

Clever Care Health Plan Certification Training

Plan Year 2022



Who are we?

Management Team



- ▶ Dave Firdaus is the CEO and one of the founders of Clever Care Health Plan. With over 16 years of health care leadership experience, Dave has been at the helm of major health insurance organizations throughout the country. Prior to founding Clever Care, Dave served as the CEO of Blue Cross® Blue Shield® Arizona Advantage for five years, where he led revenue growth from \$230 million to \$660 million. Dave also served as the COO of SCAN Health Plan Arizona and spent time in leadership roles with Cigna Health Spring and WellCare. Dave is a recipient of the Booz Allen Hamilton's Professional Excellence Award (1997-2004). He earned his Master's degree in Business Administration from Duke University and a Bachelor's degree in Chemical Engineering from Bandung Institute of Technology.

- ▶ Myong Lee is the COO and one of the founders of Clever Care Health Plan. With 13 years' experience in health care leadership, Myong has a proven track-record in launching health care organizations. His leadership focus is in building provider relationships and contracting. Prior to founding Clever Care, Myong was instrumental in building Clover Health's provider network and overseeing operations. He also served as COO of Satellite Health plan and as CFO/COO at Inspira Health. Myong served in other leadership roles at Agilon Health, SCAN Health Plan, and WellCare. Myong earned his Master's degree in Business Administration from Arizona State University and his Bachelor of Arts degree in Economics and Finance from Franklin & Marshall College.



- ▶ Hiep Pham is the CFO and one of the founders of Clever Care Health Plan. Hiep has extensive experience in health care finance spanning over 14 years, with heavy focus on financial oversight, regulatory compliance and audits, and risk management. Prior to founding Clever Care, Hiep served as CFO of Blue Cross® Blue Shield® Arizona Advantage, where he successfully reconciled and recouped \$15 million of CMS payment errors. Hiep also spent nine years as a Vice President of Finance at SCAN Health Plan and five years as a Finance Manager at Mitsubishi Motors North America. Hiep earned his Master's degree in Business Administration from the University of Southern California and his Bachelor of Arts degree in Accounting from California State University at Fullerton.

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Who are we?

Our Investors

NORWEST | VENTURE PARTNERS

- ▶ Northwest Venture Partners (“NVP”), headquartered in Palo Alto, California, is a global, multi-stage venture capital and growth equity investment firm with more than \$9.5 billion in capital under management.
- ▶ NVP targets early to late-stage venture and growth equity investments across several sectors, including healthcare, cloud computing and information technology, Internet, software as a service, and business and financial services.
- ▶ NVP has funded more than 600 companies since inception. Notable investments include Health Catalyst, Crossover Health, and Nation Wide Primary Healthcare Services.

GFC **ROCKET INTERNET**

- ▶ Global Founders Capital (“GFC”) is a globally oriented venture capital firm that empowers gifted entrepreneurs worldwide.
- ▶ Notable investments include Facebook, LinkedIn, and trivago.

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Why Clever Care?



Our Mission:

To improve the health of our members by delivering access to culturally sensitive healthcare solutions.

Why Clever Care?



Clever Care is committed to the health of our members.

A person's health plays a significant part in their quality of life. We strongly believe that *healthcare decisions are very personal and driven by culture and values*. That is why we strive to offer health insurance options that are sensitive to the way different communities access care.

In addition to our comprehensive plan offerings, *we provide our members with in-language support services* in order to improve their access to care and help keep them healthy.

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Why Clever Care?



At Clever Care, our focus is on a person's complete well-being.

Our plans combine centuries-old alternative therapies of Eastern Medicine with an extensive network of doctors and hospitals, that specialize in the innovative practices of Western medicine.

