Clever Care™ HEALTH PLAN

2022
Summary of Benefits

Clever Care Longevity Medicare Advantage (HMO)

A Medicare Advantage and Prescription Drug Plan

Serving Los Angeles, Orange, and San Diego counties

Plan Year: January 1, 2022 – December 31, 2022

H7607_22_CM0610_M Accepted 08252021

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, 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.

Messages received on holidays or outside of our business hours will be returned within one business day.

We speak your language!

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 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.

2022 Summary of Benefits

Clever Care Longevity Medicare Advantage Plan (HMO)

A comprehensive MA-PD plan
Effective January 1, 2022 through December 31, 2022

The information below is a summary of medical and prescription drug costs. To get a complete list of services we cover, please refer to the Evidence of Coverage (EOC). **The EOC will be available on our website by 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		**Services may require prior authorization.** If you go to an out-of-network provider, you pay the full cost.
• Outpatient hospital facility	$20 copay per visit	
• Ambulatory surgical center	$20 copay per visit	
• Observation services	$0 copay for observation services	
Doctor Visits		**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.
• Primary care physician (PCP)	$0 copay per visit	
• Specialist	$0 copay per visit	
Preventive care • 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		**Services may require Prior Authorization.**
• Diagnostic tests and procedures	$0 copay	Covered according to Medicare guidelines.
• Lab services	$0 copay	If you go to an out-of-network provider, you pay the full cost.
• Diagnostic radiology services (such as MRIs, CT scans, PET scans, etc.)	$75 copay for each CT, MRI and PET Scan $0 copay for all other diagnostic radiology	While you pay 20% for diagnostic and therapeutic radiology services, you will never pay more than your total out-of-pocket maximum for the year.
• Outpatient X-rays	$0 copay for outpatient x-rays	
• Therapeutic radiology services (such as radiation treatment for cancer)	20% coinsurance of the Medicare-allowed amount for each therapeutic radiology service	
Hearing services		You ***must*** use a doctor in our hearing network.
• Diagnostic hearing exam	$0 copay for each Medicare-covered visit.	Hearing aids are available through **NationsHearing** and limited to specific devices based on your hearing needs.
Hearing services (non-Medicare covered, routine) Our plan provides additional hearing coverage not covered by Original Medicare.		After plan-paid benefits for routine hearing exams or hearing aids, you are responsible for the remaining cost.
• Routine hearing exam	$0 copay for one routine hearing exam.	
• Hearing aid fitting and Evaluation	$0 copay for up to 3 fitting and evaluations per year.	
• Hearing aids	$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.	

Benefits	You Pay	Important to Know
Dental services (routine) • Medicare covered services Preventive dental services include: • Dental cleanings • Oral exam(s) • Fluoride treatment • X-rays Additional covered comprehensive dental services include, but are not limited to: • Deep teeth cleaning • Fillings and repairs • Root canals (Endodontics) • Dental crowns (Caps) • Bridges, Dentures, Extractions and other services	$0 copay for each Medicare-covered service $0 copay, up to the allowance amount This plan provides an **allowance of $1,250 every six months, up to an annual maximum of $2,500**, for you to use to pay for preventive and comprehensive services, *excluding* dental implants.	**There is no requirement to stay in-network.** However, member out-of-pocket costs may be lower when using a network provider. Any allowance amount not used at the end of six months will carry over. Any amount not used at the end of the calendar year will expire. After plan-paid benefits for dental services, you are responsible for the remaining costs.
Vision services • Medicare-covered vision exam to diagnose/treat diseases and conditions of the eye • Medicare-covered glasses after cataract surgery **Vision services (non-Medicare covered, routine)** Our plan provides additional vision coverage not covered by Original Medicare. • Routine eye exam, including refraction • Eyewear (frames, lenses, or contacts)	$20 copay for each Medicare-covered visit $0 copay for diabetic retinopathy exam $0 copay for Medicare-covered glasses after cataract surgery $0 copay for one routine eye exam every calendar year. $0 copay for eyewear up to the plan allowance amount. This plan provides up to **$480** for eyewear every two years.	**Services may require Prior Authorization.** You ***must*** use a doctor in the **EyeMed** network. If you go to an out-of-network provider, you pay the full cost. After plan-paid benefits for routine services, you are responsible for the remaining costs.

Benefits	You Pay	Important to Know
Mental health services • Inpatient mental health care • Outpatient group or individual therapy visit	$150 copay per day for days 1–7 $0 copay per day for days 8–90 $40 copay per visit	**Services may require prior authorization.** The inpatient care lifetime limit does not 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) care	$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 • Occupational therapy services • Physical therapy and speech and language therapy services	$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 36 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
Health and Wellness (Flexible spending allowance) **Fitness activities** include, but not limited to: • Gym membership • Golf • Tai Chi classes • Yoga or Pilates classes **Over-the-Counter items (OTC)** Clever Care provides a list of eligible OTC items that can be purchased in-store or online. **Herbal Supplement** Herbal supplements need to be purchased from a network acupuncturist office, network supplier, or by calling Clever Care.	$0 copay up to the allowance amount This plan provides a flexible the health & wellness spending allowance of **$185 every three months, up to an annual maximum of $740.** **You choose** how to spend the allowance. It can be used for fitness activities, qualified OTC items, or herbal supplements.	After plan-paid benefits, you are responsible for the remaining costs. Any amount not used at the end of three-month period will not carry over. Herbal supplements are used to treat conditions such as allergies, anxiety, arthritis, back pain, eczema, fatigue, insomnia, menopause symptoms, obesity, and more.
Acupuncture services This plan covers ***unlimited*** in-network acupuncture visits services. **Eastern wellness services** Services include: • Cupping/Moxa • Tui Na • Gua Sha • Med-X • Reflexology Infrared therapy – if used as an add-on service, it does not count towards the 12-visit limit.	$0 copay per visit $0 copay per visit up to the maximum allowed visits and duration This plan offers a maximum of **12 wellness services** per calendar year	You ***must*** use a doctor in our acupuncture network. Each wellness service visit may not exceed 30 minutes in duration. If you go to an out-of-network provider, you pay the full cost.
• Telehealth	$0 copay	This service is covered when offered through your physician's office.

