

# 2024

## Enrollment Guide

### Clever Care Medicare Advantage (HMO) and (HMO C-SNP) Plans

#### **Longevity (HMO) | Active (HMO) | Value (HMO)**

Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties

#### **Total+ (HMO C-SNP)**

Los Angeles, Orange, San Bernardino and Riverside counties

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

If you have questions about our plan and the benefits offered in this book, please call us at **(833) 388-8168 (TTY: 711)**. Our Member Services team is available to assist you in your spoken language.

#### **October 1 – March 31**

8 a.m. to 8 p.m., 7 days a week.

#### **April 1 – September 30**

8 a.m. to 8 p.m., Monday through Friday.

Visit our website at [clevercarehealthplan.com](https://clevercarehealthplan.com)

# Delivering a culturally-sensitive healthcare solution

Clever Care Health Plan, a leading Medicare Advantage plan provider in Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties, provides whole-health Medicare solutions focused on complete wellness.

Our East meets West approach to care honors your traditions, values, and cultural health needs. Language should never be a barrier to quality care. With leadership experience in the healthcare industry and comprehensive in-language services, we put the power of your voice into your healthcare decisions.

Clever Care is proud to offer four HMO plans, including a chronic special needs plan (C-SNP) for people with diabetes or a cardiovascular disorder. You may qualify for extra benefits if you meet the criteria for our HMO C-SNP.

This book will give all the information you need to learn about Clever Care's Medicare Advantage plans and guide you through how to enroll. We look forward to welcoming you to the Clever Care family.



**Richard Greene**  
President



**Martina Lee Strickland**  
Chief Growth Officer

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## What's Inside

### Medicare basics

### About Clever Care

### We have you covered

### Clever Care Plan Overview

### Summary of Benefits

- Clever Care Longevity (HMO)
- Clever Care Active (HMO)
- Clever Care Value (HMO)
- Clever Care Total+ (HMO C-SNP)

### For You to Know

- Prescription Drugs
- Star Ratings
- Extra Help Premium Table
- NDN
- MLI

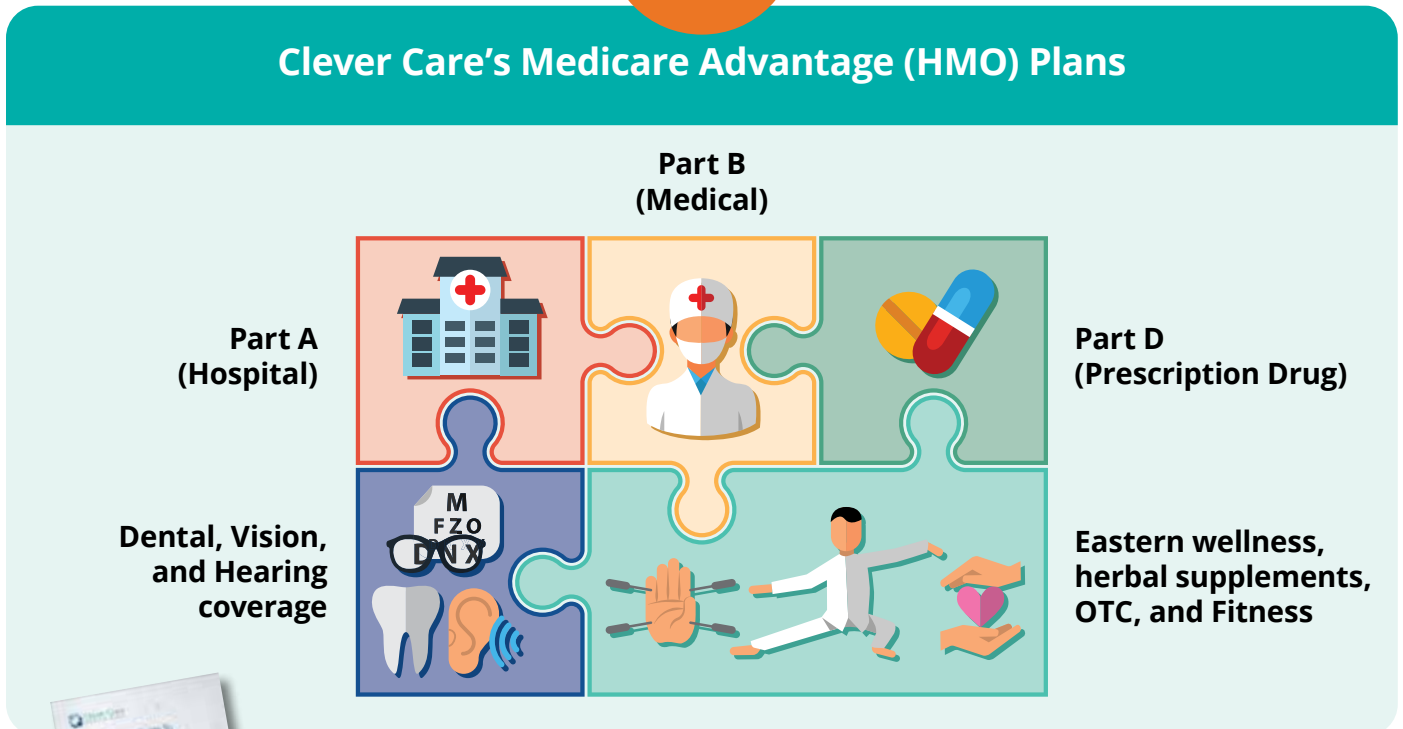
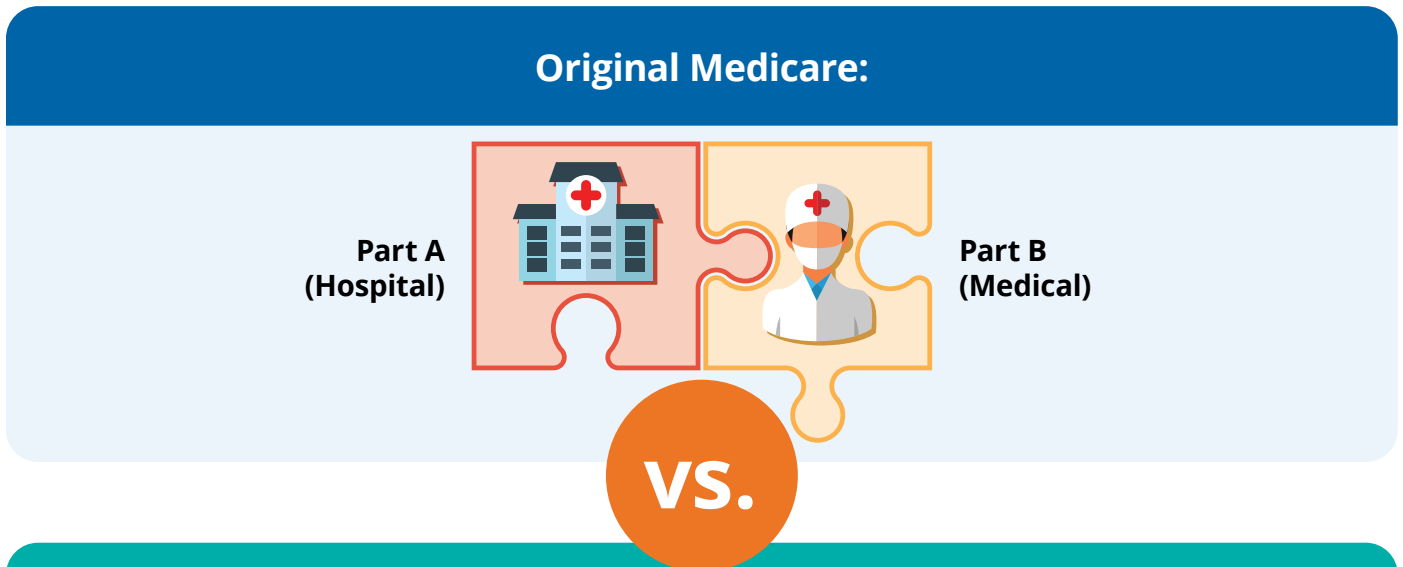
### Enrollment

- Steps to enroll
- Scope of appointment (for your agent or broker)
- Enrollment Form
- Verification of chronic condition (for your provider)

# Medicare Basics

There are two parts to **Original Medicare**, Part A (Hospital) and Part B (Medical). A **Medicare Advantage Plan** is also called Part C and combines all of the benefits of Original Medicare, plus extras like dental, vision, hearing, over-the-counter drugs and fitness, and in some cases Part D (Prescription Drugs).

A **Health Maintenance Organization (HMO)** is type of Medicare Advantage plan, known as a “managed care” plan. With an HMO, you choose a primary care physician (PCP) from a network of approved providers. All healthcare services, including referrals, are managed by your PCP. An HMO offers affordable, high-quality care with reduced premiums, fixed out-of-pocket copays or coinsurance amounts, and the safety net of an out-of-pocket maximum.



Learn more about Clever Care health plans! Download our [Clever Guide to Medicare](#) at [clevercarehealthplan.com/clever-guides](http://clevercarehealthplan.com/clever-guides)

# About Clever Care

With over 15,000 providers, 60+ leading hospitals, and 2,000+ bilingual physicians and Eastern wellness specialists, Clever Care plans go beyond Original Medicare to provide a unique and affordable complete healthcare and wellness experience.

## Clever Care HMO plans are the right choice for you if you want:

- Predictable costs (\$0 deductible and \$0 PCP copay)
- Trusted providers and hospitals in your community
- Convenience of a PCP managing your care
- Maximum out-of-pocket protection
- Prescription drug coverage
- Eastern wellness treatments (such as acupuncture, gua sha, cupping)
- Dental, vision, and hearing coverage
- In-language support from your health plan

## Health + Culture

In addition to benefits like prescription drugs, dental, vision, and hearing, Clever Care offers an array of culturally focused benefits, including:



- Access to 600+ acupuncturists, with **no referrals required**
- 200+ herbal supplement products including red ginseng, white flower oil and bird's nest
- Eastern wellness visits such as cupping, moxa, tui na, gua sha, and reflexology
- Fitness benefits that include gym memberships and activities like golf, tai chi, and yoga

## Bringing the traditions of health and community together

We don't just acknowledge the communities we service; we actively participate in them. Clever Care has three community centers in Los Angeles, Monterey Park, and Westminster that provided free in-language resources for Vietnamese-speaking, Korean-speaking, and Chinese-speaking communities through programs such as:



- Medicare Basics
- Medicare 101
- Doctor seminars
- Meditation, breathing, and fitness activities
- Healthy living courses

# We have you covered

## Clever Care Medicare Advantage plans offer:

- Prescription drug coverage
- Allowance for herbal supplements
- Allowance for over-the-counter (OTC) items

## It's easy to explore our covered products



Call our Member Services team toll free at (833)-388-8168 (TTY: 711). Our representatives are here to help in your spoken language.



