Member Services Department at 1-855-270-2327 (1-866-576-1620 TTY/TDD) for help.

If you Travel Outside of Los Angeles County

As a member of L.A. Care Covered, your service area is Los Angeles County (excluding Catalina Island). All locations outside of Los Angeles County are out of your service area.

Routine care is not covered out of service area. Emergency and urgent care services are covered outside of Los Angeles County.

Outside of Los Angeles County?

If you have an emergency when you are not in Los Angeles County, you can get emergency services at the nearest emergency facility (doctor's office, clinic, or hospital). Emergency services do not require a referral or an okay from your PCP.

If you are admitted to a hospital not in L.A. Care's network or to a hospital your PCP or other doctor does not work at, L.A. Care has the right to move you to a network hospital as soon as medically safe.

Your PCP must provide follow-up care when you leave the hospital.

How to Get Information about Doctors and Specialists Who Work with L.A. Care

We are proud of our doctors and their professional training. If you have questions about the professional qualifications of network doctors and specialists, call L.A. Care at 1-855-270-2327. L.A. Care can tell you about the medical school they attended, their residency, or board certification.

Primary Care Physician (PCP)

Please read the following information so you will know from whom or what group of providers, health care may be obtained.

All L.A. Care Members must have a Primary Care Physician (PCP). The name and phone number of your PCP is found on your L.A. Care ID card. Except for emergency services, your PCP will arrange all your health care needs, refer you to specialists, and make hospital arrangements.

Each PCP works with a Participating Provider Group (PPG), which is another name for medical group. Each PPG works with certain specialists, hospitals, and other health care providers. The PCP you choose determines which health care providers are available to you.

Scheduling Appointments

Step 1: Call your PCP

Step 2: Explain why you called

Step 3: Ask for an appointment

Your PCP's office will tell you when to come in and how much time you will need with your PCP.

Clinic and doctor appointments are generally available Monday through Friday between 8:00 a.m. and 4:30 p.m. Evening and Saturday clinic/doctor office appointments may be available at some L.A. Care Health Plan sites. Please call your PCP office to confirm his/her hours or you may check our online provider directory at www.lacarecovered.org.

If you need medical advice during clinic/doctor office hours, you may call your PCP and speak to her/him or call L.A. Care's Nurse Advice line at 1-800-249-3619. If you cannot come in for your appointment, you should call as far ahead as possible to let the clinic or doctor's office know. You can schedule another appointment at that time. Waiting time for an appointment may be extended if the provider determines that a

longer waiting time will not have a detrimental impact on your health. The rescheduling time of appointments shall be appropriate for your health care needs and shall ensure continuity of care.

L.A. Care will provide or arrange for 24 hours a day, 7 days a week, triage or screening services by telephone. Telephone triage or screening services waiting time will not exceed 30 minutes.

L.A. Care will ensure that all health providers have an answering service or answering machine during non-business hours that provide urgent or emergency care instructions to contact the on-call health provider.

How to change your PCP

Each member of your household that is enrolled with L.A. Care Covered™ may select a different PCP. If you and your Enrolled Dependent(s) did not select a PCP at the time of enrollment, L.A. Care assigned a PCP to each of you based on the following criteria:

- The language you speak;
- The distance to a PCP office near your house. We try to assign you a PCP within 10 miles; and
- The PCP's specialty most appropriate for the Member's age.

If you would like to change your or your Enrolled Dependent's PCP, please call L.A. Care's Member Services Department at 1-855-270-2327. You may also make this change by visiting our Website at www.lacarecovered.org.

Click on the following:

- I Am A Member
- Follow the instructions to change your doctor.
- The request must be received by the 20th day of the month to be effective the first day of the next month. If the request is received after the 20th day of the month, it will be effective one month later.
- If your new PCP works with a different PPG, this may also change the hospitals, specialists, and other health care providers from whom you may receive health care.

Specialty Care, Behavioral Health Services and Hospital Services

Referrals to Specialty Physicians

Specialists are doctors with training, knowledge, and practice in one area of medicine. For example, a cardiologist is a heart specialist and who has years of special training to deal with heart problems.

Your PCP will ask for prior authorization if he or she thinks you should see a specialist.

Referral to Non-physician Providers

You may get services from non-physician providers who work in your PCP's office. Non-physician providers may include, but are not limited to, clinical social workers, family therapists, nurse practitioners, and physician assistants.

Standing Referrals

You may have a chronic, life-threatening or disabling condition or disease such as HIV/AIDS. If so, you may need to see a specialist or qualified health care professional for a long length of time. Your PCP may suggest, or you may ask for, what is called a standing referral.

A standing referral to a specialist or qualified health care professional needs prior authorization. With a standing referral, you will not need authorization to visit the specialist or qualified health care professional. You may ask for a standing referral to a specialist that works with your PCP or with a contracted specialty care center.

The specialist or qualified health care professional will develop a treatment plan for you. The treatment plan will show how often you need to be seen. Once the treatment plan is approved, the specialist or qualified health care professional will be authorized to provide health services. The specialist will provide health services in his or her area of expertise and training and based on the treatment plan.

Behavioral Health Care

Mental health services may include treatment for anxiety, behavior health problems or depression. Your PCP will provide you with some outpatient mental health services, within the scope of their training and practice. Specialized mental health services may be needed for services beyond your PCP doctor's training and practice and may require a referral to a provider that specializes in behavioral health treatment.

