



ENROLLMENT KIT

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

ENGLISH



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 customer service 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

LONGEVITY

FORTUNE

VALUE

JASMINE



Founded on the principles of delivering a culturally-sensitive healthcare solution

Clever Care Health Plan is a leading Medicare Advantage plan provider in Los Angeles, Orange, San Bernardino, Riverside, and San Diego counties. Our plans are designed with your complete wellness in mind – focused on both scientific advances of Western care and the traditional healing practices of Eastern medicine.

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 in-language services and over 55 years of combined leadership experience in the healthcare industry, we put the power of your voice in your healthcare decisions.

Clever Care is proud to offer three HMO plans and a chronic special needs (C-SNP) plan for people with diabetes and/or a cardiovascular disorders. All plans offer members a wide array of supplemental benefits not covered by Original Medicare. You may qualify for extra benefits if you meet the criteria for our HMO C-SNP plan. Wherever you are in your health journey, we are here for you.

THANK YOU FOR YOUR INTEREST IN A CLEVER CARE MEDICARE ADVANTAGE PRESCRIPTION DRUG PLAN.

We look forward to welcoming you to the Clever Care family.



A handwritten signature in black ink, appearing to read "Myong Lee".

Myong Lee (명 리)
CEO
Clever Care Health Plan, Inc.



A handwritten signature in black ink, appearing to read "Hiep Pham".

Hiep Pham
Co-founder,
Clever Care Health Plan, Inc.

Coverage tailored to your needs

With over **15,000 provider facilities**, **50 leading hospitals**, a large network of **culturally-sensitive doctors**, and **Eastern wellness specialists**, Clever Care plans go beyond Original Medicare to provide a unique and affordable complete healthcare and wellness experience.

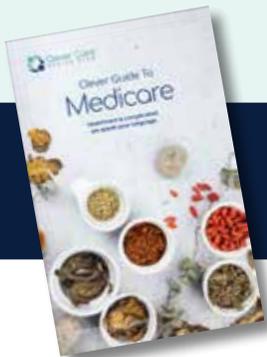
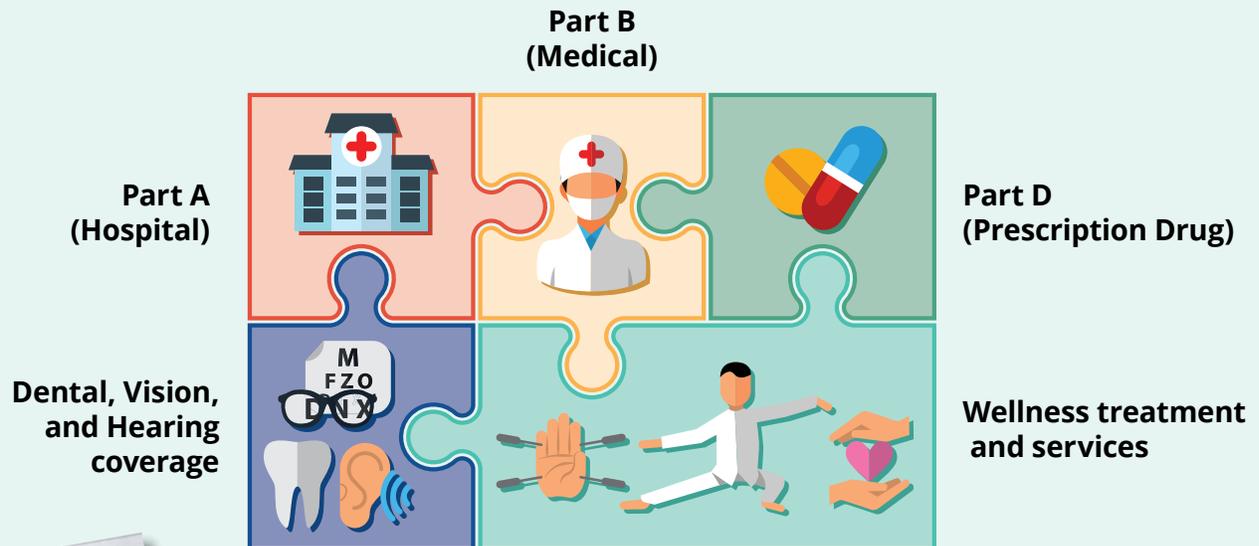
MORE THAN YOUR TYPICAL HOSPITAL AND MEDICAL COVERAGE

Original Medicare:



VS.

Clever Care's Medicare Advantage and Prescription Drug Plan (MA-PD)



Download our **Clever Guide to Medicare** to learn more clevercarehealthplan.com, Member Resources.

HOW AN HMO PLAN DIFFERS FROM ORIGINAL MEDICARE?

What is Original Medicare?

Original Medicare, managed by the federal government, provides Part A (Hospital) and Part B (Medical) insurance to every enrollee. Original Medicare beneficiaries may see any provider who accepts Medicare patients. After their deductible is met, Medicare pays the Medicare-approved amount, and the beneficiary typically pays the remaining 20% of the cost for services.



Important to note:

Part D (prescription drug) coverage is not included with Original Medicare. Beneficiaries will need to purchase a separate Part D plan. Lastly, because there is no annual limit, beneficiaries are financially responsible for much of their healthcare costs—which can increase rapidly.

What is a health maintenance organization (HMO)?

An HMO plan (also called a “managed care” plan) is an excellent choice if you desire the ease of having a primary doctor to help manage your medical care and costs.

HMO plans provide affordable, high-quality care and reduced premiums through deductibles and fixed out-of-pocket copays or coinsurance amounts. You must choose a primary care physician (PCP) from a specific network of approved providers. All health care services, including referrals, will be directed by your PCP, removing hurdles that can lead to unnecessary duplication of expenses.

A Clever Care HMO plan is the right choice if you want:

- Predictable costs (\$0 copay to see a PCP or specialist)
- Trusted providers and hospitals in your community
- Your provider manages all your care
- Maximum out-of-pocket protection
- Prescription drug coverage
- Coverage of Eastern wellness treatments (such as acupuncture, gua sha, cupping)
- Dental, Vision, and Hearing coverage

Uplifting You



BRINGING THE TRADITIONS OF YOUR HEALTH AND COMMUNITY TOGETHER

Community is an important part of health and wellness.

Our San Gabriel Valley, Koreatown, and Westminster community centers provide free events and health seminars, including:

- Medicare Basics
- Doctor seminars
- Meditation and breathing exercises
- Healthy living courses

Learn More!

Call (833) 721-4378 to speak to a Community Center representative.

PUTTING YOUR HEALTH PLAN IN MOTION

Did you know? Our members receive services not covered by Original Medicare and may not be offered in your current Medicare Advantage plan.

- **Acupuncture and Eastern therapy services** - no referral required.
- **Dental coverage:** we provide a quarterly allowance for comprehensive dental work like fillings, crowns, and more.
- **Health & Wellness flex allowance** for fitness activities, over the counter items¹, and/or herbal supplements.¹ Restrictions apply.
- **24-hour nurse line:** get the advice and help you need anytime, day or night.
- **Incentive Rewards:** rewards earned during the year can be used to purchase food.

¹ OTC and herbal supplements are not offered as a benefit of the Clever Care Fortune plan.

Ready to join the Clever Care Community?

Step 1

Verify you are eligible to enroll.

Step 2

Select the Clever Care Medicare Advantage plan you want to enroll in.

To enroll in the Clever Care Jasmine (HMO C-SNP) plan, you must attest to having diabetes and/ or cardiovascular disorders.

Step 3

Choose your primary care physician (PCP).

Find participating providers at clevercarehealthplan.com/provider.

Write down the PCP's name and ID number. It is needed to complete the enrollment form.

Step 4

Confirm your prescription drugs are part of our drug formulary.

Formulary (list of covered drugs)

clevercarehealthplan.com/formulary

Pharmacies

clevercarehealthplan.com/pharmacy

Step 5

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

After Medicare approves your enrollment, within 10 days you will receive a confirmation of enrollment from Clever Care.



Clever Care member ID card

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

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

Welcome to Clever Care!

Prior to your effective date you will receive a Member Guide and your flex allowance card.

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



Now that you're a part of the Clever Care family, bring some friends along.



Give this to a friend or family member

To get started, open the camera app on your phone and scan the QR code below - it's that simple! Complete the form. Next, a licensed Clever Care agent will contact you.



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2023 Summary of Benefits

Clever Care Longevity Medicare Advantage (HMO)

**A Medicare Advantage and
Prescription Drug Plan**

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

Plan Year: January 1, 2023 – December 31, 2023



A Clever Care Medicare Advantage HMO plan gives you the convenience of having medical services, prescription drug coverage, Eastern treatments, dental coverage, and more covered through one plan.

To join you must be entitled to Medicare Part A, be enrolled Medicare Part B, and live in one county of our service area: **Los Angeles, Orange, San Bernardino, Riverside, or San Diego.**

Our network of doctors, hospitals, pharmacies, drug list and more can be found on our website:



Primary care physicians and other providers

clevercarehealthplan.com/provider

Pharmacies

clevercarehealthplan.com/pharmacy

Formulary (list of covered drugs)

clevercarehealthplan.com/formulary

If you need help understanding this information, please call us at **1-833-388-8168 (TTY:711):**



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.

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.



2023 Summary of Benefits

CLEVER CARE LONGEVITY MEDICARE ADVANTAGE (HMO)

A comprehensive MA-PD plan.

Below is a summary of medical and prescription drug costs. A complete list of the services we cover is in the Evidence of Coverage (EOC). **The EOC is available on our website October 15.**

PREMIUMS, DEDUCTIBLES, AND LIMITS

Costs	You Pay	Important to Know
Monthly plan premium (Part C & Part D)	\$0	You must continue to pay your Medicare Part B premium.
Deductible	\$0	
Maximum out-of-pocket responsibility (does not include Part D prescription drugs.)	\$1,700 annually	This is the most you would pay, for the year, for covered Medicare services.

MEDICAL & HOSPITAL BENEFITS

Benefits	You Pay	Important to Know
Inpatient hospital care	\$0 copay per stay	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.
Outpatient hospital and surgery services <ul style="list-style-type: none"> • Outpatient hospital facility • Ambulatory surgical center • Observation services 	\$20 copay per visit \$20 copay per visit \$0 copay for observation services	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.
Doctor Visits <ul style="list-style-type: none"> • Primary care physician (PCP) • Specialist 	\$0 copay per visit \$0 copay per visit	A Prior Authorization is not required for your first appointment with a specialist. You will need a Prior Authorization for any follow-up visits or future services. If you go to an out-of-network provider, you pay the full cost.
Preventive care <ul style="list-style-type: none"> • Welcome to Medicare visit • Annual wellness visit 	\$0 copay for one visit per year	Any additional preventive services approved by Medicare during the contract year will be covered.