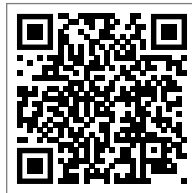
For fast and up-to-date information, visit our website for drug lists and participating pharmacies



Scan the QR codes below for our OTC and herbal supplement catalogs

## Prescription Drugs

### Drug Formulary:



[clevercarehealthplan.com/formulary](https://clevercarehealthplan.com/formulary)

### Participating Pharmacies:



[clevercarehealthplan.com/pharmacy](https://clevercarehealthplan.com/pharmacy)

## OTC and Herbal Supplement



**Do you prefer to shop in stores?** Contact Member Services or ask your broker about even more participating retail stores.

## Clever Care Plan Overview

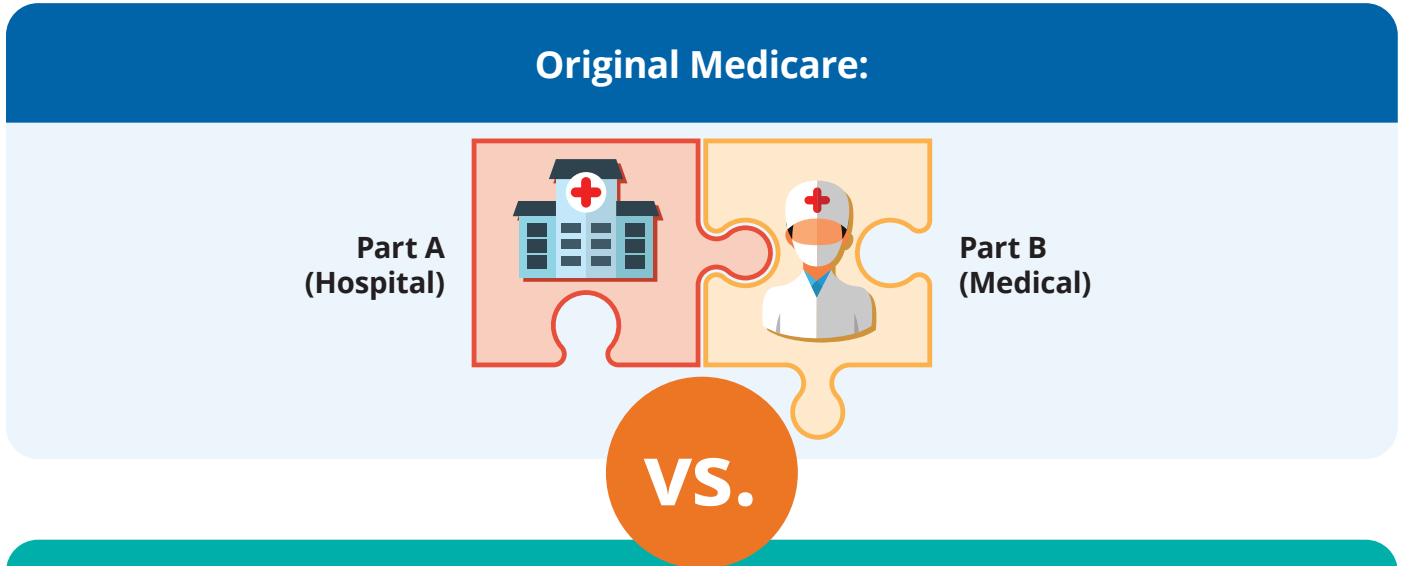
	Longevity (HMO)	Active (HMO)	Value (HMO)	Total+ (HMO C-SNP)
Monthly premium	\$0	\$0, plus a \$50 Part B premium reduction	\$0, plus a \$130 Part B premium reduction	\$15.70, or as low as \$0 if full dual
Out of pocket max	\$1,700	\$2,500	\$2,900	\$8,850, or as low as \$0 if full dual
PCP Visits	\$0	\$0	\$0	\$0
Specialist Visits	\$0	\$5	\$10	\$0
Dental	\$2,400 maximum (paid in quarterly installments with rollover)	\$1,200 maximum (paid in quarterly installments with rollover)	\$800 maximum (paid in quarterly installments with rollover)	\$2,300 maximum (paid in quarterly installments with rollover)
Acupuncture	\$2,500 maximum	\$1,500 maximum	\$1,200 maximum	\$2,500 maximum
Eastern Medicine	24 Visits	18 Visits	12 Visits	24 Visits
Flex Benefit	\$275 per quarter, no rollover OTC + Herbal Supplements + Fitness	\$250 Fitness; \$75 OTC + Herbal Supplements per quarter, no rollover	\$100 per quarter, no rollover OTC + Herbal Supplements + Fitness	\$275 per quarter, no rollover OTC + Herbal Supplements + Fitness
Urgent Care	\$0	\$0	\$0	\$25
Choose this option for	Extensive coverage including rich supplemental and Eastern medicine benefits for a \$0 monthly premium and <b>low out-of-pocket costs</b> for services.	A <b>wellness-focused</b> plan with dependable coverage, a rich fitness allowance, and a maximum \$600 Part B premium reduction.	Dependable coverage with a maximum <b>\$1,560 Part B premium</b> reduction that puts money back in your pocket.	A holistic plan for people with certain chronic conditions. It also includes a cost-reduction for prescription drugs. If <b>dual-eligible</b> there is a \$0 plan premium and lower Share of Cost on some benefits.

This plan comparison is a high-level overview for your convenience. For information on these and other benefits, please reference the Summary of Benefits or ask your broker.

# Medicare Basics

There are two parts to **Original Medicare**, Part A (Hospital) and Part B (Medical). A **Medicare Advantage Plan** is also called Part C and combines all of the benefits of Original Medicare, plus extras like dental, vision, hearing, over-the-counter drugs and fitness, and in some cases Part D (Prescription Drugs).

A **Health Maintenance Organization (HMO)** is type of Medicare Advantage plan, known as a “managed care” plan. With an HMO, you choose a primary care physician (PCP) from a network of approved providers. All healthcare services, including referrals, are managed by your PCP. An HMO offers affordable, high-quality care with reduced premiums, fixed out-of-pocket copays or coinsurance amounts, and the safety net of an out-of-pocket maximum.



Learn more about Clever Care health plans! Download our **Clever Guide to Medicare** at [clevercarehealthplan.com/clever-guides](http://clevercarehealthplan.com/clever-guides)



**2024**  
Summary of Benefits

## **Clever Care Longevity (HMO)**

**A Medicare Advantage and Prescription Drug Plan**

### **Serving California**

Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties

**Plan Year: January 1, 2024 - December 31, 2024**



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](https://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. and live in a county of our service area:
  - Los Angeles
  - Orange
  - San Bernardino
  - Riverside
  - San Diego



**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](https://clevercarehealthplan.com/provider)



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

[clevercarehealthplan.com/formulary](https://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](mailto: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.



# 2024 Summary of Benefits

**Clever Care Longevity (HMO)** | Our flagship plan with comprehensive benefits.

## Premiums, Deductibles, and Limits

Costs	You Pay	Important to Know
<b>Monthly Plan Premium</b> (Part C & Part D)	\$0	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	\$0	
<b>Maximum Out-of-Pocket Responsibility</b> (Excludes prescription drugs.)	\$1,700 annually	This is the most you would pay, for the year, for covered Medicare services.

LONGEVITY

## Medical & Hospital Benefits

Benefits	You Pay	Important to Know
<b>Inpatient Hospital Coverage*</b>	\$0 copay per benefit period	Covered for unlimited days.
<b>Outpatient Hospital Coverage*</b> <ul style="list-style-type: none"> <li>Outpatient hospitalization</li> <li>Observation services</li> </ul>	\$0 copay per stay \$0 copay for observation services	
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$0 copay per stay	
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary care physician (PCP)</li> <li>Specialist*</li> </ul>	\$0 copay per visit \$0 copay per specialist visit	
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Welcome to Medicare visit or Annual wellness visit and all other preventive care services covered by Medicare</li> </ul>	\$0 copay per Medicare-covered 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.
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Emergency room</li> </ul>	\$75 copay per visit	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> </ul>	\$0 copay per visit	
<b>Diagnostic Services, Labs, and Imaging*</b> <ul style="list-style-type: none"> <li>Lab services</li> <li>Diagnostic tests, procedures</li> <li>X-rays</li> <li>Diagnostic radiology services (e.g. MRIs, CT scans, PET scans, etc.)</li> </ul>	\$0 copay per service	

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Hearing Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Hearing Services (routine)</b></p> <ul style="list-style-type: none"> <li>• Routine hearing exam (limit 1)</li> <li>• Hearing aid fitting and evaluation (limit 3)</li> <li>• Hearing aids</li> </ul> <p>This plan provides an <b>allowance of \$600</b> per ear, per year for hearing aids.</p>	<p>\$0 copay per Medicare covered service</p> <p>\$0 copay per exam \$0 copay per service</p> <p>\$0 copay up to the maximum plan allowance amount</p>	<p>You must use a doctor in the Nations Hearing network for routine services.</p> <p>After plan-paid benefits, you are responsible for the remaining cost.</p> <p>Any allowance amount not used will expire December 31.</p> <p>A deductible applies for a one-time replacement of lost, stolen, or damaged hearing aids.</p>
<p><b>Dental Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Dental Services (PPO)*</b></p> <p><b>Preventive dental services include:</b></p> <ul style="list-style-type: none"> <li>• Oral exam (limit 2)</li> <li>• Dental cleanings (limit 2)</li> <li>• Fluoride treatment (limit 1)</li> <li>• Bitewing X-ray (Limit 2)</li> <li>• Dental X-ray (limit 1)</li> </ul> <p><b>Comprehensive dental services include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Fillings and repairs</li> <li>• Root canals</li> <li>• Dental crowns (Caps)</li> <li>• Implants</li> <li>• Bridges, dentures, extractions</li> </ul> <p>This plan provides a <b>quarterly allowance of \$600</b> for preventive and comprehensive services. The maximum annual benefit is \$2,400.</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>

