

Member Benefits

L.A. Care Health Plan

Please read carefully.



Plan Benefits

Please refer to the Summary of Benefits for member cost share information

Acupuncture Services

Are typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain.

Bariatric Surgery

We cover hospital inpatient care related to bariatric surgical procedures (including room and board, imaging, laboratory, special procedures, and participating physician Services) when performed to treat obesity by modification of the gastrointestinal tract to reduce nutrient intake and absorption, if all of the following requirements are met:

- You complete the Medical Group–approved pre-surgical educational preparatory program regarding lifestyle changes necessary for long term bariatric surgery success
- A Participating physician who is a specialist in bariatric care determines that the surgery is Medically Necessary

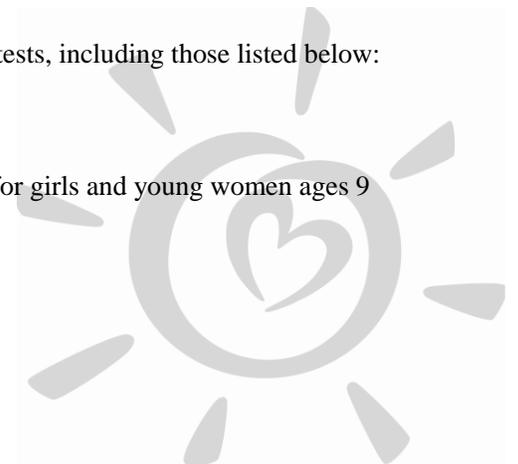
For covered Services related to bariatric surgical procedures that you receive, you will pay the Cost Sharing you would pay if the Services were not related to a bariatric surgical procedure. For example, see "Hospital Stay" in the Summary of Benefits for the cost sharing that applies for hospital inpatient care.

Travel is also covered if the member lives more than 50 miles from the facility to which the patient is referred to. We will not, however, reimburse you for any travel if you were offered a referral to a facility that is less than 50 miles from your home

Cancer Services

Cancer Screening

- L.A. Care covers all generally medically accepted cancer screening tests, including those listed below:
- General Cancer Screening
- Cervical Cancer Screening
 - Human Papilloma Virus (HPV) screening
 - HPV vaccinations including, but not limited to, Gardasil® for girls and young women ages 9 through 26
- Mammography for breast cancer screening
- Prostate cancer Screening
- Diethylstilbestrol Services



Women's Health and Cancer Rights Act.

If you have had or are going to have a mastectomy or lymph node dissection, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and treatment of physical complications of the mastectomy, including lymphedemas. You and your doctor decide how long you need to stay in the hospital after the surgery based on medical necessity. These benefits will be provided subject to the same Cost Sharing applicable to other medical and surgical benefits provided under this plan.

Cancer clinical trials.

If you have cancer, you may be able to be part of a cancer clinical trial. A cancer clinical trial is a research study with cancer patients to find out if a new cancer treatment or drug is safe and treats a member's type of cancer. → Cancer clinical trial must meet certain requirements, when referred by your L.A. Care doctor or treating provider. It must have a meaningful potential to benefit you and must be approved by one of the following: the National Institute of Health (NIH), the Food and Drug Administration (FDA), the U.S. Department of Defense or the U.S. Veteran's Administration. If you are part of an approved cancer clinical trial, L.A. Care will provide coverage for all routine patient care cost related to the clinical trial.

For covered Services related to a clinical trial, you will pay the Cost Sharing you would pay if the Services were not related to a clinical trial.

Services associated with clinical trials exclusions

- Services that are provided solely to satisfy data collection and analysis needs and are not used in your clinical management
- Services that are customarily provided by the research sponsors free of charge to enrollees in the clinical trial

If you have a life-threatening or weakened condition, or were eligible but denied coverage for a cancer clinical trial, you have the right to request an Independent Medical Review (IMR) on the denial. You can learn more about this in the "Complaints: What should I do if I am unhappy?" section.

Chemical Dependency Services

Inpatient detoxification

We cover hospitalization in a participating hospital only for medical management of withdrawal symptoms, including room and board, participating physician Services, drugs, dependency recovery Services, education, and counseling.

Outpatient chemical dependency care

We cover the following Services for treatment of chemical dependency:

- Day-treatment programs
- Intensive outpatient programs
- Individual and group chemical dependency counseling
- Medical treatment for withdrawal symptoms

Additional covered services include:

- Individual chemical dependency evaluation and treatment
- Group chemical dependency

We cover methadone maintenance treatment for all Enrollees when medically necessary at a licensed treatment center approved by the Medical Group.

Transitional residential recovery Services

We cover chemical dependency treatment in a nonmedical transitional residential recovery setting approved in writing by the Medical Group. These settings provide counseling and support services in a structured environment.

Chemical dependency services exclusion

- Services in a specialized facility for alcoholism, drug abuse, or drug addiction except as otherwise described in this "Chemical Dependency Services" section

Dental and Orthodontic Services

We do not cover dental and orthodontic Services for adults, but we do cover some dental and orthodontic Services as described in this "Dental and Orthodontic Services" section.

Dental Services for radiation treatment

We cover dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare your jaw for radiation therapy of cancer in your head or neck if a participating physician provides the services or if the Medical Group authorizes a referral to a participating dentist.

Dental anesthesia

For dental procedures at a participating facility, we provide general anesthesia and the facility's Services associated with the anesthesia if all of the following are true:

- You are under age 7, or you are developmentally disabled, or your health is compromised
- Your clinical status or underlying medical condition requires that the dental procedure be provided in a hospital or outpatient surgery center
- The dental procedure would not ordinarily require general anesthesia

We do not cover any other Services related to the dental procedure, such as the dentist's Services.

