Clever Care Longevity Medicare Advantage (HMO) offered by Clever Care Health Plan, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Clever Care Balance Medicare Advantage (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 clevercarehealthlplan.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital)
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

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

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

OMB Approval 0938-1051 (Expires: February 29, 2024)

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

- If you don't join another plan by December 7, 2022, you will stay in Clever Care Longevity Medicare Advantage.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Clever Care Balance Medicare Advantage.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Chinese, Khmer, Korean, Vietnamese, and Spanish.
- Please contact our Customer Service number at 1-833-388-8168 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.
- This information is also available in a different format, including large print, audio, or other alternate formats if you need it. Please call Customer Service 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 Longevity Medicare Advantage

- Clever Care Health Plan, Inc. is an HMO and an HMO CSNP 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 "plan" or "our plan," it means Clever Care Longevity Medicare Advantage.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Clever Care Longevity Medicare Advantage.in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$33.20	$0
Deductible	$0 This plan has deductibles for some hospital and medical services and Part D prescription drugs.	$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.)	$5,999	$1,700
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $0 per visit	Primary care visits: $0 per visit Specialist visits: $0 per visit
Inpatient hospital stays	$1,556 deductible per, benefit period. $0 copay per day for days 1-60, per benefit period. $189 copay per day for days 61-90, per benefit period.	$0 copay per stay.

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $480 Copayment/Coinsurance as applicable during the Initial Coverage Stage: • Drug Tier 1: $0 copay • Drug Tier 2: 25% coinsurance • Drug Tier 3: 25% coinsurance • Drug Tier 4: 25% coinsurance • Drug Tier 5: 25% coinsurance • Drug Tier 6: $0 copay	Deductible: $0 Copayment/Coinsurance as applicable during the Initial Coverage Stage: • Drug Tier 1: $0 copay • Drug Tier 2: $0 copay • Drug Tier 3: $35 copay • Drug Tier 4: $99 copay • Drug Tier 5: 33% coinsurance • Drug Tier 6: $0 copay
Part D Senior Savings Model Select Insulin To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call customer service. (Phone numbers for customer service are printed on the back of this booklet).	You pay $0 copay for the lowest cost insulin. You pay $35 copay for the highest cost insulin.	You pay $0 copay for the lowest cost insulin. You pay $35 copay for the highest cost insulin.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Clever Care Longevity Medicare Advantage (HMO) in 2023

On January 1, 2023, Clever Care Health Plan (Clever Care) will be transitioning you from Clever Care Balance Medicare Advantage (HMO) to Clever Care Longevity Medicare Advantage (HMO).

The information in this document tells you about the differences between your current benefits in Clever Care Balance Medicare Advantage (HMO) and the benefits you will have on January 1, 2023, as a member of Clever Care Longevity Medicare Advantage (HMO).

If you do nothing by December 7, 2022, we will automatically enroll you in our Clever Care Longevity Medicare Advantage (HMO). This means starting January 1, 2023, you will be getting your medical and prescription drug coverage through Clever Care Longevity Medicare Advantage. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for "Extra Help," you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$33.20	$0

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

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

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	2022 (this year)	2023 (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 costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$5,999	$1,700 Once you have paid $1,700 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at clevercarehealthplan.com. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network**.

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

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

Cost	2022 (this year)	2023 (next year)
Inpatient mental health care	The following are Medicare defined amounts for 2022. You pay $1,556 deductible per, benefit period. You pay $0 copay per day for days 1–60, per benefit period. You pay $389 copay per day for days 61–90, per benefit period.	You pay $150 copay, per day, for days 1-7, per admission. You pay $0 copay for days 8-90, per admission.
Skilled Nursing Facility	The following are Medicare defined amounts for 2022. You pay a $0 copay, per day, for days 1–20 of each benefit period. You pay a $194.50, per day, for days 21–100 of each benefit period.	You pay a $0 copay per day for days 1–20 of each benefit period. You pay a $75 copay per day for days 21–100 of each benefit period.
Cardiac and Pulmonary Rehabilitation Services	You pay a 20% coinsurance of the Medicare-allowed amount per service.	You pay a $0 copay per service.
Urgent Care	You pay a $25 copay per visit to an urgent care center.	You pay a $5 copay for each visit to an urgent care center.
Worldwide Coverage	You pay a $100,000 annual limit for covered emergency care, urgently needed services, and ambulance rides, outside the United States and its territories.	You pay a $75,000 annual limit for covered emergency care and urgently needed services outside the United States and its territories.
Chiropractic services	You pay a 20% coinsurance of the Medicare-allowed amount per visit.	You pay a $20 copay for each Medicare covered visit.

