Clever Care HEALTH PLAN

2026 Member Guide

Clever Care Breathe+
(HMO C-SNP)

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Welcome Valued Member

Thank you for choosing Clever Care.

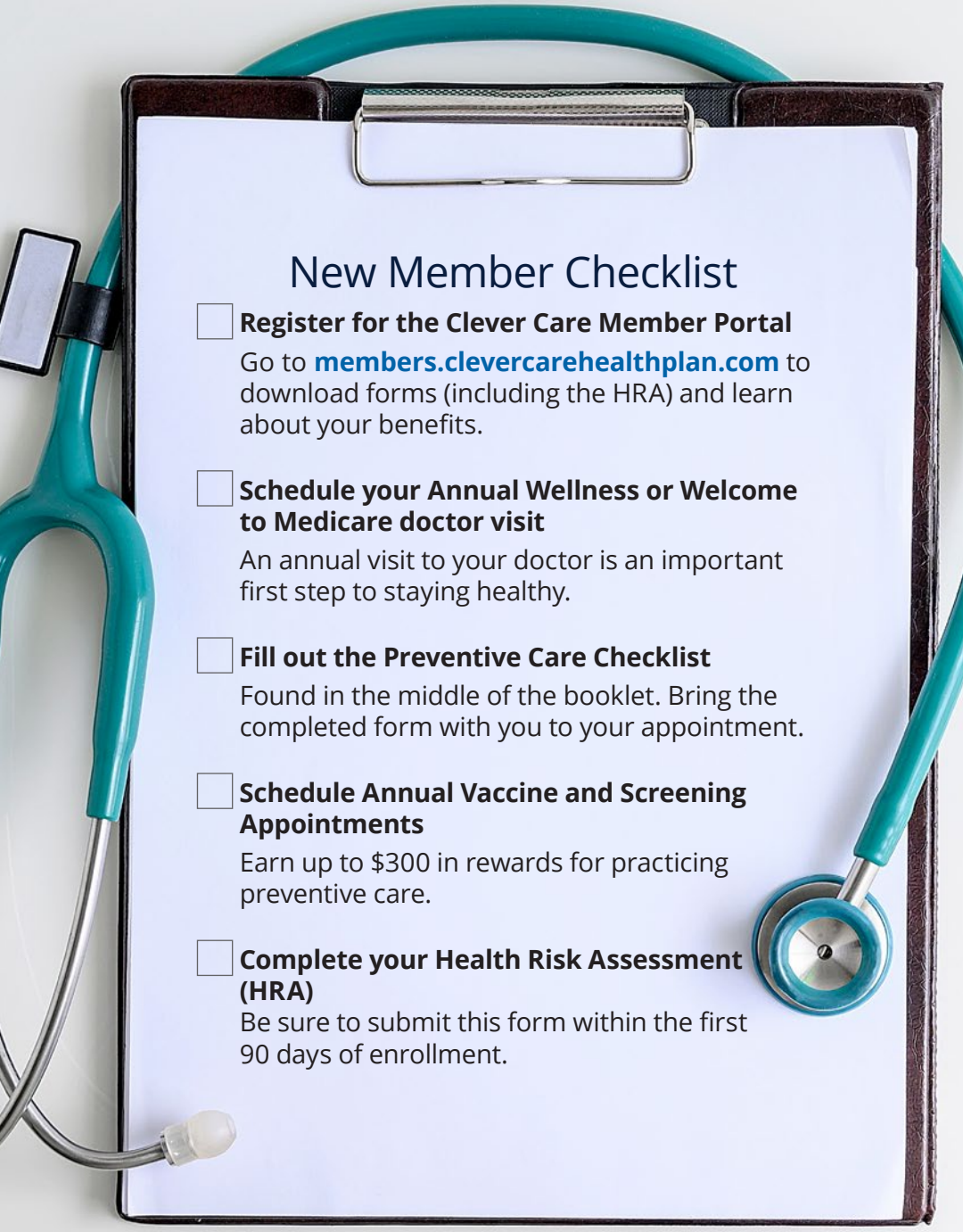
We are committed to providing you with the highest quality health care. This member guide will give you an overview of the benefits included in your plan and will help you learn how to use these valuable services. Your plan comes with a Wellness Kit that includes items related to lung care and will arrive within 60 days of your enrollment.

You may start using these benefits on your effective date.

Our member service representatives are available if you need help understanding your benefits or to answer any questions. Call **(833) 388-8168 (TTY: 711)** 8 am to 8 pm, seven days a week, from October 1 to March 31; and 8 am to 8 pm, weekdays, from April 1 to September 30.

Thank you for entrusting us with your health care needs. We are proud to serve you today and in the future.

Karen Walker Johnson
Chief Executive Officer



New Member Checklist

- [ ] **Register for the Clever Care Member Portal**
  Go to **members.clevercarehealthplan.com** to download forms (including the HRA) and learn about your benefits.

- [ ] **Schedule your Annual Wellness or Welcome to Medicare doctor visit**
  An annual visit to your doctor is an important first step to staying healthy.