Dental and orthodontic Services for cleft palate

We cover dental extractions, dental procedures necessary to prepare the mouth for an extraction, and orthodontic Services, if they meet all of the following requirements:

- The Services are an integral part of a reconstructive surgery for cleft palate that we are covering under "Reconstructive Surgery" in this "Plan Benefits" section
- A participating physician provides the Services or the Medical Group authorizes a referral to a participating dentist or orthodontist

Cost Sharing for dental and orthodontic Services

Dental and orthodontic services covered under this "Dental and Orthodontic Services" section include:

- Hospital inpatient care
- Outpatient consultations, exams, and treatment

- Outpatient surgery: if it is provided in an outpatient or ambulatory surgery center or in a hospital operating room, or if it is provided in any setting and a licensed staff member monitors your vital signs as you regain sensation after receiving drugs to reduce sensation or to minimize discomfort

Diabetic Care

These services are covered for diabetics when medically necessary:

- Diabetes urine-testing supplies and insulin-administration devices: We cover ketone test strips and sugar or acetone test tablets or tapes for diabetes urine testing.
- Insulin-administration devices: We cover the following insulin-administration devices: pen delivery devices, disposable needles and syringes, and visual aids required to ensure proper dosage (except eyewear).
- Prescription drugs: See Drugs Section Below
- Podiatric devices (such as special footwear or shoe inserts) to prevent or treat diabetes-related complications when prescribed by a Participating physician or by a Participating provider who is a podiatrist
- Training and health education for self-management
- Family education for self-management

Diagnostic X-Ray and Laboratory Services

- Imaging Services that are Preventive Care Services:
 - preventive mammograms
 - preventive aortic aneurysm screenings
 - bone density CT scans
 - bone density DEXA scans
- All other CT scans, and all MRIs and PET scans are covered.
- Nuclear medicine is covered

Laboratory tests:

- Laboratory tests to monitor the effectiveness of dialysis
- Fecal occult blood tests
- Routine laboratory tests and screenings that are Preventive Care Services, such as preventive cervical cancer screenings, prostate specific antigen tests, cholesterol tests (lipid panel and profile), diabetes screening (fasting blood glucose tests), certain sexually transmitted disease (STD) tests, and HIV tests
- All other laboratory tests (including tests for specific genetic disorders for which genetic counseling is available)
- Routine preventive retinal photography screenings
- All other diagnostic procedures provided by Participating providers who are not physicians (such as EKGs and EEGs)
- Radiation therapy
- Ultraviolet light treatments

Dialysis Care

After you receive appropriate training at a dialysis facility we designate, we also cover equipment and medical supplies required for home hemodialysis and home peritoneal dialysis inside our Service Area

Coverage is limited to the standard item of equipment or supplies that adequately meets your medical needs. We decide whether to rent or purchase the equipment and supplies, and we select the vendor. You must return the equipment and any unused supplies to us or pay us the fair market price of the equipment and any unused supply when we are no longer covering them.

The following are covered services related to dialysis:

- Inpatient dialysis care
- Hemodialysis treatment at a Plan Facility
- All other outpatient consultations, exams, and treatment Exclusions:
- Comfort, convenience, or luxury equipment, supplies and features
- Nonmedical items, such as generators or accessories to make home dialysis equipment portable for travel

Durable Medical Equipment (DME)

Durable medical equipment (DME) is medically necessary equipment that is ordered by your physician and for use in the home. Inside our Service Area, we cover the durable medical equipment specified in this section for use in your home (or another location used as your home) in accord with our durable medical equipment formulary guidelines.

DME for home use is an item that is:

- Intended for repeated use
- Primarily and customarily used to serve a medical purpose
- Generally not useful to a person who is not ill or injured
- Appropriate for use in the home.

Covered DME (including repair or replacement of covered equipment, unless due to loss or misuse) is provided. We decide whether to rent or purchase the equipment, and we select the vendor. You must return the equipment to us or pay us the fair market price of the equipment when we are no longer covering it.

Examples of DME include:

- For diabetes blood testing, blood glucose monitors and their supplies (such as blood glucose monitor test strips, lancets, and lancet devices)
- Infusion pumps (such as insulin pumps) and supplies to operate the pump
- Peak flow meters
- IV pole
- Bone stimulator
- Cervical traction (over door)

Durable medical equipment exclusion

Comfort, convenience, or luxury equipment or features

Emergency Care Services

L.A. Care covers emergency care services 24 hours a day, seven days a week. Emergency room visits are covered and the copay if applicable is waived if you are admitted to the hospital. Emergency care services are medically necessary covered services, including ambulance and mental health services, which a prudent layperson in good faith, would have considered necessary to stop or relieve:

- A serious illness or symptom,
- An injury, severe pain, or active labor,
- A condition that needs immediate diagnosis and treatment.

Emergency services include a medical screening, exam, and evaluation by a doctor or other appropriate personnel. Emergency services also include both physical and mental emergency conditions.

Examples of some emergencies include, but are not limited to:

- Breathing problems
- Seizures (convulsions)
- Extreme bleeding
- Unconsciousness/blackouts (will not wake up)
- Severe pain (including chest pain)
- Swallowing of poison or medicine overdose
- Broken bones

Non-emergency services given after the medical screening exam and the services needed to stabilize the condition, require that the provider get an authorization from L.A. Care.

Your PCP must provide the follow-up care for emergency services. You will be reimbursed for all charges paid by you for covered emergency services, including medical transportation services, provided by non-participating providers.

Emergency Services Out of the Service Area

If an emergency occurs while out of the service area, you may receive emergency services at the nearest emergency facility (doctor, clinic or hospital). You must report such services to L.A. Care within 48 hours, or as soon as possible. Any treatment given that is not authorized by your PCP or L.A. Care, and which is later determined by L.A. Care not to be for emergency services, as defined in this handbook, will not be covered.

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 not have to pay for services.

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.

Family Planning

Family planning services are provided to Enrollees of child-bearing age to help them choose the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). You may receive family planning services and FDA-approved contraceptives from any participating health care provider that licensed to provide these services. Examples of family planning providers include:

- Your PCP
- Clinics
- Certified Nurse Midwives and Certified Nurse Practitioners
- Ob/Gyn specialists

Family planning services also include counseling and surgical procedures for the termination of pregnancy (called an abortion). Please call L.A. Care's Member Services Department at 1-855-270-2327 if you need more information about the centers that perform these services.

Health Education Services

Health education services offered through L.A. Care's Health In Motion™ program and include group appointments and individual telephonic counseling. Topics include asthma, diabetes, high blood pressure, nutrition and exercise. Group appointments are offered in English and Spanish at places and times convenient for you.

Health In Motion™ also offers weight control programs for kids, teens and adults. Members 18 years and older who qualify can get Weight Watchers® meeting coupons.