Benefits	You Pay	Important to Know
Emergency care	\$50 copay per visit to an emergency room	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Urgently needed services	\$5 copay per visit to an urgent care center	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Diagnostic services, labs, and imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests, procedures, and basic radiology • Outpatient X-rays • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Therapeutic radiology services (such as radiation treatment for cancer) 	\$0 copay \$0 copay \$0 copay for outpatient X-rays \$75 copay for each CT, MRI and PET Scan \$0 copay for all other diagnostic radiology 20% coinsurance of the Medicare-allowed amount for each therapeutic radiology service	Services may require Prior Authorization. Covered according to Medicare guidelines. If you go to an out-of-network provider, you pay the full cost. While you pay 20% for therapeutic radiology services, you will never pay more than your total out-of-pocket maximum for the year.
Hearing services <ul style="list-style-type: none"> • Diagnostic hearing exam Hearing services (non-Medicare covered, routine) <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid fitting and Evaluation • Hearing aids 	\$0 copay for each Medicare-covered visit. \$0 copay for one routine hearing exam. \$0 copay for up to 3 fitting and evaluations per year. \$0 copay for hearing aids up to the maximum plan benefit amount. This plan covers up to \$1,500 per ear for hearing aids every year.	You must use a doctor in our hearing network. Hearing aids are available through NationsHearing and limited to specific devices based on your hearing needs. After plan-paid benefits for routine hearing exams or hearing aids, you are responsible for the remaining cost. A deductible applies for a one-time replacement for lost, stolen or damaged hearing aids.

Benefits	You Pay	Important to Know
<p>Dental services (routine)</p> <ul style="list-style-type: none"> • Medicare covered services <p>Preventive dental services include:</p> <ul style="list-style-type: none"> • Dental cleanings (limit 2 per year) • Oral exam (limit 2 per year) • Fluoride treatment (limit 1 per year) • X-ray (limit 1 per year) <p>Additional covered comprehensive dental services include, but are not limited to:</p> <ul style="list-style-type: none"> • Deep teeth cleaning • Fillings and repairs • Root canals (Endodontics) • Dental crowns (Caps) • Bridges, Dentures, Extractions and other services 	<p>\$0 copay for each Medicare-covered service</p> <p>This plan provides an allowance of \$625 up to four times a year, starting on your effective date. The annual maximum benefit is \$2,500.</p> <p>\$0 copay, up to the allowance amount for preventive and comprehensive dental services.</p> <p>Excludes surgical placement of dental implants.</p>	<p>Pre-treatment authorizations are required for restorative crowns and fixed prosthodontics.</p> <p>There is no requirement to stay in-network. However, your out-of-pocket costs may be lower when using a Liberty Dental network provider.</p> <p>Any amount not used by March 31, June 30, or September 30, will roll over, and expire December 31.</p> <p>After plan-paid benefits for dental services, you are responsible for the remaining costs. You may be responsible for the difference between the allowed and billed amounts if utilizing an out-of-network provider.</p>
<p>Vision services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye • Medicare-covered glasses after cataract surgery <p>Vision services (non-Medicare covered, routine)</p> <ul style="list-style-type: none"> • Routine eye exam, including refraction • Eyewear (frames, lenses, or contacts) 	<p>\$20 copay for each Medicare-covered visit</p> <p>\$0 copay for diabetic retinopathy exam</p> <p>\$0 copay for Medicare-covered glasses after cataract surgery</p> <p>\$0 copay for one routine eye exam every calendar year.</p> <p>\$0 copay for eyewear up to the plan allowance amount. This plan provides up to \$300 for eyewear every year.</p>	<p>Services may require Prior Authorization.</p> <p>You must use a doctor in the EyeMed network for non-Medicare covered services.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p> <p>After plan-paid benefits for routine services, you are responsible for the remaining costs.</p>

Benefits	You Pay	Important to Know
Mental health services <ul style="list-style-type: none"> Inpatient mental health care Outpatient mental health care 	\$150 copay per day for days 1–7 \$0 copay per day for days 8–90 \$40 copay for outpatient group or individual therapy visit	Services may require prior authorization. The inpatient care lifetime limit does apply to mental health services provided in a general hospital. If you go to an out-of-network provider, you pay the full cost.
Skilled nursing facility (SNF)	\$0 copay per day for days 1–20 \$75 copay per day for days 21–100	Services may require prior authorization. No prior hospitalization is required. If you go to an out-of-network provider you pay the full cost.
Rehabilitation Services <ul style="list-style-type: none"> Occupational therapy Physical therapy and speech and language therapy Cardiac rehabilitation Pulmonary rehabilitation 	\$0 copay per visit \$0 copay per visit \$0 copay per visit \$0 copay per visit	Services may require prior authorization. If you go to an out-of-network provider you pay the full cost.
Ambulance	\$40 copay per trip (each way) for ground ambulance service. 20% coinsurance of the Medicare allowed amount for air ambulance transport services.	
Transportation	\$0 copay for 48 one-way trips for non-emergency transportation within a 25-mile radius every year	
Medicare Part B Drugs	20% coinsurance of the Medicare-allowed amount for chemotherapy drugs 20% coinsurance of the Medicare-allowed amount for other Part B drugs	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.

WELLNESS BENEFITS INCLUDED IN YOUR PLAN

Benefits	You Pay	Important to Know
<p>Health and Wellness (Flexible spending allowance)</p> <p>Fitness activities include, but not limited to:</p> <ul style="list-style-type: none"> • Golf • Gym membership • Tai Chi classes • Yoga or Pilates classes <p>Over-the-Counter items (OTC) Clever Care provides a list of eligible OTC items that can be purchased in-store or online.</p> <p>Herbal Supplement Herbal supplements need to be purchased from a network acupuncturist office, network supplier, or by calling Clever Care.</p>	<p>\$0 copay up to the allowance amount</p> <p>This plan provides an allowance of \$300 up to four times a year, starting on your effective date. The annual maximum benefit is \$1,200.</p> <p>You choose how to spend the allowance. Pay for services using your flex debit card.</p>	<p>After plan-paid benefits, you are responsible for the remaining costs.</p> <p>Any amount not used by March 31, June 30, or September 30 will not carry over and expire December 31.</p> <p>Herbal supplements are used to treat conditions such as allergies, anxiety, arthritis, back pain, eczema, fatigue, insomnia, menopause symptoms, obesity, and more.</p>
<p>Acupuncture services</p> <p>This plan covers unlimited in-network acupuncture visits services up to \$3,000 maximum.</p> <p>Eastern wellness services</p> <p>Services include:</p> <ul style="list-style-type: none"> • Cupping/Moxa • Tui Na • Gua Sha • Med-X • Reflexology 	<p>\$0 copay per visit up to the plan maximum</p> <p>This plan offers a maximum of 24 wellness services per calendar year. \$0 copay per visit up to the maximum allowed visits.</p>	<p>You must use a doctor in our acupuncture network.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Health and Wellness (non-Medicare covered, routine service)</p> <ul style="list-style-type: none"> • Annual physical exam by your PCP 	<p>\$0 copay for one visit per year.</p>	<p>This service is not covered by Original Medicare.</p> <p>The annual physical exam usually includes the doctor feeling or listening to the body or tapping areas of the body.</p>
<p>24-hour Nurseline</p> <p>A registered nurse is available via phone 24 hours a day, seven days a week to address medical questions or concerns.</p>	<p>\$0 copay</p>	<p>Use this benefit to get advice from a medical provider when you are not sure where to seek care or have questions about an urgent healthcare event.</p>

Benefits	You Pay	Important to Know
Telehealth visit <ul style="list-style-type: none"> Teladoc® visit Video visit offered through your physician's office. 	\$0 copay for a medical visit \$40 copay for a mental health visit \$0 copay	Teladoc physicians or mental health providers are available 24-hours a day for non-emergency health issues. Teladoc Physicians can diagnose and treat basic medical conditions, and they can also prescribe medications when medically necessary. These visits can take place using your phone, tablet, or computer.
COVID-19 services When diagnosed with COVID-19 the plan covers: <ul style="list-style-type: none"> Testing Treatment Transportation Mental health Telemedicine Prescription drug benefits 	\$0 copay	Services may require prior authorization. In cases of an emergency, care provided by both network and out-of-network providers will be covered.

MORE BENEFITS INCLUDED IN YOUR PLAN:

Benefits	You Pay	Important to Know
Worldwide Coverage	\$75,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories	
Medical equipment and supplies <ul style="list-style-type: none"> Durable medical equipment Prosthetics (e.g. braces, artificial limbs) Diabetic therapeutic shoes and inserts Diabetes self-management training, diabetic services, and supplies 	0% coinsurance for items \$500 or less. 20% coinsurance of the Medicare-allowed amount for items over \$500 20% coinsurance of the Medicare-allowed amount You pay a \$0 copay for diabetes self-management training, diabetic services, and supplies	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost. This plan covers one blood glucose monitor per year.

Benefits	You Pay	Important to Know
<p>Post-discharge Meals Immediately following an inpatient hospital or a skilled nursing facility stay, this plan provides meal assistance for 28 days not to exceed 84 meals per year to help with recovery.</p>	<p>\$0 copay up to the maximum allowed meals per year.</p>	<p>Services may require prior authorization.</p> <p>Not applicable after outpatient surgery.</p>
<p>Personal Emergency Response System (PERS) A mobile device and monitoring service to connect you with a 24-hour response center with the push of a button.</p>	<p>\$0 copay for one device per year</p>	<p>Services may require prior authorization.</p>
<p>Foot Care (Podiatry)</p> <p>Medicare-covered foot care</p> <p>Foot Care (non-Medicare covered, routine)</p>	<p>\$0 copay for each Medicare-covered visit</p> <p>Not covered</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Chiropractic services</p> <p>Medicare-covered chiropractic care</p>	<p>\$20 copay for each Medicare-covered visit</p>	<p>Services may require prior authorization.</p> <p>Medicare covers services to help correct subluxation of the spine.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>

Benefits	You Pay	Important to Know
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>These benefits are for eligible members who must participate in our Case Management Program and adhere to activities with defined goals and outcome measures.</p> <p>Members with one or more of the chronic conditions listed below may be eligible for these extra supplemental benefits.</p> <ul style="list-style-type: none"> • Cardiovascular disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke 	<p>Meals for Chronic Conditions \$0 copay for 3 meals per day for 14 days not to exceed 42 meals per year.</p> <p>Groceries \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p>Social Needs Benefits \$0 copay for companionship services rendered by non-clinical personal caregivers. Services are limited to 24, four-hour shifts (96 total hours).</p> <p>At Home Wellness Check Visit \$0 copay for an at-home wellness check visit.</p> <p>Telemonitoring Service \$0 copay for a device to monitor medical and other health data.</p> <p>In-home Safety Assessment \$0 copay for up to two assessments per year.</p> <p>In-home Support Services \$0 copay for services to assist with activities of daily living.</p> <p>Support for Caregivers \$0 copay for respite care, limited to 40 hours of care giving per year.</p>	<p>Services may require prior authorization.</p> <p>All SSBCI benefits are for members who meet certain criteria and approval by the Plan.</p> <p>Services will be provided using the plan’s contracted providers and/or vendors.</p> <p>The meal benefit is not available following an outpatient surgery visit.</p> <p>This service is limited to those meeting fall risk criteria, gait, balance, or agility challenges.</p>

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.