- [ ] **Fill out the Preventive Care Checklist**
  Found in the middle of the booklet. Bring the completed form with you to your appointment.

- [ ] **Schedule Annual Vaccine and Screening Appointments**
  Earn up to $300 in rewards for practicing preventive care.

- [ ] **Complete your Health Risk Assessment (HRA)**
  Be sure to submit this form within the first 90 days of enrollment.

Your Plan Documents

All plan documents are available on our website.

Evidence of Coverage (EOC)
The EOC details the plan coverage, how much you pay, and more.
Visit **clevercarehealthplan.com/eoc**

Provider Directory
Our search tool allows you to look up PCPs, specialists, and facilities. Visit **clevercarehealthplan.com/provider**

Pharmacy Directory
Find pharmacy locations that are in the Clever Care network.
Visit **clevercarehealthplan.com/pharmacy**

Formulary (List of Covered Drugs)
Look up generic or brand name drugs to see if they are covered under your plan and how much you will pay.
Visit **clevercarehealthplan.com/formulary**

For help or to request a printed copy of one of these documents be mailed to you, please call us at **(833) 388-8168 (TTY: 711)**.

Managing Your Medical Care

When you enrolled in Clever Care, you selected a Primary Care Physician (PCP). All medical care must be coordinated by your PCP; otherwise, you will be responsible for the cost of treatment.

Member ID Card

The ID card has your PCP, Medical Group, and other important plan information. Show your card whenever you receive care or pick up prescription medicine.

Receiving Medical Care

For Preventive Care

Contact the PCP listed on your ID card to schedule your **Welcome to Medicare** or **Annual Visits**. The doctor will also be the one to call if you are sick or need treatment.

For Specialist Care

If needed, your PCP will arrange for you to see an in-network specialist.

Find a Provider

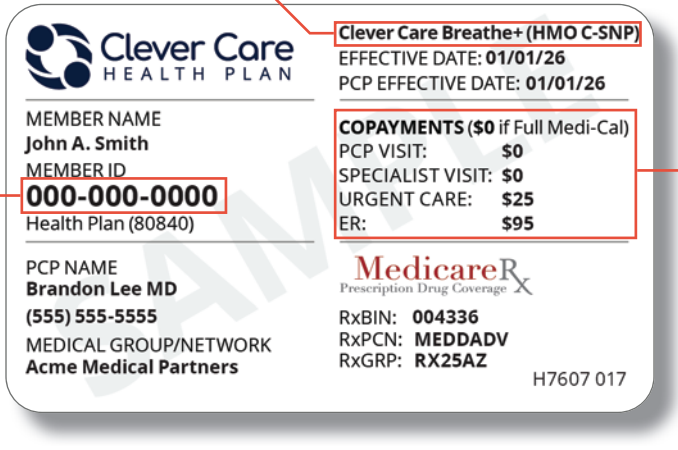
Search our network of contracted doctors, specialists, hospitals, and more.

Being Prepared for the Unexpected

Should a medical emergency arise, you will need to have important documents ready so doctors know to what extent they can provide care. We provide Health Care Management forms, like Advance Directive, Appoint a Representative, and more. Visit **members.clevercarehealthplan.com** and click **Member Forms**.

Front of the card

This is the name of the plan you are enrolled in.



This number identifies you as a member of our plan.

These are the cost of services for the plan.

Note: Full Medi-Cal members will have all $0 copays.

Back of the card

This has our Member Services phone number and other information that is helpful to you and your doctor.

Getting Care When You Can't See Your PCP

We offer options for you to get medical help and advice when you can't see your doctor and need non-emergency treatment. Any of the non-emergency options below are useful if you have a:

- Fever, cold, or flu
- Sinus infection
- Ear infection

Getting Care in a Non-Emergency

Teladoc®
Teladoc board-certified doctors and mental health professionals are available by phone or video to consult, diagnose, and treat basic medical conditions and prescribe some medications. To schedule an appointment, call 1-800-TELADOC (1-800-835-2362).

Download the Teladoc App or visit **teladoc.com/register**. Registration is required for your first use.

Urgent Care
Go to an urgent care center for situations that need immediate attention but are not life-threatening. These centers are typically used if it is after hours, and your PCP is not available. Urgent care is a good option if you have a minor sprain or broken bone.

MinuteClinic™
MinuteClinics™ are walk-in health care services staffed by nurse practitioners and physician assistants. You can often find MinuteClinics™ inside CVS/pharmacy stores.