Health education resources include written materials, community referrals, online information, CDs/DVDs or videos, and L.A. Care's Nurse Advice Line. Resources are available in multiple languages for many health topics.

All health education services and resources are free. Call L.A. Care for more information at 1-855-270-2327 (TTY 1-855-576-1620) or go to www.lacarecovered.org.

Human Immune-Deficiency Virus (HIV) Services

HIV Testing

You can get confidential HIV testing from any health care provider licensed to provide these services. You do not need a referral or okay from your PCP or health plan for confidential HIV testing. Examples of where you can get confidential HIV testing include:

- Your PCP
- Los Angeles County Department of Health Services
- Family planning services providers
- Prenatal clinics

Please call L.A. Care at 1-855-270-2327 to request a list of testing sites.

Home Health Care

"Home health care" means Services provided in the home by nurses, medical social workers, home health aides, and physical, occupational, and speech therapists. We cover home health care only if all of the following are true:

- You are substantially confined to your home (or a friend's or relative's home)
- Your condition requires the Services of a nurse, physical therapist, occupational therapist, or speech therapist (home health aide Services are not covered unless you are also getting covered home health care from a nurse, physical therapist, occupational therapist, or speech therapist that only a licensed provider can provide)
- A participating provider determines that it is feasible to maintain effective supervision and control of your care in your home and that the Services can be safely and effectively provided in your home
- The Services are provided inside our Service Area

Services are limited to those authorized by L.A. Care to 100 visits per year, 3 visits per day, up to 2 hours per visit (nurse, social worker, physical/ occupational/ speech therapist) or 3 hours for a home health aide. If a service can be provided in more than one location, L.A. Care will work with the provider to choose the location.

Note: If a visit by a nurse, medical social worker, or physical, occupational, or speech therapist lasts longer than 2 hours, then each additional increment of 2 hours counts as a separate visit. If a visit by a home health aide lasts longer than 3 hours, then each additional increment of 3 hours counts as a separate visit. For example, if a nurse comes to your home for 2 hours and then leaves, that counts as 2 visits. Also, each person providing Services counts toward these visit limits. For example, if a home health aide and a nurse are both at your home during the same 2 hours that counts as two visits.

Exclusions:

- Custodial care
- Care than an unlicensed family member or layperson could provide safely/effectively
- Care in the home if home does not have a safe and effective treatment setting

Hospice

Hospice care is a specialized form of interdisciplinary health care designed to provide palliative care and to alleviate the physical, emotional, and spiritual discomforts of a Member experiencing the last phases of life due to a terminal illness. It also provides support to the primary caregiver and the Member's family. A Member who chooses hospice care is choosing to receive palliative care for pain and other symptoms associated with the terminal illness, but not to receive care to try to cure the terminal illness. You may change your decision to receive hospice care benefits at any time.

We cover the hospice services listed below when all of the following requirements are met:

- A participating provider has diagnosed you with a terminal illness and determines that your life expectancy is 12 months or less
- The covered services are provided inside our Service
- The Services are provided by a licensed hospice agency that is a participating provider
- The Services are necessary for the palliation and management of your terminal illness and related conditions

If all of the above requirements are met, we cover the following hospice services, which are available on a 24-hour basis if necessary for your hospice care:

- Participating physician services
- Skilled nursing care, including assessment, evaluation, and case management of nursing needs, treatment for pain and symptom control, provision of emotional support to you and your family, and instruction to caregivers
- Physical, occupational, or speech therapy for purposes of symptom control or to enable you to maintain activities of daily living
- Respiratory therapy
- Medical social services
- Home health aide and homemaker services
- Palliative drugs prescribed for pain control and symptom management of the terminal illness in accord with our drug formulary guidelines. You must obtain these drugs from Plan Pharmacies.
- Durable medical equipment
- Respite care when necessary to relieve your caregivers. Respite care is occasional short-term inpatient care limited to no more than five consecutive days at a time
- Counseling and bereavement services
- Dietary counseling
- The following care during periods of crisis when you need continuous care to achieve palliation or management of acute medical symptoms:
 - Nursing care on a continuous basis for as much as 24 hours a day as necessary to maintain you at home
 - Short-term inpatient care required at a level that cannot be provided at home

Hospital Inpatient Care

The following Inpatient hospital services are covered when authorized by L.A. Care and provided at a participating hospital. Any hospital may be used in case of an emergency without authorization.

- Room and board, including a private room if Medically Necessary
- Specialized care and critical care units
- General and special nursing care
- Operating and recovery rooms
- Services of participating physicians, including consultation and treatment by specialists
- Anesthesia
- Drugs prescribed in accord with our drug formulary guidelines (for discharge drugs prescribed when you are released from the hospital, please refer to "Outpatient Prescription Drugs, Supplies, and Supplements" in this "Benefits and Cost Sharing" section)
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imaging, laboratory, and special procedures, including MRI, CT, and PET scans
- Blood, blood products, and their administration
- Obstetrical care and delivery (including cesarean section).
- Physical, occupational, and speech therapy (including treatment in an organized, multidisciplinary rehabilitation program)
- Respiratory therapy
- Medical social services and discharge planning

Services not covered under this "Hospital Inpatient Care" section

The following types of inpatient Services are covered only as described under the following headings of this "Plan Benefits" section:

- Bariatric Surgery
- Chemical Dependency Services
- Clinical Trials
- Dental and Orthodontic Services
- Dialysis Care
- Hospice Care
- Mental Health Services
- Prosthetic and Orthotic Devices
- Reconstructive Surgery
- Skilled Nursing Facility Care
- Transplant Services

Exclusions: A private room in a hospital or personal or comfort items are excluded, unless medically necessary as determined by L.A. Care.

Skilled Nursing Care

We cover up to 100 days of inpatient skilled nursing care provided by a participating skilled nursing facility. The skilled inpatient services must be customarily provided by a Skilled Nursing Facility, and above the level of custodial or intermediate care.

A benefit period begins on the date you are admitted to a hospital or Skilled Nursing Facility at a skilled level of care. A benefit period ends on the date you have not been an inpatient in a hospital or Skilled Nursing Facility, receiving a skilled level of care, for 60 consecutive days. A new benefit period can begin only after any existing benefit period ends. A prior three-day stay in an acute care hospital is not required.