Stage 1: Annual Deductible	\$0 This stage does not apply because there is no deductible.			
Stage 2: Initial Coverage You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$4,660.	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
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$35 copay	\$105 copay	\$70 copay	\$35 copay
Tier 4: Non-Preferred Drugs	\$99 copay	\$297 copay	\$198 copay	\$99 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6: Supplemental Drugs**	\$0 copay	\$0 copay	\$0 copay	\$0 copay

* A long term, 100-day, supply of medication is not available at out-of-network pharmacies.

** Tier 6 supplemental drugs include generic Viagra, prescription cough medicine and vitamins.

Stage 3: Coverage Gap After the total yearly drug cost reaches \$4,660 you remain in this stage until the total yearly drug cost (paid by the plan and you) reaches \$7,400.	<p>During this stage you pay:</p> <ul style="list-style-type: none"> • \$0 copay for a 30-day supply of Tier 1 preferred generic drugs. • \$0 copay for a 30-day supply of Tier 2 generic drugs. • \$35 copay for a 30-day supply of select Tier 3 preferred brand drugs. • 25% of the price for brand and specialty drugs (plus a portion of the dispensing fee).
Stage 4: Catastrophic Coverage After the total yearly drug cost reaches \$7,400 you will stay in this stage until the end of the calendar year.	<p>During this stage you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for a generic drug (including brand drugs treated as generic) or • \$10.35 copay for all other drugs.



Clever ways to save on your prescription drugs!



NEW FOR 2023! 100-DAY SUPPLY OF MEDICATIONS

Getting something for nothing is always nice. When your provider writes a 90-day prescription Clever Care will automatically authorize the prescription to be filled for 100 days. That's 10 days of medication at no extra cost to you!



PRESCRIPTION MAIL ORDER

This service is offered through Medimpact Direct and is for medication taken daily. When you sign up for the service you get the convenience of receiving an extended supply of medication (100-days) for the cost of two copayments instead of three; and prescriptions are delivered safely to you at no charge. Tier 5 drugs are eligible for this service but limited to a 30-day supply.



ZERO OR LOW COST FOR SELECT INSULINS

The Part D Senior Savings Model helps to keep the cost for insulin low during what is known as the "coverage gap". Depending on the brand of insulin taken, your out-of-pocket cost will be either \$0 or \$35 maximum for a 30-day supply in all coverage stages.



Rewards Program for Healthy Activities

Participation in activities and screenings that focus on promoting improved health, prescription drug adherence, preventing injuries and illness, deserve to be rewarded. After approval, the reward amount will be added to your flex allowance card.

Reward dollars of up to \$600 can be used to purchase grocery food, over the counter items and herbal supplements.



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

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor for. Visit clevercarehealthplan.com or call Customer Service at 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.

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 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.

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

We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices on clevercarehealthplan.com/privacy to learn more.

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 2023
Summary of Benefits

**Clever Care Fortune
Medicare Advantage (HMO)**

**A Medicare Advantage and
Prescription Drug Plan**

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

Plan Year: January 1, 2023 – December 31, 2023



A Clever Care Medicare Advantage HMO plan gives you the convenience of having medical services, prescription drug coverage, Eastern treatments, dental coverage, and more covered through one plan.

To join you must be entitled to Medicare Part A, be enrolled Medicare Part B, and live in one county of our service area: **Los Angeles, Orange, San Bernardino, Riverside, or San Diego.**

Our network of doctors, hospitals, pharmacies, drug list and more can be found on our website:



Primary care physicians and other providers

clevercarehealthplan.com/provider

Pharmacies

clevercarehealthplan.com/pharmacy

Formulary (list of covered drugs)

clevercarehealthplan.com/formulary

If you need help understanding this information, please call us at **1-833-388-8168 (TTY:711):**



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.

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.



2023 Summary of Benefits

CLEVER CARE FORTUNE MEDICARE ADVANTAGE (HMO)

A plan with an enhanced fitness benefit and a low MOOP.

Below is a summary of medical and prescription drug costs. A complete list of the services we cover is in the Evidence of Coverage (EOC). **The EOC is available on our website October 15.**

PREMIUMS, DEDUCTIBLES, AND LIMITS

Costs	You Pay	Important to Know
Monthly plan premium (Part C & Part D)	\$0	You must continue to pay your Medicare Part B premium.
Deductible	\$0	
Maximum out-of-pocket responsibility (does not include Part D prescription drugs.)	\$1,000 annually	This is the most you would pay, for the year, for covered Medicare services.

MEDICAL & HOSPITAL BENEFITS

Benefits	You Pay	Important to Know
Inpatient hospital care	\$150 copay per day for days 1–5 \$0 copay per day for days 6–90	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost. This plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital and surgery services <ul style="list-style-type: none"> • Outpatient hospital facility • Ambulatory surgical center • Observation services 	\$100 copay per visit \$75 copay per visit \$100 copay for observation services	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.
Doctor Visits <ul style="list-style-type: none"> • Primary care physician (PCP) • Specialist 	\$0 copay per visit \$0 copay per visit	A Prior Authorization is not required for your first appointment with a specialist. You will need a Prior Authorization for any follow-up visits or future services. If you go to an out-of-network provider, you pay the full cost.
Preventive care <ul style="list-style-type: none"> • Welcome to Medicare visit • Annual wellness visit 	\$0 copay for one visit per year	Any additional preventive services approved by Medicare during the contract year will be covered.

Benefits	You Pay	Important to Know
Emergency care	\$90 copay per visit to an emergency room	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Urgently needed services	\$20 copay per visit to an urgent care center	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Diagnostic services, labs, and imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests, procedures, and basic radiology • Outpatient X-rays • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Therapeutic radiology services (such as radiation treatment for cancer) 	\$0 copay \$0 copay \$0 copay for outpatient X-rays \$175 copay for each CT, MRI and PET Scan \$0 copay for all other diagnostic radiology 20% coinsurance of the Medicare-allowed amount for each therapeutic radiology service	Services may require Prior Authorization. Covered according to Medicare guidelines. If you go to an out-of-network provider, you pay the full cost. While you pay 20% for therapeutic radiology services, you will never pay more than your total out-of-pocket maximum for the year.
Hearing services <ul style="list-style-type: none"> • Diagnostic hearing exam Hearing services (non-Medicare covered, routine) <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid fitting and Evaluation • Hearing aids 	\$0 copay for each Medicare-covered visit. \$0 copay for one routine hearing exam. \$0 copay for up to 3 fitting and evaluations per year. \$0 copay for hearing aids up to the maximum plan benefit amount. This plan covers up to \$500 per ear for hearing aids every year.	You must use a doctor in our hearing network. Hearing aids are available through NationsHearing and limited to specific devices based on your hearing needs. After plan-paid benefits for routine hearing exams or hearing aids, you are responsible for the remaining cost. A deductible applies for a one-time replacement for lost, stolen or damaged hearing aids.

Benefits	You Pay	Important to Know
<p>Dental services (routine)</p> <ul style="list-style-type: none"> • Medicare covered services <p>Preventive dental services include:</p> <ul style="list-style-type: none"> • Dental cleanings (limit 2 per year) • Oral exam (limit 2 per year) • Fluoride treatment (limit 1 per year) • X-ray (limit 1 per year) <p>Additional covered comprehensive dental services include, but are not limited to:</p> <ul style="list-style-type: none"> • Deep teeth cleaning • Fillings and repairs • Root canals (Endodontics) • Dental crowns (Caps) • Bridges, Dentures, Extractions and other services 	<p>\$0 copay for each Medicare-covered service</p> <p>This plan provides an allowance of \$375 up to four times a year, starting on your effective date. The annual maximum benefit is \$1,500.</p> <p>\$0 copay, up to the allowance amount for preventive and comprehensive dental services.</p> <p>Excludes surgical placement of dental implants.</p>	<p>Pre-treatment authorizations are required for restorative crowns and fixed prosthodontics.</p> <p>There is no requirement to stay in-network. However, your out-of-pocket costs may be lower when using a Liberty Dental network provider.</p> <p>Any amount not used by March 31, June 30, or September 30, will roll over, and expire December 31.</p> <p>After plan-paid benefits for dental services, you are responsible for the remaining costs. You may be responsible for the difference between the allowed and billed amounts if utilizing an out-of-network provider.</p>
<p>Vision services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye • Medicare-covered glasses after cataract surgery <p>Vision services (non-Medicare covered, routine)</p> <ul style="list-style-type: none"> • Routine eye exam, including refraction • Eyewear (frames, lenses, or contacts) 	<p>\$20 copay for each Medicare-covered visit</p> <p>\$0 copay for diabetic retinopathy exam</p> <p>\$0 copay for Medicare-covered glasses after cataract surgery</p> <p>\$0 copay for one routine eye exam every calendar year.</p> <p>\$0 copay for eyewear up to the plan allowance amount. This plan provides up to \$240 for eyewear every year.</p>	<p>Services may require Prior Authorization.</p> <p>You must use a doctor in the EyeMed network for non-Medicare covered services.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p> <p>After plan-paid benefits for routine services, you are responsible for the remaining costs.</p>

Benefits	You Pay	Important to Know
Mental health services <ul style="list-style-type: none"> Inpatient mental health care Outpatient mental health care 	\$175 copay per day for days 1–7 \$0 copay per day for days 8–90 20% coinsurance for outpatient group or individual therapy visit	Services may require prior authorization. The inpatient care lifetime limit does apply to mental health services provided in a general hospital. If you go to an out-of-network provider, you pay the full cost.
Skilled nursing facility (SNF)	\$0 copay per day for days 1–20 \$180 copay per day for days 21–100	Services may require prior authorization. No prior hospitalization is required. If you go to an out-of-network provider you pay the full cost.
Rehabilitation Services <ul style="list-style-type: none"> Occupational therapy Physical therapy and speech and language therapy Cardiac rehabilitation Pulmonary rehabilitation 	\$15 copay per visit \$15 copay per visit \$30 copay per visit \$20 copay per visit	Services may require prior authorization. If you go to an out-of-network provider you pay the full cost.
Ambulance	\$150 copay per trip (each way) for ground ambulance service. 20% coinsurance of the Medicare allowed amount for air ambulance transport services.	
Transportation	\$0 copay for 28 one-way trips for non-emergency transportation within a 25-mile radius every year	
Medicare Part B Drugs	20% coinsurance of the Medicare-allowed amount for chemotherapy drugs 20% coinsurance of the Medicare-allowed amount for other Part B drugs	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.

