

A Guide to your 2024 Benefits

Annual Notice of Changes

The enclosed notice will help you evaluate your current coverage and compare it to what we are offering for next year. All plan changes noted in the booklet will take place on January 1 of next year.



No action is required.

Medicare Annual Enrollment period (AEP) begins October 15 and ends December 7. Your enrollment will auto-renew on December 1.

Thank you for trusting Clever Care Health Plan with your Medicare coverage. We are happy to have had the opportunity to serve your wellness needs this past year. The plans we offer continue to honor your traditions, values, and cultural health needs.

We look forward to your continued membership with Clever Care Health Plan.



A black and white handwritten signature of Myong Lee.

Myong Lee (명 리)
Founder and CEO



A black and white handwritten signature of Hiep Pham.

Hiep Pham
Founder and Market CFO

Important Plan Materials

For your convenience, Clever Care provides the documents below on our website and will be available on October 15.

Evidence of Coverage (EOC) – the EOC gives you details about your healthcare and prescription drug benefits and costs.

clevercarehealthplan.com/eoc

Pharmacy directory – find local in-network pharmacies.

clevercarehealthplan.com/pharmacy

Provider directory – search our listing of health care providers, including doctors, specialists, and more.

clevercarehealthplan.com/provider

Formulary – lists all covered drugs, so you can discuss medication options with your doctor.

clevercarehealthplan.com/formulary

Personalized in-language support

If you need help finding a provider, pharmacy, or a specific medication or would like a printed copy of any of these documents mailed to you, please call Customer Service at (833) 388-8168 (TTY: 711) 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.

Clever Care Total+ (HMO C-SNP) offered by Clever Care Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Clever Care Total+ Medicare Advantage (HMO C-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at gko.clevercarehealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Clever Care Total+.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Clever Care Total+.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Chinese, Korean, Vietnamese, and Spanish.
- Please contact our Member Services number at 1-833-388-8168 for additional information. (TTY users should call 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.
- This information is also available in a different format, including large print, audio, or other alternate formats if you need it. Please call Member Services at the number listed above if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Clever Care Total+

- Clever Care Health Plan, Inc. is an HMO and HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Clever Care Health Plan. When it says, “this plan” or “our plan,” it means Clever Care Total+.

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Annual Notice of Changes for 2024
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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Clever Care Total+ in several important areas. **Please note this is only a summary of costs.**

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details. | \$31.80 | \$15.70 |
| Deductible | \$0 This plan has deductibles for some hospital and medical services and Part D prescription drugs. | \$0 This plan has deductibles for some hospital and medical services and Part D prescription drugs. Except for insulin furnished through an item of durable medical equipment. |
| Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.) | \$7,550 | \$8,850 |
| Doctor office visits | Primary care visits: \$0 per visit Specialist visits: \$0 per visit | Primary care visits: \$0 per visit Specialist visits: \$0 per visit |
| Inpatient hospital stays | You pay: \$1,600 deductible per benefit period. \$0 copay per day for days 1–60, per benefit period and days 91 and more \$400 copay per day for days 61–90, per benefit period | These are 2023 cost-sharing amounts and may change for 2024. We will provide updated rates, on our website, as soon as they are released. You pay up to a \$1,600 deductible per benefit period |

| Cost | 2023 (this year) | 2024 (next year) |
|--|---|---|
| | | <p>\$0 copay per day for days 1–90, per benefit period and days 91 and more</p> <p>\$400 copay per day for days 61–90, per benefit period</p> |
| <p>Part D prescription drug coverage (See Section 2.5 for details.)</p> | <p>Deductible: \$505</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 copay Drug Tier 2: 25% coinsurance Drug Tier 3: 25% coinsurance Drug Tier 4: 25% coinsurance Drug Tier 5: 25% coinsurance Drug Tier 6: \$0 copay</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.). | <p>Deductible: \$545 except for insulin furnished through an item of durable medical equipment.</p> <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p>Drug Tier 1: 25% coinsurance Drug Tier 2: 25% coinsurance Drug Tier 3: 25% coinsurance Drug Tier 4: 25% coinsurance Drug Tier 5: 25% coinsurance Drug Tier 6: \$0 copay</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. |

SECTION 1 We Are Changing the Plan's Name

On January 1, 2024, the plan name will change from Clever Care Jasmine Medicare Advantage (HMO C-SNP) to Clever Care Total+ (HMO C-SNP).