Benefits	You Pay	Important to Know
Health and Wellness (non-Medicare covered, routine service) • Annual physical exam by your PCP	$0 copay for one visit per year.	The annual physical exam usually includes the doctor feeling or listening to the body or tapping areas of the body. This service is not covered by Original Medicare.

More benefits included in your plan:

Benefits	You Pay	Important to Know
Medical equipment 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. Choose from: • A blood glucose monitor with a 30-day supply of up to 100 test strips and 100 lancets from a retail pharmacy or a 90-day supply of up to 300 test strips and 300 lancets by mail-order. • One continuous glucose monitor with three sensors per month not to exceed 40 sensors per year.
• Durable medical equipment	0% coinsurance for items $500 or less. 20% coinsurance of the Medicare-allowed amount for items over $500	
• Prosthetics (e.g. braces, artificial limbs)	20% coinsurance of the Medicare-allowed amount	
• Diabetic therapeutic shoes and inserts		
• Diabetes self-management training, diabetic services, and supplies	You pay a $0 copay for diabetes self-management training, diabetic services, and supplies	
Worldwide Coverage	$75,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories	
Foot Care (Podiatry) Medicare-covered foot care (podiatry)	$0 copay for each Medicare-covered visit	**Services may require prior authorization.** If you go to an out-of-network provider, you pay the full cost.
Chiropractic services Medicare-covered chiropractic care	$20 copay for each Medicare-covered visit	**Services may require prior authorization.** Medicare covers services to help correct subluxation of the spine. If you go to an out-of-network provider, you pay the full cost.

Benefits	You Pay	Important to Know
Special Supplemental Benefits for the Chronically Ill Members with the chronic conditions may be eligible for extra supplemental benefits when participating in the plan's Care Management Program. Conditions include: • Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes • End-stage lever disease • End-stage renal disease • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke	**Meal Benefit** $0 copay for home meal delivery of 84 meals per year **Groceries** $0 copay for eligible grocery items with a $25 limit **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) **Telemonitoring Service** $0 copay for the use of remote monitoring devices **In-home Safety Assessment** $0 copay for up to two assessments per year **In-home Support Services** $0 copay for services to assist with activities of daily living **Support for Caregivers** $0 copay for respite care, limited to 40 hours of care giving per year	**Services may require prior authorization.** Not all members will qualify for these special supplemental benefits. You must use the plan's contracted vendors. Must participate in Case Management Programs and activities with defined goals and outcome measures. This service is limited to those meeting fall risk criteria, gait, balance, or agility challenges.

Rx Prescription Drug Coverage

Effective January 1, 2022 through December 31, 2022

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 90-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. Go directly to Stage 2.			
Stage 2: Initial Coverage	**Standard retail cost-sharing (In-network)**		**Standard Cost-sharing (Mail Order)**	**Retail cost-sharing (Out-of-network)***
	30-day supply	**90-day supply**	**90-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, 90-day, supply of medication is not available at these retail pharmacies.

Stage 3: Coverage Gap Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,430.	During this stage you pay: • $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. • 25% of the price for brand and specialty drugs (plus a portion of the dispensing fee).
Stage 4: Catastrophic Coverage Begins when your out-of-pocket costs reach the $7,050 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.	After your yearly out-of-pocket drug costs (including drugs bought through a retail pharmacy and/or mail order) reaches $6,550, you pay the greater of: • 5% of the cost, or • $3.95 copay for a generic drug (including brand drugs treated as generic) or • $9.85 copay for all other drugs.

Choosing a pharmacy

You may pay more for your prescriptions if you choose a pharmacy that is not part of our network. Visit our website **clevercarehealthplan.com/pharmacy** to locate the nearest in-network pharmacy. If you take medication daily to treat a chronic condition, you should consider enrolling in the Clever Care mail order prescription service.

Mail Order Prescription Service

Save money and a monthly trip to your local pharmacy! Sign up with our mail-order pharmacy, Medimpact Direct, to receive a 90-day supply of the medications you take every day. Your package will be delivered to your home with no charge for standard shipping.

Part D Senior Savings Model for Select Insulins

Clever Care is participating in the Part D Senior Savings Model offered by CMS. This program was designed to give members affordable access to insulin to manage their diabetes. Depending on the brand of insulin your out-of-pocket cost will be either $0 or $35 maximum for a 30-day supply in all coverage stages.

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. Messages received on holidays or outside of our business hours will be returned within one business day.

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

- [ ] 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.
- [ ] 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).

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

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Clever Care Longevity Medicare Advantage (HMO) has a network of doctors, hospitals, and other providers.

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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