WELLNESS BENEFITS INCLUDED IN YOUR PLAN

Benefits	You Pay	Important to Know
<p>Health and Wellness (Flexible spending allowance)</p> <p>Fitness activities include, but not limited to:</p> <ul style="list-style-type: none"> • Golf • Gym membership • Tai Chi classes • Yoga or Pilates classes 	<p>\$0 copay up to the allowance amount</p> <p>This plan provides an allowance of \$550 up to four times a year, starting on your effective date. The annual maximum benefit is \$2,200.</p> <p>You choose how to spend the allowance. Pay for services using your flex debit card.</p>	<p>After plan-paid benefits, you are responsible for the remaining costs.</p> <p>Any amount not used by March 31, June 30, or September 30 will not carry over and expire December 31.</p>
<p>Acupuncture services</p> <p>This plan covers unlimited in-network acupuncture visits services up to \$2,500 maximum.</p> <p>Eastern wellness services</p> <p>Services include:</p> <ul style="list-style-type: none"> • Cupping/Moxa • Tui Na • Gua Sha • Med-X • Reflexology 	<p>\$0 copay per visit up to the plan maximum</p> <p>This plan offers a maximum of 18 wellness services per calendar year. \$0 copay per visit up to the maximum allowed visits.</p>	<p>You must use a doctor in our acupuncture network.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Health and Wellness (non-Medicare covered, routine service)</p> <ul style="list-style-type: none"> • Annual physical exam by your PCP 	<p>\$0 copay for one visit per year.</p>	<p>This service is not covered by Original Medicare.</p> <p>The annual physical exam usually includes the doctor feeling or listening to the body or tapping areas of the body.</p>
<p>24-hour Nurseline</p> <p>A registered nurse is available via phone 24 hours a day, seven days a week to address medical questions or concerns.</p>	<p>\$0 copay</p>	<p>Use this benefit to get advice from a medical provider when you are not sure where to seek care or have questions about an urgent healthcare event.</p>

Benefits	You Pay	Important to Know
Telehealth visit <ul style="list-style-type: none"> Teladoc® visit Video visit offered through your physician's office. 	\$0 copay for a medical visit 20% coinsurance for a mental health visit \$0 copay	Teladoc physicians or mental health providers are available 24-hours a day for non-emergency health issues. Teladoc Physicians can diagnose and treat basic medical conditions, and they can also prescribe medications when medically necessary. These visits can take place using your phone, tablet, or computer.
COVID-19 services When diagnosed with COVID-19 the plan covers: <ul style="list-style-type: none"> Testing Treatment Transportation Mental health Telemedicine Prescription drug benefits 	\$0 copay	Services may require prior authorization. In cases of an emergency, care provided by both network and out-of-network providers will be covered.

MORE BENEFITS INCLUDED IN YOUR PLAN:

Benefits	You Pay	Important to Know
Worldwide Coverage	\$50,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories	
Medical equipment and supplies <ul style="list-style-type: none"> Durable medical equipment Prosthetics (e.g. braces, artificial limbs) Diabetic therapeutic shoes and inserts Diabetes self-management training, diabetic services, and supplies 	0% coinsurance for items \$500 or less. 20% coinsurance of the Medicare-allowed amount for items over \$500 20% coinsurance of the Medicare-allowed amount You pay a \$0 copay for diabetes self-management training, diabetic services, and supplies	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost. This plan covers one blood glucose monitor per year.

Benefits	You Pay	Important to Know
<p>Post-discharge Meals Immediately following an inpatient hospital or a skilled nursing facility stay, this plan provides meal assistance for 28 days not to exceed 84 meals per year to help with recovery.</p>	<p>\$0 copay up to the maximum allowed meals per year.</p>	<p>Services may require prior authorization.</p> <p>Not applicable after outpatient surgery.</p>
<p>Personal Emergency Response System (PERS) A mobile device and monitoring service to connect you with a 24-hour response center with the push of a button.</p>	<p>\$0 copay for one device per year</p>	<p>Services may require prior authorization.</p>
<p>Foot Care (Podiatry)</p> <p>Medicare-covered foot care</p> <p>Foot Care (non-Medicare covered, routine)</p>	<p>\$0 copay for each Medicare-covered visit</p> <p>Not covered</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Chiropractic services</p> <p>Medicare-covered chiropractic care</p>	<p>\$0 copay for each Medicare-covered visit</p>	<p>Services may require prior authorization.</p> <p>Medicare covers services to help correct subluxation of the spine.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>

Benefits	You Pay	Important to Know
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>These benefits are for eligible members who must participate in our Case Management Program and adhere to activities with defined goals and outcome measures.</p> <p>Members with one or more of the chronic conditions listed below may be eligible for these extra supplemental benefits.</p> <ul style="list-style-type: none"> • Cardiovascular disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke 	<p>Meals for Chronic Conditions \$0 copay for 3 meals per day for 14 days not to exceed 42 meals per year.</p> <p>Groceries \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p>Social Needs Benefits \$0 copay for companionship services rendered by non-clinical personal caregivers. Services are limited to 24, four-hour shifts (96 total hours).</p> <p>At Home Wellness Check Visit \$0 copay for an at-home wellness check visit.</p> <p>Telemonitoring Service \$0 copay for a device to monitor medical and other health data.</p> <p>In-home Safety Assessment \$0 copay for up to two assessments per year.</p> <p>In-home Support Services \$0 copay for services to assist with activities of daily living.</p> <p>Support for Caregivers \$0 copay for respite care, limited to 40 hours of care giving per year.</p>	<p>Services may require prior authorization.</p> <p>All SSBCI benefits are for members who meet certain criteria and approval by the Plan.</p> <p>Services will be provided using the plan’s contracted providers and/or vendors.</p> <p>The meal benefit is not available following an outpatient surgery visit.</p> <p>This service is limited to those meeting fall risk criteria, gait, balance, or agility challenges.</p>

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.

Stage 1: Annual Deductible	\$0 This stage does not apply because there is no deductible.			
Stage 2: Initial Coverage You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$4,660.	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
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$35 copay	\$105 copay	\$70 copay	\$35 copay
Tier 4: Non-Preferred Drugs	\$99 copay	\$297 copay	\$198 copay	\$99 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6: Supplemental Drugs**	\$0 copay	\$0 copay	\$0 copay	\$0 copay

* A long term, 100-day, supply of medication is not available at out-of-network pharmacies.

** Tier 6 supplemental drugs include generic Viagra, prescription cough medicine and vitamins.

Stage 3: Coverage Gap After the total yearly drug cost reaches \$4,660 you remain in this stage until the total yearly drug cost (paid by the plan and you) reaches \$7,400.	<p>During this stage you pay:</p> <ul style="list-style-type: none"> • \$0 copay for a 30-day supply of Tier 1 preferred generic drugs. • \$0 copay for a 30-day supply of Tier 2 generic drugs. • \$35 copay for a 30-day supply of select Tier 3 preferred brand drugs. • 25% of the price for brand and specialty drugs (plus a portion of the dispensing fee).
Stage 4: Catastrophic Coverage After the total yearly drug cost reaches \$7,400 you will stay in this stage until the end of the calendar year.	<p>During this stage you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for a generic drug (including brand drugs treated as generic) or • \$10.35 copay for all other drugs.

FORTUNE



Clever ways to save on your prescription drugs!



NEW FOR 2023! 100-DAY SUPPLY OF MEDICATIONS

Getting something for nothing is always nice. When your provider writes a 90-day prescription Clever Care will automatically authorize the prescription to be filled for 100 days. That's 10 days of medication at no extra cost to you!



PRESCRIPTION MAIL ORDER

This service is offered through Medimpact Direct and is for medication taken daily. When you sign up for the service you get the convenience of receiving an extended supply of medication (100-days) for the cost of two copayments instead of three; and prescriptions are delivered safely to you at no charge. Tier 5 drugs are eligible for this service but limited to a 30-day supply.



ZERO OR LOW COST FOR SELECT INSULINS

The Part D Senior Savings Model helps to keep the cost for insulin low during what is known as the "coverage gap". Depending on the brand of insulin taken, your out-of-pocket cost will be either \$0 or \$35 maximum for a 30-day supply in all coverage stages.



Rewards Program for Healthy Activities

Participation in activities and screenings that focus on promoting improved health, prescription drug adherence, preventing injuries and illness, deserve to be rewarded. After approval, the reward amount will be added to your flex allowance card.

Reward dollars of up to \$600 can be used to purchase grocery food, over the counter items and herbal supplements.



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

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor for. Visit clevercarehealthplan.com or call Customer Service at 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.

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 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.

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

We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices on clevercarehealthplan.com/privacy to learn more.

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 **2023**
Summary of Benefits

**Clever Care Value
Medicare Advantage (HMO)**

**A Medicare Advantage and
Prescription Drug Plan**

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

Plan Year: January 1, 2023 – December 31, 2023

VALUE



A Clever Care Medicare Advantage HMO plan gives you the convenience of having medical services, prescription drug coverage, Eastern treatments, dental coverage, and more covered through one plan.

To join you must be entitled to Medicare Part A, be enrolled Medicare Part B, and live in one county of our service area: **Los Angeles, Orange, San Bernardino, Riverside, or San Diego.**

Our network of doctors, hospitals, pharmacies, drug list and more can be found on our website:



Primary care physicians and other providers

clevercarehealthplan.com/provider

Pharmacies

clevercarehealthplan.com/pharmacy

Formulary (list of covered drugs)

clevercarehealthplan.com/formulary

If you need help understanding this information, please call us at **1-833-388-8168 (TTY:711):**



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.

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.



2023 Summary of Benefits

CLEVER CARE VALUE MEDICARE ADVANTAGE (HMO)

A Part B premium buy-down plan.

Below is a summary of medical and prescription drug costs. A complete list of the services we cover is in the Evidence of Coverage (EOC). **The EOC is available on our website October 15.**

PREMIUMS, DEDUCTIBLES, AND LIMITS

Costs	You Pay	Important to Know
Monthly plan premium (Part C & Part D)	\$0	You must continue to pay your Medicare Part B premium.
Part B premium buy-down	The difference between the \$125, paid by the plan, and the 2023 Part B Premium.	This is not a reimbursement. You must pay the reduced premium amount. If your Part B premium comes out of your Social Security check, the reduced amount will be reflected in your monthly check.
Deductible	\$0	
Maximum out-of-pocket responsibility (does not include Part D prescription drugs.)	\$5,000 annually	This is the most you would pay, for the year, for covered Medicare services.

MEDICAL & HOSPITAL BENEFITS

Benefits	You Pay	Important to Know
Inpatient hospital care	\$100 copay per day for days 1–5 \$0 copay per day for days 6–90	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost. This plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient hospital and surgery services <ul style="list-style-type: none"> • Outpatient hospital facility • Ambulatory surgical center • Observation services 	\$75 copay per visit \$0 copay per visit \$75 copay for observation services	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.