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Vision Services*</b></p> <ul style="list-style-type: none"> <li>Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye</li> <li>Medicare-covered glasses after cataract surgery</li> </ul> <p><b>Vision Services (routine)</b></p> <ul style="list-style-type: none"> <li>Routine eye exam</li> <li>Eyewear (frames, lenses, or contacts)</li> <li>Upgrades</li> </ul> <p>This plan provides an <b>annual allowance of \$200</b> for eyewear.</p>	<p>\$0 copay per exam</p> <p>\$0 copay per item</p> <p>\$0 copay per exam</p> <p>\$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>
<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care (group or individual therapy)</li> </ul>	<p>\$150 copay per day for days 1–7; \$0 copay per day for days 8–90, per benefit period</p> <p>\$40 copay per visit</p>	<p>The inpatient care lifetime limit does apply to mental health services provided in a general hospital.</p>
<p><b>Skilled Nursing Facility (SNF)*</b></p>	<p>\$0 copay per day for days 1–20; \$75 copay per day for days 21–100, per benefit period</p>	<p>No prior hospitalization is required.</p>
<p><b>Physical Therapy*</b></p> <ul style="list-style-type: none"> <li>Occupational</li> <li>Physical and speech and language</li> </ul>	<p>\$0 copay per visit</p>	
<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>Ground transport</li> <li>Air transport</li> </ul>	<p>\$40 copay per trip (each way)</p> <p>20% coinsurance</p>	
<p><b>Transportation</b></p> <p>This plan provides <b>24 one-way</b> non-emergency rides.</p>	<p>\$0 copay per trip</p>	<p>Rides to an approved health-related location are limited to a 25-mile radius.</p>
<p><b>Medicare Part B Drugs*</b></p>	<p>0–20% coinsurance</p>	<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>

\*Service requires a referral and/or prior authorization.

## Wellness benefits included in your plan

Benefits	You Pay	Important to Know
<p><b>Health and Wellness Flex Allowance</b></p> <p>This plan provides a <b>combined quarterly allowance of \$275</b>. The annual maximum benefit is \$1,100.</p> <p><b>Fitness activities</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Golf, table tennis</li> <li>• Tai Chi, yoga</li> <li>• Gym membership</li> </ul> <p><b>Over-the-Counter Items (OTC)</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Cold &amp; flu medicine</li> <li>• First aid supplies</li> </ul> <p><b>Herbal Supplements</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Ginseng</li> <li>• Bird's Nest</li> <li>• Tiger balm</li> </ul>	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p><b>You choose</b> 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>
<p><b>Acupuncture Services (routine)</b></p> <p>This plan covers unlimited in-network, routine acupuncture services up to <b>\$2,500 every year</b>.</p> <p><b>Eastern Wellness Services</b></p> <p>This plan offers a maximum of <b>24</b> wellness services per calendar year. Services include:</p> <ul style="list-style-type: none"> <li>• Cupping/Moxa</li> <li>• Tui Na, Gua Sha</li> <li>• Med-X, and Reflexology</li> </ul>	<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><b>Health and Wellness (routine)</b></p> <ul style="list-style-type: none"> <li>• Annual physical exam</li> </ul>	<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>

Benefits	You Pay	Important to Know
<b>24-hour Optum® Nurseline</b> Staffed by licensed nurses 24 hours a day, 365 days a year.	\$0 copay per call	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.
<b>Telehealth Visit</b> Visits can take place using your phone, tablet, or computer. <ul style="list-style-type: none"> <li>• Teladoc® visit (available 24-hours a day).</li> <li>• Visit offered through your physician's office.</li> </ul>	\$0 copay for a medical visit \$40 copay for a mental health visit  \$0 copay per visit	Teladoc providers can diagnose and treat non-emergent conditions and prescribe medications when necessary.

### More benefits included in your plan:

Benefits	You Pay	Important to Know
<b>Worldwide Coverage</b>	\$0 copay	This plan has a \$75,000 annual limit for covered emergency care, urgently needed services, and ambulance rides outside the United States and its territories.
<b>Post-discharge Meal Assistance*</b> 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.
<b>Personal Emergency Response System (PERS)*</b> This plan offers a mobile device and monitoring service to connect you with a 24-hour response center.	\$0 copay per year	

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)*</b></p> <p>If you are diagnosed with any of the chronic condition(s) listed below and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill.</p> <ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic heart failure</li> <li>• Chronic lung disorders</li> <li>• Dementia</li> <li>• Diabetes</li> <li>• End-stage liver disease</li> <li>• End-stage renal disease</li> <li>• HIV/AIDS</li> <li>• Neurologic disorders</li> <li>• Stroke</li> </ul>	<p><b>Meals for Chronic Conditions</b> \$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.</p> <p><b>Groceries (healthy food)</b> \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p><b>Telemonitoring Service</b> \$0 copay for a device to monitor medical and other health data.</p> <p><b>In-home Safety Assessment</b> \$0 copay for up to two assessments per year.</p> <p><b>In-home Support Services</b> \$0 copay for services to assist with activities of daily living. Limited to 40 hours per year.</p> <p><b>Social Needs Benefits</b> \$0 copay for companionship services by non-clinical personal caregivers. Services are limited to 24 four-hour shifts (96 total hours).</p> <p><b>Support for Caregivers</b> \$0 copay for respite care. Limited to 40 hours per year.</p>	<p>The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.</p> <p>Services will be provided using the plan's contracted vendors.</p>

\*Service requires a referral and/or prior authorization.

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.

Part D prescription drug benefit and what you pay.				
<b>Stage 1: Annual Deductible</b>	<b>\$0</b> This stage does not apply because there is no deductible.			
<b>Stage 2: Initial Coverage</b> 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-day supply	100-day supply	100-day supply	30-day supply
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$35 copay	\$105 copay	\$70 copay	\$35 copay
<b>Tier 4: Non-Preferred Drugs</b>	\$99 copay	\$297 copay	\$198 copay	\$99 copay
<b>Tier 5: Specialty Tier Drugs*</b>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>Tier 6: Supplemental Drugs**</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Insulin:</b>	You will not pay more than \$35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.			

\*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.

<b>Stage 3: Coverage Gap</b> 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 stage you pay: <ul style="list-style-type: none"> <li>• \$0 copay for a 30-day supply of Tier 1 and Tier 2 drugs.</li> <li>• \$35 copay for a 30-day supply of select Tier 3 drugs.</li> <li>• 25% of the price for Tier 4 and Tier 5 drugs (plus a portion of the dispensing fee).</li> </ul>
<b>Stage 4: Catastrophic Coverage</b> 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.





# 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](https://clevercarehealthplan.com/eoc) or call 1-833-388-8168 (TTY:711) to view a copy of the EOC.
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- 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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# 2024 Summary of Benefits

## **Clever Care Active (HMO)**

**A Medicare Advantage and Prescription Drug Plan**

### **Serving California**

Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties

**Plan Year: January 1, 2024 - December 31, 2024**

ACTIVE

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](https://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. and live in a county of our service area:
  - Los Angeles
  - Orange
  - San Bernardino
  - Riverside
  - San Diego

ACTIVE



**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.

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

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# 2024 Summary of Benefits

**Clever Care Active (HMO)** | A wellness-focused plan with a Part B buydown.

## Premiums, Deductibles, and Limits

Costs	You Pay	Important to Know
<b>Monthly Plan Premium</b> (Part C & Part D)	\$0	You must continue to pay your Medicare Part B premium.
<b>Part B Premium Reduction</b>	The difference between the \$50 paid by the plan and the Part B premium amount.	This is not a reimbursement. You must pay the reduced Part B premium amount.  If your Part B premium comes out of your Social Security check, the reduced amount will be reflected in your monthly check.
<b>Deductible</b>	\$0	
<b>Maximum Out-of-Pocket Responsibility</b> (Excludes prescription drugs.)	\$2,500 annually	This is the most you would pay, for the year, for covered Medicare services.

## Medical & Hospital Benefits

Benefits	You Pay	Important to Know
<b>Inpatient Hospital Coverage*</b>	\$100 copay per day, for days 1-5; \$0 copay per day, for days 6-90, per benefit period	
<b>Outpatient Hospital Coverage*</b> <ul style="list-style-type: none"> <li>Outpatient hospitalization</li> <li>Observation services</li> </ul>	\$0 copay per stay \$0 copay for observation services	
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$0 copay per stay	
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary care physician (PCP)</li> <li>Specialist*</li> </ul>	\$0 copay per visit \$5 copay per specialist visit	
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Welcome to Medicare visit or Annual wellness visit and all other preventive care services covered by Medicare</li> </ul>	\$0 copay per Medicare-covered 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.
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Emergency room</li> </ul>	\$75 copay per visit	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> </ul>	\$0 copay per visit	

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Diagnostic Services, Labs, and Imaging*</b></p> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests, procedures</li> <li>• X-rays</li> <li>• Diagnostic radiology services (e.g. MRIs, CT scans, PET scans, etc.)</li> </ul>	<p>\$0 copay per service            \$0 copay per service            \$0 copay per service            \$50 copay per diagnostic radiology or \$0 copay for basic radiology service</p>	
<p><b>Hearing Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Hearing Services (routine)</b></p> <ul style="list-style-type: none"> <li>• Routine hearing exam (limit 1)</li> <li>• Hearing aid fitting and evaluation (limit 3)</li> <li>• Hearing aids</li> </ul> <p>This plan provides an <b>allowance of \$600</b> per ear, per year for hearing aids.</p>	<p>\$0 copay per Medicare covered service</p> <p>\$0 copay per exam            \$0 copay per service</p> <p>\$0 copay up to the maximum plan allowance amount</p>	<p>You must use a doctor in the Nations Hearing network for routine services.</p> <p>After plan-paid benefits, you are responsible for the remaining cost.</p> <p>Any allowance amount not used will expire December 31.</p> <p>A deductible applies for a one-time replacement of lost, stolen, or damaged hearing aids.</p>
<p><b>Dental Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Dental Services (PPO)*</b></p> <p><b>Preventive dental services include:</b></p> <ul style="list-style-type: none"> <li>• Oral exam (limit 2)</li> <li>• Dental cleanings (limit 2)</li> <li>• Fluoride treatment (limit 1)</li> <li>• Bitewing X-ray (Limit 2)</li> <li>• Dental X-ray (limit 1)</li> </ul> <p><b>Comprehensive dental services include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Fillings and repairs</li> <li>• Root canals</li> <li>• Dental crowns (Caps)</li> <li>• Implants</li> <li>• Bridges, dentures, extractions</li> </ul> <p>This plan provides a <b>quarterly allowance of \$300</b> for preventive and comprehensive services. The maximum annual benefit is \$1,200.</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>

