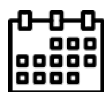




# A Guide to your 2026 Benefits

## **Annual Notice of Changes**

The enclosed notice will help you evaluate your current coverage and compare it to what we are offering for next year. The Annual Enrollment period (AEP) begins October 15 and ends December 7.



**No action is required.**

Your enrollment will be auto renewed. All plan changes noted in the booklet will take place on January 1 of next year.



**Look inside for the good news!**

**Thank you** for trusting Clever Care Health Plan with your Medicare benefits. We pride ourselves on listening to our members. It is because of your valuable feedback that we are excited to announce enhancements to our plans for next year, including:

- **The Dental allowance** will be paid bi-annually, giving you more money up front providing you with more flexibility when receiving dental services.
- **Flexible allowance balance** will roll over to the next quarter.
- **Costco Vision, Walmart, and others** are now part of the Clever Care vision network.
- **More ways to spend your flex allowance**, including extra dental, eyewear, and/or hearing aid expenses. Also, the flex allowance may be used to purchase groceries if you have a confirmed eligible chronic condition.<sup>[1]</sup>

We look forward to your continued membership with Clever Care Health Plan.



**Karen Johnson**  
CEO



**Richard Greene**  
President

## Important Plan Materials

For your convenience, Clever Care provides the documents below on our website and will be available on October 15.

**Evidence of Coverage (EOC)** – the EOC gives you details about your healthcare and prescription drug benefits and costs. [clevercarehealthplan.com/eoc](http://clevercarehealthplan.com/eoc)

**Provider directory** –search our listing of health care providers, including doctors, specialists, and more. [clevercarehealthplan.com/provider](http://clevercarehealthplan.com/provider)

**Pharmacy directory** – find local in-network pharmacies. [clevercarehealthplan.com/pharmacy](http://clevercarehealthplan.com/pharmacy)

**Formulary**– lists all covered drugs, so you can discuss medication options with your doctor. [clevercarehealthplan.com/formulary](http://clevercarehealthplan.com/formulary)

## Personalized in-language support

If you need help finding a provider, pharmacy, or a specific medication or would like a printed copy of any of these documents mailed to you, please call Customer Service at (833) 388-8168 (TTY: 711) 8 am to 8 pm, seven days a week, from October 1 through March 31, and 8 am to 8 pm, weekdays, from April 1 through September 30.

---

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

<sup>[1]</sup> The benefit mentioned is part of a special supplemental program for the chronically ill. Other eligibility and coverage criteria apply. Not all members qualify.

# Clever Care Longevity (HMO) Annual Notice of Change for 2026

You're enrolled as a member of Clever Care Longevity.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Clever Care Longevity.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [clevercarehealthplan.com/eoc](http://clevercarehealthplan.com/eoc) or call Member Services at 1-833-388-8168 (TTY users call 711) to get a copy by mail.

## More Resources

- This document is available for free in Chinese, Korean, Spanish, and Vietnamese.
- Our plan provides language assistance services and appropriate auxiliary aids and services free of charge.
- Call Member Services at 1-833-388-8168 for additional information. (TTY users should call 711.) Hours are October 1st through March 31st 8 am to 8 pm, seven days a week; April 1st through September 30th 8 am to 8 pm, Monday through Friday. This call is free.
- This information is also available in a different format, including large print, audio, or other alternate formats if you need it. Please call Member Services at the number listed above if you need plan information in another format.

## About Clever Care Longevity

- Clever Care Health Plan, Inc. is an HMO and HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Clever Care Health Plan, Inc.. When it says “plan” or “our plan,” it means Clever Care Longevity.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Clever Care Longevity.** Starting January 1, 2026, you'll get your medical and drug coverage through Clever Care Longevity. Go to Section 3 for more information about how to change plans and deadlines for making a change.