Getting Care in an Emergency

Emergency Room (ER)
Go to the nearest Emergency facility or **call 911**. If you experience a life-threatening medical emergency:

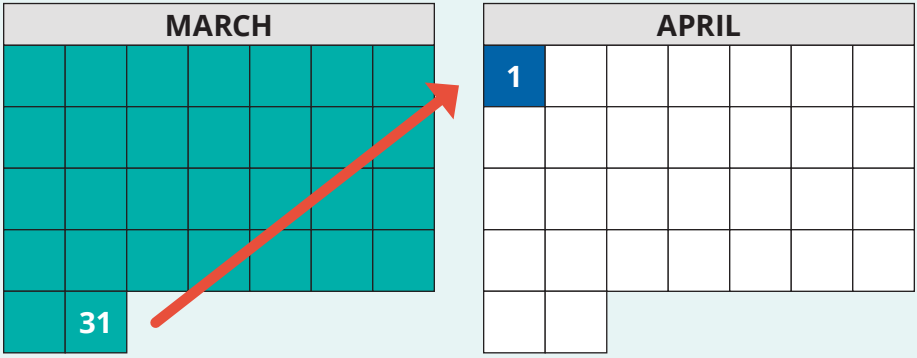
- Allergic reaction
- Head or eye injury
- Shortness of breath
- Sudden chest pain
- Severe bleeding or broken bones

Notify Clever Care about your emergency within 48 hours.
We need to be involved with coordinating your care.

How to change your PCP or Medical Group

You may change your PCP or Medical Group at any time. To change your PCP call Member Services or do it yourself on the Member Portal. A new ID card will be mailed to you 5–7 business days after your request.

1. The request must be received **on or before the last day** of the month.
2. The change will take effect on the **first day of the next month**.



KEY: Change request date **1** Effective date

Benefits for Members with Chronic Conditions

Members diagnosed with a qualifying chronic condition, listed below, are eligible for extra supplemental benefits.

- Autoimmune disorder
- Cancer, excluding pre-cancer conditions or in-situ status
- Cardiovascular disorders
- Chronic alcohol and other drug dependence
- Chronic and disabling mental health conditions
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic kidney disease
- Chronic lung disorders
- Conditions associated with cognitive impairment
- Dementia
- Diabetes mellitus
- HIV/AIDS
- Immunodeficiency and Immunosuppressive disorders
- Neurologic disorders
- Post-organ transplantation care
- Severe hematologic disorders
- Stroke

Benefit	What you get
Grocery	Up to the full flex allowance amount
Meal delivery for chronic conditions	Up to 42 meals per year
Social needs	Up to 96 hours per year
Telemonitoring service	No cost for this service
In-home support	Up to 40 hours per year
Support for the caregiver	Up to 40 hours per year
In-home Safety	2 assessments per year

Important to know:

- The benefits mentioned are a part of a special supplemental program for the chronically ill (SSBCI). Not all members qualify.
- Your PCP must verify your chronic condition with Clever Care before benefits may be used.

Benefits at a Glance

If you **have** Full Medi-Cal...	
Premium **$0**	**PCP & Specialist Visits** **$0** copay
Deductible **$0**	**Urgent Care** **$0** copay
Out of Pocket Maximum **$0**	**Emergency Room** **$0** copay
Inpatient Hospital Stay **$0** copay | **Unlimited** days	
Prescription Drugs: 30-Day Retail As low as **$0** copay for Tiers 1–6**	

Medi-Cal members will pay different costs than members without Medi-Cal.

These are benefit summaries. For a complete description of benefits, cost- sharing, exclusions, and limitations refer to your **Evidence of Coverage (EOC)**.

You must remain enrolled in Medi-Cal for reduced cost-sharing.

Benefits at a Glance

If you **do not have** Full Medi-Cal...	
Premium **$0**	**PCP & Specialist Visits** **$0** copay
Deductible **$0**	**Urgent Care** **$25** copay
Out of Pocket Maximum **$9,250**	**Emergency Room** **$95** copay
Inpatient Hospital Stay – Medicare defined* **$1,676** deductible | **$0** days 1–60 | **$419** days 61–90	

Prescription Drugs: 30-Day Retail

	if eligible for Extra Help**
$615 deductible	As low as **$0** deductible
$0 copay for Tier 6	**$0** copay for Tier 6
25% coinsurance for Tiers 1–5	As low as **$0** copay for Tiers 1–5

*Hospital stay is Medicare defined. Hospital (Part A) amounts are for 2025 and may change in 2026. **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.

Eastern Medicine Benefits

It is important to talk to your doctor before starting eastern wellness treatments or acupuncture services. Refer to the Clever Guide to Eastern Medicine for details on each service.

Visit **clevercarehealthplan.com/eastern-medicine**

Acupuncture
$0 copay up to **$2,000** per year

What you need to know:

- You must obtain acupuncture from a Clever Care contracted and licensed acupuncturist.
- No referral or prior authorization is required.

Eastern Wellness
$0 copay up to **24** visits per year

Eastern wellness services included in your Clever Care plan:

- Cupping
- Tui Na and gua sha massage therapy
- MedX
- Reflexology

What you need to know:

- You must obtain Eastern wellness services from a Clever Care contracted and licensed acupuncturist.
- No referral or prior authorization is required.