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Clever Care 2022 MAPD Plans Overview

Clever Care Medicare Advantage Plans (Part C) give you the convenience of having all of these services covered under one plan:

- Part A (Hospital)
- Part B (Medical Services/Items)
- Additional benefits:
 - Dental, Vision, and Hearing coverage
 - Flex card to use for OTC, Herbal Supplements and Fitness
 - Acupuncture Coverage
 - Natural Herbal Supplements
 - Eastern Wellness Services (Cupping, Moxa, Tui Na, Gua Sha/IASTM (Instrument Assisted Soft Tissue Manipulation), Reflexology, Infrared therapy)

Serving Los Angeles, Orange, and San Diego Counties

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Clever Care 2022 MAPD Plans: Who can join?



To join Clever Care Medicare Advantage plans, a beneficiary

- Must be enrolled in both Medicare Part A and Part B
- Must live in one of our service areas:
 - **Los Angeles county**
 - **Orange county**
 - **San Diego county**

Important: Beneficiaries must continue to pay for Part B to be eligible each year.

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2022 Clever Care Medicare Advantage Portfolio Overview

- ✓ Plans designed for flexibility and choice – Four plans to fit your clients' needs
- ✓ Direct access to in-house Medicare Advisors who speak your clients' language
 - no third-party translators
- ✓ Doctors who speak their language and understand the integration of culture and tradition in healthcare
- ✓ Benefits that ensure complete wellness
 - \$0 copay for doctor and specialist visits
 - Acupuncture Coverage, additional Eastern therapies, and herbal supplement coverage
 - Up to \$2,500 allowance for preventive and comprehensive dental
 - Flexible Health & Wellness allowance for over-the-counter supplies, herbal supplements, and fitness

Longevity

Flagship plan that delivers Eastern medicine, competitive medical and supplemental coverage

Balance

Plan option with rich Eastern medicine and supplemental benefits

Fortune

Offers the protection of a low MOOP with Eastern medicine and competitive supplemental coverage

Value

\$125 Part B premium buy down with Eastern medicine and supplemental coverage

2022 Plan Highlights

- ✓ **\$0 copay** for PCP and specialist visits
- ✓ Up to **\$2,500** PPO Dental allowance
- ✓ Up to **\$300 per quarter flexible health & wellness** allowance – can be used for OTC, herbal supplements, and fitness activities
- ✓ **\$125** Part B buydown plan available
- ✓ Acupuncture coverage
- ✓ Eastern wellness therapies – cupping, gua sha, tui na, moxa, reflexology, etc.
- ✓ Non-emergency transportation
- ✓ Meal benefit, grocery allowance, remote monitoring, and in-home support services for qualified chronic illness

2022 Clever Care Balance



Service Area: Los Angeles, Orange, San Diego Counties

(Look-a-Like)

Key Benefits Highlights*							
Plan Name	Balance HMO			2022 Value Added Benefits Highlights			
Monthly Plan Premium	\$33.20			Unlimited Acupuncture No Referrals needed			✓
Deductible	\$0			Integrated Flex Card \$300/Quarter OTC - Fitness Benefit (tennis, golf yoga)			✓
Maximum Out-of-Pocket	\$5,999			\$0 Transportation 48 trips			✓
Part B Buy Down	\$0						
PCP Visit	\$0			Herbal Supplement Allowance (included in Flexible Allowance)			✓
Specialist Visit	\$0			Eastern Wellness Therapies \$0 copay (max of 24 per year)			✓
Inpatient Hospital	*\$1,484 per benefit period \$0 copay per day (1-60) \$371 copay per day for days (61-90)			Vision \$300 every year, for glasses and contacts			✓
Emergency Care	\$50 copay per ER Room visit Waived if admitted within 72 hours			\$2,500 PPO Dental Benefit Per Year			✓
World Wide Coverage	\$100,000						
2022 Part D Highlights - Value*							
Retail Network (30day)	Deductible / Tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard	\$480 Tiers 2-5	\$0	25%	25%	25%	25%	\$0
Mail Order	\$480 Tiers 2-5	\$0	25%	25%	25%	25%	\$0

*Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.