Hospital Services

Hospital services customarily furnished by a hospital will be covered when medically necessary and authorized. For a list of these hospital services, please refer to [Your Benefits](#) for Inpatient Hospital Services and Outpatient Hospital Services.

How to obtain care when the office is closed, like weekends, holidays, and evenings?

If you need care when your PCP's office is closed (such as after normal business hours, on the weekends or holidays), call your PCP's office. Ask to speak to your PCP or to the doctor on call. A doctor will call you back.

You can also call the nurse advice line number that is on your ID card. This number is available to you 24 hours a day, seven (7) days a week, to help answer your health care questions and have your health concerns and symptoms reviewed by a registered nurse. This service is free of charge and available to you in your language. The PCP or L.A. Care Health Plan nurse will answer your questions and help you decide if you need to come into the clinic/doctor's office.

For urgent care (this is when a condition, illness or injury is not-life threatening, but needs medical care right away), call or go to your nearest urgent care center. Many of L.A. Care's doctors have urgent care hours in the evening, on weekends or during holidays.

Emergency and Urgent Care Services

Urgent Care Services

There is a difference between needing care urgently and an emergency. Urgent care is when a condition, illness or injury is not life-threatening, but needs medical care right away. Many of L.A. Care's doctors have urgent care hours in the evening and on weekends.

How to get urgent care

1. Call your PCP doctor. You may speak to an operator who answers calls for your PCP doctor's office when closed (like after normal business hours, on the weekends or holidays).

2. Ask to speak to your PCP doctor or the doctor on call. A doctor will call you back. If your PCP doctor is not available, another doctor may answer your call. A doctor is available by phone 24 hours a day, seven days a week, and also on the weekends and holidays.
3. Tell them about your condition and follow their instructions.

If you are outside of Los Angeles County, you do not need to call your PCP doctor or get prior authorization before getting urgent care services. Be sure to let your PCP doctor know about this care. You may need follow-up care from your PCP doctor.

Emergency services

Emergency services are covered 24-hours a day, seven days a week, anywhere. Emergency care is a service that a member reasonably believes is necessary to stop or relieve:

- sudden serious illnesses or symptoms
- injury or conditions requiring immediate diagnosis and treatment

Emergency services and care include ambulance, medical screening, exam and evaluation by a doctor or appropriate personnel. Emergency services include both physical and psychiatric emergency conditions, and active labor.

Examples of emergencies include but are not limited to:

- Having trouble breathing
- Seizures (convulsions)
- Lots of bleeding
- Unconsciousness/blackouts (will not wake up)
- In a lot of pain (including chest pain)
- Swallowing of poison or medicine overdose
- Broken bones
- Head injury
- Eye injury
- Thoughts or actions about hurting yourself or someone else

If you think you have a health emergency, call 911. You are not required to call your doctor before you go to the emergency room. Do not use the emergency room for routine health care.

What to do in an emergency:

Call 911 or go to the nearest emergency room if you have an emergency. Emergency care is covered at all times and in all places.

What to do if you are not sure if you have an emergency:

If you are not sure whether you have an emergency or require urgent care, please contact L.A. Care Health Plan Nurse Advice Line at 1-800-249-3619 to access triage or screening services, 24 hours per day, 7 days per week.

Post Stabilization and Follow-up Care After an Emergency

Once your emergency medical condition has been treated at a hospital and an emergency no longer exists because your condition is stabilized, the doctor who is treating you may want you to stay in the hospital for a while longer before you can safely leave the hospital. The services you receive after an emergency condition is stabilized are called "post-stabilization services."

If the hospital where you received emergency services is not part of L.A. Care Health Plan's contracted network ("non-contracted hospital"), the non-contracted hospital will contact L.A. Care to get approval for you to stay in the non-contracted hospital.

If L.A. Care approves your continued stay in the non-contracted hospital, you will only be responsible for the Member's cost-sharing portion of the hospital stay, subject to the applicable Deductible. Please note, however, that if any cost sharing is based on a percentage of billed charges, the cost is generally higher at non-contracted hospitals. If L.A. Care has notified the non-contracting hospital that you can safely be moved to one of L.A. Care's contracted hospitals, L.A. Care will arrange and pay for you to be moved from the non-contracted hospital to a contracted hospital.

If L.A. Care determines that you can be safely transferred to a contracted hospital, and you, your spouse or legal guardian do not agree to you being transferred, the non-contracted hospital must give you, your spouse or legal guardian a written notice stating that you will have to pay for all of the cost for post-stabilization services provided to you at the non-contracted hospital after your emergency condition is stabilized.

Also, you may have to pay for services if the non-contracted hospital cannot find out what your name is and cannot get L.A. Care's contact information to ask for approval to provide services once you are stable.

If you feel that you were improperly billed for post-stabilization services that you received from a non-contracted hospital, please contact the L.A. Care Member Services at 1-855-270-2327.

How L.A. Care evaluates new technology to decide if it should be a health benefit

L.A. Care follows changes and advances in health care. We study new treatments, medicines, procedures, and devices. We call all of this "new technology." We review scientific reports and information from the government and medical specialists. Then we decide whether to cover the new technology. Members and providers may ask L.A. Care to review new technology.