All members will receive a new ID Card prior to January 1. In addition to the new plan name, the card will list the new doctor, specialist, emergency room, and urgent care copay amounts for 2024. The name change will not impact how you use our benefits or any member communications from Clever Care Health Plan.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

| Cost | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$31.80 | \$15.70 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage. Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

| Cost | 2023 (this year) | 2024 (next year) |
|--|------------------|---|
| Maximum out-of-pocket amount Your costs for covered medical services (such as copays count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$7,750 | \$8,850 Once you have paid \$8,850 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year. |

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at ko.clevercarehealthplan.com. You may also call Member Services for updated provider and/or pharmacy information or ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2023 (this year) | 2024 (next year) |
|-----------------------------|--|---|
| Acupuncture Services | You pay \$0 copay per visit for unlimited in-network acupuncture visits up to a maximum of \$3,000 per year. | \$0 copay per visit for unlimited in-network acupuncture visits up to the plan maximum of \$2,500 per year. |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|---|
| <p>Covid-19 Reduced Cost-share</p> | <p>You pay \$0 when related to the COVID-19 virus, testing or treatments ordered by a licensed practitioner. Includes worldwide Emergency Care Treatment. In cases of an emergency, care provided by both network and non-network providers will be covered.</p> | <p>The reduced cost-share waiver no longer applies due the end of the Federal Public Health Emergency.</p> <p>Testing or treatment related to the Covid-19 virus will be covered when ordered by your primary care physician (PCP) and according to the schedule of benefits.</p> |
| <p>Dental service</p> <ul style="list-style-type: none"> • PPO coverage for routine services (preventive and comprehensive) <p>For services obtained out-of-network, the plan pays up to the allowed amount for covered services up to the quarterly plan maximum. You may be responsible for additional cost up to the provider’s billed amount.</p> | <p>You pay a \$0 copay up to the allowance amount.</p> <p>This plan provides a quarterly allowance of \$625 beginning on your effective date (e.g., January 1) then every three months (e.g., April 1, July 1, and October 1) not to exceed \$2,500 for preventive and comprehensive services. Excludes surgical placement of dental implants. Does not rollover.</p> <p>Pre-treatment authorizations are required for restorative crowns and fixed prosthodontics</p> | <p>\$0 copay up to the allowance amount.</p> <p>This plan provides a quarterly allowance of \$575 beginning on your effective date (e.g., January 1) then every three months (April 1, July 1, and October 1) not to exceed \$2,300 for preventive and comprehensive services. Does not rollover.</p> <p>Includes implants.</p> <p>Pre-treatment authorization is required for implants, Cone Beam CT capture, restorative crowns, and fixed prosthodontics.</p> <p>Excludes orthodontia.</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|---|---|
| <p>Health and Wellness Flex Allowance</p> <ul style="list-style-type: none"> • Fitness • Over the Counter (OTC) • Herbal Supplement | <p>This plan provides a \$320 allowance beginning on your effective date (e.g., January 1) then every three months (e.g., April 1, July 1, and October 1) to spend on fitness activities, covered OTC items, and/or herbal supplements.</p> | <p>This plan provides a combined quarterly allowance of \$275, beginning on your effective date, to spend on fitness activities, covered OTC items, and/or herbal supplements.</p> <p>Any unused amount of the combined allowance, at the end of the quarter, will not rollover, and expire December 31.</p> |
| <p>Hearing Services</p> <ul style="list-style-type: none"> • Hardware (hearing aids) | <p>This plan covers up to \$1,500 per ear for hearing aids every year. \$3,000 maximum benefit.</p> | <p>This plan provides an allowance of \$600 per ear, per year for hearing aids. \$1,200 maximum benefit.</p> |
| <p>Inpatient Acute Hospitalization</p> | <p>You pay \$1,600 deductible per benefit period</p> <p>\$0 copay per day for days 1–60, per benefit period and days 91 and more</p> <p>\$400 copay per day for days 61–90, per benefit period</p> | <p>These are 2023 cost-sharing amounts and may change for 2024. Clever Care will provide updated rates as soon as they are released.</p> <p>You pay \$1,600 deductible per benefit period</p> <p>\$0 copay per day for days 1–60, per benefit period and days 91 and more</p> <p>\$400 copay per day for days 61–90, per benefit period</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| <p>Inpatient Mental Health</p> | <p>You pay \$1,600 deductible per benefit period</p> <p>\$0 copay per day for days 1–60, per benefit period and days 91 and more</p> <p>\$400 copay per day for days 61–90, per benefit period</p> | <p>These are 2023 cost-sharing amounts and may change for 2024. Clever Care will provide updated rates as soon as they are released.</p> <p>You pay \$1,600 deductible per benefit period</p> <p>\$0 copay per day for days 1–60, per benefit period and days 91 and more</p> <p>\$400 copay per day for days 61–90, per benefit period</p> |
| <p>Mental Health Specialty Services</p> <ul style="list-style-type: none"> Individual or group sessions | <p>You pay 20% coinsurance per visit</p> | <p>\$0 copay per visit</p> |
| <p>Occupational Therapy Services</p> | <p>You pay 20% coinsurance per visit</p> | <p>\$0 copay per visit</p> |
| <p>Outpatient Diagnostic Services (Medicare-covered)</p> <ul style="list-style-type: none"> Diagnostic procedures and tests Therapeutic radiological services (e.g., CT, MRI, etc.) | <p>You pay 20% coinsurance per service</p> | <p>\$0 copay per service</p> |
| <p>Partial Hospitalization</p> | <p>You pay \$55 for Medicare-covered benefits</p> | <p>20% coinsurance for Medicare-covered benefits</p> |
| <p>Physical and Speech Language Therapy</p> <ul style="list-style-type: none"> Individual or group sessions | <p>You pay 20% coinsurance per visit</p> | <p>\$0 copay per visit</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|---|--|--|
| <p>Skilled Nursing Facility</p> | <p>You pay \$0 copay, per day, for days 1–20 of each benefit period</p> <p>\$200, per day, for days 21–100 of each benefit period</p> | <p>These are 2023 cost-sharing amounts and may change for 2024. Clever Care will provide updated rates as soon as they are released.</p> <p>\$0 copay, per day, for days 1-20 of each benefit period</p> <p>\$200, per day, for days 21–100 of each benefit period</p> |
| <p>Special Supplemental Benefits for the Chronically Ill (SSBCI) You may be eligible for some or all of these supplemental benefits if you have been diagnosed with one or more of the following chronic conditions:</p> <ul style="list-style-type: none"> • Cardiovascular disorders • Chronic and disabling mental health conditions • Chronic heart failure • Chronic lung disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Neurologic disorders • Stroke <p>The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.</p> | <p><u>Grocery Allowance</u> \$0 copay for eligible healthy grocery items with a \$25 per month limit.</p> <p><u>In-home Support Services</u> You pay \$0 copay for services to assist with activities of daily living.</p> | <p><u>Grocery Allowance</u> \$0 copay for eligible healthy grocery items. Limited to \$100 per month.</p> <p><u>In-home Support Services</u> \$0 copay for services to assist with activities of daily living. Limited to 40 hours per year.</p> |
| <p>Telehealth</p> <ul style="list-style-type: none"> • Remote access visits | <p>You pay \$0 for a Teladoc mental health visit</p> | <p>\$40 copay for a Teladoc mental health visit</p> |