2022 Clever Care Longevity



Service Area: Los Angeles, Orange, San Diego Counties

(Flagship)

Key Benefits Highlights*							
Plan Name	Balance HMO			2022 Value Added Benefits Highlights			
Monthly Plan Premium	\$0			Unlimited Acupuncture No Referrals needed	✓		
Deductible	\$0			Integrated Flex Card \$185/Quarter OTC - Fitness Benefit (tennis, golf yoga)	✓		
Maximum Out-of-Pocket	\$1,700			\$0 Transportation 36 trips	✓		
Part B Buy Down	\$0						
PCP Visit	\$0			Herbal Supplement Allowance (included in Flexible Allowance)	✓		
Specialist Visit	\$0			Eastern Wellness Therapies \$0 copay (max of 12 per year)	✓		
Inpatient Hospital	\$0			Vision \$480 every 2 years, for glasses and contacts	✓		
Emergency Care	\$50 copay per ER Room visit Waived if admitted within 72 hours			\$2,500 PPO Dental Benefit Per Year	✓		
World Wide Coverage	\$75,000						
2022 Part D Highlights - Value*							
Retail Network (30day)	Deductible Tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard	\$0	\$0	\$0	\$35	\$99	33%	\$0
Mail Order	2,3,4,5	\$0	\$0	\$70	\$198	33%	\$0

*Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.

2022 Clever Care Fortune



Service Area: Los Angeles, Orange, San Diego Counties (Low MOOP)

Key Benefits Highlights*							
Plan Name	Fortune HMO			2022 Value Added Benefits Highlights			
Monthly Plan Premium	\$0			Unlimited Acupuncture No Referrals needed	✓		
Deductible	\$0			Integrated Flex Card \$100/Quarter OTC - Fitness Benefit (tennis, golf yoga)	✓		
Maximum Out-of-Pocket	\$888			\$0 Transportation 28 trips	✓		
Part B Buy Down	\$0						
PCP Visit	\$0			Herbal Supplement Allowance (included in Flexible Allowance)	✓		
Specialist Visit	\$0			Eastern Wellness Therapies \$0 copay (max of 12 per year)	✓		
Inpatient Hospital	\$0			Vision \$480 every 2 years, for glasses and contacts	✓		
Emergency Care	\$88 copay per ER Room visit Waived if admitted within 72 hours			\$2,000 PPO Dental Benefit Per Year	✓		
World Wide Coverage	\$68,000						
2022 Part D Highlights - Value*							
Retail Network (30day)	Deductible Tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard	\$0	\$0	\$0	\$35	\$99	33%	\$0
Mail Order	2,3,4,5	\$0	\$0	\$70	\$198	33%	\$0

*Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.

2022 Clever Care Value



Service Area: Los Angeles, Orange, San Diego Counties (Part B Buy Down)

Key Benefits Highlights*								
Plan Name	Value HMO (Part B Buy Down)			2022 Value Added Benefits Highlights				
Monthly Plan Premium	\$0			Acupuncture 24 Visits No Referrals needed				✓
Deductible	\$0			Integrated Flex Card \$60/Quarter OTC - Fitness Benefit (tennis, golf yoga)				✓
Maximum Out-of-Pocket	\$3,000			\$0 Transportation 24 trips				✓
Part B Buy Down	\$125							
PCP Visit	\$0			Herbal Supplement Allowance (included in Flexible Allowance)				✓
Specialist Visit	\$0			Eastern Wellness Therapies \$0 copay (max of 12 per year)				✓
Inpatient Hospital	\$75 copay per day (1-5) \$0 copay per day (6-90) Per Benefit Period			Vision \$320 every 2 years, for glasses and contacts**				✓
Emergency Care	\$120 copay per ER Room visit Waived if admitted within 72 hours			\$250 PPO Dental Benefit bi-annually				✓
World Wide Coverage	\$50,000							
2022 Part D Highlights - Value*								
Retail Network (30day)	Deductible Tiers	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
Standard	\$0	\$0	\$0	\$47	\$99	33%	\$0	
Mail Order	2,3,4,5	\$0	\$0	\$94	\$198	33%	\$0	

*Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.