Grocery (SSBCI)

Buy Groceries With Flexible Allowance

What you need to know:

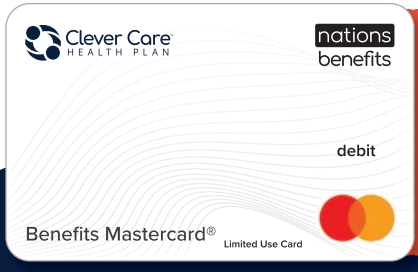
- After approval, the flex benefit card may be used to buy healthy food and produce.
- You can choose how much to spend up to the $600 quarterly flex allowance amount on groceries. Unused balance **will roll over** to the next quarter.
- Healthy food and produce at grocery stores are covered. Non-food items such as napkins, cleaning supplies, alcohol, and cigarettes are not eligible.
- Buy groceries anywhere that the flex benefit card is accepted.*
- Stores include Aldi, Albertsons, Food 4 Less, H-Mart, Ralphs, Safeway, Trader Joe's, T S Emporium, Vons, Walmart, and many ethnic supermarkets.
- For a full list of participating stores and to check your card balance go to the **Benefits Pro™ Portal** at **CleverCare.NationsBenefits.com** or the **Benefits Pro™ App**.

*The grocery benefit is dependent on eligibility for SSBCI and will be determined by the Plan after enrollment. See pages 16–19 for details on how to use the flex benefit card.

Health & Wellness Flex Benefit Card

Benefit Allowance
$600 quarterly, with rollover

Your health your way! With the Clever Care flexible health and wellness allowance, you can decide how and where to spend it.



Members will continue to use their current Benefits Mastercard®. Only new members will receive a card by mail by January 1 or within two weeks after enrollment.

How to use your flex benefit card

1. Activate your new card by calling **(877) 205-8005**.
2. Login to your account at **CleverCare.NationsBenefits.com** and track your card balance.
3. Be sure to select **CREDIT** when making a purchase.

What you need to know:

- Allowance amounts are added to your flex benefit card quarterly (January 1, April 1, July 1, and October 1).
- Unused balance **will roll over** to the next quarter and expire on December 31.
- You are responsible for all costs over the allowance amount.
- Each vendor has their own return policy. Credit is only given to items returned within the same quarter they were purchased.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access.

Where to Use Your Flex Benefit Card

Your flexible benefit **quarterly allowance** can help pay for fitness activities, OTC items, herbal supplements, and extra dental, vision, and hearing expenses.

Fitness

Improve your body, balance, and mind by joining a gym, playing golf, or doing a fitness activity. Participating locations may vary, and restrictions apply. Locations include: 24 Hour Fitness, CorePower Yoga, Esporta Fitness, LA Fitness, YMCA, Los Angeles City Golf Courses, Oceanside Golf Course and more.

Over-the-Counter (OTC)

Purchase non-prescription medications, including pain relievers, allergy treatments, and other qualified items from the OTC Product Catalog or participating stores including CVS, Walgreens, Walmart, and more.

Herbal Supplements

Buy herbal supplements like Red Ginseng, Bird's Nest, and more from participating stores such as T S Emporium, Hansamin, Hannam Supermarket, H-Mart, Good Fortune, and others.

Dental, Vision, and Hearing

Your flex allowance can cover extra expenses after your dental, vision, and hearing allowances are used.

This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration. Participating store locations for the flex benefit card are subject to change.

Buying OTC and Herbal Supplements has never been easier

- To place an order by mail, mail an order form available in the OTC Product Catalog. Order forms are available on the Clever Care Member Portal at **members.clevercarehealthplan.com**
- To see store locations use the store finder tool on the **Benefits Pro™ Portal** or on the **Benefits Pro™ App**.

OTC Product Catalog:
clevercarehealthplan.com/flexbenefits

Participating locations:
CleverCare.NationsBenefits.com

Benefits Pro™ Portal

To place an order through the Benefits Pro™ Portal, scan the QR code using your smartphone camera or visit **CleverCare.NationsBenefits.com**

Benefits Pro™ App

To place an order through the Benefits Pro™ App, scan the QR code using your smartphone or search "**Benefits Pro**" in the App Store® or Google Play®

Download on the App Store

GET IT ON Google Play

The products and claims made about specific herbal supplement products purchased through the Clever Care Flexible Health & Wellness benefit or our Reward & Incentive programs have not been evaluated by the United States Food and Drug Administration and are not approved to diagnose, treat, cure or prevent disease. Some herbal supplements may cause interactions with your prescribed medications. Please consult with your clinician or doctor. Other herbal supplement vendors are available in our network.

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My Preventive Care Checklist

Prepare for your Welcome to Medicare or Annual Wellness visit by completing this form. Bring it with you to your appointment to discuss with your doctor. It is important that you have an annual visit with your doctor.

