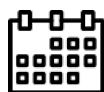




# A Guide to your 2027 Benefits

## **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. The Annual Enrollment period (AEP) begins October 15 and ends December 7.



**No action is required.**

Your enrollment will be auto-renewed. All plan changes noted in the booklet will take place on January 1 of next year.



**Look inside for the good news!**

**Thank you** for trusting Clever Care Health Plan with your Medicare benefits. We are committed to providing you with a blend of benefits that support quality whole-person care. Here are some of the enhancements to your plan:

- Enjoy an **allowance increase** on your flex benefit card to purchase herbal supplements, OTC items, fitness, or dental, vision, and/or hearing services.
- The distance for non-emergency medical transportation has **increased to 50 miles** per trip, so you can go to a doctor who is further away.
- All plans have a **\$0 copay for Tier 1 and Tier 2** prescription drugs, making them more affordable.
- Your preventive care **rewards** can be used at 99 Ranch Market, Cardenas Market, Costco, and other nationwide and local markets.

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



**Karen Johnson**  
CEO



**Richard Greene**  
President

## 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 important details about your healthcare and prescription drug benefits and costs. [clevercarehealthplan.com/eoc](https://clevercarehealthplan.com/eoc)

**Provider directory** –search our listing of health care providers, including doctors, specialists, and more. [clevercarehealthplan.com/provider](https://clevercarehealthplan.com/provider)

**Pharmacy directory** –find local in-network pharmacies. [clevercarehealthplan.com/pharmacy](https://clevercarehealthplan.com/pharmacy)

**Formulary**– lists all covered drugs, so you can discuss medication options with your doctor. [clevercarehealthplan.com/formulary](https://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 Member Services at (833) 388-8168 (TTY: 711) 8 am to 8 pm, seven days a week, from October 1 through March 31, and 8 am to 8 pm, weekdays, from April 1 through September 30.

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

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

# **Annual Notice of Change for 2027**

You're enrolled as a member of Clever Care Breathe+.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Clever Care Breathe+.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [clevercarehealthplan.com/eoc](https://clevercarehealthplan.com/eoc) or call Member Services at 1-833-388-8168 (TTY users call 711) to get a copy by mail.

### **More Resources**

- This material is available for free in Chinese (traditional), Korean, Spanish, and Vietnamese.
- Call Member Services at 1-833-388-8168 (TTY users call 711) for more information. Hours are October 1 through March 31, 8 am to 8 pm, seven days a week; April 1 through September 30, 8 am to 8 pm, Monday through Friday. This call is free.
- This information is available in different formats, including large print and audio. Please call Member Services at the number listed above to request plan information in another format.

### **About Clever Care Breathe+**

- Clever Care Health Plan, Inc. is an HMO and HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Clever Care Health Plan, Inc. When it says “plan” or “our plan,” it means Clever Care Breathe+.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Clever Care Breathe+.** Starting January 1, 2027, you'll get your medical and drug coverage through Clever Care Breathe+. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2027

