



L.A. Care Health Plan is the largest publicly-operated health insurance company in the country. L.A. Care is proud to be part of Covered California, and looks forward to expanding our services to Los Angeles county residents. With strong ties to the community and safety net, the L.A. Care delivery network is composed of public and private doctors and hospitals throughout Los Angeles county. Demonstrating its longstanding commitment to provide high-quality care to all members — regardless of culture, ethnicity or language — L.A. Care produces member materials in 10 languages, provides face-to-face interpretation services in 50 languages annually, and renders telephonic interpretation services in 180 languages each year.

Bronze Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Bronze 60 HMO

\$5,000 deductible for medical & drugs

Family Deductible

\$10,000 deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$60²

Specialty Care Visit Copay

\$70

Urgent Care Visit Copay

\$120²

Generic Medication Copay

\$19

Lab Testing Copay

30%

X-Ray Copay

30%

Emergency Room Copay

\$300

High cost and infrequent services (e.g. Hospital Stay)

30% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

² First 3 visits each year are not subject to the deductible

Silver 70 Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Silver 70 HMO

\$2,000 medical deductible

\$250 brand drug deductible

Family Deductible

\$4,000 medical deductible

\$500 brand drug deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$45

Specialty Care Visit Copay

\$65

Urgent Care Visit Copay

\$90

Generic Medication Copay

\$19

Lab Testing Copay

\$45

X-Ray Copay

\$65

Emergency Room Copay

\$250

High cost and infrequent services (e.g. Hospital Stay)

20% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Gold Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Family Deductible

Preventative Care Copay¹

Primary Care Visit Copay

Specialty Care Visit Copay

Urgent Care Visit Copay

Generic Medication Copay

Lab Testing Copay

X-Ray Copay

Emergency Room Copay

High cost and infrequent services (e.g. Hospital Stay)

Preferred brand copay after Drug Deductible (if any)

Maximum Out-of-Pocket For One

Maximum Out-of-Pocket For Family

¹ in-network only

Gold 80 HMO

no deductible

no deductible

no cost at least 1 yearly visit

\$30

\$50

\$60

\$19

\$30

\$50

\$250

HMO

Outpatient Surgery - \$600

Hospital - \$600/day up to 5 days

PPO - 20%

\$50

\$6,350

\$12,700

Platinum Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Platinum 90 HMO

no deductible

Family Deductible

no deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$20

Specialty Care Visit Copay

\$40

Urgent Care Visit Copay

\$40

Generic Medication Copay

\$5

Lab Testing Copay

\$20

X-Ray Copay

\$40

Emergency Room Copay

\$150

High cost and infrequent services (e.g. Hospital Stay)

HMO

Hospital - \$250/day up to 5 days

PPO - 10%

Preferred brand copay after Drug Deductible (if any)

\$15

Maximum Out-of-Pocket For One

\$4,000

Maximum Out-of-Pocket For Family

\$8,000

¹ in-network only