## Table of Contents

<b>Summary of Important Costs for 2026.....</b>	<b>5</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year.....</b>	<b>6</b>
Section 1.1 Changes to the Monthly Plan Premium.....	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 1.3 Changes to the Provider Network.....	7
Section 1.4 Changes to the Pharmacy Network.....	8
Section 1.5 Changes to Benefits and Costs for Medical Services.....	8
Section 1.6 Changes to Part D Prescription Drug Coverage.....	11
Section 1.7 Changes to Prescription Drug Benefits and Costs.....	11
<b>SECTION 2 Administrative Changes.....</b>	<b>13</b>
<b>SECTION 3 How to Change Plans.....</b>	<b>14</b>
Section 3.1 Deadlines for Changing Plans.....	15
Section 3.2 Are there other times of the year to make a change?.....	15
<b>SECTION 4 Get Help Paying for Prescription Drugs.....</b>	<b>15</b>
<b>SECTION 5 Questions?.....</b>	<b>16</b>
Get Help from Clever Care Longevity.....	17
Get Free Counseling about Medicare .....	17
Get Help from Medicare.....	17

## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b>  * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
<b>Deductible</b>	\$0	\$0
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you will pay out of pocket for covered services.  (Go to Section 1.2 for details.)	\$1,200	\$500
<b>Primary care office visits</b>	\$0 per visit	\$0 per visit
<b>Specialist office visits</b>	\$0 per visit	\$0 per visit
<b>Inpatient hospital stays</b>  Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	For each Medicare covered stay:  Deductible for each benefit period: \$0  Days 1-90: \$0 per day  Reserve days 91 & beyond: \$0 per day	For each Medicare covered stay:  Deductible for each benefit period: \$0  Days 1-90: \$0 per day  Reserve days 91 & beyond: \$0 per day
<b>Part D drug coverage deductible</b>  (Go to Section 1 for details.)	\$0	\$0

	2025 (this year)	2026 (next year)
<b>Part D drug coverage</b>  (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$0</li> <li>• Drug Tier 3: \$47</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$99</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 33%</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 6: \$0</li> </ul> Catastrophic Coverage: <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p>	Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$0</li> <li>• Drug Tier 3: \$40</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$99</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 33%</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 6: \$0</li> </ul> Catastrophic Coverage: <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly premium</b>  (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

	2025 (this year)	2026 (next year)
<b>Part B premium reduction</b>	\$1.20	\$0
This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	(San Diego county only)	(all counties)

### Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

## Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b>	\$1,200	\$500
Your costs for covered medical services (such as copayments ) <b>count</b> toward your maximum out-of-pocket amount.		Once you have paid \$500 out of pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.
The costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.		

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at [clevercarehealthplan.com/provider](http://clevercarehealthplan.com/provider) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [clevercarehealthplan.com/provider](http://clevercarehealthplan.com/provider).
- Call Member Services at 1-833-388-8168 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services

at 1-833-388-8168 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Please review the 2026 *Pharmacy Directory* [clevercarehealthplan.com/pharmacy](http://clevercarehealthplan.com/pharmacy) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [clevercarehealthplan.com/pharmacy](http://clevercarehealthplan.com/pharmacy).
- Call Member Services at 1-833-388-8168 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-833-388-8168 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits and Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>24-hour Optum® Nurseline</b>	\$0 copayment per call	Is <u>not</u> covered.
<b>Acupuncture Services (routine)</b>	\$0 copayment for unlimited visits up to the \$1,900 maximum annual allowance.	\$0 copayment for unlimited visits up to the \$2,000 maximum annual allowance.
<b>Dental Allowance (routine)</b>	\$550 every quarter. Unused balance will rollover. Excludes orthodontia.	\$1,100 every 6 months. Unused balance will rollover. Excludes orthodontia.
<b>Dental Comprehensive Services</b>	Referral is required.	Referral is <u>not</u> required.
<b>Dental Diagnostic and Preventive Services</b>	Prior authorization is required.	Prior authorization is <u>not</u> required.
<b>Dental Periodontics</b>	Periodicity is every 3 years.	Periodicity is every 2 years.
<b>Dental Implant Services</b>	Abutment support crown periodicity is every 5 calendar years.	Abutment support crown periodicity is 1 per tooth every 5 calendar years.
<b>Dental Prosthodontics, Removable</b>	Periodicity is every 5 calendar years.	No limit.
<b>Dental X-rays</b>	\$0 copayment , 1 every year.	\$0 copayment 2 every year.