2022 Part D Highlights

- ✓ **\$0 copay** for Tier 1 drugs & Tier 2 drugs during Coverage GAP (Stage 3) for all Clever Care plans (Balance, Longevity, Fortune, and Value).
- ✓ **All Clever Care plans is participating in the Part D Senior Savings Model, a new initiative in 2021 by CMS.** CMS's Part D Senior Savings Model is designed to lower prescription drug costs and provide Medicare patients with new choices of Part D plans that offer insulin at an affordable and predictable cost. **Participating insulins in the Model, covered under the Clever Care Value plan, will be either \$0 (lower cost insulins) or \$35 (higher cost insulins) for a 30 days supply throughout all coverage**
- ✓ Lower Cost Insulin in red below is **Tier 2 - \$0 co-pay**. Higher Cost Insulin in green is **Tier 3 - \$35 co-pay**.

Please note that this CUI level list is based on CY2022 FRF as of March 15, 2021

Please note CUIs highlighted in green must have one fixed cost share. CUIs highlighted in peach must have one fixed cost share.

CUIs highlighted in green are Group A insulins and CUIs highlighted in peach are Group B insulins on the 2022 Standard Part D Formulary IQ.

RXCUI	RXNORM DESCRIPTION	CUI Type	Brand Name	Generic Name	Strength	Dosage Form	Route
1986354	INSULIN ASPART, HUMAN 100 UNT/ML INJECTABLE SOLUTION [FIASP]	CMS	FIASP	INSULIN ASPART (NIACIN	100/ML	VIAL	SUBCUTANE.
1986356	3 ML INSULIN ASPART, HUMAN 100 UNT/ML PEN INJECTOR [FIASP]	CMS	FIASP FLEXTOUCH	INSULIN ASPART (NIACIN	100/ML (3)	INSULN PEN	SUBCUTANE.
2205454	3 ML INSULIN ASPART, HUMAN 100 UNT/ML CARTRIDGE [FIASP]	CMS	FIASP PENFILL	INSULIN ASPART (NIACIN	100/ML (3)	CARTRIDGE	SUBCUTANE.
351859	INSULIN, REGULAR, HUMAN 500 UNT/ML INJECTABLE SOLUTION [HUMULIN R]	CMS	HUMULIN R U-500	INSULIN REGULAR, HUMA	500/ML	VIAL	SUBCUTANE.
1731317	3 ML INSULIN, REGULAR, HUMAN 500 UNT/ML PEN INJECTOR [HUMULIN R]	CMS	HUMULIN R U-500 KW	INSULIN REGULAR, HUMA	500/ML (3)	INSULN PEN	SUBCUTANE.
285018	INSULIN GLARGINE 100 UNT/ML INJECTABLE SOLUTION [LANTUS]	CMS	LANTUS	INSULIN GLARGINE,HUM.	100/ML	VIAL	SUBCUTANE.