| Cost | 2023 (this year) | 2024 (next year) |
|--|--|---|
| Transportation Non-emergency | You pay \$0 for 48 one-way trips for any health-related non-emergency transportation within a 25-mile radius every year. | \$0 for 48 one-way trips to any plan approved, non-emergency, health-related location within a 25-mile radius every year. |
| Value-Based Insurance Design (VBID) Model Benefits | Not offered | VBID benefits are available to members of this plan; including, prescription drug cost reduction for members with chronic conditions and socioeconomic status (e.g Extra Help). |
| Vision Services <ul style="list-style-type: none"> • Eyewear (frames, lenses, or contacts) | You receive a \$300 allowance for eyewear every year. | This plan provides an annual allowance of \$200 for eyewear, every year. |

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically. We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> | <p>The deductible is \$505</p> <p>During this stage, you pay 25% cost sharing for drugs on Tiers 2-5 and the full cost of drugs on Tiers 1 or 6 until you have reached the yearly deductible.</p> | <p>The deductible is \$545</p> <p>During this stage, you pay 25% cost sharing for drugs on Tiers 1-5 and the full cost of drugs on Tier 6 until you have reached the yearly deductible.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 1, your cost sharing in the initial coverage stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2023 to 2024.

| Stage | 2023 (this year) | 2024 (next year) |
|---|---|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage.</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>For 2023 you paid a \$0 copay for drugs on Tier 1. For 2024 you</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 2: Generic Drugs You pay 25% coinsurance per prescription.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: Preferred Generic Drugs: You pay 25% coinsurance per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> |