Cost	2022 (this year)	2023 (next year)
Occupational Therapy Services	You pay a 20% coinsurance of the Medicare-allowed amount per visit.	You pay a $0 copay for each service.
Outpatient Mental Health	You pay a 20% coinsurance of the Medicare-allowed amount for outpatient group or individual visit.	You pay a $40 copay for each group or individual session.
Podiatry services	You pay 20% coinsurance per visit for Medicare-covered podiatry services.	You pay $0 copay per visit for Medicare-covered podiatry services.
Other Professional Services	You pay a 20% coinsurance of the Medicare-allowed amount.	You pay a $0 copay for each visit.
Physical Therapy and Speech-Language Pathology Services	You pay a 20% coinsurance for related services.	You pay a $0 copay per visit.
Opioid treatment services	You pay a 20% coinsurance for related services.	You pay a $40 copay per visit.
Outpatient Diagnostic and Radiological Services	You pay a 20% coinsurance of the Medicare-allowed amount for each covered service.	You pay a $0 copay for X-rays. You pay a $75 copay for CT, MRI, and PET scans. You pay a $0 copay for all other diagnostic radiology.
Outpatient hospital and ambulatory surgery services	You pay a 20% coinsurance of the Medicare-allowed amount per visit.	You pay a $20 copay per stay.
Outpatient blood services	You pay a 20% coinsurance per unit for Medicare-covered benefits.	You pay $0 copay per unit for Medicare-covered benefits.

<table>
<tr><th>Cost</th><th>2022 (this year)</th><th>2023 (next year)</th></tr>
<tr><td>Ambulance services</td><td>You pay a 20% coinsurance for each Medicare-covered ground ambulance trip (one-way).</td><td>You pay $40 copay for each Medicare-covered ground ambulance trip (one-way).</td></tr>
<tr><td>Diabetic supplies</td><td>You pay a 20% coinsurance per unit for Medicare-covered diabetic supplies.</td><td>You pay $0 copay per unit for Medicare-covered diabetic supplies.</td></tr>
<tr><td>Acupuncture Services</td><td>You pay a $0 copay per visit for unlimited in-network acupuncture visits services.

This plan offers a maximum of 24 wellness services per calendar year.

You pay a $0 copay per visit up to the maximum allowed visits and duration.

Eastern wellness services
• Cupping/Moxa
• Tui Na
• Gua Sha
• Med-X
• Reflexology

Infrared therapy – if used as an add-on service, it does not count towards the 12-visit limit.</td><td>You pay a $0 copay per visit for unlimited in-network acupuncture visits services up to a maximum of $3,000 per year.

This plan offers a maximum of 24 wellness services per calendar year. You pay $0 copay per visit up to the the maximum allowed visits.

Eastern wellness services
• Cupping/Moxa
• Tui Na
• Gua Sha
• Med-X
• Reflexology</td></tr>
</table>

Cost	2022 (this year)	2023 (next year)
Health and Wellness services • Fitness • Over the Counter (OTC) • Herbal Supplement Allowance	Flexible Health & Wellness Spending Allowance. See details below. This plan will provide a $300 allowance, every 3 months (on January 1, April 1, July 1, and October 1) to spend on fitness activities, covered OTC items, and/or herbal supplements. $0 copay up to the allowance amount on your choice of qualified services. After plan-paid benefits for fitness activities, covered OTC items, and/or herbal supplements, you are responsible for the remaining costs. Any amount not used at the end of the 3-month period will expire.	$0 copay up to the allowance amount on your choice of qualified services. This plan provides a $300 allowance beginning on your effective date (e.g., January 1) then every three months (e.g., April 1, July 1, and October 1) to spend on fitness activities, covered OTC items, and/or herbal supplements. After plan-paid benefits you are responsible for the remaining costs. Any amount not used at the end of each 3-month period will expire. May not be exchanged for cash. Some of our network partners may require a minimum purchase amount for shipping.
Post Discharge Meals	Not Covered	$0 copay for three meals per day for 28 days, not to exceed 84 meals per year. This benefit is offered following an inpatient hospitalization or a Skilled Nursing Facility (SNF) stay. The benefit is not available following an outpatient surgery visit.
24-hour Nurseline	Not Covered	$0 copay per call 24 hours a day, 365 days a year.
Personal Emergency Response System (PERS)	Not Covered	$0 copay for one device.

Cost	2022 (this year)	2023 (next year)
Telehealth visit Supplemental Teladoc visit	Not Covered	$0 copay for a medical virtual visit through the Teladoc network of providers. $40 copay for a mental health virtual visit through the Teladoc network of providers.
Kidney disease education and services	You pay a 20% coinsurance for each Medicare-covered service	You pay $0 copay for each Medicare-covered service.