847232	3 ML INSULIN GLARGINE 100 UNT/ML PEN INJECTOR [LANTUS]	CMS	LANTUS SOLOSTAR	INSULIN GLARGINE,HUM.	100/ML (3)	INSULN PEN	SUBCUTANE.
213442	INSULIN ISOPHANE, HUMAN 70 UNT/ML / INSULIN, REGULAR, HUMAN 30 UNT/ML INJECTABLE SUSPENSION [NOVOLIN]	CMS	NOVOLIN 70-30	INSULIN NPH HUM/REG II	70-30/ML	VIAL	SUBCUTANE.
2049380	3 ML INSULIN ISOPHANE, HUMAN 70 UNT/ML / INSULIN, REGULAR, HUMAN 30 UNT/ML PEN INJECTOR [NOVOLIN]	CMS	NOVOLIN 70-30 FLEX	INSULIN NPH HUM/REG II	70-30/ML	INSULN PEN	SUBCUTANE.
311027	INSULIN ISOPHANE, HUMAN 100 UNT/ML INJECTABLE SUSPENSION [NOVOLIN N]	CMS	NOVOLIN N	INSULIN NPH HUMAN ISC	100/ML	VIAL	SUBCUTANE.
2206099	3 ML INSULIN ISOPHANE, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLIN N]	CMS	NOVOLIN N FLEXPEN	INSULIN NPH HUMAN ISC	100/ML (3)	INSULN PEN	SUBCUTANE.
311033	INSULIN, REGULAR, HUMAN 100 UNT/ML INJECTABLE SOLUTION [NOVOLIN R]	CMS	NOVOLIN R	INSULIN REGULAR, HUMA	100/ML	VIAL	INJECTION
2206092	3 ML INSULIN, REGULAR, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLIN R]	CMS	NOVOLIN R FLEXPEN	INSULIN REGULAR, HUMA	100/ML (3)	INSULN PEN	SUBCUTANE.
2002420	3 ML INSULIN GLARGINE 300 UNT/ML PEN INJECTOR [TOUJEO]	CMS	TOUJEO MAX SOLOST	INSULIN GLARGINE,HUM.	300/ML (3)	INSULN PEN	SUBCUTANE.
1604544	1.5 ML INSULIN GLARGINE 300 UNT/ML PEN INJECTOR [TOUJEO]	CMS	TOUJEO SOLOSTAR	INSULIN GLARGINE,HUM.	300/ML	INSULN PEN	SUBCUTANE.
351926	INSULIN ASPART, HUMAN 100 UNT/ML INJECTABLE SOLUTION [NOVOLOG]	CMS	NOVOLOG	INSULIN ASPART	100/ML	VIAL	SUBCUTANE.
1653198	3 ML INSULIN ASPART, HUMAN 100 UNT/ML CARTRIDGE [NOVOLOG]	CMS	NOVOLOG	INSULIN ASPART	100/ML	CARTRIDGE	SUBCUTANE.
1653204	3 ML INSULIN ASPART, HUMAN 100 UNT/ML PEN INJECTOR [NOVOLOG]	CMS	NOVOLOG FLEXPEN	INSULIN ASPART	100/ML (3)	INSULN PEN	SUBCUTANE.
977842	INSULIN ASPART PROTAMINE, HUMAN 70 UNT/ML / INSULIN ASPART, HUMAN 30 UNT/ML INJECTABLE SUSPENSION [NOVOLOG MIX]	CMS	NOVOLOG MIX 70-30	INSULIN ASPART PROT/IN	70-30/ML	VIAL	SUBCUTANE.
977840	3 ML INSULIN ASPART PROTAMINE, HUMAN 70 UNT/ML / INSULIN ASPART, HUMAN 30 UNT/ML PEN INJECTOR [NOVOLOG MIX]	CMS	NOVOLOG MIX 70-30	INSULIN ASPART PROT/IN	70-30/ML	INSULN PEN	SUBCUTANE.

