Clever Care HEALTH PLAN

2026 Benefits at a Glance

Clever Care Breathe+ (HMO C-SNP)

	With Full Medi-Cal[1] You Pay	Without Medi-Cal[1] You Pay
Costs		
Monthly Premium	$0	$0
Deductible	$0	$0 (deductibles apply on Medicare-allowed amounts)
Maximum out-of-pocket	$0	$9,250
Worldwide Coverage	$0 copay ($100,000 maximum)	$0 copay ($100,000 maximum)
Medical, Hospital, Healing at Home, and Supplemental Benefits		
Dental allowance	$0 copay ($2,400 maximum) ($1,200/6 months with rollover)	$0 copay ($2,400 maximum) ($1,200/6 months with rollover)
Routine vision exam	$0 copay	$0 copay
Eyewear allowance	$0 copay ($350 per year)	$0 copay ($350 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)
Post-discharge In-home support	$0 copay (up to 60 hours)	$0 copay (up to 60 hours)
Primary care physician (PCP)	$0 copay	$0 copay
Specialist	$0 copay	$0 copay
Preventive screenings	$0 copay	$0 copay
Teladoc®	$0 copay	$0 copay
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
Non-emergency transportation	$0 copay 48 one-way trips	$0 copay 48 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

	With Full Medi-Cal[1] You Pay	Without Medi-Cal[1] 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[2]	$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 Ill (SSBCI)[2]		
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	25% coinsurance
Tier 2: Generic	$0 copay	25% 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: <(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 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.

A11125-BAGB-EN (09/25)