

2025 Clever Care Benefits



Benefit	Longevity (HMO)	Value (HMO)	Total+ (HMO C-SNP) With Full Medi-Cal ¹	Total+ (HMO C-SNP) Without Medi-Cal ¹
Premium	\$0	\$0	\$0	\$18.40
Part B Rebate	\$1.20/month (San Diego County)	\$105-\$110/month (varies by county) ²	N/A	N/A
MOOP	\$1,200	\$2,900	\$0	\$9,350
Hospital Stays	\$0 copay	\$100 days 1-5; \$0 days 6-90	\$0 copay	\$1,632 deductible ³ \$0 days 1-60; \$408 days 61-90
PCP/Specialist	\$0 PCP \$0 Specialist	\$0 PCP \$5 Specialist	\$0 PCP \$0 Specialist	20% coinsurance
ER/Urgent	\$90 ER \$0 Urgent	\$125 ER \$0 Urgent	\$0 ER \$0 Urgent	\$95 ER \$25 Urgent
Worldwide Coverage	\$85,000	\$55,000	\$100,000	\$100,000
Transportation	24 one-way trips	16 one-way trips	48 one-way trips ⁴	24 one-way trips
Flex Benefit (OTC + Herbal Supplement + Fitness)	\$225/quarter (no rollover)	\$50/quarter (no rollover)	\$200/quarter (no rollover)	\$200/quarter (no rollover)
Acupuncture	Up to \$1,900/year No referral needed	Up to \$1,000/year No referral needed	Up to \$2,000/year No referral needed	Up to \$2,000/year No referral needed
Eastern Wellness	24 visits	12 visits	24 visits	24 visits
PPO Dental ⁵	\$2,200 maximum (quarterly with rollover)	\$800 maximum (quarterly with rollover)	\$2,200 maximum (quarterly with rollover)	\$2,200 maximum (quarterly with rollover)
Vision	\$200 allowance/year	\$200 allowance/year	\$200 allowance/year	\$200 allowance/year
Hearing	\$600 per ear allowance/year	\$600 per ear allowance/year	\$600 per ear allowance/year	\$600 per ear allowance/year
Post-discharge Meals	84 meals maximum, per year (after inpatient or SNF stay)			
PERS	\$0 copay			
Teladoc	\$0 PCP / \$40 Mental Health			20% coinsurance
Grocery	\$40/month (no rollover) ⁶	\$25/month (no rollover) ⁶	\$125/month (no rollover) ⁴	N/A
Special Supplemental Benefits for Chronically Ill (SSBCI) ⁶	<ul style="list-style-type: none"> Chronic meals In-home support Respite care Telemonitoring Companionship Grocery 	<ul style="list-style-type: none"> Grocery 	<ul style="list-style-type: none"> Chronic meals In-home support Respite care Telemonitoring Companionship 	
Part D (30-day Retail/Mail)	\$0 \$0 \$47 \$99 33% \$0	\$0 \$5 \$47 \$99 33% \$0	\$0 \$0 \$0 \$0 \$0 \$0	25% 25% 25% 25% 25% \$0

Clever Care Health Plan, Inc. is an HMO and HMO C-SNP with a Medicare contract. Enrollment depends on contract renewal.

¹Total+ is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying chronic 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 Los Angeles, Orange: \$110 per month; Riverside, San Bernardino, San Diego: \$105 per month

³ Hospital stay is Medicare defined. Hospital (Part A) amounts are for 2024 and may change in 2025.

⁴ The grocery and transportation benefits are dependent on eligibility of the VBI Model and will be determined by the plan after enrollment, based on relevant criteria that includes qualification for Extra Help (LIS).

⁵ Service requires a referral and/or prior authorization.

⁶ 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 a special supplemental program for the chronically ill. Not all members qualify. Other eligibility and coverage criteria apply.