|                                                                                                                                                                                                                                                                             | 2026 (this year)                                                                                                                                                               | 2027 (next year)                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br><br>* Your premium can be higher than this amount. Go to Section 1.1 for details.                                                                                                                                                           | \$0                                                                                                                                                                            | \$0                                                                                                                                                                                                                                                                                                                     |
| <b>Deductible</b>                                                                                                                                                                                                                                                           | \$0                                                                                                                                                                            | \$0                                                                                                                                                                                                                                                                                                                     |
| <b>Maximum out-of-pocket amount</b><br><br>This is the <u>most</u> you will pay out of pocket for covered services.<br><br>(Go to Section 1.2 for details.)                                                                                                                 | \$9,250                                                                                                                                                                        | \$9,850                                                                                                                                                                                                                                                                                                                 |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                           | \$0 per visit                                                                                                                                                                  | \$0 per visit                                                                                                                                                                                                                                                                                                           |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                             | \$0 per visit                                                                                                                                                                  | \$0 per visit                                                                                                                                                                                                                                                                                                           |
| <b>Inpatient hospital stays</b><br><br>Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged. | For each Medicare covered stay:<br><br>Deductible for each benefit period: \$1,736<br><br>Days 1-60: \$0<br><br>Days 61-90: \$434 per day<br><br>Reserve days 91 & beyond: \$0 | For each Medicare covered stay:<br><br>Deductible for each benefit period: \$1,736<br><br>Days 1-60: \$0<br><br>Days 61-90: \$434 per day<br><br>Reserve days 91 & beyond: \$0<br><br>These are 2026 cost-sharing amounts and may change for 2027. Clever Care will provide updated rates as soon as they are released. |
| <b>Part D drug coverage deductible</b><br><br>(Go to Section 1.6 for details.)                                                                                                                                                                                              | Part D drug coverage deductible: \$615<br><br>except for covered insulin products and most adult Part D vaccines.                                                              | Part D drug coverage deductible: \$700<br><br>except for covered insulin products and most adult Part D vaccines.                                                                                                                                                                                                       |

|                                                                                                                                                      | 2026 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2027 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D drug coverage</b><br><br>(Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <p>Copayment and Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 25%</li> <li>• Drug Tier 2: 25%</li> <li>• Drug Tier 3: 25%</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: 25%</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 25%</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 6: \$0</li> </ul> <p>Catastrophic Coverage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p> | <p>Copayment and Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$0</li> <li>• Drug Tier 3: 23%</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: 25%</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 5: 25%</li> </ul> <p>You pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 6: \$0</li> </ul> <p>Catastrophic Coverage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p> |

## SECTION 1 Changes to Benefits and Costs for Next Year

## Section 1.1 Changes to the Monthly Plan Premium

|                                                                                                  | 2026 (this year) | 2027 (next year) |
|--------------------------------------------------------------------------------------------------|------------------|------------------|
| <b>Monthly plan premium</b><br><br>(You must also continue to pay your Medicare Part B premium.) | \$0              | \$0              |

### Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

## Section 1.2 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've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

|                                                                                                                                                                                                                                                                       | 2026 (this year) | 2027 (next year)                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum out-of-pocket amount</b><br><br>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.<br><br>Your costs for prescription drugs <b>do not count</b> toward your maximum out-of-pocket amount. | \$9,250          | \$9,850<br><br>Once you've paid \$9,850 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year. |

## Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at [clevercarehealthplan.com/provider](https://clevercarehealthplan.com/provider) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [clevercarehealthplan.com/provider](https://clevercarehealthplan.com/provider).
- Call Member Services at 1-833-388-8168 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-833-388-8168 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

## Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* [clevercarehealthplan.com/pharmacy](http://clevercarehealthplan.com/pharmacy) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [clevercarehealthplan.com/pharmacy](http://clevercarehealthplan.com/pharmacy).
- Call Member Services at 1-833-388-8168 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-833-388-8168 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits and Costs for Medical Services

|                                                      | 2026 (this year)                                                                                                                                                 | 2027 (next year)                                                                                                                                                 |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dental Allowance</b>                              | Members receive a \$1,200 allowance every 6 months to pay for routine and/or comprehensive dental services. Unused balance will roll over. Excludes orthodontia. | Members receive a \$1,300 allowance every 6 months to pay for routine and/or comprehensive dental services. Unused balance will roll over. Excludes orthodontia. |
| <b>Dental (Comprehensive) Service</b><br><br>Implant | Periodicity: every 5 calendar years.                                                                                                                             | Surgical placement of implant body, endosteal - 1 per tooth in a lifetime.<br><br>Abutment supported crown - 1 per tooth every 5 calendar years.                 |