	2025 (this year)	2026 (next year)
<b>Food &amp; Produce (grocery) - SSBCI</b>	\$40 allowance per month.	If eligible, the flexible allowance may be used to purchase healthy food & produce.
<b>Health &amp; Wellness Flex Benefit Allowance</b>	\$225 allowance is added to a flex benefits card every quarter. Unused balance <u>does not</u> rollover. <b>Combined uses:</b> fitness, OTC, and herbal supplements.	\$315 allowance is added to a flex benefits card every quarter. Unused balance <u>will</u> rollover. <b>Combined uses:</b> fitness, OTC, herbal supplements, dental/ vision/ hearing expenses, and groceries IF diagnosed with an eligible chronic condition and eligible for SSBCI.
<b>Mental Health Specialty Services (group or individual)</b>	\$40 copayment per visit.	\$25 copayment per visit.
<b>Opioid Treatment Program Services</b>	\$40 copayment per visit.	\$25 copayment per visit.
<b>Outpatient Mental Health Services</b>	\$40 copayment per visit.	\$25 copayment per visit.
<b>Outpatient Substance Abuse Services</b>	\$40 copayment per visit.	\$25 copayment per visit.
<b>Post-discharge Meal Delivery</b>	\$0 copayment for up to 3 meals per day for 28 days, not to exceed 84 meals per year after inpatient hospital or SNF stay.	See re-admission prevention.
<b>Psychiatric Services</b>	\$40 copayment per visit.	\$25 copayment per visit.

	2025 (this year)	2026 (next year)
<b>Re-admission Prevention (Healing at Home)</b>	Is <u>not</u> covered.	<p>\$0 copayment for services are provided post discharge from in-patient hospital or a skilled nursing facility (SNF). Excludes discharge from an Ambulatory Surgical Center. A service request must be made to Member Services within 7 days of discharge in order for services to be authorized. Services include:</p> <ul style="list-style-type: none"> <li>• <b>Personal care coordination:</b> Receive personal follow-up calls from a case manager within 72 hours. Member will receive medication review and education, help scheduling appointments, help with medical equipment, and assistance with arranging other support service as needed.</li> <li>• <b>In-home support:</b> receive up to 60 hours per year to help with daily living activities, including, bathing, dressing, laundry, changing bed linens, light housekeeping, transportation to appointments, grocery store, assistance with medication administration, and more.</li> <li>• <b>Home delivered meals:</b> Receive up to three medically-tailored meals a day for to 28 days, not to exceed 84 meals per year, including nutritional counseling.</li> </ul>

	2025 (this year)	2026 (next year)
		This benefit can be in addition to, but not a replacement of Medicare-covered home health services. Grocery purchases are not included in this benefit.
<b>Telehealth Benefits</b>	\$0 copayment for a medical Teladoc® visit; \$40 copay for a mental health visit.	\$0 copayment for a medical and/or mental health Teladoc® visit.
<b>Transportation Services (non-emergency)</b>	\$0 copayment for 24 one-way trips per year, 30 mile radius.	\$0 copayment for 48 one-way trips per year to plan-approved health locations, 30 mile radius.
<b>Vision Hardware Allowance (routine)</b>	\$200 allowance every year for contacts, lenses and frames.	\$300 allowance every year for contacts, lenses and frames. Upgrade includes standard progressive lenses.
<b>Worldwide Emergency/ Urgent Care Services</b>	\$0 copayment with an \$85,000 annual maximum.	\$0 copayment with a \$100,000 annual maximum.

## Section 1.6 Changes to Part D Prescription Drug Coverage

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-833-388-8168 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits and Costs

**Do you get Extra Help to pay for your drug coverage costs?**

If you’re in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you haven’t received this insert by September 30, call Member Services at 1-833-388-8168 (TTY users call 711) and ask for the *LIS Rider*.

**Drug Payment Stages**

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn’t apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

**Drug Costs in Stage 1: Yearly Deductible**

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	\$0	\$0
	Because we have no deductible, this payment stage does not apply to you..	Because we have no deductible, this payment stage does not apply to you.

