Clever Care Value (HMO) offered by Clever Care Health Plan, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Clever Care Value (HMO). 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 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 coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ 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 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ 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, 2024, you will stay in Clever Care Value.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025.** This will end your enrollment with Clever Care Value.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 call is free.
- 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 Value

- 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 Value.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Clever Care Value in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0
Part B premium reduction	$130	$110 (LA & Orange) $105 (San Diego, San Bernardino & Riverside)
Deductible	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)	$2,900	$2,900
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $10 per visit	Primary care visits: $0 per visit Specialist visits: $5 per visit
Inpatient hospital stays	You pay a $120 copay for days 1-5; you pay $0 copay for days 6-90	You pay a $100 copay for days 1-5; you pay $0 copay for days 6-90
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $0 Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: $0 copay	Deductible: $0 Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: $0 copay

Cost	2024 (this year)	2025 (next year)
	Drug Tier 2: $10 copay Drug Tier 3: $47 copay Drug Tier 4: $99 copay Drug Tier 5: 33% coinsurance Drug Tier 6: $0 copay Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	Drug Tier 2: $5 copay Drug Tier 3: $47 copay Drug Tier 4: $99 copay Drug Tier 5: 33% coinsurance Drug Tier 6: $0 copay Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction	$130	$110 (LA & Orange) $105 (San Diego, San Bernardino & Riverside)

- 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 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 reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2024 (this year)	2025 (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.	$2,900	$2,900 Once you have paid $2,900 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may 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.

Updated directories are located on our website at 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 2025 *Provider Directory clevercarehealthplan.com/provider* 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 2025 *Pharmacy Directory clevercarehealthplan.com/pharmacy* 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 1.4 – 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	2024 (this year)	2025 (next year)
Acupuncture Services (routine)	$0 copay per visit for unlimited in-network acupuncture visits up to the plan maximum of $1,200 per year.	$0 copay per visit for unlimited in-network acupuncture visits up to the plan maximum of $1,000 per year.
Ambulance – Ground	$150 copay per trip (each way)	$200 copay per trip (each way)
Chiropractic Services Medicare-covered	$0 copay per visit	$5 copay per visit
Emergency Room	$110 copay per visit	$125 copay per visit $0 if admitted within 72 hours.
Inpatient Hospitalization	$120 days 1-5; $0 days 6-90	$100 days 1-5; $0 days 6-90

Cost	2024 (this year)	2025 (next year)
Health and Wellness services (Flex card) • Over the Counter (OTC) • Fitness • Herbal Supplement	This plan provides a combined quarterly allowance of $100, beginning on your effective date, to spend on fitness activities, covered OTC items, and/or herbal supplements. Any unused amount of the combined allowance, at the end of the quarter, will not rollover to the next quarter and expire December 31.	This plan provides a combined quarterly allowance of $50, beginning on your effective date, to spend on covered OTC items (e.g., hearing aids, Covid-19 tests, naloxone, nicotine replacement therapy), fitness activities, and/or herbal supplements. Any unused amount of the combined allowance, at the end of the quarter, will not rollover to the next quarter and expire December 31.
Outpatient Surgery, Hospital and Ambulatory Surgical Center	$0 copay per service	$75 copay per service
Part B Rx • Insulin • Chemotherapy and other Part B drugs	0% coinsurance, up to $35 maximum 20% coinsurance	0-20% coinsurance up to $35 maximum 0-20% coinsurance
Podiatry Medicare-covered	$0 copay per visit	$5 copay per visit
Specialty Care Physician	$10 copay per visit	$5 copay per visit

Cost	2024 (this year)	2025 (next year)
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: • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic alcohol or drug dependency • 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 • Severe hematologic disorders • Stroke The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.	**Groceries (healthy food)** $0 copay for eligible food items with a $25 limit per month. Does not rollover to the following month. **Meals for Chronic Conditions** $0 copay for meal assistance up to 3 meals per day for 14 days; not to exceed 42 meals per year for members who qualify. **Telemonitoring Service** $0 copay for a device to monitor medical and other health data. **In-home Safety Assessment** $0 copay for up to two assessments per year. **In-home Support Services** $0 copay for services to assist with activities of daily living. Limited to 40 hours per year. **Social Needs Benefits** $0 copay for companionship services by non-clinical personal caregivers. Services are limited to 24 four-hour shifts (96 total hours). **Support for Caregivers** $0 copay for respite care. Limited to 40 hours per year.	**Food & Produce (Grocery)** $0 copay for eligible healthy food items with a $25 allowance per month. Remaining balance does not rollover to the following month. **Meals for Chronic Conditions** Not offered **Telemonitoring Service** Not offered **In-home Safety Assessment** Not offered **In-home Support Services** Not offered **Social Needs Benefits** Not offered **Support for Caregivers** Not offered Prior authorization and confirmation of a qualifying condition by your PCP is required before the SSBCI benefits may be used.
Skilled Nursing Facility	$0 days 1-20; $188 days 21-100	$0 days 1-20; $214 days 21-100

Cost	2024 (this year)	2025 (next year)
Transportation Non-emergency	$0 for 16 one-way trips to any plan approved, non-emergency, health-related location within a 25-mile radius every year.	$0 for 16 one-way trips to any plan approved, non-emergency, health-related location within a 30-mile radius every year.
Worldwide Coverage	There is a $50,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories.	There is a $55,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories

Section 1.5 – 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, we might make other changes that are allowed by Medicare rules that will affect you during the plan 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, 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 Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*" (also called the *"Low -Income Subsidy Rider" or the "LIS Rider*"),), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30, please call Member Services and ask for the "*LIS Rider*".

Beginning in 2025, there are three **drug payment stages** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply is: **Tier 1: Preferred Generic Drugs:** You pay $0 per prescription. **Tier 2: Generic Drugs**	Your cost for a one-month supply is: **Tier 1: Preferred Generic:** You pay $0 per prescription. **Tier 2: Generic**

Stage	2024 (this year)	2025 (next year)
	You pay $10 per prescription. **Tier 3: Preferred Brand Drugs** You pay $47 per prescription. **Tier 4: Non-Preferred Brand** You pay $99 per prescription. **Tier 5: Specialty Tier Drugs** You pay 33% of the total cost. **Tier 6: Supplemental Drugs** You pay $0 per prescription. Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage). *OR* you have paid $8,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	You pay $5 per prescription. **Tier 3: Preferred Brand** You pay $47 per prescription. **Tier 4: Non-Preferred Brand** You pay $99 per prescription. **Tier 5: Specialty Tier** You pay 33% of the total cost. **Tier 6: Select Care Drugs** You pay $0 per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).
Standard Cost Sharing • Retail and mail-order	Covered at a one-month or 3-month supply	Covered at a one-month, two-month, or 3-month supply

Changes to the Catastrophic Coverage Stage

The **Catastrophic Coverage Stage** is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and

biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 1-**833-388-8168** or visit Medicare.gov.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Clever Care Value

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 2025 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 so.
    - – *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, 2025.

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, 2025, 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, 2025.

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 (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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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
- **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. To be eligible for the ADAP operating in your State, 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, or if you are currently enrolled, how to continue receiving assistance, call, 1-844-421-7050 Monday - Friday, 8 a.m. - 5 p.m. (excluding holidays). 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you

manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at **1-833-388-8168** or visit Medicare.gov.

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 *2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Clever Care Value. 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 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 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/Drug List*).

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 2025*

Read the *Medicare & You 2025* 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.