Name: _____

Appointment date: _____

PCP Name: _____

Know your numbers

Blood pressure: _____ /_____ Body mass index (BMI): _____

Overall cholesterol value: _____ Blood sugar (A1c): _____

Cholesterol (LDL value): _____ Cholesterol (HDL value): _____

Review current medications

Drug: _____ Dosage: _____ Frequency: _____

Drug: _____ Dosage: _____ Frequency: _____

Drug: _____ Dosage: _____ Frequency: _____

Drug: _____ Dosage: _____ Frequency: _____

Drug: _____ Dosage: _____ Frequency: _____

Drug: _____ Dosage: _____ Frequency: _____

Drug: _____ Dosage: _____ Frequency: _____

Appointments	Last Appointment	Next Appointment
Preventive care		
Routine eye exam		
Dental exam/cleaning		
Hearing test		

Screenings	Last Appointment	Next Appointment
Colorectal		
Diabetes:		
Retinal eye exam		
A1c		
Kidney		
Women:		
Breast cancer		
Bone density		

Vaccinations	Last Appointment	Next Appointment
Flu		
Pneumonia		
COVID-19		

Notes:

Pharmacy Benefits

What you need to know:

- Get prescriptions filled at any participating pharmacy, including local independent pharmacies, CVS, and Walgreens.
- **You must bring your 2026 ID card to the pharmacy.**
- You have a $0 copay for Tier 6 select care drugs that treat cholesterol, diabetes, and high blood pressure. Also, included are prescription cough medicine, vitamins, and sildenafil.
- You will not pay more than $35 for a 30-day supply of insulin drugs.

Financial help for prescriptions

People with limited incomes may qualify for Extra Help, a program to help pay for their prescription drug costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call (877) 486-2048, 24 hours a day, seven days a week;
- The Social Security office at (800) 772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call (800) 325-0778; or
- Your state Medicaid office.

Mail-Order Pharmacy

CVS Caremark is our full-service, mail-order pharmacy. This free service is a convenient way to fill most prescriptions, up to a 100-day supply. Save money and skip the line at the local pharmacy.

Sign up today and start saving time and money!

1. New members can call (833) 843-0559, 24 hours a day, seven days a week to set up an account.
2. Ask your doctor to send your 100-day prescription directly to **CVS Caremark Pharmacy** or fax to (800) 378-0323.
3. Log into **caremark.com** and select "transfer your retail prescriptions."

If you have any questions, call (833) 843-0559, 24 hours a day, seven days a week.

What you need to know:

- **Existing members who were using BirdiRx are automatically transferred to Caremark.**
- Free shipping takes 3–5 days for delivery.
- Track your prescriptions and order history using their website (**caremark.com/Rxdelivery**).
- Select the auto-refill option when you set up your account.
- You can authorize another person or family member as your 'representative,' which allows **Caremark** to share your information.

Supplemental Benefits

PPO Dental
$1,200 bi-annual allowance, with rollover

You pay **$0** up to the allowance amount for dental services, including, but not limited to:

Preventive:

- Oral exam(s)
- Cleaning(s)
- Dental X-ray(s)
- Fluoride treatment

Comprehensive:

- Deep teeth cleanings
- Fillings and repairs
- Root canals
- Dental crowns
- Implants
- Bridges, dentures, extractions

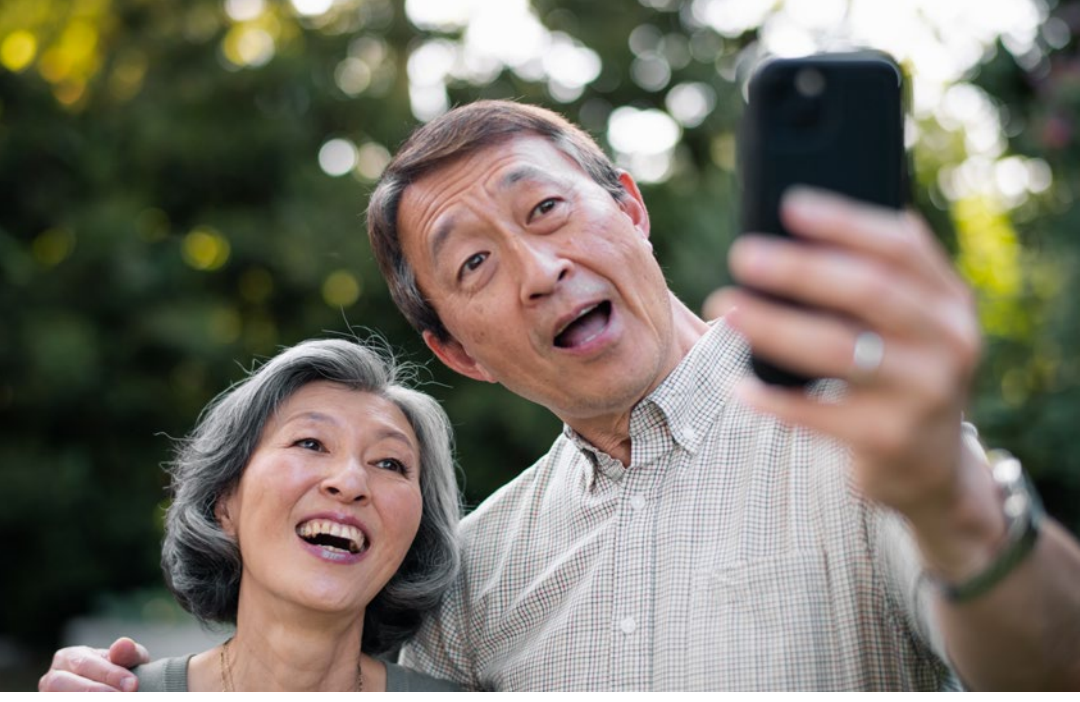
What you need to know:

- You can go to *any* dentist of your choice. If you go to a **Liberty Dental** dentist, your out-of-pocket cost may be lower.
- Allowance amounts are paid bi-annually on January 1 and July 1 and **will roll over** to the next period. Unused amounts will expire December 31, 2026.
- You are responsible for all costs over the allowance amount or for out-of-network costs billed above the contracted rate.
- Prior authorization is required for implants.
- Excludes orthodontia.

Vision
$350 annual eyewear allowance

What you need to know:

- You pay **$0** for one routine eye exam a year.
- Use your allowance to pay for frames, lenses, or contacts.
- You are responsible for all costs over the allowance amount.
- You must receive care and services from a **VSP** provider.



Hearing
$600 hearing aid allowance, per ear, per year

What you need to know:

- You pay **$0** for a routine hearing exam.
- You pay **$0** for evaluation and fitting for hearing aids.
- Use your allowance to pay for hearing aids each year.
- You are responsible for all costs over the allowance amount.
- You must receive care from a **NationsHearing** provider.

To schedule a hearing test, call **NationsHearing** at (866) 304-7577 (TTY: 711), Monday – Friday, 8 am – 8 pm Pacific time. Or go to **clevercare.nationsbenefits.com**

NOTE:
Any unused dental, vision, or hearing allowance amounts will expire on December 31, 2026. If costs exceed the allowance amounts, you may use your available flex allowance balance to cover them.

Supplemental Benefits (Cont'd)

Transportation
48 one-way trips per year

This plan covers non-emergency medical transportation rides through **CareCar**.

What you need to know:

- Schedule a ride by calling **(844) 743-4344** or visit **getcarecar.com** to schedule and manage your rides online.
- Rides are one-way and have a maximum of 30 miles per trip.
- CareCar can accommodate wheelchair or gurney transport. Request at least 48 hours in advance.
- Trips scheduled under 24 hours are fulfilled to the best of CareCar's ability and not guaranteed.

Personal Emergency Response System (PERS)

$0 copay for device and service

This monitoring device will connect you to 24-hour emergency response at the push of a button.

What you need to know:

- This device is good to have, especially if you live alone or are at risk of falling.
- You pay $0 for the device and service.
- To request a PERS unit call Connect America at 1-877-909-4047 (TTY: 711) or visit **clevercare.connectamerica.com**

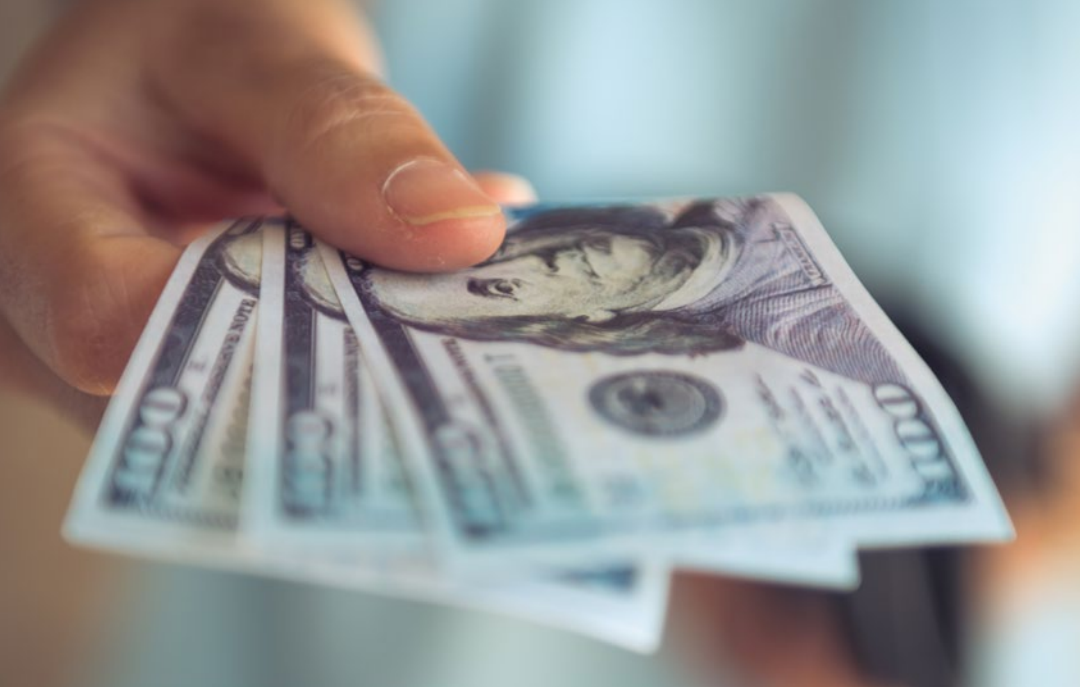
Healing at Home

Care immediately following an inpatient stay

- Within 72 hours, you'll receive a call to review your medication, schedule appointments, and other services.
- Up to 60 hours of caregiver help to assist you with bathing, dressing, light housekeeping and more.
- Receive up to 84 medically tailored and culturally inspired meals.

