Clever Care HEALTH PLAN

2026 Benefits at a Glance

Clever Care Value (HMO)

Benefit	You Pay
Eastern Medicine	
Acupuncture	$0 copay (up to $1,000 per year)
Eastern wellness therapies	$0 copay (12 visits)
Flexible Wellness - up to $360 allowance per year ($90 per quarter, with 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	$0 (up to the allowance)
Vision	$0 (up to the allowance)
Hearing	$0 (up to the allowance)
Grocery (If SSBCI eligible)[1]	$0 (up to allowance)
Supplemental Benefits	
Dental allowance	$0 copay ($800 maximum) ($400 bi-annually, with rollover)
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 (up to $600 per ear, per year)
Personal Emergency Response System (PERS)	$0 copay
Healing at Home	
Post-discharge meals	$0 (up to 84 meals)
Post-discharge In-home support	$0 copay (up to 60 hours)
Office Visits and Preventive Care	
Primary care physician (PCP)	$0 copay
Specialist	$0 copay
Preventive screenings	$0 copay
Teladoc®	$0 copay
Lab and other Diagnostic Services	
Lab services	$0 copay
Basic x-rays	$0 copay
Diagnostic tests and procedures	$0 copay
Diagnostic radiology (MRI, CT Scan, PET Scan, etc.)	$0 to $75 copay
Emergency and Urgent Care	
Urgent care	$0 copay
Emergency care	$125 copay
Worldwide coverage	$0 copay ($75,000 maximum)
Ground ambulance	$150 copay

Benefit	You Pay
Non-emergency transportation	$0 copay up to 16 one-way trips
Inpatient and Outpatient Services	
Inpatient hospital	$100 copay per day for days 1–5 $0 copay per day for days 6–90
Skilled nursing facility (SNF)	$0 copay per day for days 1–20 $210 copay per day for days 21–100
Outpatient hospitalization	$75 copay ($0 copay for observation)
Ambulatory surgical center (ASC)	$75 copay
Prescription Drug Benefits (Standard Retail 30 days)	
Tier 1: Preferred Generic	$0 copay
Tier 2: Generic	$0 copay
Tier 3: Preferred Brand	$30 copay
Tier 4: Non-Preferred Drug	$75 copay
Tier 5: Specialty Tier	33% coinsurance
Tier 6: Select Care Drugs	$0 copay

Other Plan Details	
Monthly plan premium	$0
Part B Reduction	$120
Maximum out-of-pocket (MOOP)	$2,000
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: <(833) 365-1888 (TTY: 711)>

[<Agent Name>]

[<License #>]

[<Email Address>]

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 autoimmune disorders, cardiovascular disorders, chronic alcohol and other drug dependence, diabetes mellitus, severe hematologic disorders 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.

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