VALUE

Benefits	You Pay	Important to Know
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care physician (PCP) • Specialist 	<p>\$0 copay per visit \$0 copay per visit</p>	<p>A Prior Authorization is not required for your first appointment with a specialist. You will need a Prior Authorization for any follow-up visits or future services. If you go to an out-of-network provider, you pay the full cost.</p>
<p>Preventive care</p> <ul style="list-style-type: none"> • Welcome to Medicare visit • Annual wellness visit 	<p>\$0 copay for one visit per year</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency care</p>	<p>\$110 copay per visit to an emergency room</p>	<p>The copay is waived if you are admitted to the hospital within 72 hours for the same condition.</p>
<p>Urgently needed services</p>	<p>\$0 copay per visit to an urgent care center</p>	<p>The copay is waived if you are admitted to the hospital within 72 hours for the same condition.</p>
<p>Diagnostic services, labs, and imaging</p> <ul style="list-style-type: none"> • Lab services • Diagnostic tests, procedures, and basic radiology • Outpatient X-rays • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Therapeutic radiology services (such as radiation treatment for cancer) 	<p>\$0 copay \$0 copay \$0 copay for outpatient X-rays \$75 copay for each CT, MRI and PET Scan \$0 copay for all other diagnostic radiology 20% coinsurance of the Medicare-allowed amount for each therapeutic radiology service</p>	<p>Services may require Prior Authorization. Covered according to Medicare guidelines. If you go to an out-of-network provider, you pay the full cost. While you pay 20% for therapeutic radiology services, you will never pay more than your total out-of-pocket maximum for the year.</p>
<p>Hearing services</p> <ul style="list-style-type: none"> • Diagnostic hearing exam <p>Hearing services (non-Medicare covered, routine)</p> <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid fitting and Evaluation • Hearing aids 	<p>\$0 copay for each Medicare-covered visit. \$0 copay for one routine hearing exam. \$0 copay for up to 3 fitting and evaluations per year. \$0 copay for hearing aids up to the maximum plan benefit amount. This plan covers up to \$500 per ear for hearing aids every year.</p>	<p>You must use a doctor in our hearing network. Hearing aids are available through NationsHearing and limited to specific devices based on your hearing needs. After plan-paid benefits for routine hearing exams or hearing aids, you are responsible for the remaining cost. A deductible applies for a one-time replacement for lost, stolen or damaged hearing aids.</p>

Benefits	You Pay	Important to Know
<p>Dental services (routine)</p> <ul style="list-style-type: none"> • Medicare covered services <p>Preventive dental services include:</p> <ul style="list-style-type: none"> • Dental cleanings (limit 2 per year) • Oral exam (limit 2 per year) • Fluoride treatment (limit 1 per year) • X-ray (limit 1 per year) <p>Additional covered comprehensive dental services include, but are not limited to:</p> <ul style="list-style-type: none"> • Deep teeth cleaning • Fillings and repairs • Root canals (Endodontics) • Dental crowns (Caps) • Bridges, Dentures, Extractions and other services 	<p>\$0 copay for each Medicare-covered service</p> <p>This plan provides an allowance of \$200 up to four times a year, starting on your effective date. The annual maximum benefit is \$800.</p> <p>\$0 copay, up to the allowance amount for preventive and comprehensive dental services.</p> <p>Excludes surgical placement of dental implants.</p>	<p>Pre-treatment authorizations are required for restorative crowns and fixed prosthodontics.</p> <p>There is no requirement to stay in-network. However, your out-of-pocket costs may be lower when using a Liberty Dental network provider.</p> <p>Any amount not used by March 31, June 30, or September 30, will roll over, and expire December 31.</p> <p>After plan-paid benefits for dental services, you are responsible for the remaining costs. You may be responsible for the difference between the allowed and billed amounts if utilizing an out-of-network provider.</p>
<p>Vision services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye • Medicare-covered glasses after cataract surgery <p>Vision services (non-Medicare covered, routine)</p> <ul style="list-style-type: none"> • Routine eye exam, including refraction • Eyewear (frames, lenses, or contacts) 	<p>\$20 copay for each Medicare-covered visit</p> <p>\$0 copay for diabetic retinopathy exam</p> <p>\$0 copay for Medicare-covered glasses after cataract surgery</p> <p>\$0 copay for one routine eye exam every calendar year.</p> <p>\$0 copay for eyewear up to the plan allowance amount. This plan provides up to \$320 for eyewear every two years.</p>	<p>Services may require Prior Authorization.</p> <p>You must use a doctor in the EyeMed network for non-Medicare covered services.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p> <p>After plan-paid benefits for routine services, you are responsible for the remaining costs.</p>

Benefits	You Pay	Important to Know
Mental health services <ul style="list-style-type: none"> Inpatient mental health care Outpatient mental health care 	\$175 copay per day for days 1–7 \$0 copay per day for days 8–90 \$40 copay for outpatient group or individual therapy visit	Services may require prior authorization. The inpatient care lifetime limit does apply to mental health services provided in a general hospital. If you go to an out-of-network provider, you pay the full cost.
Skilled nursing facility (SNF)	\$0 copay per day for days 1–20 \$188 copay per day for days 21–100	Services may require prior authorization. No prior hospitalization is required. If you go to an out-of-network provider you pay the full cost.
Rehabilitation Services <ul style="list-style-type: none"> Occupational therapy Physical therapy and speech and language therapy Cardiac rehabilitation Pulmonary rehabilitation 	\$5 copay per visit \$5 copay per visit \$5 copay per visit \$5 copay per visit	Services may require prior authorization. If you go to an out-of-network provider you pay the full cost.
Ambulance	\$150 copay per trip (each way) for ground ambulance service. 20% coinsurance of the Medicare allowed amount for air ambulance transport services.	
Transportation	\$0 copay for 25 one-way trips for non-emergency transportation within a 25-mile radius every year	
Medicare Part B Drugs	20% coinsurance of the Medicare-allowed amount for chemotherapy drugs 20% coinsurance of the Medicare-allowed amount for other Part B drugs	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.

WELLNESS BENEFITS INCLUDED IN YOUR PLAN

Benefits	You Pay	Important to Know
<p>Health and Wellness (Flexible spending allowance)</p> <p>Fitness activities include, but not limited to:</p> <ul style="list-style-type: none"> • Golf • Gym membership • Tai Chi classes • Yoga or Pilates classes <p>Over-the-Counter items (OTC) Clever Care provides a list of eligible OTC items that can be purchased in-store or online.</p> <p>Herbal Supplement Herbal supplements need to be purchased from a network acupuncturist office, network supplier, or by calling Clever Care.</p>	<p>\$0 copay up to the allowance amount</p> <p>This plan provides an allowance of \$100 up to four times a year, starting on your effective date. The annual maximum benefit is \$400.</p> <p>You choose how to spend the allowance. Pay for services using your flex debit card.</p>	<p>After plan-paid benefits, you are responsible for the remaining costs.</p> <p>Any amount not used by March 31, June 30, or September 30 will not carry over and expire December 31.</p> <p>Herbal supplements are used to treat conditions such as allergies, anxiety, arthritis, back pain, eczema, fatigue, insomnia, menopause symptoms, obesity, and more.</p>
<p>Acupuncture services</p> <p>This plan covers unlimited in-network acupuncture visits services up to \$1,200 maximum.</p> <p>Eastern wellness services</p> <p>Services include:</p> <ul style="list-style-type: none"> • Cupping/Moxa • Tui Na • Gua Sha • Med-X • Reflexology 	<p>\$0 copay per visit up to the plan maximum</p> <p>This plan offers a maximum of 12 wellness services per calendar year. \$0 copay per visit up to the maximum allowed visits.</p>	<p>You must use a doctor in our acupuncture network.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Health and Wellness (non-Medicare covered, routine service)</p> <ul style="list-style-type: none"> • Annual physical exam by your PCP 	<p>\$0 copay for one visit per year.</p>	<p>This service is not covered by Original Medicare.</p> <p>The annual physical exam usually includes the doctor feeling or listening to the body or tapping areas of the body.</p>
<p>24-hour Nurseline</p> <p>A registered nurse is available via phone 24 hours a day, seven days a week to address medical questions or concerns.</p>	<p>\$0 copay</p>	<p>Use this benefit to get advice from a medical provider when you are not sure where to seek care or have questions about an urgent healthcare event.</p>

Benefits	You Pay	Important to Know
Telehealth visit <ul style="list-style-type: none"> Teladoc® visit Video visit offered through your physician's office. 	\$0 copay for a medical visit \$40 copay for a mental health visit \$0 copay	Teladoc physicians or mental health providers are available 24-hours a day for non-emergency health issues. Teladoc Physicians can diagnose and treat basic medical conditions, and they can also prescribe medications when medically necessary. These visits can take place using your phone, tablet, or computer.
COVID-19 services When diagnosed with COVID-19 the plan covers: <ul style="list-style-type: none"> Testing Treatment Transportation Mental health Telemedicine Prescription drug benefits 	\$0 copay	Services may require prior authorization. In cases of an emergency, care provided by both network and out-of-network providers will be covered.

MORE BENEFITS INCLUDED IN YOUR PLAN:

Benefits	You Pay	Important to Know
Worldwide Coverage	\$50,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories	
Medical equipment and supplies <ul style="list-style-type: none"> Durable medical equipment Prosthetics (e.g. braces, artificial limbs) Diabetic therapeutic shoes and inserts Diabetes self-management training, diabetic services, and supplies 	0% coinsurance for items \$500 or less. 20% coinsurance of the Medicare-allowed amount for items over \$500 20% coinsurance of the Medicare-allowed amount You pay a \$0 copay for diabetes self-management training, diabetic services, and supplies	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost. This plan covers one blood glucose monitor per year.

