

## Clever Care Total+ (HMO C-SNP)

Interview of the second sequence of the sequen		With Full Medi-Cal¹ You Pay	Without Medi-Cal <sup>1</sup> You Pay
tonthly Premium  eductible  \$0  \$0 (deductibles apply on Medicare-allowed amounts)  flaximum out-of-pocket  \$0  \$0 copay (\$100,000 maximum)  fledical, Hospital, Healing at Home, and Supplemental Benefits  ental allowance  ental allowance  \$0 copay (\$2,400 maximum) (\$1,200/6 months with rollover)  outine vision exam  \$0 copay  yewear allowance  \$0 copay (\$350 per year)  outine hearing exam  \$0 copay  earing aid allowance  \$0 copay (\$600 per ear, per year)  ost-discharge meals  \$0 (up to 84 meals)  ost-discharge In-home support  rimary care physician (PCP)  \$0 copay  \$0 c	Costs	Tou Fuy	Tou Fay
reductible \$0 \$0 (deductibles apply on Medicare-allowed amounts) flaximum out-of-pocket \$0 \$9,250 Floridwide Coverage \$0 copay (\$100,000 maximum) \$0 copay (\$100,000 maximum) Fledical, Hospital, Healing at Home, and Supplemental Benefits Floridwide Coverage \$0 copay (\$2,400 maximum) \$0 copay (\$2,400 maximum) (\$1,200/6 months with rollover) Floridwide coverage \$0 copay \$0		\$0	\$0
Aroldwide Coverage \$0 copay (\$100,000 maximum) \$0 copay (\$100,000 maximum)  **Redical, Hospital, Healing at Home, and Supplemental Benefits  **Pental allowance \$0 copay (\$2,400 maximum) (\$1,200/6 months with rollover)  **O copay (\$2,400 maximum) (\$1,200/6 months with rollover)  **O copay \$0 copay  **O copay \$0 copay  **O copay (\$350 per year) \$0 copay  **O copay (\$350 per year) \$0 copay  **O copay (\$600 per ear, per year) \$0 copay (\$600 per ear, per year)  **O copay (\$600 per ear, per year) \$0 copay  **O copay (\$600 per ear, per year) \$0 copay (\$600 per ear, per year)  **O copay (\$0 copay	Deductible		\$0 (deductibles apply on
rental allowance \$0 copay (\$2,400 maximum) (\$1,200/6 months with rollover) outine vision exam \$0 copay (\$2,400 maximum) (\$1,200/6 months with rollover) outine vision exam \$0 copay \$0 copay yewear allowance \$0 copay (\$350 per year) \$0 copay (\$350 per year) outine hearing exam \$0 copay \$0 copay earing aid allowance \$0 copay (\$600 per ear, per year) \$0 copay (\$600 per ear, per year) ersonal Emergency Response ystem (PERS) \$0 (up to 84 meals) \$0 (up to 84 meals) ost-discharge meals \$0 (up to 84 meals) \$0 copay (up to 60 hours) rimary care physician (PCP) \$0 copay \$0 copay pecialist \$0 copay \$0 copay reventive screenings \$0 copay \$0 copay eladoc* \$0 copay \$0 copay ab services \$0 copay \$0 copay ab services \$0 copay \$0 copay ab services \$0 copay \$0 copay aliagnostic tests and procedures \$0 copay \$0 copay ingent Care \$0 copay \$95 copay mergency Care \$0 copay \$95 copay erround ambulance \$0 copay \$95 copay coinsurance 20% coinsurance	Maximum out-of-pocket	\$0	\$9,250
sental allowance  \$0 copay (\$2,400 maximum) (\$1,200/6 months with rollover)  outine vision exam  \$0 copay  \$0 coinsurance  \$0 copay  \$0 coinsurance  \$0 copay  \$0 coinsurance  \$0 copay  \$	Worldwide Coverage	\$0 copay (\$100,000 maximum)	\$0 copay (\$100,000 maximum)