|                                                                                            | 2026 (this year)                 | 2027 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dental (Comprehensive) Service</b><br><br>Oral and Maxillofacial Surgery                | Unlimited. No referral required. | Oral and Maxillofacial Surgery services: Limitations are based on the type of service: <ul style="list-style-type: none"> <li>• Removal of lateral exostosis, maxilla or mandible: 1 per arch in a lifetime.</li> <li>• Removal of torus palatinus: 1 in a lifetime.</li> <li>• Reduction of osseous tuberosity: 1 per site/quad in a lifetime.</li> <li>• Removal of torus mandibularis: 1 in a lifetime.</li> <li>• Bone replacement graft for ridge preservation, per site: 1 per site in a lifetime.</li> <li>• Buccal/labial frenectomy (frenulectomy): 1 per arch every 5 calendar years.</li> <li>• Lingual frenectomy (frenulectomy): 1 every 5 calendar years.</li> <li>• Frenuloplasty: 1 every 5 calendar years.</li> <li>• Excision of hyperplastic tissue, per arch: 1 per arch every 5 calendar years.</li> </ul> |
| <b>Dental (Comprehensive) Service</b><br><br>Prosthodontics, fixed periodicity description | Every 5 calendar years.          | 1 per tooth, every 5 calendar years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Dental Service</b><br><br>Diagnostic and Preventive                                     | This benefit is unlimited.       | This benefit is limited up to the maximum allowance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                                                     | 2026 (this year)                                                                                                                                                                                                                                                                                                                                        | 2027 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eyewear</b><br>Benefit coverage                  | Eyewear maximums are defined by lenses and frames and are not combined. There is no maximum on base lenses. A maximum does apply to frames. The following lenses are covered in full: single vision, bifocal, trifocal, and lenticular.                                                                                                                 | There is a combined maximum plan benefit coverage for all eyewear. The maximum plan benefit amount covers frames or contact lenses. The eyeglass lenses are covered in full: single vision, lined bifocal, lined trifocal and lenticular. The allowance is applied towards frames.                                                                                                                                                                                                              |
| <b>Health &amp; Wellness Flex Benefit Allowance</b> | Members receive a \$600 allowance that is added to a flex benefits card every quarter. Unused balance will roll over to the next quarter and expires at the end of the year.<br>Combined uses: fitness, OTC, herbal supplements, dental/ vision/hearing expenses, and groceries IF diagnosed with an eligible chronic condition and eligible for SSBCI. | Members receive a \$610 allowance that is added to a flex benefits card every quarter. Unused balance will roll over to the next quarter and expires at the end of the year.<br><br>Combined uses: fitness, OTC, herbal supplements, dental, vision, and hearing expenses. Eligible SSBCI members may use the combined allowance towards healthy food and produce.<br><br>When the debit card is not operating correctly, the plan offers manual reimbursement based off of submitted receipts. |
| <b>Health &amp; Wellness Kit</b>                    | This benefit is covered as a wellness benefit.                                                                                                                                                                                                                                                                                                          | This benefit is covered under the Special Supplemental Benefits for the Chronically ill.                                                                                                                                                                                                                                                                                                                                                                                                        |

|                                                                    | 2026 (this year)                                                                                                                                                             | 2027 (next year)                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In-Network Services That Do Not Require Prior Authorization</b> | This service was listed as not requiring prior authorization: Diabetic Monitors.                                                                                             | <p>This service requires prior authorization for diabetic monitors except for:</p> <ul style="list-style-type: none"> <li>• Freestyle Libre 2</li> <li>• Freestyle Libre 2 Plus</li> <li>• Freestyle Libre 3</li> <li>• Freestyle Libre 3 Plus</li> <li>• Freestyle Lite System</li> <li>• Dexcom G7</li> </ul> <p>The cost of diabetic monitors is applied to the maximum out-of-pocket limit.</p> |
| <b>In-Network Services That Require Prior Authorization</b>        | These services were listed as requiring prior authorization: Hearing Exams, Routine Hearing Exams, Fitting/Evaluation for Hearing Aid.                                       | These services do not require prior authorization: Hearing Exams, Routine Hearing Exams, Fitting/Evaluation for Hearing Aid.                                                                                                                                                                                                                                                                        |
| <b>In-Network Services That Require a Referral</b>                 | These services were listed as requiring a referral: Intensive Outpatient Program Services, Oral and Maxillofacial Surgery.                                                   | These services do not require referral: Intensive Outpatient Program Services, Oral and Maxillofacial Surgery.                                                                                                                                                                                                                                                                                      |
| <b>Inpatient Hospitalization</b>                                   | <ul style="list-style-type: none"> <li>• \$1,736 deductible</li> <li>• \$0 copay per day for days 1–60; 91 and more</li> <li>• \$434 copay per day for days 61–90</li> </ul> | <p>These are 2026 cost-sharing amounts and can change for 2027. Clever Care will provide updated rates as soon as they are released.</p> <ul style="list-style-type: none"> <li>• \$1,736 deductible</li> <li>• \$0 copay per day for days 1–60; 91 and more</li> <li>• \$434 copay per day for days 61–90</li> </ul>                                                                               |