What you need to know:

- You or a designated family member may request this benefit by calling Member Services within seven days of discharge.
- This benefit can be in addition to, but not a replacement of Medicare-covered home health services.



Member Rewards and Incentives

Actions that promote improved health and prevent injuries and illness deserve to be rewarded.

What you need to know:

- Rewards amount will be added to your flex benefit card.
- Use your rewards to purchase qualifying grocery items, OTC items, herbal supplements, and/or fitness activities.
- Rewards can be spent at hundreds of participating locations. For a full list of participating stores go to the Store Finder tool on the **Benefits Pro™ Portal** or the **Benefits Pro™ App**.

Important to know:

- Submit a completed verification form to Clever Care, signed by your PCP. Find the form on the **Member Portal** at **members.clevercarehealthplan.com**
- Limit of one reward per activity during the current benefit year.
- You will have until December 31, 2027 to redeem your 2026 rewards as long as you are an active member.

Complete any combination of the following preventive health activities and earn up to $300 in rewards.

Activities to Complete	Reward
Welcome to Medicare or Annual Wellness Visit	$25
Health Risk Assessment or Social Needs Screening (within 90 days of enrollment)	$20
PCP Care Planning Discussion	$25
PCP Visit within 7 days of an ER Visit	$25
Medication reconciliation with PCP within 30 days of inpatient discharge	$25
Complete survey after PCP visit	$25
Fall Risk, Incontinence, and Physical Activity Assessment	$25
Flu Vaccination	$10
Controlling Blood Pressure	$10
Diabetic Eye Exam	$30
HbA1c, uACR, and eGFR Screening	$25
Mammogram	$25
Colon Cancer Screening (complete only one)	
Colonoscopy	$30
Other Colorectal Cancer Screening	$25

Reward Form
Member Portal:
members.clevercarehealthplan.com

Store Locations
Benefits Pro™ Portal:
CleverCare.NationsBenefits.com

Our commitment to you

Notice of Privacy Practices

Clever Care Health Plan, Inc. (Clever Care) is required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that is described in this notice. We are required by law to abide by the terms of this notice.

We will provide you with this information either by direct mail or electronically, in accordance with applicable law. If we maintain a website for your particular health plan, we will post the revised notice on our website, **members.clevercarehealthplan.com**.

We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future. Clever Care collects and maintains oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our enrollees. We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction, or misuse.

Member Rights & Responsibilities

Your Rights as a Clever Care Member

You have the right to receive information in a way that meets your needs, is secure, and promotes transparency and quality of treatment. Your rights include but are not limited to:

- Being treated with fairness, respect, and dignity
- Materials available in alternate languages and formats
- Timely access to covered services and drugs
- Confidence that your personal health information is protected
- Making recommendations about Clever Care's member rights and responsibilities policies
- Knowing your treatment choices and participating in decisions about your healthcare
- Appealing medical or administrative decisions Clever Care has made by using the appeals and grievance process
- The ability to make complaints about Clever Care or the care provided and feel confident it will not affect the way you are treated

Member Responsibilities

As a member of Clever Care, you have the responsibility to:

- Become familiar with your coverage and the procedures you must follow to get care as a member
- Tell your PCP and other healthcare providers that you are enrolled in Clever Care and if you have other coverage
- Give your PCP and other providers complete and accurate information to care for you; then, follow the treatment plans and instructions that you agree upon with your providers.

Our full notice of privacy practices, and member rights and responsibilities are provided in the Evidence of Coverage (EOC) or at **clevercarehealthplan.com/eoc**.

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

- For Payment, For Treatment, For Health Care Operations, To Provide You Information on Health-Related Programs or, For Plan Sponsors, For Underwriting Purposes, For Reminders

We may use or disclose your health information for the following purposes under limited circumstances:

- As Required by Law, To Persons Involved With Your Care. For Public Health Activities, For Reporting Victims of Abuse, Neglect or Domestic Violence, For Health Oversight Activities, For Judicial or Administrative Proceedings, For Law Enforcement Purposes, To Avoid a Serious Threat to Health or Safety, For Specialized Government Functions, For Workers' Compensation, For Research Purposes, To Provide Information Regarding Decedents, For Organ Procurement Purposes, To Correctional Institutions or Law Enforcement Officials, To Business Associates

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Fraud Waste & Abuse (FWA)

You Can Help Prevent Health Care Fraud.

