



2024 Summary of Benefits

Clever Care Total+ (HMO C-SNP)

A Medicare Advantage and Prescription Drug Plan

Serving California

Los Angeles, Orange, San Bernardino, and Riverside counties

Plan Year: January 1, 2024 – December 31, 2024

TOTAL+

The benefit information provided is a summary of medical and prescription drug costs. A complete list of the services, limitations, and exclusions is found in the Evidence of Coverage (EOC) at clevercarehealthplan.com/eoc.

To join a Clever Care HMO plan, you must be:

1. entitled to Medicare Part A
2. enrolled in Medicare Part B
3. diagnosed with a qualifying chronic cardiovascular disorder and/or diabetes
4. and live in a county of our service area:
 - Los Angeles
 - Orange
 - San Bernardino
 - Riverside



Find network doctors, specialists, hospitals, and pharmacies. If you go to an out-of-network provider you will be responsible for the full cost of services.

clevercarehealthplan.com/provider



Look up medications on the Formulary (list of drugs).

clevercarehealthplan.com/formulary




If you need help understanding this information, call us at **1-833-388-8168 (TTY:711)** 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and 8 a.m. to 8 p.m., weekdays from April 1 through September 30. Or send an email to sales@clevercarehealthplan.com.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.




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A holistic plan for individuals diagnosed with cardiovascular disorders and/or diabetes; includes prescription drug cost reduction.



You will see this  if reduced cost-sharing applies.

If you are enrolled in the full Medi-Cal program, you pay nothing for medical services. If you have Medi-Cal and share of cost (SOC) the plan premium and any cost-sharing will be paid in part by Medi-Cal or a third party. You must remain enrolled in Medi-Cal for reduced cost-sharing.





Premiums, Deductibles, and Limits

Costs	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
Monthly Plan Premium (Part C & Part D)	\$0	\$15.70	 You must continue to pay your Medicare Part B premium.
Deductible	\$0	\$0	This plan has deductibles for some hospital and medical services and Part D prescription drugs.
Maximum Out-of-Pocket Responsibility (Excludes prescription drugs.)	\$0 annually	\$8,850 annually	This is the most you would pay, for the year, for covered Medicare services.

Medical & Hospital Benefits

Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
Inpatient Hospital Coverage*	\$0 copay per benefit period	The following Medicare defined amounts are for 2023 and may change for 2024. <ul style="list-style-type: none"> \$1,600 deductible per benefit period \$0 copay per day for days 1–60, per benefit period and days 91 and more \$400 copay per day for days 61–90, per benefit period 	 We will provide updated rates on our website as soon as Medicare releases them.
Outpatient Hospital Coverage* <ul style="list-style-type: none"> Outpatient hospitalization Observation services 	\$0 copay per stay \$0 copay for observation services	20% coinsurance of the Medicare-allowed amount per stay	

*Service requires a referral and/or prior authorization.




Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
Ambulatory Surgical Center (ASC) Services*	0% coinsurance per visit	20% coinsurance of the Medicare-allowed amount per visit	
Doctor Visits <ul style="list-style-type: none"> Primary care physician (PCP) Specialist* 	\$0 copay per visit \$0 copay per specialist visit	\$0 copay per visit \$0 copay per specialist visit	One wellness visit per year. The purpose of this visit is to create a personalized prevention plan based on your current health and risk factors.
Emergency Care <ul style="list-style-type: none"> Emergency room 	\$0 per visit	\$95 copay per visit	 The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Urgently Needed Services <ul style="list-style-type: none"> Urgent Care Center 	\$0 copay per visit	\$25 copay per visit	
Diagnostic Services, Labs, and Imaging* <ul style="list-style-type: none"> Lab services Diagnostic tests, procedures X-rays Diagnostic radiology services (e.g. MRIs, CT scans, PET scans, etc.) 	\$0 copay per lab service 0% coinsurance per diagnostic test or procedure, or X-ray \$0 copay per radiology service	\$0 copay per lab service 20% coinsurance of the Medicare-allowed amount per diagnostic test or procedure, or X-ray \$0 copay per radiology service	
Hearing Services* <ul style="list-style-type: none"> Medicare covered services 	\$0 copay per Medicare covered service	\$0 copay per Medicare covered service	You must use a doctor in the Nations Hearing network for routine services.
Hearing Services (routine) <ul style="list-style-type: none"> Routine hearing exam (limit 1) Hearing aid fitting and evaluation (limit 3) Hearing aids <p>This plan provides an allowance of \$600 per ear, per year for hearing aids.</p>	\$0 copay per exam \$0 copay per service \$0 copay up to the maximum plan allowance amount	\$0 copay per exam \$0 copay per service \$0 copay up to the maximum plan allowance amount	After plan-paid benefits, you are responsible for the remaining cost. Any allowance amount not used will expire December 31. A deductible applies for a one-time replacement of lost, stolen, or damaged hearing aids.