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The Clever Guide to Eastern Medicine



Health Benefits of Eastern Medicine



Balance. Interconnectivity. Proactivity.

These are the cornerstones of Eastern medicine.

Eastern medicine is a 2,000-year-old medical system, derived from the theory that “Qi” (the life force) flows throughout the body. When the Qi is compromised, the body is susceptible to disease.

Specialists who use TCM understand that the cause of health problems is an imbalance in the body rather than a one-way direct diagnosis and treatment perspective.

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Eastern Medicine Treatments

Acupuncture

Acupuncture is a treatment using needles to manage pain, such as headaches, tennis elbow, myofascial pain, low back pain, or dental pain after surgery. It is also used to improve the functionality of patients with osteoarthritis, fibromyalgia, asthma, or carpal tunnel syndrome.

Electroacupuncture

Electroacupuncture is a type of acupuncture using electric stimulation to help patients manage pain.

Cupping Therapy

Cupping is a technique in which glass or plastic cups are placed on the body. The pressure inside of the cup lifts the skin and the muscle to assist in various medical ailments. Joint pain, back and neck pain, arthritis, abscess, facial paralysis, are some of the conditions treated with cupping.

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Eastern Medicine Treatments

Tui Na

Tui Na is a Chinese massage method that has been shown to increase muscle strength, flexibility, balance, and aerobic conditioning.

Massage and Reflexology

Massage and reflexology improve general well-being, particularly in people with chronic conditions. Additional benefits are better sleep, stress management, and practice of relaxation.

Infrared Therapy

Infrared therapy is a process of placing heating pads on the body to increase blood flow, which treats cardiovascular, autoimmune, and other chronic health problems.

Herbal Supplements

Herbal supplements have shown effects in promoting anti-inflammation, anti-oxidation, anti-apoptosis, and autophagy.

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The Clever Care Approach



Clever Care is committed to delivering care with a focus on preventive treatments through integrating Eastern and Western Medicine.

While Western medicine is focused on treating illnesses, which is crucial for long-term conditions, Eastern medicine focuses on managing stress and returning the body's natural balance. Eastern medicine promotes the practice of focusing a person's energy towards adapting their own lifestyle beyond diagnosis.

Together, the principles of East and West create a balanced healthcare solution that promotes preventive measures, specialty care, healing, and management of chronic conditions. committed to high quality care with a focus on preventive treatments through integrating Eastern and Western Medicine.

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Our Eastern Medicine Benefits At A Glance

In addition to competitive medical and prescription drug benefits, Clever Care Medicare Advantage Plans offer coverage for Eastern medicine services at no additional cost from contracted providers.

Acupuncture

- Coverage Visits vary by plan to a contracted acupuncture provider

Alternative Wellness Therapies

- Coverage visits vary by plan per year for alternative wellness therapies
- \$0 Copayment per visit
- Services include:
 - Cupping/Moxa
 - Med-X
 - Tui Na
 - Gua Sha/IASTM
 - Reflexology
 - Infrared therapy

Herbal Supplements

- For the treatment of conditions such as allergies, anxiety, arthritis, back pain, eczema, fatigue, insomnia, menopause symptoms, obesity, as well as many others
- Integrated Flex Card can be used to purchase (Allowance does not roll over to the following quarter).

2022 Network Highlights



- ✓ 3 Delivery System Options throughout the tri-county region (LA, OC, SD)
 - ✓ **The Clever Care Independent IPA Network**
 - ✓ **23 participating IPA networks**
 - ✓ **36 affiliated participating hospitals**
 - ✓ Providence Health Network (PHN)
 - ✓ 7 participating groups
 - ✓ 10 owned hospitals
 - ✓ 8 additional affiliated participating hospitals
 - ✓ Prospect Health Network
 - ✓ 15 participating groups
 - ✓ 7 owned hospitals
 - ✓ 29 additional affiliated participating hospitals
- ✓ With more being added

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INDEPENDENT IPA NETWORKS

Los Angeles, Orange and San Diego Counties

INDEPENDENT IPA NETWORKS					
Access IPA	LA	Doctors Managed IPA	LA, IE	Center IPA	OC
Advanced Medical Doctors of Calif	LA	Alliance Health Systems IPA	LA, OC	ChoiceOne IPA	OC
Affiliated Partners IPA	LA	Doctors Choice Medical Group	LA, OC	Noble AMA	OC
Associated Hispanic Physicians of SoCal	LA	IN Physician Associates	LA, OC	PremierCare IPA	OC, IE
Freedom Physicians Corp	LA	Physician Healthcare Integration IPA	LA, OC	Golden Physicians Medical Group	SD
NXT IPA	LA	Physician Partners IPA	LA, OC	Greater Tri-Cities IPA Medical Grp	SD
Preferred IPA	LA	Rapha IPA	LA, OC	Younity IPA	SD
St Vincent IPA	LA	AMG IPA	LA, OC		

Dignity Health / CommonSpirit	Avanti Hospitals	KPC Health
California Hospital Medical Center	Memorial Hospital of Gardena	Orange County Global Medical Center
Glendale Memorial Hospital	East Los Angeles Doctors Hospital	Anaheim Global Medical Center
St Mary Medical Center	Coast Plaza Hospital	Chapman Global Medical Center
Northridge Hospital Medical Center	Community Hospital of Huntington Park	South Coast Global Medical Center