We cover the following Services:

- Physician and nursing Services
- Room and board
- Drugs prescribed by a participating provider as part of your plan of care in the participating skilled nursing facility in accord with our drug formulary guidelines if they are administered to you in the participating skilled nursing by medical personnel
- Durable medical equipment in accord with our durable medical equipment formulary if Skilled Nursing Facilities ordinarily furnish the equipment
- Imaging and laboratory Services that Skilled Nursing Facilities ordinarily provide
- Medical social services
- Blood, blood products, and their administration
- Medical supplies
- Physical, occupational, and speech therapy
- Respiratory therapy

Services not covered under this "Skilled Nursing Facility Care" section

Coverage for the following Services is described under these headings in this "Plan Benefits" section:

- Outpatient imaging & Laboratory

Exclusion: Custodial care

Maternity Care

All preconception and prenatal visits are covered by L.A. Care. Delivery and inpatient services are covered.

Maternity care includes the following:

- Regular doctor visits during your pregnancy (called prenatal visits)
- Ambulatory care services
- Diagnostic and genetic testing including, but not limited to: 1) Alpha-fetoprotein testing; 2) Screening for gestational diabetes
- Nutrition counseling, breastfeeding support, and supplies and counseling
- Labor and delivery care
- Health care six (6) weeks after delivery (called postpartum care)
- Inpatient hospital care for at least 48 hours after normal vaginal deliveries or for at least 96 hours after a Cesarean section. Coverage for inpatient hospital care may be less than 48 hours or 96 hours if: 1) The decision is made by the mother and treating physician, and 2) A post-discharge follow-up visit for the mother and newborn is made within 48 hours of discharge
- Urgently needed services necessary to prevent serious deterioration to the health of your fetus, based on reasonable belief that your pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the plan's service area.

If you are pregnant, call L.A. Care at 1-855-270-2327 right away. We want to make sure you get the care you need. L.A. Care will help you choose your maternity care doctor from a doctor in your network. Ask your doctor to find out more.

After giving birth, you will receive breastfeeding education and special equipment if needed. Ask your doctor, or call L.A. Care at 1-855-270-2327 if you have any questions.

Medical Nutrition Therapy (MNT)

MNT is intense nutrition counseling with a registered dietitian over the phone. MNT is used to treat serious health problems such as diabetes, pre-end-stage renal disease, and obesity.

Physician referral required. Some members may not qualify.

Medical Transportation

Ambulance Services - Emergency

Emergency transportation for a member that believes it is necessary to stop or relieve sudden serious illnesses or symptoms, or injury or conditions requiring immediate diagnosis and treatment. Ambulance transportation to the first hospital which accepts the member for emergency care is covered. This includes ambulance and ambulance transportation services provided through the 911 emergency response system.

Ambulance Services – Nonemergency

Inside the service area, we cover nonemergency ambulance and psychiatric transport van Services if a Plan or Plan-contracted physician determines that your condition requires the use of services that only a licensed ambulance (or psychiatric transport van) can provide and that the use of other means of transportation would endanger your health. These services are covered only when the vehicle transports you to or from covered services.

Non-emergency transportation for the transfer of a member from a hospital to another hospital or facility or facility to home is covered when:

- Medically necessary, and
- Requested by an L.A. Care provider, and
- Authorized in advance by L.A. Care.

Ambulance Services Exclusion

Coverage for transportation by airplane, passenger car, taxi or other form of public transportation is excluded, other than a licensed ambulance or psychiatric transport van), even if it is the only way to travel to a participating provider. This provision does not exclude medically necessary air ambulance services.

Mental Health Care

We cover Services specified in this "Mental Health Care" section only when the Services are for the diagnosis or treatment of Mental Disorders. A "Mental Disorder" is a mental health condition identified as a "mental disorder" in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM) that results in clinically significant distress or impairment of mental, emotional, or behavioral functioning. We do not cover services for conditions that the DSM identifies as something other than a "mental disorder." For example, the DSM identifies relational problems as something other than a "mental disorder," so we do not cover services (such as couples counseling or family counseling) for relational problems.

"Mental Disorders" include the following conditions:

- Severe Mental Illness of a person of any age. "Severe Mental Illness" means the following mental disorders: schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, or bulimia nervosa
- A Serious Emotional Disturbance of a child under age 18. A "Serious Emotional Disturbance" of a child under age 18 means a condition identified as a "mental disorder" in the DSM, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, if the child also meets at least one of the following three criteria:
 - as a result of the mental disorder, (1) the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and (2) either (a) the child is at risk of removal from the home or has already been removed from the home, or (b) the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment
 - the child displays psychotic features, or risk of suicide or violence due to a mental disorder
 - the child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the California Government Code

Inpatient Mental Health Services

We cover inpatient psychiatric hospitalization in a participating hospital. Coverage includes room and board, drugs, and Services of participating physicians and other providers who are licensed health care professionals acting within the scope of their license.

Outpatient Mental Health Services

We cover the following Services when provided by participating physicians or other participating providers who are licensed health care professionals acting within the scope of their license:

- Individual and group mental health evaluation and treatment
- Psychological testing when necessary to evaluate a Mental Disorder
- Outpatient Services for the purpose of monitoring drug therapy

Additional covered services include:

- Individual mental health evaluation and treatment
- Group mental health treatment

Behavioral Health Treatment for Autism and Pervasive Developmental Disorders

Behavioral Health Treatment for members with Autism or Pervasive Developmental Disorders is covered when prescribed by a Physician or licensed psychologist who is a Plan Provider and the treatment is provided under a treatment plan prescribed by a Participating Provider. Behavioral Health Treatment must be prior authorized and obtained from Participating Providers.

Behavioral Health Treatment used for the purposes of providing respite, day care, or educational services, or to reimburse a parent for participation in the treatment is not covered.

“Behavioral Health Treatment” is defined as follows: Professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.

