

Clever Care Longevity (HMO)

| Acupuncture \$0 copay (up to \$1,900 per year) Eastern wellness therapies \$0 copay (24 visits) Flexible Wellness - up to \$900 allowance per year (\$225 each quarter, no rollover) Herbal supplements \$0 (up to the allowance) Fitness activities \$0 (up to the allowance) Over-the-counter items \$0 (up to the allowance) Dental allowance Over-the-counter items \$0 (up to the allowance) Supplemental Benefits Dental allowance Routine vision exam \$0 copay (up to \$2,200 per year) Routine vision exam \$0 copay Eyewear allowance (contacts and glasses) \$0 copay (\$200 per year) Routine hearing exam \$0 copay Hearing aid allowance \$0 copay (\$600 per ear, per year) Personal Emergency Response System (PERS) \$0 copay Post-discharge meals \$0 (up to \$4 meals) Special Supplemental Benefits for the Chronically III (SSBCI) ³ Grocery allowance \$0 (up to \$40 per month) In-home support/respite care/social needs benefits/in-home safety assessment \$0 copay (quantity and hourly limits apply) Meals for chronic conditions \$0 (up to 42 meals) Telemonitoring services \$0 copay Office Visits and Preventive Care Primary care physician (PCP) \$0 copay Teladoc* (general medical) \$0 copay Teladoc* (general medical) \$0 copay Teladoc* (general medical) \$0 copay Diagnostic tests and procedures \$0 copay Emergency and Urgent Care Worldwide coverage \$0 copay Worldwide coverage Ground ambulance \$100 copay | Benefit | You Pay | |
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| Eastern wellness therapies \$0 copay (24 visits) Flexible Wellness - up to \$900 allowance per year (\$225 each quarter, no rollover) Herbal supplements \$0 (up to the allowance) Fitness activities \$0 (up to the allowance) Over-the-counter items \$0 (up to the allowance) Supplemental Benefits Dental allowance \$0 copay (up to \$2,200 per year) Routine vision exam \$0 copay (up to \$2,200 per year) Routine hearing exam \$0 copay (\$200 per year) Routine hearing exam \$0 copay (\$200 per year) Routine hearing exam \$0 copay (\$600 per ear, per year) Personal Emergency Response System (PERS) \$0 copay Personal Emergency Response System (PERS) \$0 (up to \$4 meals) Special Supplemental Benefits for the Chronically III (SSBC)¹ Grocery allowance \$0 (up to \$40 per month) In-home support/respite care/social needs benefits/in-home safety assessment Meals for chronic conditions \$0 (up to 42 meals) Telemonitoring services \$0 copay Office Visits and Preventive Care Primary care physician (PCP) \$0 copay Preventive screenings \$0 copay Teladoc* (general medical) \$0 copay Lab and other Diagnostic Services Lab services \$0 copay Diagnostic tests and procedures \$0 copay Diagnostic tests and procedures \$0 copay Diagnostic tests and procedures \$0 copay Diagnostic tests and Urgent Care Worldwide coverage \$0 copay Worldwide coverage \$0 copay Worldwide coverage \$0 copay | Eastern Medicine | | |
| Flexible Wellness - up to \$900 allowance per year (\$225 each quarter, no rollover) Herbal supplements \$0 (up to the allowance) Fitness activities \$0 (up to the allowance) Over-the-counter items \$0 (up to the allowance) Supplemental Benefits Dental allowance \$0 copay (up to \$2,200 per year) Routine vision exam \$0 copay Eyewear allowance (contacts and glasses) \$0 copay (\$200 per year) Routine hearing exam \$0 copay Routine hearing exam \$0 copay Hearing aid allowance \$0 copay (\$600 per ear, per year) Personal Emergency Response System (PERS) \$0 copay Post-discharge meals \$0 (up to 84 meals) Special Supplemental Benefits for the Chronically III (SSBCI)¹ Grocery allowance \$0 (up to \$40 per month) In-home support/respite care/social needs benefits/in-home safety assessment \$0 (up to 42 meals) Meals for chronic conditions \$0 (up to 42 meals) Telemonitoring services \$0 copay Office Visits and Preventive Care Primary care physician (PCP) \$0 copay Specialist \$0 copay Preventive screenings \$0 copay Teladoc* (general medical) \$0 copay Lab and other Diagnostic Services Lab services \$0 copay Diagnostic tests and procedures \$0 copay Diagnostic tests and procedures \$0 copay Diagnostic tests and procedures \$0 copay Emergency and Urgent Care Urgent care \$0 copay Worldwide coverage \$0 copay (\$85,000 maximum) Ground ambulance \$100 copay | Acupuncture | \$0 copay (up to \$1,900 per year) | |
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| Emergency care \$90 copay Worldwide coverage \$0 copay (\$85,000 maximum) Ground ambulance \$100 copay | Emergency and Urgent Care | | |
| Worldwide coverage \$0 copay (\$85,000 maximum) Ground ambulance \$100 copay | Urgent care | \$0 copay | |
| Ground ambulance \$100 copay | Emergency care | \$90 copay | |
| | Worldwide coverage | \$0 copay (\$85,000 maximum) | |
| 24 0 to | Ground ambulance | \$100 copay | |
| 24-nour Optum® Nurseline \$0 copay | 24-hour Optum [®] Nurseline | \$0 copay | |

| Benefit | You Pay | |
|--|---|--|
| Non-emergency transportation | \$0 copay up to 24 one-way trips | |
| Inpatient and Outpatient Services | | |
| Inpatient hospital | \$0 copay | |
| Skilled nursing facility (SNF) | \$0 copay per day for days 1–20 \$75 copay per day for days 21–100 | |
| Outpatient hospitalization or observation | \$0 copay | |
| Ambulatory surgical center (ASC) | \$0 copay | |
| Prescription Drug Benefits (Standard Retail 30 days) | | |
| Tier 1: Preferred generic | \$0 copay | |
| Tier 2: Generic | \$0 copay | |
| Tier 3: Preferred brand | \$47 copay | |
| Tier 4: Non-preferred brand | \$99 copay | |
| Tier 5: Specialty tier | 33% coinsurance | |
| Tier 6: Select Care Drugs | \$0 copay | |

| Other Plan Details | | |
|------------------------------|---------|--|
| Monthly plan premium | \$0 | |
| Maximum out-of-pocket (MOOP) | \$1,200 | |
| Deductible | \$0 | |

Call us today.

Members: (833) 388-8168 (TTY: 711)

October 1 – March 31: 8am – 8pm, 7 days a week

April 1 – September 30: 8am – 8pm, Monday – Friday **Non-Members:**

clevercarehealthplan.com

Clever Care Health Plan, Inc. is an HMO and HMO C-SNP with a Medicare contract. Enrollment depends on contract renewal. 1 If you have cardiovascular disorders, chronic and disabling mental health conditions, chronic heart failure, chronic lung disorders, diabetes, or another eligible chronic condition not listed here you may be eligible for the special supplemental program for the chronically ill. Not all members qualify. Other eligibility and coverage criteria apply.