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Vision Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye</li> <li>• Medicare-covered glasses after cataract surgery</li> </ul> <p><b>Vision Services (routine)</b></p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Eyewear (frames, lenses, or contacts)</li> <li>• Upgrades</li> </ul> <p>This plan provides an <b>annual allowance of \$200</b> for eyewear.</p>	<p>\$0 copay per exam</p> <p>\$0 copay per item</p> <p>\$0 copay per exam</p> <p>\$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>
<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health care</li> <li>• Outpatient mental health care (group or individual therapy)</li> </ul>	<p>\$175 copay per day for days 1–7; \$0 copay per day for days 8–90, per benefit period</p> <p>\$40 copay per visit</p>	<p>The inpatient care lifetime limit does apply to mental health services provided in a general hospital.</p>
<p><b>Skilled Nursing Facility (SNF)*</b></p>	<p>\$0 copay per day for days 1–20; \$180 copay per day for days 21–100, per benefit period</p>	<p>No prior hospitalization is required.</p>
<p><b>Physical Therapy*</b></p> <ul style="list-style-type: none"> <li>• Occupational</li> <li>• Physical and speech and language</li> </ul>	<p>\$0 copay per visit</p>	
<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>• Ground transport</li> <li>• Air transport</li> </ul>	<p>\$75 copay per trip (each way)</p> <p>20% coinsurance</p>	
<p><b>Transportation</b></p> <p>This plan provides <b>16 one-way</b> non-emergency rides.</p>	<p>\$0 copay per trip</p>	<p>Rides to an approved health-related location are limited to a 25-mile radius.</p>
<p><b>Medicare Part B Drugs*</b></p>	<p>0–20% coinsurance</p>	<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>

\*Service requires a referral and/or prior authorization.

## Wellness benefits included in your plan

Benefits	You Pay	Important to Know
<p><b>Fitness Flex Allowance</b></p> <p>This plan provides a <b>quarterly allowance of \$250</b>. The maximum annual benefit is \$1,000.</p> <p><b>Fitness activities</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Golf, table tennis</li> <li>• Tai Chi, yoga</li> <li>• Gym membership</li> </ul>	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p><b>You choose</b> 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><b>OTC &amp; Herbal Supplemental Flex Allowance</b></p> <p>This plan provides a <b>combined quarterly allowance of \$75</b>. The annual maximum benefit is \$300</p> <p><b>Over-the-Counter items (OTC)</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Cold &amp; flu medicine</li> <li>• First aid supplies</li> </ul> <p><b>Herbal Supplements</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Ginseng</li> <li>• Bird's Nest</li> <li>• Tiger balm</li> </ul>	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p><b>You choose</b> 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>
<p><b>Acupuncture Services (routine)</b></p> <p>This plan covers unlimited in-network, routine acupuncture services up to <b>\$1,500 every year</b>.</p> <p><b>Eastern Wellness Services</b></p> <p>This plan offers a maximum of <b>18</b> wellness services per calendar year. Services include:</p> <ul style="list-style-type: none"> <li>• Cupping/Moxa</li> <li>• Tui Na, Gua Sha</li> <li>• Med-X, and Reflexology</li> </ul>	<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>

Benefits	You Pay	Important to Know
<b>Health and Wellness (routine)</b> <ul style="list-style-type: none"> <li>Annual physical exam</li> </ul>	\$0 copay for one visit per year	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.
<b>24-hour Optum® Nurseline</b> Staffed by licensed nurses 24 hours a day, 365 days a year.	\$0 copay per call	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.
<b>Telehealth Visit</b> Visits can take place using your phone, tablet, or computer. <ul style="list-style-type: none"> <li>Teladoc® visit (available 24-hours a day).</li> <li>Visit offered through your physician's office.</li> </ul>	\$0 copay for a medical visit 20% coinsurance for a mental health visit \$0 copay per visit	Teladoc providers can diagnose and treat non-emergent conditions and prescribe medications when necessary.

### More benefits included in your plan:

Benefits	You Pay	Important to Know
<b>Worldwide Coverage</b>	\$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.
<b>Post-discharge Meal Assistance*</b> 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.
<b>Personal Emergency Response System (PERS)*</b> This plan offers a mobile device and monitoring service to connect you with a 24-hour response center.	\$0 copay per year	

\*Service requires a referral and/or prior authorization.



Benefits	You Pay	Important to Know
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)*</b></p> <p>If you are diagnosed with any of the chronic condition(s) listed below and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill.</p> <ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic heart failure</li> <li>• Chronic lung disorders</li> <li>• Dementia</li> <li>• Diabetes</li> <li>• End-stage liver disease</li> <li>• End-stage renal disease</li> <li>• HIV/AIDS</li> <li>• Neurologic disorders</li> <li>• Stroke</li> </ul>	<p><b>Meals for Chronic Conditions</b> \$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.</p> <p><b>Groceries (healthy food)</b> \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p><b>Telemonitoring Service</b> \$0 copay for a device to monitor medical and other health data.</p> <p><b>In-home Safety Assessment</b> \$0 copay for up to two assessments per year.</p> <p><b>In-home Support Services</b> \$0 copay for services to assist with activities of daily living. Limited to 40 hours per year.</p> <p><b>Social Needs Benefits</b> \$0 copay for companionship services by non-clinical personal caregivers. Services are limited to 24 four-hour shifts (96 total hours).</p> <p><b>Support for Caregivers</b> \$0 copay for respite care. Limited to 40 hours per year.</p>	<p>The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.</p> <p>Services will be provided using the plan's contracted vendors.</p>

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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.

**Part D prescription drug benefit and what you pay.**

<b>Stage 1: Annual Deductible</b>	<b>\$0</b> This stage does not apply because there is no deductible.			
<b>Stage 2: Initial Coverage</b> You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$5,030.	<b>Standard retail cost-sharing (In-network)</b>		<b>Standard Cost-sharing (Mail Order)</b>	<b>Retail cost-sharing (Out-of-network)*</b>
	<b>30-day supply</b>	<b>100-day supply</b>	<b>100-day supply</b>	<b>30-day supply</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay	\$94 copay	\$47 copay
<b>Tier 4: Non-Preferred Drugs</b>	\$99 copay	\$297 copay	\$198 copay	\$99 copay
<b>Tier 5: Specialty Tier Drugs*</b>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>Tier 6: Supplemental Drugs**</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Insulin:</b>	You will not pay more than \$35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.			

ACTIVE

\*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.

<b>Stage 3: Coverage Gap</b> 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.	<p>During this stage you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay for a 30-day supply of Tier 1 and Tier 2 drugs.</li> <li>• \$47 copay for a 30-day supply of select Tier 3 drugs.</li> <li>• 25% of the price for Tier 4 and Tier 5 drugs (plus a portion of the dispensing fee).</li> </ul>
<b>Stage 4: Catastrophic Coverage</b> 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.



# 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](https://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.
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- 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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# 2024 Summary of Benefits

## **Clever Care Value (HMO)**

**A Medicare Advantage and Prescription Drug Plan**

### **Serving California**

Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties

**Plan Year: January 1, 2024 - December 31, 2024**

VALUE

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](https://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. and live in a county of our service area:
  - Los Angeles
  - Orange
  - San Bernardino
  - Riverside
  - San Diego



**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](https://clevercarehealthplan.com/provider)



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

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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.



# 2024 Summary of Benefits

**Clever Care Value (HMO)** | An essential plan with a \$130 Part B premium buydown.

## Premiums, Deductibles, and Limits

Costs	You Pay	Important to Know
<b>Monthly Plan Premium</b> (Part C & Part D)	\$0	You must continue to pay your Medicare Part B premium.
<b>Part B Premium Reduction</b>	The difference between the \$130 paid by the plan and the Part B premium amount.	This is not a reimbursement. You must pay the reduced Part B premium amount.  If your Part B premium comes out of your Social Security check, the reduced amount will be reflected in your monthly check.
<b>Deductible</b>	\$0	
<b>Maximum Out-of-Pocket Responsibility</b> (Excludes prescription drugs.)	\$2,900 annually	This is the most you would pay, for the year, for covered Medicare services.

## Medical & Hospital Benefits

Benefits	You Pay	Important to Know
<b>Inpatient Hospital Coverage*</b>	\$120 copay per day, for days 1-5; \$0 copay per day, for days 6-90, per benefit period	
<b>Outpatient Hospital Coverage*</b> <ul style="list-style-type: none"> <li>Outpatient hospitalization</li> <li>Observation services</li> </ul>	\$0 copay per stay \$0 copay for observation services	
<b>Ambulatory Surgical Center (ASC) Services*</b>	\$0 copay per stay	
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary care physician (PCP)</li> <li>Specialist*</li> </ul>	\$0 copay per visit \$10 copay per specialist visit	
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Welcome to Medicare visit or Annual wellness visit and all other preventive care services covered by Medicare</li> </ul>	\$0 copay per Medicare-covered 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.
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Emergency room</li> </ul>	\$110 copay per visit	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> </ul>	\$0 copay per visit	