Exclusions and Limitations

- Alternative Therapies, unless the treatment is prescribed by a licensed physician and surgeon or by a licensed psychologist as Behavioral Health Treatment for pervasive developmental disorder or autism, and such treatment is provided pursuant to a treatment plan administered by qualified autism providers.
- Biofeedback, unless the treatment is prescribed by a licensed physician and surgeon or by a licensed psychologist as Behavioral Health Treatment for pervasive developmental disorder or autism, and such treatment is provided pursuant to a treatment plan administered by qualified autism providers.
- Non-skilled care that can be performed safely and effectively by family members (whether or not such family members are available to provide such services) or persons without licensure certification or the presence of a supervising licensed nurse, except for authorized homemaker services for hospice care, and except for Behavioral Health Treatment that is provided by a Qualified Autism Service Professional or Qualified Autism Service Paraprofessional for the treatment of pervasive developmental disorders or autism.

Intensive psychiatric treatment programs

We cover at **no charge** the following intensive psychiatric treatment programs at a participating facility:

- Short-term hospital-based intensive outpatient care (partial hospitalization)
- Short-term multidisciplinary treatment in an intensive outpatient psychiatric treatment program

- Short-term treatment in a crisis residential program in licensed psychiatric treatment facility with 24-hour-a-day monitoring by clinical staff for stabilization of an acute psychiatric crisis
- Psychiatric observation for an acute psychiatric crisis

Ostomy and Urological Supplies

Inside our Service Area, we cover ostomy and urological supplies prescribed in accord with our soft goods formulary guidelines. We select the vendor, and coverage is limited to the standard supply that adequately meets your medical needs. These include:

- Adhesives – liquid, brush, tube, disc or pad
- Belts – ostomy
- Belts – hernia
- Catheters
- Drainage Bags/Bottles – bedside and leg
- Dressing Supplies
- Lubricants
- Miscellaneous Supplies – urinary connectors; gas filters; ostomy deodorants; drain tube attachment devices; soma caps tape; colostomy plugs; ostomy inserts; irrigation syringes, bulbs, and pistons; tubing; catheter clamps, leg straps and anchoring devices; penile or urethral clamps and compression devices
- Pouches – urinary, drainable, ostomy
- Skin barriers
- Tape – all sizes, waterproof and non-waterproof

Our formulary guidelines allow you to obtain non-formulary ostomy and urological supplies (those not listed on our soft goods formulary for your condition) if they would otherwise be covered and the Medical Group determines that they are Medically Necessary.

Ostomy and urological supplies exclusion: Comfort, convenience, or luxury equipment or features

Outpatient Services

Hospital and Outpatient Facility Services

The following outpatient services are covered when authorized by L.A. Care and provided at a participating hospital or outpatient facility, such as an Ambulatory Surgery Center (ASC). This includes physical, occupational, and speech therapy as appropriate, and hospital services, which can reasonably be provided on an ambulatory basis. Related services and supplies which include:

- Operating room,
- General anesthesia,
- Treatment room,
- Ancillary services, and
- Medications which are given by the hospital or facility for use during the member's treatment at the facility.

General anesthesia for dental procedures is covered when performed at a hospital or surgery center because of a Member's medical condition, clinical status, or the severity of the dental procedure. L.A. Care will coordinate such services with the member's dental plan. Services of the dentist or oral surgeon are not covered by L.A. Care.

Pediatric Services

Pediatric Asthma Care

Benefit includes nebulizers (including face mask and tubing), inhaler spacers, peak flow meters are covered. Education on the proper use of these items when medically necessary for management and treatment of asthma are covered.

Pediatric Vision Care

L.A. Care covers the following Vision Care benefits for members up to the age of 19. The annual deductible is waived.

Vision benefits are provided through VSP. Its extensive nationwide network of providers offers professional vision care to members covered under group vision care plans. If you are not able to locate an accessible provider, please call VSP toll-free at 1-800-877-7195, and a customer service representative will help you find another provider. Covered benefits include the following:

- Eye exam, includes dilation if indicated
- 1 pair of prescription glasses per year or contacts
- Medically necessary contact lenses for the treatment of: keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.
- Low vision services

Prenatal Care

Scheduled prenatal exams and the first post partum follow-up consult is covered at no charge. Other prenatal benefits include:

- Prenatal supplements
- Diagnostic and genetic testing

Prescription Drugs, Supplies, and Supplements

We cover medically necessary drugs when prescribed by a licensed participating provider acting within the scope of his or her licensure and included on the L.A. Care drug formulary.

Brand name drugs will not be provided as a plan benefit if FDA-approved generic equivalents are available. Unless such generic equivalents are medically contra-indicated.

All of the following will be provided, as medically necessary:

- Injectable medication (including insulin)
- Needles and syringes
- Blood glucose testing strips for the monitoring and treatment of insulin dependent, non-insulin dependent and gestational diabetes
- Ketone urine testing strips
- Glucagon
- Inhaler Spacers needed to inhale covered drugs
- Lancets, and lancet puncture devices
- EpiPens
- Ana-kits

With the exception of self-administered injectable drugs listed in the L.A. Care formulary (in the “How to Get Your Prescriptions Filled” section) injectable medication must be administered in a physician facility to be covered.

L.A. Care will provide coverage for previously approved prescriptions provided that the drug was approved for a medical condition of the Enrollee and a participating provider continues to prescribe the drug for the medical condition.

Cost Sharing for outpatient drugs, supplies, and supplements

The Cost Sharing for these items is as follows (for an explanation of the drug Deductible, see "Drug Deductible" below:

- Generic drugs (other than those described below)
- Subject to the drug Deductible, if applicable, Preferred brand-name drugs
- Subject to the drug Deductible, if applicable Non-preferred drugs

Amino acid–modified products used to treat congenital errors of amino acid metabolism (such as phenylketonuria) and elemental dietary enteral formula when used as a primary therapy for regional enteritis

- Emergency contraceptive pills
- Hematopoietic agents for dialysis
- Diaphragms and cervical caps

Note: If Charges for the drug, supply, or supplement are less than the Copayment, you will pay the lesser amount.