Benefits	You Pay	Important to Know
<p>Post-discharge Meals Immediately following an inpatient hospital or a skilled nursing facility stay, this plan provides meal assistance for 28 days not to exceed 84 meals per year to help with recovery.</p>	<p>\$0 copay up to the maximum allowed meals per year.</p>	<p>Services may require prior authorization.</p> <p>Not applicable after outpatient surgery.</p>
<p>Personal Emergency Response System (PERS) A mobile device and monitoring service to connect you with a 24-hour response center with the push of a button.</p>	<p>\$0 copay for one device per year</p>	<p>Services may require prior authorization.</p>
<p>Foot Care (Podiatry)</p> <p>Medicare-covered foot care</p> <p>Foot Care (non-Medicare covered, routine)</p>	<p>\$0 copay for each Medicare-covered visit</p> <p>Not covered</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Chiropractic services</p> <p>Medicare-covered chiropractic care</p>	<p>\$0 copay for each Medicare-covered visit</p>	<p>Services may require prior authorization.</p> <p>Medicare covers services to help correct subluxation of the spine.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>

Benefits	You Pay	Important to Know
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>These benefits are for eligible members who must participate in our Case Management Program and adhere to activities with defined goals and outcome measures.</p> <p>Members with one or more of the chronic conditions listed below may be eligible for these extra supplemental benefits.</p> <ul style="list-style-type: none"> • Cardiovascular disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke 	<p>Meals for Chronic Conditions \$0 copay for 3 meals per day for 14 days not to exceed 42 meals per year.</p> <p>Groceries \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p>Social Needs Benefits \$0 copay for companionship services rendered by non-clinical personal caregivers. Services are limited to 24, four-hour shifts (96 total hours).</p> <p>At Home Wellness Check Visit \$0 copay for an at-home wellness check visit.</p> <p>Telemonitoring Service \$0 copay for a device to monitor medical and other health data.</p> <p>In-home Safety Assessment \$0 copay for up to two assessments per year.</p> <p>In-home Support Services \$0 copay for services to assist with activities of daily living.</p> <p>Support for Caregivers \$0 copay for respite care, limited to 40 hours of care giving per year.</p>	<p>Services may require prior authorization.</p> <p>All SSBCI benefits are for members who meet certain criteria and approval by the Plan.</p> <p>Services will be provided using the plan’s contracted providers and/or vendors.</p> <p>The meal benefit is not available following an outpatient surgery visit.</p> <p>This service is limited to those meeting fall risk criteria, gait, balance, or agility challenges.</p>

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.

Stage 1: Annual Deductible	\$0 This stage does not apply because there is no deductible.			
Stage 2: Initial Coverage You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$4,660.	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
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$10 copay	\$30 copay	\$20 copay	\$10 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay	\$94 copay	\$47 copay
Tier 4: Non-Preferred Drugs	\$99 copay	\$297 copay	\$198 copay	\$99 copay
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6: Supplemental Drugs**	\$0 copay	\$0 copay	\$0 copay	\$0 copay

* A long term, 100-day, supply of medication is not available at out-of-network pharmacies.

** Tier 6 supplemental drugs include generic Viagra, prescription cough medicine and vitamins.

Stage 3: Coverage Gap After the total yearly drug cost reaches \$4,660 you remain in this stage until the total yearly drug cost (paid by the plan and you) reaches \$7,400.	<p>During this stage you pay:</p> <ul style="list-style-type: none"> • \$0 copay for a 30-day supply of Tier 1 preferred generic drugs. • \$0 copay for a 30-day supply of Tier 2 generic drugs. • \$35 copay for a 30-day supply of select Tier 3 preferred brand drugs. • 25% of the price for brand and specialty drugs (plus a portion of the dispensing fee).
Stage 4: Catastrophic Coverage After the total yearly drug cost reaches \$7,400 you will stay in this stage until the end of the calendar year.	<p>During this stage you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for a generic drug (including brand drugs treated as generic) or • \$10.35 copay for all other drugs.



Clever ways to save on your prescription drugs!



NEW FOR 2023! 100-DAY SUPPLY OF MEDICATIONS

Getting something for nothing is always nice. When your provider writes a 90-day prescription Clever Care will automatically authorize the prescription to be filled for 100 days. That's 10 days of medication at no extra cost to you!



PRESCRIPTION MAIL ORDER

This service is offered through Medimpact Direct and is for medication taken daily. When you sign up for the service you get the convenience of receiving an extended supply of medication (100-days) for the cost of two copayments instead of three; and prescriptions are delivered safely to you at no charge. Tier 5 drugs are eligible for this service but limited to a 30-day supply.



ZERO OR LOW COST FOR SELECT INSULINS

The Part D Senior Savings Model helps to keep the cost for insulin low during what is known as the "coverage gap". Depending on the brand of insulin taken, your out-of-pocket cost will be either \$0 or \$35 maximum for a 30-day supply in all coverage stages.



Rewards Program for Healthy Activities

Participation in activities and screenings that focus on promoting improved health, prescription drug adherence, preventing injuries and illness, deserve to be rewarded. After approval, the reward amount will be added to your flex allowance card.

Reward dollars of up to \$600 can be used to purchase grocery food, over the counter items and herbal supplements.



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

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor for. Visit clevercarehealthplan.com or call Customer Service at 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.

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 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.

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

We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices on clevercarehealthplan.com/privacy to learn more.

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 **2023**
Summary of Benefits

**Clever Care Jasmine
Medicare Advantage
(HMO C-SNP)**

**A Medicare Advantage and
Prescription Drug Plan**

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

Plan Year: January 1, 2023 - December 31, 2023

JASMINE



A Clever Care Medicare Advantage HMO plan gives you the convenience of having medical services, prescription drug coverage, Eastern treatments, dental coverage, and more covered through one plan.

To join you must be entitled to Medicare Part A, be enrolled Medicare Part B, and live in one county of our service area: **Los Angeles, Orange, San Bernardino, or Riverside.**

Our network of doctors, hospitals, pharmacies, drug list and more can be found on our website:



Primary care physicians and other providers

clevercarehealthplan.com/provider

Pharmacies

clevercarehealthplan.com/pharmacy

Formulary (list of covered drugs)

clevercarehealthplan.com/formulary

If you need help understanding this information, please call us at **1-833-388-8168 (TTY:711):**



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.

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.



2023 Summary of Benefits

CLEVER CARE JASMINE MEDICARE ADVANTAGE (HMO C-SNP)

A special needs plan for chronic cardiovascular disorders and/or diabetes.

Below is a summary of medical and prescription drug costs. A complete list of the services we cover is in the Evidence of Coverage (EOC). **The EOC is available on our website October 15.**

If you are enrolled in the Medi-Cal program, you may pay nothing for services or will get help with your share of costs (such as copay, coinsurance, or deductibles). You must remain enrolled in Medi-Cal for reduced cost-sharing.

PREMIUMS, DEDUCTIBLES, AND LIMITS

Costs	You Pay	Important to Know
Monthly plan premium (Part C & Part D)	\$31.80	You must continue to pay your Medicare Part B premium.
Deductible	\$0	This plan has deductibles for some hospital and medical services and Part D prescription drugs.
Maximum out-of-pocket responsibility (does not include Part D prescription drugs.)	\$7,550 annually	This is the most you would pay, for the year, for covered Medicare services.

MEDICAL & HOSPITAL BENEFITS

Benefits	You Pay	Important to Know
Inpatient hospital care	<p>The following Medicare defined amounts are for 2022 and may change for 2023. We will provide updated rates as soon as Medicare releases them.</p> <ul style="list-style-type: none"> \$1,556 deductible per benefit period \$0 copay per day for days 1–60, per benefit period and days 91 and more \$389 copay per day for days 61–90, per benefit period <p>For people with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p> <p>The copays are based on benefit periods. A benefit period begins the day you're admitted and ends when you haven't received any inpatient care for 60 days in a row.</p>

Benefits	You Pay	Important to Know
Outpatient hospital and surgery services <ul style="list-style-type: none"> • Outpatient hospital facility • Ambulatory surgical center • Observation services 	20% coinsurance of the Medicare-allowed amount per visit. For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost.
Doctor Visits <ul style="list-style-type: none"> • Primary care physician (PCP) • Specialist 	\$0 copay per visit \$0 copay per visit	A Prior Authorization is not required for your first appointment with a specialist. You will need a Prior Authorization for any follow-up visits or future services. If you go to an out-of-network provider, you pay the full cost.
Preventive care <ul style="list-style-type: none"> • Welcome to Medicare visit • Annual wellness visit 	\$0 copay for one visit per year	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care	\$95 copay per visit to an emergency room For people with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Urgently needed services	\$25 copay per visit to an urgent care center For people with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.	The copay is waived if you are admitted to the hospital within 72 hours for the same condition.
Diagnostic services, labs, and imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests, procedures, and basic radiology • Outpatient X-rays • Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.) • Therapeutic radiology services (such as radiation treatment for cancer) 	20% coinsurance of the Medicare-allowed amount for each service. For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.	Services may require Prior Authorization. Covered according to Medicare guidelines. If you go to an out-of-network provider, you pay the full cost. While you pay 20% for therapeutic radiology services, you will never pay more than your total out-of-pocket maximum for the year.

Benefits	You Pay	Important to Know
<p>Hearing services</p> <ul style="list-style-type: none"> Diagnostic hearing exam <p>Hearing services (non-Medicare covered, routine)</p> <ul style="list-style-type: none"> Routine hearing exam Hearing aid fitting and Evaluation Hearing aids 	<p>\$0 copay for each Medicare-covered visit.</p> <p>\$0 copay for one routine hearing exam.</p> <p>\$0 copay for up to 3 fitting and evaluations per year.</p> <p>\$0 copay for hearing aids up to the maximum plan benefit amount. This plan covers up to \$1,500 per ear for hearing aids every year.</p>	<p>You must use a doctor in our hearing network.</p> <p>Hearing aids are available through NationsHearing and limited to specific devices based on your hearing needs.</p> <p>After plan-paid benefits for routine hearing exams or hearing aids, you are responsible for the remaining cost.</p> <p>A deductible applies for a one-time replacement for lost, stolen or damaged hearing aids.</p>
<p>Dental services (routine)</p> <ul style="list-style-type: none"> Medicare covered services <p>Preventive dental services include:</p> <ul style="list-style-type: none"> Dental cleanings (limit 2 per year) Oral exam (limit 2 per year) Fluoride treatment (limit 1 per year) X-ray (limit 1 per year) <p>Additional covered comprehensive dental services include, but are not limited to:</p> <ul style="list-style-type: none"> Deep teeth cleaning Fillings and repairs Root canals (Endodontics) Dental crowns (Caps) Bridges, Dentures, Extractions and other services 	<p>\$0 copay for each Medicare-covered service</p> <p>This plan provides an allowance of \$625 up to four times a year, starting on your effective date. The annual maximum benefit is \$2,500.</p> <p>\$0 copay, up to the allowance amount for preventive and comprehensive dental services.</p> <p>Excludes surgical placement of dental implants.</p>	<p>Pre-treatment authorizations are required for restorative crowns and fixed prosthodontics.</p> <p>There is no requirement to stay in-network. However, your out-of-pocket costs may be lower when using a Liberty Dental network provider.</p> <p>Any amount not used by March 31, June 30, or September 30, will roll over, and expire December 31.</p> <p>After plan-paid benefits for dental services, you are responsible for the remaining costs. You may be responsible for the difference between the allowed and billed amounts if utilizing an out-of-network provider.</p>

