

Clever Care Total+ (HMO C-SNP)

	With Full Medi-Cal ¹ You Pay	Without Medi-Cal ¹ You Pay
Costs		
Monthly Premium	\$0	\$18.40
Deductible	\$0	\$0 (deductibles apply on Medicare-allowed amounts)
Maximum out-of-pocket	\$0	\$9,350
Worldwide Coverage	\$0 (\$100,000 limit)	\$0 (\$100,000 limit)
Medical, Hospital, and Supplemental Benefits		
Dental allowance	\$0 copay (up to \$2,200 per year)	\$0 copay (up to \$2,200 per year)
Routine vision exam	\$0 copay	\$0 copay
Eyewear allowance	\$0 copay (\$200 per year)	\$0 copay (\$200 per year)
Routine hearing exam	\$0 copay	\$0 copay
Hearing aid allowance	\$0 copay (\$600 per ear, per year)	\$0 copay (\$600 per ear, per year)
Personal Emergency Response System (PERS)	\$0 copay	\$0 copay
Post discharge meals	\$0 (up to 84 meals)	\$0 (up to 84 meals)
Primary care physician (PCP)	\$0 copay	20% coinsurance
Specialist	\$0 copay	20% coinsurance
Preventive screenings	\$0 copay	\$0 copay
Teladoc® (general medical)	\$0 copay	20% coinsurance
Lab services	\$0 copay	20% coinsurance
Basic x-rays	\$0 copay	20% coinsurance
Diagnostic tests and procedures	\$0 copay	\$0 copay
Diagnostic radiology (MRI, CT Scan, etc.)	\$0 copay	20% coinsurance
Urgent Care	\$0 copay	\$25 copay
Emergency Care	\$0 copay	\$95 copay
Ground ambulance	0% coinsurance	20% coinsurance
24-hour Optum® Nurseline	\$0 copay	\$0 copay
Non-emergency transportation	\$0 copay 48 one-way trips ²	\$0 copay 24 one-way trips
Inpatient hospital	\$0 copay	Medicare-defined
Skilled Nursing Facility (SNF)	\$0 copay	Medicare-defined
Outpatient hospitalization or observation	\$0 copay	20% coinsurance
Ambulatory surgical center (ASC)	0% coinsurance	20% coinsurance

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Eastern Medicine, Flex Allowance, and Grocery Benefits		
Acupuncture	\$0 copay (\$2,000 per year)	\$0 copay (\$2,000 per year)
Eastern wellness	\$0 copay (24 visits)	\$0 copay (24 visits)
Herbal Supplements Over-the-counter items Fitness activities	\$800 per year (\$200 allowance per quarter; no rollover)	\$800 per year (\$200 allowance per quarter; no rollover)
Grocery allowance	\$0 (up to \$125 per month) ²	N/A
Special Supplemental Benefits for the Chronically Ill (SSBCI)³		
In home support/respite care/social needs benefits/ in-home safety assessment	\$0 copay (quantity and hourly limits apply)	\$0 copay (quantity and hourly limits apply)
Meals for chronic conditions	\$0 (up to 42 meals)	\$0 (up to 42 meals)
Telemonitoring services	\$0 copay	\$0 copay
Prescription Drug (Standard Retail 30 days)	With VBID²	
Part D Deductible	\$0 copay	\$590
Tier 1: Preferred Generic	\$0 copay	25% coinsurance
Tier 2: Generic	\$0 copay	25% coinsurance
Tier 3: Preferred brand	\$0 copay	25% coinsurance
Tier 4: Non-preferred brand	\$0 copay	25% coinsurance
Tier 5: Specialty tier	\$0 copay	25% coinsurance
Tier 6: Select Care Drugs	\$0 copay	\$0 copay

Call us today.

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

Non-Members:

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

April 1 – September 30:
8am – 8pm, Monday – Friday

clevercarehealthplan.com

Clever Care Health Plan, Inc. is an HMO and HMO C-SNP with a Medicare contract. Enrollment depends on contract renewal. ¹ Total+ is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying condition. Not all members qualify. If you have full Medi-Cal the cost of services will be paid in full by Medi-Cal or a third party. If you don't, the amount paid for services will vary. ² These benefits are dependent on eligibility for the VBID Model and will be determined by the plan after enrollment, based on relevant criteria that includes qualification for Extra Help (LIS). ³ 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.