DRUG DEDUCTIBLE: In any calendar year, you must pay Charges for any brand-name items covered under this Section. until you meet your applicable drug deductible per member (or per family) during that calendar year, except that you do not need to meet the drug Deductible for the following items:

- Amino acid–modified products used to treat congenital errors of amino acid metabolism (such as phenylketonuria)
- Cancer chemotherapy drugs and certain critical adjuncts following a diagnosis of cancer
- Certain drugs for the treatment of life-threatening ventricular arrhythmias
- Diaphragms and cervical caps
- Drugs for the treatment of tuberculosis
- Elemental dietary enteral formula when used as a primary therapy for regional enteritis
- Emergency contraceptive pills
- Hematopoietic agents for dialysis and for the treatment of anemia in chronic renal insufficiency
- Human growth hormone for long-term treatment of pediatric patients with growth failure from lack of adequate endogenous growth hormone secretion
- In connection with a transplant, immunosuppressants and ganciclovir and ganciclovir prodrugs for the treatment of cytomegalovirus
- Low molecular weight heparin for acute therapy for life-threatening thrombotic disorders
- Phosphate binders for dialysis patients for the treatment of hyperphosphatemia in end-stage renal disease

The only payments that count toward this drug Deductible are those you make under this Evidence of Coverage for covered brand-name drugs that are subject to this drug Deductible. After you meet the drug Deductible, you pay the applicable Copayments or Coinsurance for these items for the remainder of the calendar year.

Exclusions:

- Experimental or investigational drugs, unless accepted for use by professionally recognized standards of practice;
- Drugs or medications prescribed for cosmetic purposes;
- Most over-the-counter medicines, including non-prescription ointments, foams, etc.; medications not requiring a written prescription order (except insulin);
- Dietary supplements/medical foods (except for medically prescribed formulas or special food products to treat Phenylketonuria [PKU], appetite suppressants or any other diet drugs or medications as medically necessary for morbid obesity);
- Hair loss or growth treatments: Items and services when prescribed for the promotion, prevention, or other treatment of hair loss or hair growth;
- Disposable supplies for home use, such as bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads, and other incontinence supplies;
- Any requested packaging (such as dose packaging) other than the dispensing pharmacy's standard packaging;
- Compounded products unless the drug is listed on our drug formulary or one of the ingredients requires a prescription by law; and
- Drugs prescribed to shorten the duration of the common cold.

Preventive Care Services

We cover a variety of Preventive Care Services. Periodic health exams include all routine diagnostic testing and laboratory services. These include, but are not limited to:

- Periodic health maintenance exams, including well-woman exams
- Immunizations, consistent with the most current version of the Recommended Childhood Immunization Schedule/United States adopted by the Advisory Committee on Immunization Practices (ACIP).
- Sexually Transmitted Disease (STD) tests
- Cytology exams on a reasonable periodic basis
- Immunizations required for travel
- Other age appropriate immunizations
- Acquired Immune Deficiency Syndrome (AIDS) vaccine
- Osteoporosis Services
- Eye examinations:
 - Routine exam
 - Eye refractions to determine the need for corrective lenses
- Dilated retinal eye exams
 - Health education
 - All generally medically accepted cancer screening tests including, but not limited to:
- Breast Cancer Screening
- Prostate Cancer Screening
- General Cancer Screening
- Mammography Services
- Cervical Cancer Screening
- Diethylstilbestrol Services
 - Well baby care during the first two years of life, including:
- Newborn hospital visits newborn screenings
- Newborn health examinations, and other office visits, consistent with the most current recommendations for Preventative Pediatric Health Care as adopted by the American Academy of

Pediatrics; and consistent with the most current version of the Recommended Childhood Immunization Schedule/United States, adopted by the Advisory Committee on Immunization Practices (ACIP).

Exclusions

- Members will only receive exams related to their medical needs. For example, a parent's desire for physical exam will not be covered.

Professional Services, Office Visits and Outpatient Services

We cover medically necessary services and consultations by physicians or other licensed health care providers acting within the scope of his or her license, professional office, inpatient hospital, skilled nursing, home, hospice, and urgent care visits, when medically necessary. Your cost sharing will vary based on the type of provider you see, the location where you receive the services, and the scope of services that you receive. Most PCP consultations, exams, and treatment

- Most Specialist consultations, exams, and treatment
- Other Practitioner consultations (Physician Assistant; Nurse Practitioner)
- Routine physical maintenance exams
- Well-child preventive exams (through age 23 months)
- Urgent care consultations
- Physical Therapist – Home Health
- Physical Therapist – Hospital Outpatient

Prosthetic and Orthotic Devices

We do not cover most prosthetic and orthotic devices, but we do cover devices as described in this "Prosthetic and Orthotic Devices" section if all of the following requirements are met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes
- The device is the standard device that adequately meets your medical needs
- You receive the device from the provider or vendor that we select

Coverage includes fitting and adjustment of these devices, their repair or replacement (unless due to loss or misuse), and Services to determine whether you need a prosthetic or orthotic device. If we cover a replacement device, then you pay the Cost Sharing that you would pay for obtaining that device.

Internally implanted devices

We cover prosthetic and orthotic devices, such as pacemakers, intraocular lenses, cochlear implants, osseointegrated hearing devices, and hip joints, if they are implanted during a surgery that we are covering under another section of this section. We cover these devices.

External devices

We cover the following external prosthetic and orthotic devices.

- Prosthetic devices and installation accessories to restore a method of speaking following the removal of all or part of the larynx (this coverage does not include electronic voice-producing machines, which are not prosthetic devices)
- Prostheses needed after a Medically Necessary mastectomy, including:
- Custom-made prostheses when Medically Necessary

- Up to three brassieres required to hold a prosthesis every 12 months
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a participating physician or by a participating provider who is a podiatrist
- Compression burn garments and lymphedema wraps and garments
- Enteral formula for Members who require tube feeding in accord with Medicare guidelines
- Prostheses to replace all or part of an external facial body part that has been removed or impaired as a result of disease, injury, or congenital defect

Prosthetic and orthotic devices exclusions

- Multifocal intraocular lenses and intraocular lenses to correct astigmatism
- Nonrigid supplies, such as elastic stockings and wigs, except as otherwise described above in this "Prosthetic and Orthotic Devices" section
- Comfort, convenience, or luxury equipment or features
- Shoes or arch supports, even if custom-made, except footwear described above in this "Prosthetic and Orthotic Devices" section for diabetes-related complications

Reconstructive Surgery

We cover the following reconstructive surgery Services:

- Reconstructive surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, if a participating physician determines that it is necessary to improve function, or create a normal appearance, to the extent possible.
- Following Medically Necessary removal of all or part of a breast, we cover reconstruction of the breast, surgery and reconstruction of the other breast to produce a symmetrical appearance, and treatment of physical complications, including lymphedemas

Additional covered reconstructive surgery services include:

- Outpatient consultations, exams, and treatment
- Outpatient surgery: if it is provided in an outpatient or ambulatory surgery center or in a hospital operating room, or if it is provided in any setting and a licensed staff member monitors your vital signs as you regain sensation after receiving drugs to reduce sensation or to minimize discomfort.
- Hospital inpatient care (including room and board, drugs, and participating physician Services)

Services not covered under this "Reconstructive Surgery" section

Coverage for the following Services is described under these headings in this section:

- Dental and orthodontic Services that are an integral part of reconstructive surgery for cleft palate (refer to "Dental and Orthodontic Services")
- Outpatient imaging and laboratory (refer to "Outpatient Imaging and Laboratory, and Special Procedures")
- Outpatient prescription drugs (refer to "Outpatient Drugs, Supplies, and Supplements")
- Prosthetics and orthotics (refer to "Prosthetic and Orthotic Devices")

Reconstructive Surgery Exclusions

- Surgery that, in the judgment of a participating physician specializing in reconstructive surgery, offers only a minimal improvement in appearance
- Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance

Therapy – Physical, Occupational, Speech, and Other

- Occupational therapy is used to improve and maintain a patient’s daily living skills because of a disability or injury.
- Physical therapy uses exercise to improve and maintain a patient’s ability to function after an illness or injury.
- Speech therapy is used to treat speech problems.
- Water Therapy and Massage Therapy are covered as medically necessary.

Therapy is covered and may be provided in a medical office or other appropriate outpatient setting, hospital, skilled nursing facility, or home. L.A. Care may require periodic evaluations as long as medically necessary therapy is provided.

Transplants

L.A. Care covers medically necessary transplants of organs, tissue, or bone marrow, which are not experimental or investigational in nature. We cover transplants of organs, tissue, or bone marrow if your physician provides a written referral for care to a transplant facility. After the referral to a transplant facility, the following applies:

- If either your Medical Group or the referral facility determines that you do not satisfy its respective criteria for a transplant, we will only cover Services you receive before that determination is made
- Health Plan, participating hospitals, your Medical Group, and participating physicians are not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor
- In accord with our guidelines for Services for living transplant donors, we provide certain donation-related Services for a donor, or an individual identified by the Medical Group as a potential donor, whether or not the donor is a Member. These Services must be directly related to a covered transplant for you, which may include certain Services for harvesting the organ, tissue, or bone marrow and for treatment of complications. Our guidelines for donor Services are available by calling our Member Service Call Center
- We provide or pay for donation-related Services for actual or potential donors (whether or not they are Members) in accord with our guidelines for donor Services).

If your transplant is denied on the basis that it is experimental or investigational in nature, please refer to the "Grievance & Appeals" section for information about your right to an “Independent Medical Review for Denials of Experimental/Investigational Therapies.”

For covered transplant Services that you receive, you will pay the **Cost Sharing you would pay if the Services were not related to a transplant.** For example, see "Hospital Inpatient Care" in this section for the Cost Sharing that applies for hospital inpatient care.

California Children’s Services (CCS)

Children needing specialized medical care may be eligible for the California Children’s Services (CCS) program.

CCS is a California medical program that treats children with certain physical conditions and who need specialized medical care. This program is available to all children in California whose families meet certain medical, financial and residential eligibility requirements. Services provided through the CCS program are coordinated by the local county CCS office.

If a member's PCP suspects or identifies a possible CCS eligible condition, he/she may refer the member to the local county CCS program. The CCS program (local or the CCS Regional Office) will determine if the member's condition is eligible for CCS services.

If determined to be eligible for CCS services, a L.A. Care Covered™ Member continues to stay enrolled in the QHP product. He or she will be referred and should receive treatment for the CCS eligible condition through the specialized network of CCS providers and/or CCS approved specialty centers. These CCS providers and specialty centers are highly trained to treat CCS eligible conditions. L.A. Care will continue to provide primary care and prevention services that are not related to the CCS eligible conditions, as described in this document. L.A. Care will also work with the CCS program to coordinate care provided by both the CCS program and the plan. L.A. Care will continue to provide all other medical services not related to CCS diagnosis.

The CCS office must verify residential status for each child in the CCS program. If your child is referred to the CCS program, you will be asked to complete a short application to verify residential status, financial eligibility and ensure coordination of your child's care after the referral has been made.

Additional information about the CCS program can be obtained by calling the Los Angeles County CCS program at 1-800-288-4584 for more information.

Exclusions and Limitations

Exclusions

The items and services listed in this "Exclusions" section are excluded from coverage. These exclusions apply to all Services that would otherwise be covered under this Subscriber Agreement & Member Handbook regardless of whether the services are within the scope of a provider's license or certificate. Additional exclusions that apply only to a particular benefit are listed in the description of that benefit in the "Plan Benefits" section.

Adult hearing aids

Adult routine dental services

Artificial insemination and conception by artificial means

All Services related to artificial insemination and conception by artificial means, such as: ovum transplants, gamete intrafallopian transfer (GIFT), semen and eggs (and Services related to their procurement and storage), in vitro fertilization (IVF), and zygote intrafallopian transfer (ZIFT).

Biofeedback services, unless the treatment is prescribed by a licensed physician and surgeon or by a licensed psychologist as Behavioral Health Treatment for pervasive developmental disorder or autism, and such treatment is provided pursuant to a treatment plan administered by qualified autism providers.

Certain exams and Services

Physical exams and other Services (1) required for obtaining or maintaining employment or participation in employee programs, (2) required for insurance or licensing, or (3) on court order or required for parole or probation. This exclusion does not apply if a participating physician determines that the Services are Medically Necessary.

Cosmetic Services

Services that are intended primarily to change or maintain your appearance, except that this exclusion does not apply to any of the following:

Services covered under "Reconstructive Surgery" in the "Plan Benefits" section

The following devices covered under "Prosthetic and Orthotic Devices" in the "Plan Benefits" section: testicular implants implanted as part of a covered reconstructive surgery, breast prostheses needed after a mastectomy, and prostheses to replace all or part of an external facial body part.