|                                                    | 2026 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2027 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient Mental Health Hospitalization</b>     | <ul style="list-style-type: none"> <li>• \$1,736 deductible</li> <li>• \$0 copay per day for days 1–60; 91 and more</li> <li>• \$434 copay per day for days 61–90</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>These are 2026 cost-sharing amounts and can change for 2027. Clever Care will provide updated rates as soon as they are released.</p> <ul style="list-style-type: none"> <li>• \$1,736 deductible</li> <li>• \$0 copay per day for days 1–60; 91 and more</li> <li>• \$434 copay per day for days 61–90</li> </ul>                                                                                                                                                                                                                                                                                                                                   |
| <b>Intensive Outpatient Program Services</b>       | A referral is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No referral required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Readmission Prevention</b><br>(Healing at Home) | <p>Services are provided post discharge from in-patient hospital or a skilled nursing facility (SNF). Excludes discharge from an Ambulatory Surgical Center. A service request must be made to Member Services within 7 days of discharge in order for services to be authorized.</p> <ul style="list-style-type: none"> <li>• In-home support: receive up to 60 hours per year to help with daily living activities, including, bathing, dressing, laundry, changing bed linens, light housekeeping, transportation to appointments, grocery store, assistance with medication administration, and more.</li> </ul> | <p>Services are provided post discharge from in-patient hospital or a skilled nursing facility (SNF). Excludes discharge from an Ambulatory Surgical Center. A service request must be made to Member Services within 7 days of discharge in order for services to be authorized.</p> <ul style="list-style-type: none"> <li>• In-home support: Prior Authorization is required to receive up to 60 hours per year to help with daily living activities, including, bathing, dressing, laundry, changing bed linens, light housekeeping, transportation to appointments, grocery store, assistance with medication administration, and more.</li> </ul> |

|                                                | 2026 (this year)                                                                                       | 2027 (next year)                                                                                                                                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Skilled Nursing Facility</b>                | \$0 copay per day for days 1–20; \$217 copay per day for days 21–100                                   | These are 2026 cost-sharing amounts and can change for 2027. Clever Care will provide updated rates as soon as they are released. <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1–20;</li> <li>• \$217 copay per day for days 21–100</li> </ul> |
| <b>Telehealth Benefit</b>                      | Primary Care Physician, physician specialist visits and individual sessions for psychiatric services   | Primary Care Physician, physician specialist, mental health specialty visits and individual sessions for psychiatric services                                                                                                                                         |
| <b>Transportation Services (non-emergency)</b> | \$0 copayment for 48 one-way trips per year to plan-approved health locations within a 30-mile radius. | \$0 copayment for 48 one-way trips per year to plan-approved health locations within a 50-mile radius.                                                                                                                                                                |

## Section 1.6 Changes to Part D 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 posted online at [clevercarehealthplan.com/druglist](https://clevercarehealthplan.com/druglist).

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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-833-388-8168 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits and Costs

**Do you get Extra Help to pay for your drug coverage costs?**

If you’re in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and didn’t get this material with this packet, call Member Services at 1-833-388-8168 (TTY users call 711) and ask for the *LIS Rider*.