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p>will pay 25% coinsurance for drugs on this tier.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Tier 3: Preferred Brand Drugs You pay 25% coinsurance per prescription.</p> <p>Tier 4: Non-Preferred Brand You pay 25% coinsurance per prescription.</p> <p>Tier 5: Specialty Tier Drugs You pay 25% coinsurance of the total cost.</p> <p>Tier 6: Supplemental Drugs You pay \$0 per prescription.</p> <p>Senior Savings Select Insulin: You pay \$0 - \$35 for Select Insulins</p> <p>Value-Based Insurance Design (VBID) Cost-sharing Reduction: Not offered</p> | <p>Tier 2: Generic Drugs You pay 25% coinsurance per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 3: Preferred Brand Drugs You pay 25% coinsurance per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Brand You pay 25% coinsurance per prescription.</p> <p>Tier 5: Specialty Tier Drugs You pay 25% coinsurance of the total cost.</p> <p>Tier 6: Supplemental Drugs You pay \$0 per prescription.</p> <p>Senior Savings Select Insulin: This program is no longer offered, but you will never pay more than \$35 for insulin..</p> |

| Stage | 2023 (this year) | 2024 (next year) |
|--|--|--|
| <p style="text-align: right;">Value-Based Insurance Design (VBID) Cost-sharing Reduction: You pay \$0 across all Drug Tiers and Benefit Stages, if you meet the eligibility requirement.</p> | | |
| <p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> | <p>Once your total drug costs have reached \$4,600 you will move to the next stage (the Coverage Gap Stage).</p> | <p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p> |

Changes to your VBID Part D Benefit

Clever Care provides enhanced benefits and lower prescription drug coinsurance as part of the Value-Based Insurance Design program. The program eliminates the cost-share amount of prescription drugs. Beneficiaries with diabetes, or a cardiovascular disorder, **and** qualify for Extra Help are eligible. Beneficiaries who qualify for VBID will receive enhanced benefits and **no-cost** prescription drug coverage. This means all drugs in Tiers 1 – 6 will be a \$0 copay for those who qualify.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For the Coverage Gap Stage for drugs on Tier 1, your cost sharing is changing from a copayment to coinsurance. **Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Clever Care Total+

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in this plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR*—You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- **To change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- **To change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called Health Insurance Counseling & Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Health Insurance Counseling & Advocacy Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-800-434-0222 (TTY users should call 711). You can learn more about HICAP by visiting their website: Aging.ca.gov/Programs_and_Services/Medicare_Counseling.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-844-421-7050 Monday - Friday, 8 a.m. - 5 p.m. (excluding holidays).

SECTION 7 Questions?

Section 7.1 – Getting Help from Clever Care

Questions? We're here to help. Please call Member Services at **1-833-388-8168** (TTY only, call **711**). We are available for phone calls 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. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Clever Care Total+. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at ko.clevercarehealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at ko.clevercarehealthplan.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (*Formulary*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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 <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (833) 388-8168 (TTY:711). Someone who speaks English can help you. This is a free service.

Español (Spanish): Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (833) 388-8168 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (833) 808-8153 (TTY:711) (普通话)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (833) 808-8161 (TTY:711) (粵語)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (833) 388-8168 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (833) 388-8168 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (833) 808-8163 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (833) 388-8168 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (833) 808-8164 (TTY:711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (833) 388-8168 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (833) 388-8168 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (833) 388-8168 (TTY:711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (833) 388-8168 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (833) 388-8168 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (833) 388-8168 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (833) 388-8168 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(833) 388-8168 (TTY:711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Khmer: យើងមានសេវាអ្នកបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរទាំងឡាយណាដែលអ្នកមានស្តីអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងតាមរយៈលេខ (833) 388-8168 (TTY:711) ។ អ្នកនិយាយភាសាខ្មែរណាម្នាក់អាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Thai: เรามีบริการล่ามฟรีเพื่อตอบคำถามที่คุณอาจมีเกี่ยวกับสุขภาพหรือยาของเรา หากคุณต้องการล่ามแปลภาษาไทย เพียงโทรหาเราที่ (833) 388-8168 (TTY:711) บุคคลที่พูดภาษาอังกฤษสามารถช่วยคุณได้ นี่คือการบริการฟรี



Enrollment Department
7711 Center Ave | Suite 100
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Your health + your culture