**Drug Costs in Stage 2: Initial Coverage**

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<b>Tier 1: Preferred Generic</b>  We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay \$0	You pay \$0
<b>Tier 2: Generic</b>	You pay \$0	You pay \$0
<b>Tier 3: Preferred Brand</b>	You pay \$47  Your cost for a one-month mail-order prescription is \$47.	You pay \$40  Your cost for a one-month mail-order prescription is \$40.
<b>Tier 4: Non-Preferred Drug</b>	You pay \$99	You pay \$99
<b>Tier 5: Specialty Tier</b>	You pay 33% of the total cost.	You pay 33% of the total cost.
<b>Tier 6: Select Care Drugs</b>  We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	You pay \$0	You pay \$0

## Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<b>The Plan Benefit Package (PBP) number is changing</b>	002	014 (The change does not impact the benefits offered in this plan.)

	2025 (this year)	2026 (next year)
<b>Pharmacy Benefit Manager (PBM)</b>  The PBM helps to control Part D costs by negotiating discounts, processing claims, creating drug formularies, and managing pharmacy networks.	MedImpact Healthcare Systems	CVS Caremark is our new pharmacy benefits manager.  Beginning January 1, you must show your new member ID card at the pharmacy.  If you are currently enrolled in the mail-order services, your prescriptions will be transferred to CVS Caremark.
<b>Dental Vendor</b>	DentaQuest (a Sun Life Company)	Liberty Dental Plan is our new dental benefit provider.  This plan allows you to go to any licensed dentist; however, out-of-pocket costs will be less when you use an in-network dentist or specialist.
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.  To learn more about this payment option, call us at 1-833-388-8168 (TTY users call 711) or visit <a href="http://www.medicare.gov">www.medicare.gov</a> .

## SECTION 3 How to Change Plans

---

**To stay in Clever Care Longevity, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Clever Care Longevity.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Clever Care Longevity.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Clever Care Longevity.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-833-388-8168 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

---

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** California has a program called AIDS Drug Assistance Program (ADAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call California's ADAP Program at 1-844-421-7050. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-833-388-8168 (TTY users call 711) or visit [www.medicare.gov](http://www.medicare.gov).



## SECTION 5 Questions?

---

### Get Help from Clever Care Longevity

- **Call Member Services at 1-833-388-8168 (TTY users call 711.)**

We're available for phone calls October 1st through March 31st 8 am to 8 pm, seven days a week; April 1st through September 30th 8 am to 8 pm, Monday through Friday. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for Clever Care Longevity. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [clevercarehealthplan.com/eoc](http://clevercarehealthplan.com/eoc) or call Member Services at 1-833-388-8168 (TTY users call 711) to ask us to mail you a copy.

- **Visit [clevercarehealthplan.com](http://clevercarehealthplan.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling & Advocacy Program (HICAP).

Call Health Insurance Counseling & Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0022. Learn more about Health Insurance Counseling & Advocacy Program (HICAP) by visiting ([aging.ca.gov/hicap](http://aging.ca.gov/hicap)).

### Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



## 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](mailto: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>.

## Notice Of Availability

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-388-8168 (TTY: 711) or speak to your provider. **Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-388-8168 (TTY: 711) o hable con su proveedor. **Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-388-8168 (TTY: 711) o makipag-usap sa iyong provider. **中文:** 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-833-808-8153 (国语) / 1-833-808-8161 (粤语) (TTY: 711) 或咨询您的服务提供者。 **台語:** 注意: 如果您說[台語], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-833-808-8153 (國語) / 1-833-808-8161 (粵語) (TTY: 711) 或與您的提供者討論。 **Việt:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-808-8163 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn. **한국어:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-808-8164 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오. **ՀԱՅԵՐԵՆ:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Չանգահարեք 1-833-388-8168 հեռախոսահամարով (TTY` 711) կամ խոսեք Ձեր մատակարարի հետ: **РУССКИЙ:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-388-8168 (TTY: 711) или обратитесь к своему поставщику услуг. **ភាសាខ្មែរ:** សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-833-388-8168 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ **日本語:** 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-388-8168(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。 **ਪੰਜਾਬੀ:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਟਰਾਂਸਕ੍ਰਿਪਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਦੁਕਾਨੇ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-833-388-8168 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। **ไทย:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-833-388-8168 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ **Lus Hmoob:** LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-833-388-8168 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

**فارسی**

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-833-388-8168 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

**العربية**

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-388-8168 (TTY: 711) أو تحدث إلى مقدم الخدمة.



Enrollment Department  
7711 Center Ave | Suite 100  
Huntington Beach CA 92647