(\$1,200/6 months with rollover) outine vision exam \$0 copay yewear allowance outine hearing exam learing aid allowance ersonal Emergency Response yestem (PERS) ost-discharge In-home support rimary care physician (PCP) pecialist reventive screenings eladoc® abservices asic x-rays iagnostic tests and procedures iagnostic radiology MRI, CT Scan, etc.) outine vision exam \$0 copay \$0 coinsurance \$0 copay \$0 coinsurance \$0 copay	Medical, Hospital, Healing at Ho	me, and Supplemental Benefits	
yewear allowance \$0 copay (\$350 per year) \$0 copay (\$350 per year) outine hearing exam \$0 copay \$0 copay learing aid allowance \$0 copay (\$600 per ear, per year) \$0 copay (\$600 per ear, per year) ersonal Emergency Response ystem (PERS) \$0 copay \$0 copay ost-discharge meals \$0 (up to 84 meals) \$0 (up to 84 meals) ost-discharge ln-home support \$0 copay (up to 60 hours) \$0 copay (up to 60 hours) rimary care physician (PCP) \$0 copay \$0 copay pecialist \$0 copay \$0 copay reventive screenings \$0 copay \$0 copay eladoc® \$0 copay \$0 copay ab services \$0 copay \$0 copay ab services \$0 copay \$0 copay abservices \$0 copay \$0 coinsurance abservices \$0 copay \$0 coin	Dental allowance		
outine hearing exam learing aid allowance learing aid	Routine vision exam	\$0 copay	\$0 copay
rearing aid allowance \$0 copay (\$600 per ear, per year) \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay (up to 84 meals) \$0 copay (up to 60 hours) \$0 copay (up to 60 hours) \$0 copay (up to 60 hours) \$0 copay \$0	Eyewear allowance	\$0 copay (\$350 per year)	\$0 copay (\$350 per year)
ersonal Emergency Response ystem (PERS)  ost-discharge meals  strong (up to 84 meals)  strong (up to 84 meals)  strong (up to 84 meals)  strong (up to 60 hours)  strong (up to 84 meals)  strong (up to 60 hours)  strong (u	Routine hearing exam	\$0 copay	\$0 copay
sot copay ost-discharge meals ost-discharge ln-home support rimary care physician (PCP) pecialist reventive screenings eladoc® ab services asic x-rays iagnostic tests and procedures iagnostic radiology wRI, CT Scan, etc.) revented with a support sot copay	Hearing aid allowance	\$0 copay (\$600 per ear, per year)	\$0 copay (\$600 per ear, per year)
ost-discharge In-home support rimary care physician (PCP) so copay so copay pecialist so copay so copay reventive screenings so copay so coinsurance saic x-rays so copay so copay so copay so copay so copay so coinsurance so copay so coinsurance so copay so copay so coinsurance so copay so copay so coinsurance so copay so copay so coinsurance so copay so coinsurance so copay so coinsurance	Personal Emergency Response System (PERS)	\$0 copay	\$0 copay
rimary care physician (PCP) \$0 copay \$0 copay  pecialist \$0 copay \$0 copay  reventive screenings \$0 copay \$0 copay  eladoc® \$0 copay \$0 copay  ab services \$0 copay 20% coinsurance  asic x-rays \$0 copay 20% coinsurance  iagnostic tests and procedures \$0 copay \$0 copay  iagnostic radiology \$0 copay 20% coinsurance  iagnostic radiology \$0 copay \$0 copay  iagnostic radiology \$0 copay \$0 coinsurance  iagnostic radiology \$0 copay \$0 copay  iagnostic radiology \$0 copay \$0 coinsurance  iagnostic radiology \$0 copay \$0 coinsurance	Post-discharge meals	\$0 (up to 84 meals)	\$0 (up to 84 meals)
pecialist \$0 copay \$0 copay reventive screenings \$0 copay \$0 copay eladoc® \$0 copay \$0 copay ab services \$0 copay 20% coinsurance asic x-rays \$0 copay 20% coinsurance riagnostic tests and procedures \$0 copay \$0 copay abground ambulance \$0 copay \$20% coinsurance \$0 copay \$25 copay \$0 copay \$95 copay \$0 copay \$95 copay \$0 copay \$0 coinsurance	Post-discharge In-home support	\$0 copay (up to 60 hours)	\$0 copay (up to 60 hours)