Benefits	You Pay	Important to Know
Skilled nursing facility (SNF)	<p>The following Medicare defined amounts are for 2022 and may change for 2023. We will provide updated rates as soon as Medicare releases them.</p> <ul style="list-style-type: none"> • \$0 copay, per day, for days 1–20 of each benefit period • \$194.50, per day, for days 21–100 of each benefit period <p>For people with full Medi-Cal, the copay for services may be paid in part or in full by Medi-Cal, or a third party.</p>	<p>Services may require prior authorization.</p> <p>No prior hospitalization is required.</p> <p>If you go to an out-of-network provider you pay the full cost.</p>
Rehabilitation Services <ul style="list-style-type: none"> • Occupational therapy • Physical therapy and speech and language therapy • Cardiac rehabilitation • Pulmonary rehabilitation 	<p>20% coinsurance of the Medicare-allowed amount for these services</p> <p>For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider you pay the full cost.</p>
Ambulance	<p>20% coinsurance of the Medicare-allowed amount for per trip (each way) for ground or air ambulance service</p> <p>For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.</p>	
Transportation	<p>\$0 copay for 48 one-way trips for non-emergency transportation within a 25-mile radius every year</p>	
Medicare Part B Drugs	<p>20% coinsurance of the Medicare-allowed amount for chemotherapy drugs</p> <p>20% coinsurance of the Medicare-allowed amount for other Part B drugs</p> <p>For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>

WELLNESS BENEFITS INCLUDED IN YOUR PLAN

Benefits	You Pay	Important to Know
<p>Health and Wellness (Flexible spending allowance)</p> <p>Fitness activities include, but not limited to:</p> <ul style="list-style-type: none"> • Golf • Gym membership • Tai Chi classes • Yoga or Pilates classes <p>Over-the-Counter items (OTC) Clever Care provides a list of eligible OTC items that can be purchased in-store or online.</p> <p>Herbal Supplement Herbal supplements need to be purchased from a network acupuncturist office, network supplier, or by calling Clever Care.</p>	<p>\$0 copay up to the allowance amount</p> <p>This plan provides an allowance of \$320 up to four times a year, starting on your effective date. The annual maximum benefit is \$1,280.</p> <p>You choose how to spend the allowance. Pay for services using your flex debit card.</p>	<p>After plan-paid benefits, you are responsible for the remaining costs.</p> <p>Any amount not used by March 31, June 30, or September 30 will not carry over and expire December 31.</p> <p>Herbal supplements are used to treat conditions such as allergies, anxiety, arthritis, back pain, eczema, fatigue, insomnia, menopause symptoms, obesity, and more.</p>
<p>Acupuncture services</p> <p>This plan covers unlimited in-network acupuncture visits services up to \$3,000 maximum.</p> <p>Eastern wellness services</p> <p>Services include:</p> <ul style="list-style-type: none"> • Cupping/Moxa • Tui Na • Gua Sha • Med-X • Reflexology 	<p>\$0 copay per visit up to the plan maximum</p> <p>This plan offers a maximum of 24 wellness services per calendar year. \$0 copay per visit up to the maximum allowed visits.</p>	<p>You must use a doctor in our acupuncture network.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Health and Wellness (non-Medicare covered, routine service)</p> <ul style="list-style-type: none"> • Annual physical exam by your PCP 	<p>\$0 copay for one visit per year.</p>	<p>This service is not covered by Original Medicare.</p> <p>The annual physical exam usually includes the doctor feeling or listening to the body or tapping areas of the body.</p>

Benefits	You Pay	Important to Know
24-hour Nurseline A registered nurse is available via phone 24 hours a day, seven days a week to address medical questions or concerns.	\$0 copay	Use this benefit to get advice from a medical provider when you are not sure where to seek care or have questions about an urgent healthcare event.
Telehealth visit <ul style="list-style-type: none"> • Teladoc® visit • Video visit offered through your physician's office. 	\$0 copay for a medical or mental health visit \$0 copay	Teladoc physicians or mental health providers are available 24-hours a day for non-emergency health issues. Teladoc Physicians can diagnose and treat basic medical conditions, and they can also prescribe medications when medically necessary. These visits can take place using your phone, tablet, or computer.
COVID-19 services When diagnosed with COVID-19 the plan covers: <ul style="list-style-type: none"> • Testing • Treatment • Transportation • Mental health • Telemedicine • Prescription drug benefits 	\$0 copay	Services may require prior authorization. In cases of an emergency, care provided by both network and out-of-network providers will be covered.

MORE BENEFITS INCLUDED IN YOUR PLAN:

Benefits	You Pay	Important to Know
Worldwide Coverage	\$100,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories	
Medical equipment and supplies <ul style="list-style-type: none"> • Durable medical equipment • Prosthetics (e.g. braces, artificial limbs) • Diabetic therapeutic shoes and inserts • Diabetes self-management training, diabetic services, and supplies 	20% coinsurance of the Medicare- allowed amount For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.	Services may require prior authorization. If you go to an out-of-network provider, you pay the full cost. This plan covers one blood glucose monitor per year.

Benefits	You Pay	Important to Know
<p>Post-discharge Meals Immediately following an inpatient hospital or a skilled nursing facility stay, this plan provides meal assistance for 28 days not to exceed 84 meals per year to help with recovery.</p>	<p>\$0 copay up to the maximum allowed meals per year.</p>	<p>Services may require prior authorization.</p> <p>Not applicable after outpatient surgery.</p>
<p>Personal Emergency Response System (PERS) A mobile device and monitoring service to connect you with a 24-hour response center with the push of a button.</p>	<p>\$0 copay for one device per year</p>	<p>Services may require prior authorization.</p>
<p>Foot Care (Podiatry) Medicare-covered foot care</p>	<p>20% coinsurance of the Medicare-allowed amount</p> <p>For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.</p>	<p>Services may require prior authorization.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>
<p>Foot Care (non-Medicare covered, routine)</p>	<p>\$0 copay for non-Medicare covered visits, up to 12 visits</p>	
<p>Chiropractic services Medicare-covered chiropractic care</p>	<p>20% coinsurance of the Medicare-allowed amount</p> <p>For people with full Medi-Cal, the coinsurance for services may be paid in part or in full by Medi-Cal, or a third party.</p>	<p>Services may require prior authorization.</p> <p>Medicare covers services to help correct subluxation of the spine.</p> <p>If you go to an out-of-network provider, you pay the full cost.</p>

Benefits	You Pay	Important to Know
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>These benefits are for eligible members who must participate in our Case Management Program and adhere to activities with defined goals and outcome measures.</p> <p>Members with one or more of the chronic conditions listed below may be eligible for these extra supplemental benefits.</p> <ul style="list-style-type: none"> • Cardiovascular disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke 	<p>Meals for Chronic Conditions \$0 copay for 3 meals per day for 14 days not to exceed 42 meals per year.</p> <p>Groceries \$0 copay for eligible food items with a \$25 limit per month. Does not rollover to the following month.</p> <p>Social Needs Benefits \$0 copay for companionship services rendered by non-clinical personal caregivers. Services are limited to 24, four-hour shifts (96 total hours).</p> <p>At Home Wellness Check Visit \$0 copay for an at-home wellness check visit.</p> <p>Telemonitoring Service \$0 copay for a device to monitor medical and other health data.</p> <p>In-home Safety Assessment \$0 copay for up to two assessments per year.</p> <p>In-home Support Services \$0 copay for services to assist with activities of daily living.</p> <p>Support for Caregivers \$0 copay for respite care, limited to 40 hours of care giving per year.</p>	<p>Services may require prior authorization.</p> <p>All SSBCI benefits are for members who meet certain criteria and approval by the Plan.</p> <p>Services will be provided using the plan’s contracted providers and/or vendors.</p> <p>The meal benefit is not available following an outpatient surgery visit.</p> <p>This service is limited to those meeting fall risk criteria, gait, balance, or agility challenges.</p>

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.

Stage 1: Annual Deductible	\$505 The annual deductible does not apply to Tiers 1 & 6.			
Stage 2: Initial Coverage You pay the following until the total yearly drug cost (paid by the plan and you) reaches \$4,660.	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
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Preferred Brand Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-Preferred Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 6: Supplemental Drugs**	\$0 copay	\$0 copay	\$0 copay	\$0 copay

* A long term, 100-day, supply of medication is not available at out-of-network pharmacies.

** Tier 6 supplemental drugs include generic Viagra, prescription cough medicine and vitamins.

Stage 3: Coverage Gap After the total yearly drug cost reaches \$4,660 you remain in this stage until the total yearly drug cost (paid by the plan and you) reaches \$7,400.	<p>During this stage you pay:</p> <ul style="list-style-type: none"> • \$0 copay for a 30-day supply of Tier 1 preferred generic drugs. • \$0 copay for a 30-day supply of Tier 2 generic drugs. • \$35 copay for a 30-day supply of select Tier 3 preferred brand drugs. • 25% of the price for brand and specialty drugs (plus a portion of the dispensing fee).
Stage 4: Catastrophic Coverage After the total yearly drug cost reaches \$7,400 you will stay in this stage until the end of the calendar year.	<p>During this stage you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for a generic drug (including brand drugs treated as generic) or • \$10.35 copay for all other drugs.



Clever ways to save on your prescription drugs!



NEW FOR 2023! 100-DAY SUPPLY OF MEDICATIONS

Getting something for nothing is always nice. When your provider writes a 90-day prescription Clever Care will automatically authorize the prescription to be filled for 100 days. That's 10 days of medication at no extra cost to you!



PRESCRIPTION MAIL ORDER

This service is offered through Medimpact Direct and is for medication taken daily. When you sign up for the service you get the convenience of receiving an extended supply of medication (100-days) for the cost of two copayments instead of three; and prescriptions are delivered safely to you at no charge. Tier 5 drugs are eligible for this service but limited to a 30-day supply.



ZERO OR LOW COST FOR SELECT INSULINS

The Part D Senior Savings Model helps to keep the cost for insulin low during what is known as the "coverage gap". Depending on the brand of insulin taken, your out-of-pocket cost will be either \$0 or \$35 maximum for a 30-day supply in all coverage stages.



Rewards Program for Healthy Activities

Participation in activities and screenings that focus on promoting improved health, prescription drug adherence, preventing injuries and illness, deserve to be rewarded. After approval, the reward amount will be added to your flex allowance card.

Reward dollars of up to \$600 can be used to purchase grocery food, over the counter items and herbal supplements.



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

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor for. Visit clevercarehealthplan.com or call Customer Service at 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.

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 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.

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

We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices on clevercarehealthplan.com/privacy to learn more.

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IMPORTANT INFORMATION:

2023 Medicare Star Ratings



Clever Care Health Plan - H7607

For 2023, Clever Care Health Plan - H7607 received the following Star Ratings from Medicare:

Overall Star Rating: Not enough data available*
Health Services Rating: Not enough data available
Drug Services Rating: ★★☆☆☆

**Some plans do not have enough data to rate performance.*

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

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

The number of stars show how well a plan performs.