**Drug Payment Stages**

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**  
You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you’ve reached the yearly deductible.
- **Stage 2: Initial Coverage**  
Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,400.
- **Stage 3: Catastrophic Coverage**  
This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You also pay nothing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

**Drug Costs in Stage 1: Yearly Deductible**

The table shows your cost per prescription during this stage.

|                          | 2026 (this year)                                                                                                                                                   | 2027 (next year)                                                                                                                                                               |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Yearly Deductible</b> | \$615<br><br>During this stage, you pay \$0 cost sharing for drugs on Tier 6 and the full cost of drugs on Tiers 1-5 until you have reached the yearly deductible. | \$700<br><br>During this stage, you pay \$0 cost sharing for drugs on Tiers 1, 2, and 6, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible. |

**Drug Costs in Stage 2: Initial Coverage**

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,400 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

|                                   | 2026 (this year)               | 2027 (next year)               |
|-----------------------------------|--------------------------------|--------------------------------|
| <b>Tier 1: Preferred Generic</b>  | You pay 25% of the total cost. | You pay \$0                    |
| <b>Tier 2: Generic</b>            | You pay 25% of the total cost. | You pay \$0                    |
| <b>Tier 3: Preferred Brand</b>    | You pay 25% of the total cost. | You pay 23% of the total cost. |
| <b>Tier 4: Non-Preferred Drug</b> | You pay 25% of the total cost. | You pay 25% of the total cost. |
| <b>Tier 5: Specialty Tier</b>     | You pay 25% of the total cost. | You pay 25% of the total cost. |
| <b>Tier 6: Select Care Drugs</b>  | You pay \$0                    | You pay \$0                    |

## SECTION 2 Administrative Changes

|                             | 2026 (this year)                           | 2027 (next year)                                             |
|-----------------------------|--------------------------------------------|--------------------------------------------------------------|
| <b>Meal Delivery Vendor</b> | Performance Kitchen provides this benefit. | Nations Benefit will be providing the meal delivery benefit. |

## SECTION 3 How to Change Plans

**To stay in Clever Care Breathe+, you don't need to do anything.** Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Clever Care Breathe+.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Clever Care Breathe+. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Clever Care Breathe+.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-833-388-8168 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit <https://medicare.gov/>, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

As a reminder, Clever Care Health Plan, Inc. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

## Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

## Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 4 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** California has a program called AIDS Drug Assistance Program (ADAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more

about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call California's ADAP Program at 1-844-421-7050. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027; you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-833-388-8168 (TTY users call 711) or visit [Medicare.gov](http://Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Clever Care Breathe+

- **Call Member Services at 1-833-388-8168 (TTY users call 711.)**

We're available for phone calls October 1 through March 31, 8 am to 8 pm, seven days a week; April 1 through September 30, 8 am to 8 pm, Monday through Friday. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the *2027 Evidence of Coverage* for Clever Care Breathe+. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [clevercarehealthplan.com/eoc](http://clevercarehealthplan.com/eoc) or call Member Services at 1-833-388-8168 (TTY users call 711) to ask us to mail you a copy.

- **Visit [clevercarehealthplan.com](https://clevercarehealthplan.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

## **Get 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) .

Call Health Insurance Counseling & Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222. Learn more about Health Insurance Counseling & Advocacy Program (HICAP) by visiting ([aging.ca.gov/hicap](https://aging.ca.gov/hicap)).

## **Get Help 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 can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can 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, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes).

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  
PO BOX 3177  
Huntington Beach, CA 92605

**E-mail:** [civilrightscordinator@ccmapd.com](mailto:civilrightscordinator@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>.

## 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 (粤语) (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: Չանգահարեք 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. **ភាសាខ្មែរ:** សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ 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 ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਟਰਾਂਸਕ੍ਰਿਪਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਦੁਕਾਨੇ ਪੁਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-833-388-8168 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। **ไทย:** หมายถึง: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย 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.

فارسی

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-833-388-8168 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده 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.



Enrollment Department  
PO BOX 3538  
Huntington Beach CA 92605