Cost	2022 (this year)	2023 (next year)
Dental services • PPO coverage for preventive and comprehensive services	You pay a $0 copay up to the allowance amount. This plan provides an annual allowance of $1,250 every six months (on January 1, and on July 1) for preventive and comprehensive services, excluding dental implants. Unused amounts at the end of the first 6-month period will roll over to the second 6-month period and expires at the end of the year. You may visit any dentist of your choice. However, member out-of-pocket costs may be lower when using network providers. After plan-paid benefits for dental services, you are responsible for the remaining costs.	You pay a $0 copay up to the allowance amount. This plan provides an allowance of $625 beginning on your effective date (e.g., January 1) then every three months (e.g., April 1, July 1, and October 1) not to exceed $2,500 for preventive and comprehensive services. Excludes surgical placement of dental implants. Any amount not used at the end of each three-month period will roll over and expire at the end of the year. After plan-paid benefits for dental services, you are responsible for the remaining costs. You may visit any dentist of your choice. However, your out-of-pocket costs may be lower when using network providers. You may be responsible for the difference between the allowed and billed amounts if utilizing an out-of-network provider. Pre-treatment authorizations are required for restorative crowns and fixed prosthodontics.
Vision services	You pay a 20% coinsurance for each Medicare-covered eye exam to treat an eye condition.	You pay $0 copay for a diabetic retinopathy screening. You pay $20 copay for all other Medicare-covered vision services.

Cost	2022 (this year)	2023 (next year)
Hearing Services	Not listed	You pay a one-time deductible for the replacement of lost, stolen, or damaged hearing aids.
Special Supplemental Benefits for the Chronically Ill People with the following chronic conditions may be eligible for extra supplemental benefits. • Cardiovascular disorders • Dementia • Diabetes • End-stage liver disease • End-stage renal disease • HIV/AIDS • Chronic lung disorders • Chronic & disabling mental health conditions • Neurologic disorders • Srtoke These benefits are for eligible members who must participate in our Case Management Program and adhere to activities with defined goals and outcome measures.	Meal Benefit $0 copay for members who qualify are eligible for home meal delivery of up to 28days per year following an inpatient stay.	Meals for Chronic Conditions You pay a $0 copay for up to 42 meals (3 meals per day for 14 days) for members who qualify.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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

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

Changes to Prescription Drug Costs

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 Customer Service and ask for the "LIS Rider."

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

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 2 – Tier 5 drugs until you have reached the yearly deductible.	The deductible is $480 During this stage, you pay $0 copay cost sharing for drugs on Tier 1 & Tier 6 and the full cost of drugs on Tier 2 – Tier 5 until you have reached the yearly deductible. There is no deductible for select insulins. You pay $0-$35 for select insulins	Because we have no deductible, this payment stage does not apply to you. There is no deductible for Clever Care for. select insulins. You pay $0-$35 for a one-month supply of Select Insulins.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (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.** For 2022 Tier 6 covered drugs included generic Viagra. For 2023 Tier 6 covered drugs will include generic Viagra plus prescription vitamins and cough medicine.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1: Preferred Generic Drugs** You pay 0% of the total cost. **Tier 2: Generic Drugs** You pay 25% of the total cost. **Tier 3: Preferred Brand Drugs** You pay 25% of the total cost. **Tier 4: Non-Preferred Drugs** You pay 25% of the total cost. **Tier 5: Specialty Tier Drugs** You pay 25% of the total cost. **Tie 6: Supplemental Drugs** You pay $0 per prescription. **Senior Savings Select Insulin:** You pay $0-$35 for Select Insulins Long-term prescriptions were filled for a 90-day supply.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1: Preferred Generic Drugs** You pay $0 per prescription. **Tier 2: Generic Drugs** You pay $0 per prescription. **Tier 3: Preferred Brand Drugs** You pay $35 per prescription. **Tier 4: Non-Preferred Brand** You pay $99 per prescription. **Tier 5: Specialty Tier Drugs** You pay 33% per prescription. **Tier 6: Supplemental Drugs** You pay $0 per prescription. **Senior Savings Select Insulin:** You pay $0 -$35 for Select Insulins Long-term prescriptions will be filled for a 100-day supply.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. Clever Care offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be $0 to $35 copay for a one-month supply. 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.	Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. Some Select Insulins will be a $0 copay. Call Customer Service for more information.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Clever Care Longevity Medicare Advantage

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 our Clever Care Longevity Medicare Advantage (HMO) 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 2023 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 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Clever Care Balance Medicare Advantage.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Clever Care Balance Medicare Advantage.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
    - *– or –* Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

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, 2023, 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, 2023.

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

SECTION 5 Programs That Offer Free Counseling about Medicare

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

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

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-844-421-7050 Monday - Friday, 8 a.m. - 5 p.m. (excluding holidays).

SECTION 7 Questions?

Section 7.1 – Getting Help from Clever Care Longevity Medicare Advantage

Questions? We're here to help. Please call Customer Service 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 *2023 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 2023. For details, look in the *2023 Evidence of Coverage* for Clever Care Longevity Medicare Advantage. 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 Customer Service 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 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet 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.

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