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

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@ccmapd.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/Language 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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-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 도와드릴 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: انيديل ةيودال لودج وأ ةحصلاب قلعتت ةلئسأ ي أ ن ع ةباجلل ةيناجملا يروفلا مجرتملا تامدخ مدقن انن! ام صخش موقيس (833) 388-8168 (TTY:711) لىل ع انب لاصتال اىوس كئيل ع سيل، يروف مجرتم لىل ع لوصحلل ةيناجم ةمدخ هذ ه. كئدع اس م ب ةيبرعلا ثدحتي.

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: យើងមានសេវាកម្មបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរទាំងឡាយណាដែលអ្នកមានស្តីអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ (833) 388-8168 (TTY:711) ។ អ្នកនិយាយភាសាខ្មែរណាម្នាក់អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Thai: เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือยาของเรา หากคุณต้องการล่ามแปลภาษาไทยเพียงโทรหาเราที่ (833) 388-8168 (TTY:711) บุคคลที่พูดภาษาอังกฤษสามารถช่วยคุณได้ นี่คือการบริการฟรี



How to enroll in 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



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. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your Level of Extra Help	Monthly Premium for Clever Care Longevity (HMO)*	Monthly Premium for Clever Care Fortune (HMO)*	Monthly Premium for Clever Care Value (HMO)*	Monthly Premium for Clever Care Jasmine (HMO C-SNP)*
100%	\$0	\$0	\$0	\$0
75%	\$0	\$0	\$0	\$7.95
50%	\$0	\$0	\$0	\$15.90
25%	\$0	\$0	\$0	\$23.85

*This does not include any Medicare Part B premium you may have to pay.

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.



SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

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 ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial beside the type of product you want the agent to discuss. If you do not want the agent to discuss a plan type with you, please leave the box empty.

Clever Care Health Plan Medicare Advantage and Prescription Drug Plan (MAPD)

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.

BENEFICIARY SECTION

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Date:

/ /

If you’re the authorized representative, sign above and print below:

Representative’s Name:

Your Relationship to the Beneficiary:

Phone Number (optional):

AGENT SECTION

This section *must* be completed by the Licensed Agent prior to meeting with the beneficiary:

Agent Name:

Phone:	National Producer Number (NPN):
--------	---------------------------------

Beneficiary Name:

Phone (optional):	Address (optional):
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Indicate method of contact (check one)

Sales event Walk-in Inbound call Permission to call card Other _____

Plan(s) represented during this meeting/event _____

Date of Appointment: ___ / ___ / ___

Date Appointment Completed ___ / ___ / ___

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: _____

Beneficiary Medicare Identifier (complete after receipt of enrollment application): _____ - _____ - _____

By signing this form, Agent agrees and attests that the Scope of Appointment (SOA) was documented and agreed to by the beneficiary (or their authorized representative) prior to discussing plan information. **Agent also agrees to provide a copy of this SOA along with the beneficiary's enrollment form.**

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

Agent's Signature:

Date:

 / /

Mail or fax the completed SOA and application to:

Clever Care Health Plan
Attn: Enrollment Services
7711 Center Ave, Suite 100
Huntington Beach, CA 92647

Email: enrollment@ccmapd.com
Fax: (657) 276-4757

Agent, for additional information call Clever Care Broker Support at (877) 525-3837, or your regional sales manager.

Clever Care Health Plan, Inc. is an HMO and HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal. For accommodations of persons with special needs at meetings call (833) 388-8168 (TTY:711).



2023 Individual Enrollment Request Form To Enroll In A Medicare Advantage Plan (Part C)

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?

Send your completed and signed form to:

Clever Care Health Plan
Attn: Enrollment Services
7711 Center Ave, Suite 100
Huntington Beach, CA 92647

Email: enrollment@ccmapd.com

Fax: (657) 276-4757

Once they process your request to join, they will contact you.

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.

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* Medicare Advantage (HMO)**

<input type="checkbox"/>	Los Angeles County	\$0 per month	H7607-002-001
<input type="checkbox"/>	Orange County	\$0 per month	H7607-002-002
<input type="checkbox"/>	San Diego County	\$0 per month	H7607-002-003
<input type="checkbox"/>	San Bernardino County	\$0 per month	H7607-002-004
<input type="checkbox"/>	Riverside County	\$0 per month	H7607-002-005

Clever Care *Fortune* Medicare Advantage (HMO)

<input type="checkbox"/>	Los Angeles County	\$0 per month	H7607-007-001
<input type="checkbox"/>	Orange County	\$0 per month	H7607-007-002
<input type="checkbox"/>	San Diego County	\$0 per month	H7607-007-003
<input type="checkbox"/>	San Bernardino County	\$0 per month	H7607-007-004
<input type="checkbox"/>	Riverside County	\$0 per month	H7607-007-005

Clever Care *Value* Medicare Advantage (HMO)

<input type="checkbox"/>	Los Angeles County	\$0 per month	H7607-008-001
<input type="checkbox"/>	Orange County	\$0 per month	H7607-008-002
<input type="checkbox"/>	San Diego County	\$0 per month	H7607-008-003
<input type="checkbox"/>	San Bernardino County	\$0 per month	H7607-008-004
<input type="checkbox"/>	Riverside County	\$0 per month	H7607-008-005

Clever Care *Jasmine* Medicare Advantage (HMO C-SNP)

<input type="checkbox"/>	Los Angeles County	\$31.80 per month	H7607-011-001
<input type="checkbox"/>	Orange County	\$31.80 per month	H7607-011-002
<input type="checkbox"/>	San Bernardino County	\$31.80 per month	H7607-011-004
<input type="checkbox"/>	Riverside County	\$31.80 per month	H7607-011-005

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 2023.

Continued ►

Section 1**All fields on this page are required** (continued)

FIRST name:		LAST name:	Middle Initial (optional):
Birth date (mm/dd/yyyy):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:	

Permanent residence street address (Do not enter a PO Box):

City:	County (optional):	State:	ZIP code:
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Mailing address, if different from your permanent address (PO Box allowed):

City:	State:	ZIP code:
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YOUR MEDICARE INFORMATION:**Medicare Number:**

_____ - _____ - _____

ANSWER THESE IMPORTANT QUESTIONS:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Clever Care Health Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other coverage:	Member number for this coverage:	Group number for this coverage:

Are you enrolled in Medi-Cal (Medicaid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes," please provide your Medi-Cal (Medicaid) number:

Section 1**All fields on this page are required** (continued)**Are you enrolling in the Clever Care Jasmine (HMO C-SNP) plan?** Yes No

If **YES**, you understand 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. The following questions must be answered and Clever Care is authorized to contact your doctor to verify your self-reported answers. **If NO, skip to the next page.**

CLINICAL QUESTIONS REGARDING CHRONIC CONDITION(S)**1. DIABETES MELLITUS**

a) Have you been diagnosed by your doctor or other licensed healthcare professional with diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you presented increased thirst, frequent urination, extreme hunger, unexplained weight loss, slow healing sores or frequent infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Have you had problems with high blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do you take medications and/or have been put on a special diet to control your blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. CARDIOVASCULAR DISORDERS

a) Have you been diagnosed by your doctor or other licensed healthcare professional with cardiac arrhythmia, or coronary artery disease (Angina), blood clots or vascular disease of legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you had palpitations in your chest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Have you had problems with chest pain or tightness, shortness of breath, heart attack (cardiac infarction) or stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. List the provider(s) who can verify your condition(s).

Physician Name	Specialty	City
Phone Number	Fax Number	

Physician Name	Specialty	City
Phone Number	Fax Number	

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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- 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 THE SERVICES.**

I understand that by checking this box **this represents my signature** (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (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 from Medicare.

Today's date: (mm/dd/yyyy)

If you're the authorized representative, sign 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.

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

- a) No, not of Hispanic, Latino/a, or Spanish origin b) Yes, Puerto Rican c) Yes, another Hispanic, Latino/a, or Spanish origin d) Yes, Mexican, Mexican American, Chicano/a e) Yes, Cuban
 f) I choose not to answer.

Continued ►

Section 2

All fields on this page are optional (continued)

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

- a) American Indian or Alaska Native b) Asian Indian c) Black or African American
 d) Cambodian e) Chinese f) Filipino g) Guamanian or Chamorro h) Japanese i) Korean
 j) Laotian k) Native Hawaiian l) Other Asian m) Other Pacific Islander n) Samoan
 o) Thai p) Vietnamese q) White r) Other: _____
 s) **I choose not to answer.**

3. What is your preferred spoken language?

- a) English b) Mandarin c) Cantonese d) Khmer e) Korean f) Vietnamese g) Spanish
 h) Other: _____

4. What is your preferred written language, other than English?

- a) Chinese (Traditional) b) Korean c) Vietnamese d) Spanish

If your preferred written language is not listed, please write it below. This will help us better understand the future needs of our members.

- e) Other: _____

5. Select one if you want us to send you information in an accessible format.

- a) Braille b) Large print c) Audio file

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.

6. Do you work? Yes No

7. Does your spouse work? Yes No

8. List your Primary Care Physician (PCP) and Medical Group/Network:

Name of PCP:

PCP Enrollment ID #:

Medical Group or Physician Network:

Are you a current patient of this doctor?

Yes No

9. Please provide your e-mail address: _____

- a) I agree to receive material and communication from Clever Care via email.
 b) I agree to receive required plan materials (enrollment notifications and Annual Notice of Changes).

Not checking the boxes above means you will receive printed plan materials via the mail.

Continued ►

PAYING YOUR PLAN PREMIUMS

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.

10. Please select a premium payment option. If you don't make a selection you will receive a bill.
- a) Get a bill.
- b) 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!

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

- a) Television b) Radio c) Newspaper
- d) Internet (i.e. Google, Facebook, YouTube, etc.) e) Your family, friend, doctor, or acupuncturist f) Your Licensed Health Insurance Broker
- g) Mail h) Event i) Other: _____

Thank you for sharing and welcome to the Clever Care family.

AGENT USE ONLY (required)

Agent Name:	FMO (if applicable):
National Producer Number (NPN):	
Effective date of coverage: (mm/dd/yyyy)	Date application was received: (mm/dd/yyyy)
Enrollee's preferred spoken language (if other than English):	

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 and 1860D-1 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.**

12. 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.
- a) I am new to Medicare.
 - b) I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
 - c) 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 (insert date: _____).
 - d) I recently was released from incarceration. I was released on (insert date: _____).
 - e) I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date: _____).
 - f) I recently obtained lawful presence status in the United States. I got this status on (insert date: _____).
 - g) I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date: _____).
 - h) 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 (insert date: _____).
 - i) 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.
 - j) 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 (insert date: _____).
 - k) I recently left a PACE® program on (insert date: _____).
 - l) I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date: _____).
 - m) I am leaving/losing employer or union coverage on (insert date: _____).
 - n) I belong to a pharmacy assistance program provided by my state.
 - o) My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
 - p) 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 (insert date: _____).
 - q) 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 (insert date: _____).
 - r) 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.

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.