reventive screenings \$0 copay	Primary care physician (PCP)	\$0 copay	\$0 copay
seladoc® \$0 copay \$0 copay 20% coinsurance 20% copay 20% coinsurance 20% copay 20% coinsurance	Specialist	\$0 copay	\$0 copay
ab services \$0 copay 20% coinsurance asic x-rays \$0 copay \$0 coinsurance \$0 copay \$0 copay \$0 coinsurance \$0 copay \$0 coinsurance \$0 copay \$0 coinsurance \$0 copay \$0	Preventive screenings	\$0 copay	\$0 copay
asic x-rays \$0 copay 20% coinsurance iagnostic tests and procedures \$0 copay \$0 copay liagnostic radiology ARI, CT Scan, etc.) \$0 copay 20% coinsurance regent Care \$0 copay \$25 copay mergency Care \$0 copay \$95 copay \$95 copay coinsurance 20% coinsurance	Teladoc®	\$0 copay	\$0 copay
iagnostic tests and procedures \$0 copay \$0 copay 20% coinsurance MRI, CT Scan, etc.) \$0 copay \$25 copay mergency Care \$0 copay \$95 copay \$95 copay \$10 copay	Lab services	\$0 copay	20% coinsurance
riagnostic radiology	Basic x-rays	\$0 copay	20% coinsurance
MRI, CT Scan, etc.)  rgent Care  #0 copay  \$0 copay  \$25 copay  mergency Care  \$0 copay  \$95 copay  round ambulance  0% coinsurance  20% coinsurance	Diagnostic tests and procedures	\$0 copay	\$0 copay
mergency Care \$0 copay \$95 copay round ambulance 0% coinsurance 20% coinsurance	Diagnostic radiology (MRI, CT Scan, etc.)	\$0 copay	20% coinsurance
round ambulance 0% coinsurance 20% coinsurance	Urgent Care	\$0 copay	\$25 copay
	Emergency Care	\$0 copay	\$95 copay
	Ground ambulance	0% coinsurance	20% coinsurance
on-emergency transportation \$0 copay 48 one-way trips \$0 copay 48 one-way trips	Non-emergency transportation	\$0 copay 48 one-way trips	\$0 copay 48 one-way trips
npatient hospital \$0 copay Medicare-defined	Inpatient hospital	\$0 copay	Medicare-defined
killed Nursing Facility (SNF) \$0 copay Medicare-defined	Skilled Nursing Facility (SNF)	\$0 copay	Medicare-defined
' ' '   \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Outpatient hospitalization or observation	\$0 copay	20% coinsurance
mbulatory surgical center (ASC) 0% coinsurance 20% coinsurance	Ambulatory surgical center (ASC)	0% coinsurance	20% coinsurance

	With Full Medi-Cal¹ You Pay	Without Medi-Cal <sup>1</sup> You Pay	
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)	
OTC/Fitness/Herbal Supplements + Extra Dental/Vision/Hearing + Grocery <sup>2</sup>	\$2,400 per year (\$600 allowance per quarter, with rollover)	\$2,400 per year (\$600 allowance per quarter, with rollover)	
Special Supplemental Benefits for the Chronically III (SSBCI) <sup>2</sup>			
Grocery	included in flex benefit allowance	included in flex benefit allowance	
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)			
Part D Deductible	\$0 copay	\$615	
Tier 1: Preferred Generic	\$0 copay	\$0 copay	
Tier 2: Generic	\$0 copay	10% coinsurance	
Tier 3: Preferred Brand	\$0 copay	25% coinsurance	
Tier 4: Non-Preferred Drug	\$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)

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. ¹If 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 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.