Tenet Health	Emanate Health	Prospect Medical Holdings
Lakewood Regional Medical Center	Emanate Queen of the Valley Hospital	Los Angeles Community Hospital
Fountain Valley Regional Hospital	Emanate Foothill Presbyterian Hospital	LA Community Hospital - Bellflower
Los Alamitos Medical Center	Emanate Intercommunity Hospital	LA Community Hospital - Norwalk
Placentia-Linda Hospital		Southern California Hospital - Culver City
	Adventist Health	Southern California Hospital - Hollywood
	Adventist White Memorial Medical Center	Southern California Hospital - Van Nuys
	Adventist Health Glendale	Foothill Regional Medical Center

Other Independent Hospitals		
Antelope Valley Hospital	CHA Hollywood Presbyterian Medical Center	Methodist Hospital of Southern California
Beverly Hospital	College Medical Center Long Beach	Tri-City Medical Center (San Diego)
	LA Downtown Medical Center	UCSD Health (San Diego)

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(PHN)

Los Angeles, Orange

PROVIDENCE Health Network Medical Groups	
PHN-Affiliated Medical Groups	PHN-Participating Medical Groups
Axminster Medical Group Facey Medical Group St John's Physician Partners (SJPP) St Joseph Heritage Healthcare (SJHH)	Emanate Health IPA Korean American Medical Group (KAMG) Seoul Medical Group

PROVIDENCE Owned Hospitals	
Los Angeles County	Orange County
Providence Little Company of Mary Medical Center Torrance Providence Little Company of Mary Medical Center San Pedro Providence St John's Health Center Providence St Joseph Medical Center Providence Holy Cross Medical Center Providence Cedars-Sinai Tarzana Medical Center	St Jude Medical Center St Joseph Hospital Orange Mission Hospital Laguna Beach Mission Hospital Mission Viejo

PHN Contracted Hospitals	
Emanate Queen of the Valley Hospital Emanate Foothill Presbyterian Hospital Emanate Intercommunity Hospital Huntington Memorial	Keck Hospital of USC USC Kenneth Norris Jr Cancer Hospital USC Verdugo Hills Hospital San Antonio Regional Hospital

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(Prospect)

Los Angeles, Orange and San Diego Counties

PROSPECT Participating Medical Groups		
Cal Care IPA	Prospect MG Inland Empire	Prospect Gateway Medical Group
Los Angeles Medical Center IPA	Prospect Medical Group	Prospect Northwest Orange County
Upland Medical Group	Prospect Genesis	Nuestra Familia
Daehan Prospect Medical Group	Prospect Health Source	Prospect Medical Group San Diego
Professional Care	Prospect Latino Medical Group	Health Excel IPA

PROSPECT Owned Hospitals		
Los Angeles Community Hospital	Southern California Hospital – Culver City	Foothill Regional Medical Center
Los Angeles Community Hospital – Bellflower	Southern California Hospital – Hollywood	
Los Angeles Community Hospital – Norwalk	Southern California Hospital – Van Nuys	

PROSPECT Contracted Hospitals		
Los Angeles County	Orange County	San Diego County
Avanti Memorial Hospital of Gardena	Tenet Lakewood Regional Medical Center	Tri-City Medical Center
Avanti East Los Angeles Doctors Hospital	Tenet Fountain Valley Regional Hospital	Scripps Mercy Hospital San Diego
Avanti Coast Plaza Hospital	Tenet Los Alamitos Medical Center	Scripps Mercy Hospital Chula Vista
Avanti Community Hosp of Huntington Park	Tenet Placentia-Linda Hospital	Scripps Memorial Hospital Encinitas
Beverly Hospital	Orange County Global Medical Center	Scripps Green Hospital
College Hospital Long Beach	Anaheim Global Medical Center	Scripps Memorial Hospital La Jolla
LA Downtown Medical Center	Chapman Global Medical Center	
Adventist Glendale Medical Center	South Coast Global Medical Center	
Adventist White Memorial Medical Center	AHMC Anaheim Regional Medical Center	
AHMC Whittier Hospital Medical Center		
Cedars-Sinai Medical Center		
PIH – Good Samaritan Hospital		
Providence St Johns Health Center		
Providence Holy Cross Medical Center		

Module 1 Knowledge Check



1. At Clever Care, our mission is to improve the health of our members by delivering access to culturally sensitive healthcare solutions.