TOTAL+

*Service requires a referral and/or prior authorization.


Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
<p>Dental Services*</p> <ul style="list-style-type: none"> • Medicare covered services <p>Dental Services (PPO)*</p> <p>Preventive dental services include:</p> <ul style="list-style-type: none"> • Oral exam (limit 2) • Dental cleanings (limit 2) • Fluoride treatment (limit 1) • Bitewing X-ray (Limit 2) • Dental X-ray (limit 1) <p>Comprehensive dental services include, but not limited to:</p> <ul style="list-style-type: none"> • Fillings and repairs • Root canals • Dental crowns (Caps) • Implants • Bridges, dentures, extractions <p>This plan provides a quarterly allowance of \$575 for preventive and comprehensive services. The maximum annual benefit is \$2,300.</p>	<p>\$0 copay per Medicare covered service</p> <p>\$0 copay up to the maximum plan allowance amount</p>	<p>\$0 copay per Medicare covered service</p> <p>\$0 copay up to the maximum plan allowance amount</p>	<p>Prior authorization is required for implants, Cone Beam CT capture, restorative crowns, and fixed prosthodontics.</p> <p>There is no requirement to stay in-network. However, using a Liberty Dental provider may lower your out-of-pocket cost.</p> <p>For services obtained out-of-network, the plan pays up to the allowed amount for covered services up to the quarterly plan maximum. You may be responsible for additional cost up to the providers billed amount.</p> <p>After plan-paid benefits, you are responsible for the remaining cost.</p> <p>Any allowance amount not used by March 31, June 30, or September 30, will roll over to the next quarter, and expire December 31.</p> <p>Excludes orthodontia.</p>
<p>Vision Services*</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye • Medicare-covered glasses after cataract surgery <p>Vision Services (routine)</p> <ul style="list-style-type: none"> • Routine eye exam • Eyewear (frames, lenses, or contacts) • Upgrades <p>This plan provides an annual allowance of \$200.</p>	<p>\$0 copay per exam</p> <p>\$0 copay per item</p> <p>\$0 copay per exam \$0 copay up to the maximum plan allowance amount.</p>	<p>\$0 copay per exam</p> <p>\$0 copay per item</p> <p>\$0 copay per exam \$0 copay up to the maximum plan allowance amount.</p>	<p>You must use a doctor in the VSP Vision Care network for routine services.</p> <p>After plan-paid benefits for routine services, you are responsible for the remaining costs. If you go to an out-of-network provider, you pay the full cost.</p> <p>Any allowance amount not used will expire December 31.</p>

*Service requires a referral and/or prior authorization.

Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
<p>Mental Health Services*</p> <ul style="list-style-type: none"> Inpatient mental health care Outpatient mental health care (group or individual therapy) 	<p>\$0 per stay per benefit period</p> <p>\$0 copay per visit</p>	<p>The following Medicare defined amounts are for 2023 and may change for 2024.</p> <ul style="list-style-type: none"> \$1,600 deductible per benefit period \$0 copay per day for days 1–60, per benefit period and days 91 and more \$400 copay per day for days 61–90, per benefit period <p>\$0 copay per visit</p>	<p> We will provide updated rates on our website as soon as Medicare releases them.</p> <p>The inpatient care lifetime limit does apply to mental health services provided in a general hospital.</p>
<p>Skilled Nursing Facility (SNF)*</p>	<p>\$0 copay per stay</p>	<p>The following Medicare defined amounts are for 2023 and may change for 2024.</p> <ul style="list-style-type: none"> \$0 copay, per day, for days 1–20 of each benefit period \$200 copay, per day, for days 21–100 of each benefit period 	<p> We will provide updated rates on our website as soon as Medicare releases them</p> <p>No prior hospitalization is required.</p>
<p>Physical Therapy*</p> <ul style="list-style-type: none"> Occupational Physical and speech and language 	<p>\$0 copay per visit</p>	<p>\$0 copay per visit</p>	
<p>Ambulance</p> <ul style="list-style-type: none"> Ground transport Air transport 	<p>0% coinsurance per trip (each way)</p>	<p>20% coinsurance of the Medicare-allowed amount per trip (each way)</p>	<p></p>
<p>Transportation</p> <p>This plan provides 48 one-way non-emergency rides.</p>	<p>\$0 copay per trip</p>	<p>\$0 copay per trip</p>	<p>Rides to an approved health-related location are limited to a 25-mile radius.</p>

TOTAL+


*Service requires a referral and/or prior authorization.

Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
Medicare Part B Drugs*	0% coinsurance	0–20% coinsurance	 <p>0–20% coinsurance of the cost or the Medicare-allowed coinsurance amount, whichever is lower for chemotherapy and other Part B drugs. Prices may change on a quarterly basis, but cost sharing will not exceed 20% coinsurance.</p>

Wellness benefits included in your plan

Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
<p>Health and Wellness Flex Allowance</p> <p>This plan provides a combined quarterly allowance of \$275. The annual maximum benefit is \$1,100.</p> <p>Fitness activities include, but are not limited to:</p> <ul style="list-style-type: none"> • Golf, table tennis • Tai Chi, yoga • Gym membership <p>Over-the-Counter Items (OTC) include, but are not limited to:</p> <ul style="list-style-type: none"> • Pain medication • Cold & flu medicine • First aid supplies <p>Herbal Supplements include, but are not limited to:</p> <ul style="list-style-type: none"> • Ginseng • Bird's Nest • Tiger balm 	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p>You choose how to spend the allowance.</p> <p>Pay for services using a flex Mastercard® debit card.</p>	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p>You choose how to spend the allowance.</p> <p>Pay for services using a flex Mastercard® debit card.</p>	<p>After plan-paid benefits, you are responsible for the remaining costs.</p> <p>Any allowance amount not used by March 31, June 30, or September 30 will not rollover to the next quarter, and expire December 31.</p> <p>You can purchase OTC items online and at retail locations.</p> <p>Herbal supplements can be purchased from a network supplier or by calling Clever Care. Herbal supplements are used to treat conditions such as inflammation, anxiety, digestive system, and more.</p>

*Service requires a referral and/or prior authorization.

Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
<p>Acupuncture Services (routine)</p> <p>This plan covers unlimited in-network, routine acupuncture services up to \$2,500 every year.</p> <p>Eastern Wellness Services</p> <p>This plan offers a maximum of 24 wellness services per calendar year. Services include:</p> <ul style="list-style-type: none"> • Cupping/Moxa • Tui Na, Gua Sha • Med-X, and Reflexology 	<p>\$0 copay, per visit, up to the plan maximum amount</p> <p>\$0 copay, per visit, up to the maximum allowed visits</p>	<p>\$0 copay, per visit, up to the plan maximum amount</p> <p>\$0 copay, per visit, up to the maximum allowed visits</p>	<p>You must use a doctor in our acupuncture network.</p> <p>After plan-paid benefits, you are responsible for the remaining costs.</p> <p>Any allowance amount not used will expire December 31.</p>
<p>Health and Wellness (routine)</p> <ul style="list-style-type: none"> • Annual physical exam 	<p>\$0 copay for one visit per year</p>	<p>\$0 copay for one visit per year</p>	<p>This exam is more extensive than the annual wellness visit. It involves the doctor feeling or listening to or tapping areas of the body, in addition to bloodwork and other tests.</p>
<p>24-hour Optum® Nurseline</p> <p>Staffed by licensed nurses 24 hours a day, 365 days a year.</p>	<p>\$0 copay per call</p>	<p>\$0 copay per call</p>	<p>Use this benefit to get advice from a licensed nurse when you are not sure where to seek care or have questions about an urgent healthcare event.</p>
<p>Telehealth Visit</p> <p>Visits can take place using your phone, tablet, or computer.</p> <ul style="list-style-type: none"> • Teladoc® visit (available 24-hours a day). • Visit offered through your physician's office. 	<p>\$0 copay for a medical or mental health visit</p> <p>\$0 copay per visit</p>	<p>\$0 copay for a medical or mental health visit</p> <p>\$40 copay for a mental health visit</p> <p>\$0 copay per visit</p>	<p></p> <p>Teladoc providers can diagnose and treat non-emergent conditions and prescribe medications when necessary.</p>

*Service requires a referral and/or prior authorization.


More benefits included in your plan:

Benefits	You Pay	Important to Know
Worldwide Coverage	\$0 copay	This plan has a \$100,000 annual limit for covered emergency care, urgently needed services, and ambulance rides outside the United States and its territories.
Post-discharge Meal Assistance* Available immediately following an inpatient hospital or a skilled nursing facility stay to help with recovery.	\$0 copay for meal assistance up to 3 meals per day for 28 days; not to exceed 84 meals per year.	Not available after an outpatient surgery visit.
Personal Emergency Response System (PERS)* This plan offers a mobile device and monitoring service to connect you with a 24-hour response center.	\$0 copay per year	
Special Supplemental Benefits for the Chronically Ill (SSBCI)* If you are diagnosed with any of the following chronic condition(s) listed below and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill. <ul style="list-style-type: none"> • Cardiovascular disorders • Chronic and disabling mental health conditions • Chronic heart failure • Chronic lung disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Neurologic disorders • Stroke 	Meals for Chronic Conditions \$0 copay for meal assistance up to 3 meals per day for 14 days; not to exceed 42 meals per year for members who qualify. Groceries (healthy food) \$0 copay for eligible food items with a \$100 limit per month. Does not rollover to the following month. Telemonitoring Service \$0 copay for a device to monitor medical and other health data. In-home Safety Assessment \$0 copay for up to two assessments per year. In-home Support Services \$0 copay for services to assist with activities of daily living. Limited to 40 hours per year. Social Needs Benefits \$0 copay for companionship services by non-clinical personal caregivers. Services are limited to 24 four-hour shifts (96 total hours). Support for Caregivers \$0 copay for respite care. Limited to 40 hours per year.	The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. Services will be provided using the plan's contracted vendors.