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Diagnostic Services, Labs, and Imaging*</b></p> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests, procedures</li> <li>• X-rays</li> <li>• Diagnostic radiology services (e.g. MRIs, CT scans, PET scans, etc.)</li> </ul>	<p>\$0 copay per service            \$0 copay per service            \$0 copay per service            \$75 copay per diagnostic radiology or \$0 copay for basic radiology service</p>	
<p><b>Hearing Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Hearing Services (routine)</b></p> <ul style="list-style-type: none"> <li>• Routine hearing exam (limit 1)</li> <li>• Hearing aid fitting and evaluation (limit 3)</li> <li>• Hearing aids</li> </ul> <p>This plan provides an <b>allowance of \$600</b> per ear, per year for hearing aids.</p>	<p>\$0 copay per Medicare covered service</p> <p>\$0 copay per exam            \$0 copay per service</p> <p>\$0 copay up to the maximum plan allowance amount</p>	<p>You must use a doctor in the Nations Hearing network for routine services.</p> <p>After plan-paid benefits, you are responsible for the remaining cost.</p> <p>Any allowance amount not used will expire December 31.</p> <p>A deductible applies for a one-time replacement of lost, stolen, or damaged hearing aids.</p>
<p><b>Dental Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Dental Services (PPO)*</b></p> <p><b>Preventive dental services include:</b></p> <ul style="list-style-type: none"> <li>• Oral exam (limit 2)</li> <li>• Dental cleanings (limit 2)</li> <li>• Fluoride treatment (limit 1)</li> <li>• Bitewing X-ray (Limit 2)</li> <li>• Dental X-ray (limit 1)</li> </ul> <p><b>Comprehensive dental services include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Fillings and repairs</li> <li>• Root canals</li> <li>• Dental crowns (Caps)</li> <li>• Implants</li> <li>• Bridges, dentures, extractions</li> </ul> <p>This plan provides a <b>quarterly allowance of \$200</b> for preventive and comprehensive services. The maximum annual benefit is \$800.</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>

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Vision Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye</li> <li>• Medicare-covered glasses after cataract surgery</li> </ul> <p><b>Vision Services (routine)</b></p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Eyewear (frames, lenses, or contacts)</li> <li>• Upgrades</li> </ul> <p>This plan provides an <b>annual allowance of \$200</b> for eyewear.</p>	<p>\$0 copay per exam</p> <p>\$0 copay per item</p> <p>\$0 copay per exam</p> <p>\$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>
<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health care</li> <li>• Outpatient mental health care (group or individual therapy)</li> </ul>	<p>\$175 copay per day for days 1–7; \$0 copay per day for days 8–90, per benefit period</p> <p>\$40 copay per visit</p>	<p>The inpatient care lifetime limit does apply to mental health services provided in a general hospital.</p>
<p><b>Skilled Nursing Facility (SNF)*</b></p>	<p>\$0 copay per day for days 1–20 ; \$188 copay per day for days 21–100, per benefit period</p>	<p>No prior hospitalization is required.</p>
<p><b>Physical Therapy*</b></p> <ul style="list-style-type: none"> <li>• Occupational</li> <li>• Physical and speech and language</li> </ul>	<p>\$5 copay per visit</p>	
<p><b>Ambulance</b></p> <ul style="list-style-type: none"> <li>• Ground transport</li> <li>• Air transport</li> </ul>	<p>\$150 copay per trip (each way)</p> <p>20% coinsurance</p>	
<p><b>Transportation</b></p> <p>This plan provides <b>16 one-way</b> non-emergency rides.</p>	<p>\$0 copay per trip</p>	<p>Rides to an approved health-related location are limited to a 25-mile radius.</p>
<p><b>Medicare Part B Drugs*</b></p>	<p>0–20% coinsurance</p>	<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>

\*Service requires a referral and/or prior authorization.



## Wellness benefits included in your plan

Benefits	You Pay	Important to Know
<p><b>Health and Wellness Flex Allowance</b></p> <p>This plan provides a <b>combined quarterly allowance of \$100</b>. The annual maximum benefit is \$400.</p> <p><b>Fitness activities</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Golf, table tennis</li> <li>• Tai Chi, yoga</li> <li>• Gym membership</li> </ul> <p><b>Over-the-Counter Items (OTC)</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Cold &amp; flu medicine</li> <li>• First aid supplies</li> </ul> <p><b>Herbal Supplements</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Ginseng</li> <li>• Bird's Nest</li> <li>• Tiger balm</li> </ul>	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p><b>You choose</b> 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>
<p><b>Acupuncture Services (routine)</b></p> <p>This plan covers unlimited in-network, routine acupuncture services up to <b>\$1,200 every year</b>.</p> <p><b>Eastern Wellness Services</b></p> <p>This plan offers a maximum of <b>12</b> wellness services per calendar year. Services include:</p> <ul style="list-style-type: none"> <li>• Cupping/Moxa</li> <li>• Tui Na, Gua Sha</li> <li>• Med-X, and Reflexology</li> </ul>	<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><b>Health and Wellness (routine)</b></p> <ul style="list-style-type: none"> <li>• Annual physical exam</li> </ul>	<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>

Benefits	You Pay	Important to Know
<b>24-hour Optum® Nurseline</b> Staffed by licensed nurses 24 hours a day, 365 days a year.	\$0 copay per call	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.
<b>Telehealth Visit</b> Visits can take place using your phone, tablet, or computer. <ul style="list-style-type: none"> <li>Teladoc® visit (available 24-hours a day).</li> <li>Visit offered through your physician's office.</li> </ul>	\$0 copay for a medical visit \$40 copay for a mental health visit \$0 copay per visit	Teladoc providers can diagnose and treat non-emergent conditions and prescribe medications when necessary.

### More benefits included in your plan:

Benefits	You Pay	Important to Know
<b>Worldwide Coverage</b>	\$0 copay	This plan has a \$50,000 annual limit for covered emergency care, urgently needed services, and ambulance rides outside the United States and its territories.
<b>Post-discharge Meal Assistance*</b> 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.
<b>Personal Emergency Response System (PERS)*</b> This plan offers a mobile device and monitoring service to connect you with a 24-hour response center.	\$0 copay per year	

VALUE

\*Service requires a referral and/or prior authorization.

Benefits	You Pay	Important to Know
<p><b>Special Supplemental Benefits for the Chronically Ill (SSBCI)*</b></p> <p>If you are diagnosed with any of the chronic condition(s) listed below and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill.</p> <ul style="list-style-type: none"> <li>• Cardiovascular disorders</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic heart failure</li> <li>• Chronic lung disorders</li> <li>• Dementia</li> <li>• Diabetes</li> <li>• End-stage liver disease</li> <li>• End-stage renal disease</li> <li>• HIV/AIDS</li> <li>• Neurologic disorders</li> <li>• Stroke</li> </ul>	<p><b>Meals for Chronic Conditions</b> \$0 copay up to 3 meals per day for 14 days; not to exceed 42 meals per year for members who qualify.</p> <p><b>Groceries (healthy food)</b> \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p><b>Telemonitoring Service</b> \$0 copay for a device to monitor medical and other health data.</p> <p><b>In-home Safety Assessment</b> \$0 copay for up to two assessments per year.</p> <p><b>In-home Support Services</b> \$0 copay for services to assist with activities of daily living. Limited to 40 hours per year.</p> <p><b>Social Needs Benefits</b> \$0 copay for companionship services by non-clinical personal caregivers. Services are limited to 24 four-hour shifts (96 total hours).</p> <p><b>Support for Caregivers</b> \$0 copay for respite care. Limited to 40 hours per year.</p>	<p>The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.</p> <p>Services will be provided using the plan’s contracted vendors.</p>

\*Service requires a referral and/or prior authorization.

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.

**Part D prescription drug benefit and what you pay.**

<b>Stage 1: Annual Deductible</b>	<b>\$0</b> This stage does not apply because there is no deductible.			
<b>Stage 2: Initial Coverage</b> You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$5,030.	<b>Standard retail cost-sharing (In-network)</b>		<b>Standard Cost-sharing (Mail Order)</b>	<b>Retail cost-sharing (Out-of-network)*</b>
	<b>30-day supply</b>	<b>100-day supply</b>	<b>100-day supply</b>	<b>30-day supply</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs</b>	\$10 copay	\$30 copay	\$20 copay	\$10 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay	\$94 copay	\$47 copay
<b>Tier 4: Non-Preferred Drugs</b>	\$99 copay	\$297 copay	\$198 copay	\$99 copay
<b>Tier 5: Specialty Tier Drugs*</b>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<b>Tier 6: Supplemental Drugs**</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Insulin:</b>	You will not pay more than \$35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.			

\*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.

<b>Stage 3: Coverage Gap</b> 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.	<p>During this stage you pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay for a 30-day supply of Tier 1 and Tier 2 drugs.</li> <li>• \$47 copay for a 30-day supply of select Tier 3 drugs.</li> <li>• 25% of the price for Tier 4 and Tier 5 drugs (plus a portion of the dispensing fee).</li> </ul>
<b>Stage 4: Catastrophic Coverage</b> 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.

VALUE



# 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](https://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.

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](https://clevercarehealthplan.com/privacy). All trademarks are the sole property of their respective owners.



# 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](https://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](https://clevercarehealthplan.com/provider)



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

[clevercarehealthplan.com/formulary](https://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](mailto: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.




# 2024 Summary of Benefits | Clever Care Total+ (HMO C-SNP)

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
<b>Monthly Plan Premium</b> (Part C & Part D)	\$0	\$15.70	 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	\$0	\$0	This plan has deductibles for some hospital and medical services and Part D prescription drugs.
<b>Maximum Out-of-Pocket Responsibility</b> (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
<b>Inpatient Hospital Coverage*</b>	\$0 copay per benefit period	The following are Medicare defined amounts for 2024. <ul style="list-style-type: none"> <li>\$1,632 deductible per benefit period</li> <li>\$0 copay per day for days 1–60, per benefit period and days 91 and more</li> <li>\$408 copay per day for days 61–90, per benefit period</li> </ul>	
<b>Outpatient Hospital Coverage*</b> <ul style="list-style-type: none"> <li>Outpatient hospitalization</li> <li>Observation services</li> </ul>	\$0 copay per stay \$0 copay for observation services	20% coinsurance of the Medicare-allowed amount per stay	
<b>Ambulatory Surgical Center (ASC) Services*</b>	0% coinsurance per visit	20% coinsurance of the Medicare-allowed amount per visit	

\*Service requires a referral and/or prior authorization.






Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary care physician (PCP)</li> <li>Specialist*</li> </ul>	\$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.
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Emergency room</li> </ul>	\$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.
<b>Urgently Needed Services</b> <ul style="list-style-type: none"> <li>Urgent Care Center</li> </ul>	\$0 copay per visit	\$25 copay per visit	
<b>Diagnostic Services, Labs, and Imaging*</b> <ul style="list-style-type: none"> <li>Lab services</li> <li>Diagnostic tests, procedures</li> <li>X-rays</li> <li>Diagnostic radiology services (e.g. MRIs, CT scans, PET scans, etc.)</li> </ul>	\$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	
<b>Hearing Services*</b> <ul style="list-style-type: none"> <li>Medicare covered services</li> </ul>	\$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.
<b>Hearing Services (routine)</b> <ul style="list-style-type: none"> <li>Routine hearing exam (limit 1)</li> <li>Hearing aid fitting and evaluation (limit 3)</li> <li>Hearing aids</li> </ul> <p>This plan provides an <b>allowance of \$600</b> 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><b>Dental Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare covered services</li> </ul> <p><b>Dental Services (PPO)*</b></p> <p><b>Preventive dental services include:</b></p> <ul style="list-style-type: none"> <li>• Oral exam (limit 2)</li> <li>• Dental cleanings (limit 2)</li> <li>• Fluoride treatment (limit 1)</li> <li>• Bitewing X-ray (Limit 2)</li> <li>• Dental X-ray (limit 1)</li> </ul> <p><b>Comprehensive dental services include, but not limited to:</b></p> <ul style="list-style-type: none"> <li>• Fillings and repairs</li> <li>• Root canals</li> <li>• Dental crowns (Caps)</li> <li>• Implants</li> <li>• Bridges, dentures, extractions</li> </ul> <p>This plan provides a <b>quarterly allowance of \$575</b> 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><b>Vision Services*</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye</li> <li>• Medicare-covered glasses after cataract surgery</li> </ul> <p><b>Vision Services (routine)</b></p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Eyewear (frames, lenses, or contacts)</li> <li>• Upgrades</li> </ul> <p>This plan provides an <b>annual allowance of \$200.</b></p>	<p>\$0 copay per exam</p> <p>\$0 copay per item</p> <p>\$0 copay per exam</p> <p>\$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</p> <p>\$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
<b>Mental Health Services*</b> <ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care (group or individual therapy)</li> </ul>	\$0 per stay per benefit period  \$0 copay per visit	The following are Medicare defined amounts for 2024. <ul style="list-style-type: none"> <li>\$1,632 deductible per benefit period</li> <li>\$0 copay per day for days 1–60, per benefit period and days 91 and more</li> <li>\$408 copay per day for days 61–90, per benefit period</li> </ul> \$0 copay per visit	 The inpatient care lifetime limit does apply to mental health services provided in a general hospital.
<b>Skilled Nursing Facility (SNF)*</b>	\$0 copay per stay	The following are Medicare defined amounts for 2024. <ul style="list-style-type: none"> <li>\$0 copay, per day, for days 1–20 of each benefit period</li> <li>\$204 copay, per day, for days 21–100 of each benefit period</li> </ul>	 No prior hospitalization is required.
<b>Physical Therapy*</b> <ul style="list-style-type: none"> <li>Occupational</li> <li>Physical and speech and language</li> </ul>	\$0 copay per visit	\$0 copay per visit	
<b>Ambulance</b> <ul style="list-style-type: none"> <li>Ground transport</li> <li>Air transport</li> </ul>	0% coinsurance per trip (each way)	20% coinsurance of the Medicare-allowed amount per trip (each way)	
<b>Transportation</b> This plan provides <b>48 one-way</b> non-emergency rides.	\$0 copay per trip	\$0 copay per trip	Rides to an approved health-related location are limited to a 25-mile radius.

TOTAL+


\*Service requires a referral and/or prior authorization.

Benefits	With Full Medi-Cal You Pay	Without Medi-Cal You Pay	Important to Know
<b>Medicare Part B Drugs*</b>	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><b>Health and Wellness Flex Allowance</b></p> <p>This plan provides a <b>combined quarterly allowance of \$275</b>. The annual maximum benefit is \$1,100.</p> <p><b>Fitness activities</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Golf, table tennis</li> <li>• Tai Chi, yoga</li> <li>• Gym membership</li> </ul> <p><b>Over-the-Counter Items (OTC)</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Cold &amp; flu medicine</li> <li>• First aid supplies</li> </ul> <p><b>Herbal Supplements</b> include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Ginseng</li> <li>• Bird's Nest</li> <li>• Tiger balm</li> </ul>	<p>\$0 copay up to the maximum plan allowance amount, per quarter.</p> <p><b>You choose</b> 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><b>You choose</b> 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><b>Acupuncture Services (routine)</b></p> <p>This plan covers unlimited in-network, routine acupuncture services up to <b>\$2,500 every year</b>.</p> <p><b>Eastern Wellness Services</b></p> <p>This plan offers a maximum of <b>24</b> wellness services per calendar year. Services include:</p> <ul style="list-style-type: none"> <li>• Cupping/Moxa</li> <li>• Tui Na, Gua Sha</li> <li>• Med-X, and Reflexology</li> </ul>	<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><b>Health and Wellness (routine)</b></p> <ul style="list-style-type: none"> <li>• Annual physical exam</li> </ul>	<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><b>24-hour Optum® Nurseline</b></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><b>Telehealth Visit</b></p> <p>Visits can take place using your phone, tablet, or computer.</p> <ul style="list-style-type: none"> <li>• Teladoc® visit (available 24-hours a day).</li> <li>• Visit offered through your physician's office.</li> </ul>	<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 \$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
<b>Worldwide Coverage</b>	\$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.
<b>Post-discharge Meal Assistance*</b> 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.
<b>Personal Emergency Response System (PERS)*</b> This plan offers a mobile device and monitoring service to connect you with a 24-hour response center.	\$0 copay per year	
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)*</b> 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"> <li>• Cardiovascular disorders</li> <li>• Chronic and disabling mental health conditions</li> <li>• Chronic heart failure</li> <li>• Chronic lung disorders</li> <li>• Dementia</li> <li>• Diabetes</li> <li>• End-stage liver disease</li> <li>• End-stage renal disease</li> <li>• HIV/AIDS</li> <li>• Neurologic disorders</li> <li>• Stroke</li> </ul>	<b>Meals for Chronic Conditions</b> \$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.  <b>Groceries (healthy food)</b> \$0 copay for eligible food items with a \$100 limit per month. Does not rollover to the following month.  <b>Telemonitoring Service</b> \$0 copay for a device to monitor medical and other health data.  <b>In-home Safety Assessment</b> \$0 copay for up to two assessments per year.  <b>In-home Support Services</b> \$0 copay for services to assist with activities of daily living. Limited to 40 hours per year.  <b>Social Needs Benefits</b> \$0 copay for companionship services by non-clinical personal caregivers. Services are limited to 24 four-hour shifts (96 total hours).  <b>Support for Caregivers</b> \$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.

# 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.

<b>Stage 1: Annual Deductible</b>	<b>\$545</b> The annual deductible does not apply to Tier 6 or insulin drugs.					
<b>Stage 2: Initial Coverage</b> You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$5,030.	<b>Standard retail cost-sharing (In-network)</b>		<b>Standard Cost-sharing (Mail Order)</b>		<b>Retail cost-sharing (Out-of-network)*</b>	
	<b>30-100 day supply with VBID</b>	<b>30-100 day supply</b>	<b>100 day Supply with VBID</b>	<b>100 day supply</b>	<b>30-day supply with VBID</b>	<b>30-day supply</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
<b>Tier 2: Generic Drugs</b>	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
<b>Tier 3: Preferred Brand Drugs</b>	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
<b>Tier 4: Non-Preferred Drugs</b>	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
<b>Tier 5: Specialty Tier Drugs*</b>	\$0	25% coinsurance	\$0	25% coinsurance	\$0	25% coinsurance
<b>Tier 6: Supplemental Drugs**</b>	\$0		\$0		\$0	
<b>Insulin:</b>	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.

<b>Stage 3: Coverage Gap</b> 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.
<b>Stage 4: Catastrophic Coverage</b> 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 medications at 90% or better and complete a Comprehensive Medication Review (CMR) or take a statin and participate 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)**

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](https://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.

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](https://clevercarehealthplan.com/privacy). All trademarks are the sole property of their respective owners.

## Prescription Drugs

For your convenience, we have listed some commonly used drugs. We have **over 37,000 drugs** on our formulary, and we continue to add to this list. If you do not see a drug you take listed below, check our drug list online or call Member Services.

### Commonly Used Drugs

#### Legend for abbreviations in drug limits column

QL = Quantity Limits

PA = Prior Authorization required



**This is not a complete list of what's covered.**

Scan here for our most up-to-date list.

Drug Name	Tier	Utilization Management Restrictions
ATORVASTATIN CALCIUM 10mg, 20mg, 40mg, 80mg	1	
AMLODIPINE BESYLATE 2.5mg, 5mg, 10mg	1	
LOSARTAN POTASSIUM 25mg, 50mg, 100mg	1	
METFORMIN HCL ER 500mg, 750mg	1	QL
OMEPRAZOLE 10mg, 20mg, 40mg	1	
TAMSULOSIN HCL 0.4mg	1	
VASCEPA 0.5g, 1g	2	QL
ROSUVASTATIN CALCIUM 5mg, 10mg, 20mg, 40mg	1	QL
GABAPENTIN 100mg, 300mg, 400mg	1	QL
AMOXICILLIN 500mg 875mg	1	
METOPROLOL SUCCINATE 25mg, 50mg, 100mg, 200mg	1	
ALENDRONATE SODIUM 10mg, 35mg, 70mg	1	QL
TRIAMCINOLONE ACETONIDE 0.1%	1	
CREON 3000units, 6000units, 12000units, 24000units, 36000units	3	
LATANOPROST 0.01%	1	QL
LEVOTHYROXINE SODIUM 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 137mcg, 150mcg, 175mcg, 200mcg, 500mcg	1	
FLUTICASONE PROPIONATE 50mcg	1	QL
RESTASIS 0.05%	2	QL
PANTOPRAZOLE SODIUM 20mg, 40mg	1	QL
MELOXICAM 7.5mg	1	
CELECOXIB 50mg, 100mg, 200mg, 400mg	2	QL
CLOPIDOGREL 75mg	1	
FINASTERIDE 5mg	1	