Chiropractic Services

Chiropractic Services and the Services of a chiropractor.

Custodial care

Assistance with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine). This exclusion does not apply to assistance with activities of daily living that is provided as part of covered hospice, Skilled Nursing Facility, or inpatient hospital care.

Dental and orthodontic Services

Dental and orthodontic Services such as X-rays, appliances, implants, Services provided by dentists or orthodontists, dental Services following accidental injury to teeth, and dental Services resulting from medical treatment such as surgery on the jawbone and radiation treatment.

This exclusion does not apply to Services covered under "Dental and Orthodontic Services" in the "Plan Benefits" section.

Disposable supplies

Disposable supplies for home use, such as bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads, and other incontinence supplies. This exclusion does not apply to disposable supplies covered under "Durable Medical Equipment for Home Use," "Home Health Care," "Hospice Care," "Ostomy and Urological Supplies," and "Outpatient Drugs, Supplies, and Supplements" in the "Plan Benefits" section.

Hair loss or growth treatment

Items and services when prescribed for the promotion, prevention, or other treatment of hair loss or hair growth.

Infertility Services

Services related to the diagnosis and treatment of infertility.

Items and services that are not health care items and services

- For example, we do not cover:
- Teaching manners and etiquette
- Teaching and support services to develop planning skills such as daily activity planning and project or task planning
- Items and services that increase academic knowledge or skills
- Teaching and support services to increase intelligence
- Academic coaching or tutoring for skills such as grammar, math, and time management
- Teaching you how to read, whether or not you have dyslexia
- Educational testing
- Teaching art, dance, horse riding, music, play or swimming
- Teaching skills for employment or vocational purposes
- Vocational training or teaching vocational skills

- Professional growth courses
- Training for a specific job or employment counseling

Items and services to correct refractive defects of the eye

Items and services (such as eye surgery or contact lenses to reshape the eye) for the purpose of correcting refractive defects of the eye such as myopia, hyperopia, or astigmatism.

Long-term care benefits

Includes long-term skilled nursing care in a licensed facility, and respite care. (For short-term skilled nursing care or hospice benefits, please see Skilled Nursing Care under the "Plan Benefits" section.)

Non-medically necessary health care services

Any health care services, supplies, comfort items, procedures, or equipment that is not medically necessary. This includes private rooms in a hospital, unless medically necessary.

Oral nutrition

Outpatient oral nutrition, such as dietary supplements, herbal supplements, weight loss aids, formulas, and food.

This exclusion does not apply to any of the following:

- Amino acid–modified products and elemental dietary enteral formula covered under "Outpatient Drugs, Supplies, and Supplements" in the "Plan Benefits" section
- Enteral formula covered under "Prosthetic and Orthotic Devices" in the "Plan Benefits" section

Other insurance

Services covered by any other insurance or health care service plan. L.A. Care will provide the services at the time of need. (Please see the "Coordination of Benefits" section for details.)

Residential care

Care in a facility where you stay overnight, except that this exclusion does not apply when the overnight stay is part of covered care in a hospital, a Skilled Nursing Facility, inpatient respite care covered in the "Hospice Care" section, a licensed facility providing crisis residential Services covered under "Inpatient psychiatric hospitalization or intensive psychiatric treatment programs" in the "Mental Health Services" section.

Routine foot care items and services

Routine foot care items and services that are not Medically Necessary.

Services not approved by the federal Food and Drug Administration

Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other Services that by law require federal Food and Drug Administration (FDA) approval in order to be sold in the U.S. but are not approved by the FDA. This exclusion does not apply to any of the following:

- Experimental or investigational Services when an investigational application has been filed with the FDA and the manufacturer or other source makes the Services available to you or L.A. Care through an FDA-authorized procedure, except that we do not cover Services that are customarily provided by research sponsors free of charge to enrollees in a clinical trial or other investigational treatment protocol
- Services covered under "Clinical Trials" in the "Plan Benefits" section

If L.A. Care denies your request for services based on the determination that the services are experimental or investigational, you may request an Independent Medical Review. For information about the Independent

Medical Review process, please refer to the “Grievance and Appeals” section of this Subscriber Agreement & Member Handbook.

Services performed by unlicensed people

Services that are performed safely and effectively by people who do not require licenses or certificates by the state to provide health care services and where the Member's condition does not require that the services be provided by a licensed health care provider. This exclusion does not apply to services provided as part of a Behavioral Health Treatment plan by a Qualified Autism Service Professional or Qualified Autism Service Paraprofessional for the treatment of pervasive developmental disorders or autism.

Services received before a member’s starting date with L.A. Care.

Services related to a noncovered Service

When a Service is not covered, all Services related to the noncovered Service are excluded, except for Services we would otherwise cover to treat complications of the noncovered Service. For example, if you have a noncovered cosmetic surgery, we would not cover Services you receive in preparation for the surgery or for follow-up care. If you later suffer a life-threatening complication such as a serious infection, this exclusion would not apply and we would cover any Services that we would otherwise cover to treat that complication.

Surrogacy

Services for anyone in connection with a surrogacy arrangement, except for otherwise-covered Services provided to a Member who is a surrogate. A surrogacy arrangement is one in which a woman (the surrogate) agrees to become pregnant and to surrender the baby to another person or persons who intend to raise the child. Please refer to "Surrogacy arrangements" under "Reductions" in this "Exclusions, Limitations, Coordination of Benefits, and Reductions" section for information about your obligations to us in connection with a surrogacy arrangement, including your obligation to reimburse us for any Services we cover.

Limitations

We will make a good faith effort to provide or arrange for covered Services within the remaining availability of facilities or personnel in the event of unusual circumstances that delay or render impractical the provision of Services under this Subscriber Agreement & Member Handbook, such as a major disaster, epidemic, war, riot, civil insurrection, disability of a large share of personnel at a participating hospital, complete or partial destruction of facilities, and labor dispute. Under these circumstances, if you have an Emergency Medical Condition, call 911 or go to the nearest hospital, as described under "Emergency Services" section.

Additional limitations that apply only to a particular benefit are listed in the description of that benefit in the "Benefits Plan" section.