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Rx Prescription Drug Coverage

Clever Care Total+ (HMO C-SNP)

 Your cost-sharing may differ depending on the pharmacy you choose (e.g., standard retail, out-of-network, mail-order) or whether you receive a 30- or 100-day supply. If you live in a long-term care facility (LTC), you pay the same amount as you would at a standard retail pharmacy for a 31-day supply of medication. The VBID program eliminates the cost-share amount of prescription drugs. Beneficiaries with diabetes or a cardiovascular disorder and qualify for Extra Help are eligible.

Part D prescription drug benefit and what you pay.

Stage 1: Annual Deductible	\$545 The annual deductible does not apply to Tier 6 or insulin drugs.					
Stage 2: Initial Coverage You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$5,030.	Standard retail cost-sharing (In-network)		Standard Cost-sharing (Mail Order)		Retail cost-sharing (Out-of-network)*	
	30-100 day supply with VBID	30-100 day supply	100 day Supply with VBID	100 day supply	30-day supply with VBID	30-day supply
Tier 1: Preferred Generic Drugs	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
Tier 2: Generic Drugs	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
Tier 3: Preferred Brand Drugs	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
Tier 4: Non-Preferred Drugs	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
Tier 5: Specialty Tier Drugs*	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
Tier 6: Supplemental Drugs**	\$0		\$0		\$0	
Insulin:	You will not pay more than \$35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier, even if you have not paid your deductible.					

*A long-term supply of medication is not available at out-of-network pharmacies, or at retail or mail order for select drugs on Tiers 1-6. **Tier 6 supplemental drugs include generic Viagra, prescription cough medicine, and vitamins.

Stage 3: Coverage Gap After the total yearly drug cost reaches \$5,030 you remain in this stage until the total yearly drug cost (paid by the plan and you) reaches \$8,000.	During this payment stage, when you qualify for VBID, the plan pays the full cost for your covered Part D drugs. You pay nothing.
Stage 4: Catastrophic Coverage After the total yearly drug cost reaches \$8,000 you will stay in this stage until the end of the calendar year.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

TOTAL+



Value Based Insurance Design (VBID)

Clever Care Total+ (HMO C-SNP)

Beneficiaries who qualify for VBID will receive enhanced benefits and **no-cost** prescription drug coverage.



Part D Cost-Share Reduction: Clever Care will pay the full cost of prescription drugs through the Initial Coverage Stage and the Gap for qualified Total+ (HMO C-SNP) enrollees.



Rewards & Incentives: This plan offers enrollees two reward programs that will pay you up to \$600 per year. Participation is not a requirement for enrollment; however, these programs are a great way for you to take charge of your health.



Wellness and Health Care Planning: There will be an opportunity for you to complete a Health Risk Assessment (HRA) and develop an Advanced Care Plan including an Advance Healthcare Directive (AHCD), documenting the type of care you want to receive if you cannot communicate your preferences.



Part C Rewards

Earn up to **\$300** simply by completing your Health Risk Assessment (HRA), annual cancer screenings, vaccines, and more! Each activity is assigned a different reward amount.



Part D Rewards

Participants can earn up to **\$300** a year, by showing adherence to diabetic and/or statin medications at 90% or better and participating in educational classes.



Rewards are added to your flex Mastercard® debit card and can be used for:

- Groceries
- OTC items
- Herbal supplements
- Gym membership or fitness activities



Call us, we're happy to help! 1-833-388-8168 (TTY:711)

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Eligibility for the Model Benefit or Reward and Incentive Program under the VBID Model is not assured and will be determined by the Plan after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program).



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, please call and speak to a customer service representative at 1-833-388-8168 (TTY:711), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

Understanding the benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit clevercarehealthplan.com/eoc or call 1-833-388-8168 (TTY:711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding important rules

- For plans with a monthly premium:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- For plans with a zero premium:** You do not pay a separate monthly plan premium for this plan, but you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.
- For HMO plans only:** Except in an emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- Effect on Current Coverage:** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Clever Care Health Plan, Inc. is an HMO and HMO C-SNP with a Medicare contract. Enrollment depends on contract renewal.

Our provider and pharmacy network may change at any time. We protect your privacy. Refer to the Notice of Privacy Practices: clevercarehealthplan.com/privacy. All trademarks are the sole property of their respective owners.