Drug Name	Tier	Utilization Management Restrictions
SILDENAFIL CITRATE 20mg	1	QL, PA
TRADJENTA 5mg	3	QL
JARDIANCE 10mg, 25mg	3	QL
DONEPEZIL HCL 5mg, 10mg	1	QL
AZITHROMYCIN 250mg, 500mg	1	
LOSARTAN-HYDROCHLOROTHIAZIDE 50-12.5mg, 100-12.5mg, 100-25mg	1	
MONTELUKAST SODIUM 4mg, 5mg, 10mg	1	
FAMOTIDINE 20mg, 40mg	1	
LEVOCETIRIZINE DIHYDROCHLORIDE 5mg	1	
LISINOPRIL 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
SIMVASTATIN 20mg, 40mg, 80mg	1	QL
ALBUTEROL SULFATE HFA 90mcg	2	QL
FARXIGA 5mg, 10mg	3	QL
OMEGA-3 ACID ETHYL ESTERS 1g	2	QL
AZELASTINE HCL 137mcg, 205mcg	2	QL
HYDROCHLOROTHIAZIDE 12.5mg, 25mg, 50mg	1	
OLMESARTAN MEDOXOMIL 5mg, 20mg, 40mg	2	
ZOLPIDEM TARTRATE 5mg, 10mg	1	QL
PIOGLITAZONE HCL 15mg, 30mg, 45mg	1	QL
LINZESS 72mcg, 145mcg, 290mcg	3	QL
TRAZODONE HCL 50mg, 100mg, 150mg, 300mg	1	
ATENOLOL 25mg, 50mg, 100mg	1	
OLOPATADINE HCL 0.1%, 0.2%	2	
SERTRALINE HCL 25mg, 50mg, 100mg	1	
KETOCONAZOLE 2%	2	QL
ALLOPURINOL 100mg, 300mg,	1	
GLIPIZIDE and GLIPIZIDE ER 2.5mg, 5mg, 10mg	1	
CHLORHEXIDINE GLUCONATE 0.12%	1	
LIDOCAINE 5% OINTMENT OR PATCH	2	QL
MECLIZINE HCL 12.5mg, 25mg	2	
METOPROLOL TARTRATE 25mg, 50mg, 100mg	1	
CARVEDILOL 3.125, 6.25mg, 12.5mg, 25mg	1	
EZETIMIBE 10mg	1	QL
MEMANTINE HCL 5mg, 10mg	2	QL
DORZOLAMIDE-TIMOLOL 22.3-6.8/1	2	
PRAVASTATIN SODIUM 10mg, 20mg, 40mg, 80mg	1	QL
TRAMADOL HCL 50mg	1	QL
BACLOFEN 5mg, 10mg, 20mg	2	

Drug Name	Tier	Utilization Management Restrictions
CIPROFLOXACIN HCL 250mg, 500mg, 750mg	2	
TIMOLOL MALEATE 0.25%, 0.5%	1	
FENOFIBRATE 54mg, 160mg	2	
JANUVIA 25mg, 50mg, 100mg	4	QL, PA
MYRBETRIQ ER 25mg, 50mg	3	
NAPROXEN 250mg, 375mg, 500mg	1	
TRULICITY 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	3	QL
ACETAMINOPHEN-CODEINE 300mg-15mg, 300mg-30mg, 300mg-60mg,	2	QL
ESCITALOPRAM OXALATE 5mg, 10mg, 20mg	1	
GLIMEPIRIDE 1mg, 2mg, 4mg	1	QL
FLUOCINONIDE 0.05%	2	
FUROSEMIDE 20mg, 40mg 80mg	1	
ALPRAZOLAM 0.25mg, 0.5mg, 1mg, 2mg	1	QL
BENAZEPRIL HCL 5mg, 10mg, 20mg, 40mg	1	
AMOXICILLIN-CLAVULANATE POTASS 500-125mg, 875-125mg	1	
ELIQUIS 2.5mg, 5mg	3	QL
CICLOPIROX 8% solution	2	QL
PREGABALIN 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	2	QL
LOVASTATIN 10mg, 20mg, 40mg	1	
LORAZEPAM 1mg, 2mg	1	QL
XARELTO 10mg, 15mg, 20mg	3	QL
LOPERAMIDE 2mg	2	

## IMPORTANT INFORMATION:

### 2024 Medicare Star Ratings



#### Clever Care Health Plan - H7607

For 2024, Clever Care Health Plan - H7607 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★☆☆☆  
**Health Services Rating:** ★★☆☆☆  
**Drug Services Rating:** ★★☆☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Clever Care Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 833-388-8168 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 833-388-8168 (toll-free) or 711 (TTY).

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



## Non-Discrimination and Accessibility Requirements

### Discrimination is Against the Law

Clever Care Health Plan Inc. (herein referred to as Clever Care) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Clever Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Clever Care:

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

### If you need these services, please call (833) 388-8168 (TTY: 711).

If you believe that Clever Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Clever Care Health Plan  
Attn: Civil Rights Coordinator  
7711 Center Ave  
Suite 100  
Huntington Beach CA 92647

**E-mail:** [civilrightscoordinator@cmapd.com](mailto:civilrightscoordinator@cmapd.com)

**Fax:** (657) 276-4721

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our Clever Care Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (833) 388-8168 (TTY:711). Someone who speaks English can help you. This is a free service.

**Español (Spanish):** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (833) 388-8168 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (833) 808-8153 (TTY:711) (普通话)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (833) 808-8161 (TTY:711) (粵語)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (833) 388-8168 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (833) 388-8168 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (833) 808-8163 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (833) 388-8168 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (833) 808-8164 (TTY:711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (833) 388-8168 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (833) 388-8168 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें (833) 388-8168 (TTY:711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (833) 388-8168 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (833) 388-8168 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (833) 388-8168 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (833) 388-8168 (TTY:711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(833) 388-8168 (TTY:711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Khmer:** យើងមានសេវាអ្នកបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរទាំងឡាយណាដែលអ្នកមានស្តីអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ (833) 388-8168 (TTY:711) ។ អ្នកនិយាយភាសាខ្មែរណាម្នាក់អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

**Thai:** เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือยาของเรา หากคุณต้องการล่ามแปลภาษาไทย เพียงโทรหาเราที่ (833) 388-8168 (TTY:711) บุคคลที่พูดภาษาอังกฤษสามารถช่วยคุณได้ นี่คือการบริการฟรี





## Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

If you get extra help, your monthly plan premium will be \$0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

- Clever Care Longevity (HMO)
- Clever Care Active (HMO)
- Clever Care Value (HMO)
- Clever Care Total+ (HMO C-SNP)

Clever Care Health Plan's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-MEDICARE or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213, TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service at (833) 388-8168 (TTY/TDD users should call 711) from 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. Hours listed are for the Pacific time zone.

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

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M10014-LISS\_EN (10/23)

## Enroll in a Clever Care Health Plan



**Your Broker will complete the  
Scope of Appointment form**



**Complete the enrollment application**  
(you will need to have your Medicare ID Card)



**Sign and return the application to Clever Care**

## Enroll in 4 easy steps

**Step 1**      **Verify you are eligible to enroll.**

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**Step 2**      **Select a Clever Care Medicare Advantage plan.**  
To enroll in Clever Care Total+ (HMO C-SNP) you must attest on the enrollment form to having diabetes or a cardiovascular disorder.

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**Step 3**      **Choose your primary care physician (PCP).**  
Find participating providers at [clevercarehealthplan.com/provider](https://clevercarehealthplan.com/provider).  
  
Write down the PCPs name and ID number. You will need this to complete the enrollment form.

---

**Step 4**      **Complete and return the enrollment form.**

### You've enrolled! Now what?

Once your enrollment application is received by Clever Care Health Plan, we will immediately start processing your enrollment. You will receive the following within 30 days of enrolling.



**Confirmation of enrollment letter**

Within 10 days after Medicare approves your enrollment you will receive a letter from Clever Care confirming your enrollment.



**Clever Care member ID card**

Your new ID card will be mailed to you within 10 days of your confirmed enrollment. You will also receive information about your Evidence of Coverage (EOC) and other plan documents.



**Clever Care Welcome**

You will receive a Member Guide in the mail with information about how to get the most from your health plan and a welcome call to answer all your questions.

If you qualify for "Extra Help" from Medicare for your drug coverage, then you will receive a "LIS" (Low Income Subsidy) letter within 10 days of your verified enrollment.



## Scope Of Sales Appointment Confirmation

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to understand of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

Please initial beside the type of product you want the agent to discuss.

### Clever Care Medicare Advantage and Prescription Drug Plans (Part C)

\_\_\_\_\_ **Medicare Health Maintenance Organization (HMO):** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).

\_\_\_\_\_ **Medicare Chronic Special Needs Plan (C-SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. An example of the specific groups served include people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. There is no obligation to enroll. Current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Signature:

Date:

MM / DD / YYYY

If you are the authorized representative, sign above and print below.

Representative's Name:

Your Relationship to the Beneficiary:

### AGENT SECTION: Return this form along with the completed enrollment application

Agent Name:

Agent Phone:

( ) -

Beneficiary Name:

Beneficiary Phone (optional):

( ) -

Beneficiary Address:

Indicate method of contact:  Sales event  Walk-in  Inbound call  Permission to call card

If the form was signed by the beneficiary at the time of appointment, explain why it was not documented prior to the meeting:

Agent's Signature:

Date Appointment Completed:

MM / DD / YYYY

Scope of Appointment documentation is subject to CMS record retention requirements.

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

## When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

## What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

## Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Once you have completed your enrollment form, you will receive a completed signed application including a confirmation number, for your reference, to the email provided. Clever Care Health Plan will process your application for submission to CMS. You will receive notice of acceptance or denial of enrollment within 7–10 business days.

## How do I get help with this form?

Call Clever Care at (833) 388-8168. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En Español: Llame a Clever Care al (833) 388-8168/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en Español y un representante estará disponible para asistirle.

## Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

## Section 1

All fields on this page are required (unless marked optional)

### Select the plan you want to join:

#### Clever Care **Longevity** (HMO) H7607-002

<input type="checkbox"/>	001-Los Angeles County	\$0 per month
<input type="checkbox"/>	002-Orange County	\$0 per month
<input type="checkbox"/>	003-San Diego County	\$0 per month
<input type="checkbox"/>	004-San Bernardino County	\$0 per month
<input type="checkbox"/>	005-Riverside County	\$0 per month

#### Clever Care **Value** (HMO) H7607-008

<input type="checkbox"/>	001-Los Angeles County	\$0 per month
<input type="checkbox"/>	002-Orange County	\$0 per month
<input type="checkbox"/>	003-San Diego County	\$0 per month
<input type="checkbox"/>	004-San Bernardino County	\$0 per month
<input type="checkbox"/>	005-Riverside County	\$0 per month

#### Clever Care **Active** (HMO) H7607-007

<input type="checkbox"/>	001-Los Angeles County	\$0 per month
<input type="checkbox"/>	002-Orange County	\$0 per month
<input type="checkbox"/>	003-San Diego County	\$0 per month
<input type="checkbox"/>	004-San Bernardino County	\$0 per month
<input type="checkbox"/>	005-Riverside County	\$0 per month

#### Clever Care **Total+** (HMO C-SNP) H7607-011

<input type="checkbox"/>	001-Los Angeles County	\$15.70 per month
<input type="checkbox"/>	002-Orange County	\$15.70 per month
<input type="checkbox"/>	004-San Bernardino County	\$15.70 per month
<input type="checkbox"/>	005-Riverside County	\$15.70 per month

LAST name:

FIRST name:  M.I. (optional):

Birth date:  /  /  Sex:  Male  Female

Phone Number: (  )  -

Permanent Residence Street Address (Don't enter a P.O. Box):

City:  State:  ZIP Code:

Mailing Address, if different from your permanent address (PO Box allowed):

City:  State:  ZIP Code:

### Your Medicare information:

Medicare Number:  -  -

Based on Model of Care Review, Clever Care Health Plan, Inc., has been approved by the National Committee for Quality Assurance (NCQA) to operate a Chronic Special Needs Plan (C-SNP) through 2024.

**Section 1**

All fields on this page are required (unless marked optional) *continued*

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Clever Care?  Yes  No

Name of other coverage: \_\_\_\_\_

Member number for this coverage: \_\_\_\_\_ Group number for this coverage: \_\_\_\_\_

**OPTIONAL:**

Are you enrolled in your state Medi-Cal (Medicaid) program?  Yes  No

If "yes," please provide your Medi-Cal (Medicaid) number:

**Complete only if you are enrolling in Clever Care Total+ (HMO C-SNP) plan**

Have you been diagnosed with **diabetes** (high blood sugar) or are you taking insulin or other medications to control you blood sugar?  Yes  No

Have you been diagnosed with **cardiac arrhythmia** or atrial fibrillation (Afib) or have you had problems with rapid, irregular heartbeat?  Yes  No

Have you been diagnosed with **coronary artery disease (CAD)** or **peripheral vascular disease**, had a heart attack, or experienced poor circulation due to hardening of the arteries or veins?  Yes  No

Have you been diagnosesd with **chronic venous thromboembolic disorder** or had blood clots in the veins more than once?  Yes  No

Are you taking medications to treat your conditions?  Yes  No

If yes, list the medications:  
\_\_\_\_\_  
\_\_\_\_\_

**Physician who can verify your condition(s)**

Name:

Phone: (    )    -    Fax: (    )    -

Office Address:

City:                      State:   ZIP Code:

**Authorization for Disclosure of Health Information**

My signature below authorizes the provider listed above and/or my PCP to disclose my health information and/or provide medical records to Clever Care Health Plan.

## Section 1

All fields on this page are required (unless marked optional) *continued*

### IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Clever Care Health Plan.
- By joining this Medicare Advantage Plan, I acknowledge that Clever Care will share my information with Medicare, who may use it to track my enrollment, make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that when my Clever Care Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Clever Care Health Plan. Benefits and services provided by Clever Care Health Plan and contained in my Clever Care Health Plan “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Clever Care will pay for benefits or services that are not covered.
- I understand that by checking this box  this represents my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. this person is authorized under State law to complete this enrollment, and
  2. documentation of this authority is available upon request by Medicare.

Today's date:  M  M /  D  D /  Y  Y  Y  Y

### If you're the authorized representative, check the box above and fill out these fields:

Name:	Address:
Phone number:	Relationship to enrollee:



## Section 2

All fields on this page are optional

Answering these questions is your choice. You cannot be denied coverage because you don't fill them out.

**Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- No, not of Hispanic, Latino/a, or Spanish origin<sup>(1)</sup>  Yes, Cuban<sup>(4)</sup>  
 Yes, Mexican, Mexican American, Chicano/a<sup>(2)</sup>  Yes, another Hispanic, Latino/a, or Spanish origin<sup>(5)</sup>  
 Yes, Puerto Rican<sup>(3)</sup>  I choose not to answer.<sup>(6)</sup>

**What's your race? Select all that apply.**

- American Indian or Alaska Native<sup>(1)</sup>  Guamanian or Chamorro<sup>(7)</sup>  Samoan<sup>(13)</sup>  
 Asian Indian<sup>(2)</sup>  Japanese<sup>(8)</sup>  Vietnamese<sup>(14)</sup>  
 Black or African American<sup>(3)</sup>  Korean<sup>(9)</sup>  White<sup>(15)</sup>  
 Chinese<sup>(4)</sup>  Native Hawaiian<sup>(10)</sup>  I choose not to answer.<sup>(16)</sup>  
 Cambodian<sup>(5)</sup>  Other Asian<sup>(11)</sup>  
 Filipino<sup>(6)</sup>  Other Pacific Islander<sup>(12)</sup>

**What is your preferred spoken language:**

- English  Mandarin  Cantonese  Khmer  Korean  Vietnamese  Spanish  
 Other: \_\_\_\_\_

**What is your preferred written language, other than English?**

- Chinese (traditional)  Korean  Vietnamese  Spanish

Select one if you want us to send you information in an accessible format:  Braille  Large print  Audio CD  
Please contact Clever Care at (833) 388-8168 if you need information in an accessible format other than what's listed above. Our office hours are 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. TTY users can call 711.

**Do you work?**  Yes  No **Does your spouse/partner work?**  Yes  No

### Texting and Email Opt-in:

**Mobile phone number:** (     )    -

By providing my number, I agree to receive automated and/or other text messages by Clever Care Health Plan for healthcare, benefits, or any other purpose. Such consent is not a condition of receipt of any service and I can opt out at any time by calling Clever Care. Message and data rates may apply.

**Email Address:** \_\_\_\_\_

By providing my email address, I agree to receive Clever Care communications and materials electronically rather than by U.S. Mail. I understand this would include documents such as the Part C and Part D Explanation of Benefits (EOB), Annual Notice of Change (ANOC) and other materials. I can change back to U.S. mail at any time by calling Clever Care.

### List your Primary Care Physician (PCP):

**Name of PCP:**

**Medical Group or IPA:**

**PCP Enrollment ID #:**         -

**Are you a current patient of this PCP?**  Yes  No

I do not have a PCP, please assign one to me.

### Section 3

### Paying your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DO NOT pay Clever Care the Part D-IRMAA.**

Please select a premium payment option. If you don't make a selection you will receive a bill.

- Get a bill.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from:  i) Social Security  ii) RRB

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill.

### Thank you for choosing Clever Care Health Plan! (optional)

Please take a moment to share how you found Clever Care. Select one or more of the following examples:

- Television<sup>(1)</sup>
- Radio<sup>(2)</sup>
- Newspaper<sup>(3)</sup>
- Social media or computer (Google, Facebook, YouTube, Game app)<sup>(4)</sup>
- Mail<sup>(5)</sup>
- Family, friend, doctor, or acupuncturist<sup>(6)</sup>
- Your insurance broker<sup>(7)</sup>
- Event<sup>(8)</sup>
- Other:<sup>(9)</sup> \_\_\_\_\_

### AGENT USE ONLY (required)

Agent Name:	National Producer Number (NPN):
FMO (if applicable)	Telephonic Application?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective date of coverage:   M   M   /   D   D   /   Y   Y   Y   Y	Date application was received:   M   M   /   D   D   /   Y   Y   Y   Y

#### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

## Attestation of eligibility for an enrollment period.

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. **Please read the following statements carefully and check the box that applies to you.** By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.<sup>(1)</sup>
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).<sup>(2)</sup>
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on [ ]/[ ]/[ ].<sup>(3)</sup>
- I recently was released from incarceration. I was released on [ ]/[ ]/[ ].<sup>(4)</sup>
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on [ ]/[ ]/[ ].<sup>(5)</sup>
- I recently obtained lawful presence status in the United States. I got this status on [ ]/[ ]/[ ].<sup>(6)</sup>
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on [ ]/[ ]/[ ].<sup>(7)</sup>
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on [ ]/[ ]/[ ].<sup>(8)</sup>
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums), or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.<sup>(9)</sup>
- I am moving into, live in or recently moved out of a Long-term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on [ ]/[ ]/[ ].<sup>(10)</sup>
- I recently left a PACE® program on [ ]/[ ]/[ ].<sup>(11)</sup>
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on [ ]/[ ]/[ ].<sup>(12)</sup>
- I am leaving/losing employer or union coverage on [ ]/[ ]/[ ].<sup>(13)</sup>
- I belong to a pharmacy assistance program provided by my state.<sup>(14)</sup>
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.<sup>(15)</sup>
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on [ ]/[ ]/[ ].<sup>(16)</sup>
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on [ ]/[ ]/[ ].<sup>(17)</sup>
- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.<sup>(18)</sup>

If none of these statements applies to you or you're not sure, please contact Clever Care at **(833) 388-8168 (TTY: 711)** to see if you are eligible to enroll.



# Verification of Chronic Condition Form

**Provider name:** \_\_\_\_\_

One of your patients has elected to enroll in a Clever Care Chronic Special Needs Plan (C-SNP). In order to qualify for continued enrollment in this plan, CMS requires verification that the individual has been diagnosed with one or more of the plan-qualifying chronic conditions. **Please complete a verbal or written verification within 48 hours of receipt.** Phone: **(833) 388-8168** | Fax: **(657) 276-4757.**

## Patient information

Last Name:	First Name:	Middle Initial:
Medicare ID (MBI):	Date of Birth (mm/dd/yyyy):	

## Verify the patient's qualifying conditions (check all that apply)

- Diabetes mellitus
- Cardiac arrhythmia
- Coronary artery disease
- Patient does not have any of the above chronic conditions documented in his or her chart.
- Chronic venous thromboembolic disorder
- Peripheral vascular disease

## Health Care Provider Attestation (can be completed by provider or office staff)

**I hereby attest that the above information is correct and noted in the patient's medical record.**

Printed name:	Title:
Signature:	Date (mm/dd/yyyy):

CLEVER CARE OFFICE USE ONLY		
Date received:	Clever Care associate:	Status:

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