The National Health Care Anti-Fraud Association (NHCAA) estimates that about $100 million is lost from health care fraud each day! You can help Clever Care to prevent, detect, and correct health care fraud by reporting any suspicious activity. When you report a situation that may be potential health care fraud, waste, and abuse, you're doing your part to help save money to make our health care system better.

What is Health Care Fraud, Waste and Abuse?

Fraud occurs when someone knowingly and willfully submits a false claim that results in inappropriate payments.
Examples: Billing for services not rendered, falsifying a patient's diagnosis to justify unnecessary procedures, or accepting kickbacks for patient referrals.

Waste is overuse of services or other practices that, directly or indirectly, results in unnecessary medical costs. This includes the misuse of resources which is not generally considered a criminally negligent action.
Examples: Ordering excessive diagnostic tests, overuse of office visits, or a pharmacy sending medications to members without confirming they still need them.

Abuse is an action that may result in unnecessary medical costs. When a person or entity unknowingly or purposely misrepresents fact to obtain payment, this is abuse.
Examples: Charging in excess for services or supplies, providing medically unnecessary services, or going to different doctors or emergency rooms to obtain pain medication.

What can I do to prevent fraud?

- Protect your Clever Care Member ID card like you would a credit card. Be careful about disclosing your personal information. If you lose your ID card, report it to us immediately.
- If you suspect you may be a victim of health insurance fraud, report it immediately.

- Be informed about the health care services you receive, keep good records of your medical care, and review your explanation of benefits (EOB) routinely. Report any services you do not think you received.
- Beware of "free" offers. Offers of free health care services, tests, or treatments are often fraud schemes designed to bill you and your insurance company illegally for treatments you never received.

Why am I getting calls about a survey?

Clever Care is committed to making sure that you receive the best care and that doctors are providing quality services. We sometimes conduct surveys so we can get feedback from members on how we can improve the benefits we offer. The survey is optional to you.

What if a provider is billing me for services that I thought were covered under my insurance?

If you are being billed for services that should have been covered, please give our Member Services a call. They can help you to determine who should be responsible for paying the bill.

How can I help if I have questions or suspect FWA?

Contact Member Services at (833) 388-8168 (TTY: 711). Hours are 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30. Messages received on holidays or outside of our business hours will be returned within one business day. Member Services can help you with explaining bills, claims and coverage.

Non-Discrimination and Accessibility Requirements

Discrimination is Against the Law

Clever Care Health Plan Inc. (herein referred to as Clever Care) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Clever Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Clever Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call (833) 388-8168 (TTY: 711).

If you believe that Clever Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Clever Care Health Plan Attn: Civil Rights Coordinator 7711 Center Ave Suite 100 Huntington Beach, CA 92647	**E-mail:** civilrightscoordinator@ccmapd.com **Fax:** (657) 276-4721

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our Clever Care Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically

through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

Notice Of Availability

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-388-8168 (TTY: 711) or speak to your provider.

Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-388-8168 (TTY: 711) o hable con su proveedor.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-388-8168 (TTY: 711) o makipag-usap sa iyong provider.

中文：注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-808-8153 (国语) / 1-833-808-8161 (粵语)（TTY: 711）或咨询您的服务提供商。

台語: 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-833-808-8153 (國語) / 1-833-808-8161 (粵語)（TTY: 711）或與您的提供者討論。

Việt: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-808-8163 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

한국어: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-808-8164 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ՀԱՅԵՐԵՆ: ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-833-388-8168 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

РУССКИЙ: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-388-8168 (TTY: 711) или обратитесь к своему поставщику услуг.

فارسي
توجه: اگر فارسي صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-833-388-8168 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم
1-833-388-8168 (TTY: 711) أو تحدث إلى مقدم الخدمة".

ភាសាខ្មែរ: សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដំសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃដងដែរ។ ហៅទូរសព្ទទៅ 1-833-388-8168 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។”

日本語: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-388-8168（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

ਪੰਜਾਬੀ: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-833-388-8168 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

ไทย: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้
ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-833-388-8168 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

Lus Hmoob: LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-833-388-8168 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Clever Care HEALTH PLAN

Clever Care Member Services

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

普通話:
(833) 808-8153 (TTY: 711)

廣東話:
(833) 808-8161 (TTY: 711)

Tiếng Việt:
(833) 808-8163 (TTY: 711)

한국어:
(833) 808-8164 (TTY: 711)

Español:
(833) 388-8168 (TTY: 711)

Hours of Operation

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

April 1 – September 30
8 am – 8 pm, Mon – Fri

Keep your member information accurate
Notify Clever Care if you have a new address, telephone number, or any other change to your personal account information.

Other Provider Information

VSP Vision Care	(855) 492-9028
Liberty Dental	(888) 704-9830
NationsHearing	(866) 304-7577 (TTY: 711)
CareCar (transportation)	(844) 743-4344 (TTY: 711)
CVS Caremark (mail-order pharmacy)	(866) 693-4620
NationsBenefits	(833) 388-8168 (TTY: 711)

Clever Care Health Plan, Inc. is an HMO and an HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal. Our provider and pharmacy network may change at any time. You will receive notice when necessary.