- a. True
- b. False

Module 1 Knowledge Check



2. What are the names of the Clever Care Health Plan Medicare Advantage plans being offered in 2022?

- a. Clever Care Balance Medicare Advantage Plan
- b. Clever Care Longevity Medicare Advantage Plan
- c. Clever Care Fortune Medicare Advantage Plan
- d. Clever Care Value Medicare Advantage Plan
- e. All of the above

Module 1 Knowledge Check



3. Which of these services are provided at **\$0 copay** for members of Clever Care Medicare Advantage plans in PY2022?

- a. Primary Care Provider visit (PCP)
- b. Specialist Provider visit
- c. Preventive Care visit
- d. Covid-19 treatments and testing
- e. All of the above



Module 2: Overview of Medicare

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Medicare Basics: What is Medicare?



Medicare is a health insurance program for people:

- 65 and older
- Under 65 with certain disabilities
 - ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) without a waiting period
 - Any age with End-Stage Renal Disease (ESRD)

NOTE: To be eligible for Medicare, a person must be a U.S. citizen or lawfully present in the United States. They must also reside in the U.S. for 5 continuous years.

Different Parts of Medicare

Part	Description
Medicare Part A (Hospital Insurance)	<p>Covers inpatient care in hospitals (including critical access hospitals), skilled nursing facilities, hospice care and some home health care.</p> <p>Beneficiaries must meet certain conditions to receive these benefits.</p> <p>Most beneficiaries do not pay a Part A premium because they/their spouse paid for it through payroll taxes while working.</p>
Medicare Part B (Medical Insurance)	<p>Covers medically necessary doctors' services, outpatient care, medical services (e.g., physical/occupational therapists) and some home health care.</p> <p>Most beneficiaries pay a monthly Part B premium.</p>
Medicare Part D (Prescription Drug Coverage)	<p>Covers prescription drugs.</p> <p>Beneficiaries must join a Medicare-approved plan that offers Part D coverage.</p> <p>Most beneficiaries pay a monthly Part D premium.</p>

Note: Medicare Part C, also known as Medicare Advantage plans, are offered by private insurance companies.

Medicare Part A - Eligibility



- A person is eligible for **premium-free Part A** at age 65 if:
 - They, or their spouse, paid Medicare taxes while working for a specified duration of time, usually 40 quarters (10 years).
 - They already get retirement benefits from Social Security or the Railroad Retirement Board.
 - They are eligible to get Social Security or Railroad benefits but haven't filed for them yet.
 - They or their spouse had Medicare-covered government employment.
- A person under age 65 can get premium-free Part A if:
 - They've received Social Security or Railroad Retirement Board disability benefits for 24 months.
 - They have End-Stage Renal Disease (ESRD) and meet certain requirements.
- **Premium Part A** is available to people who **do not** have the required number of coverage quarters (QCs), who are age 65 or older and who are also enrolled in Medicare Part B.

Medicare Part A - Enrollment



- People **already receiving Social Security/RRB benefits at least four months** before being eligible for Medicare, and residing in the United States (except residents of Puerto Rico), **are automatically enrolled** in both premium-free Part A and Part B.
 - Residents of Puerto Rico who are eligible for automatic enrollment are enrolled in premium-free Part A only.
- People **not receiving Social Security/RRB benefits are not automatically enrolled**. They must apply for Part A by contacting Social Security during a valid enrollment period, and either enroll in, or already have, Medicare Part B.

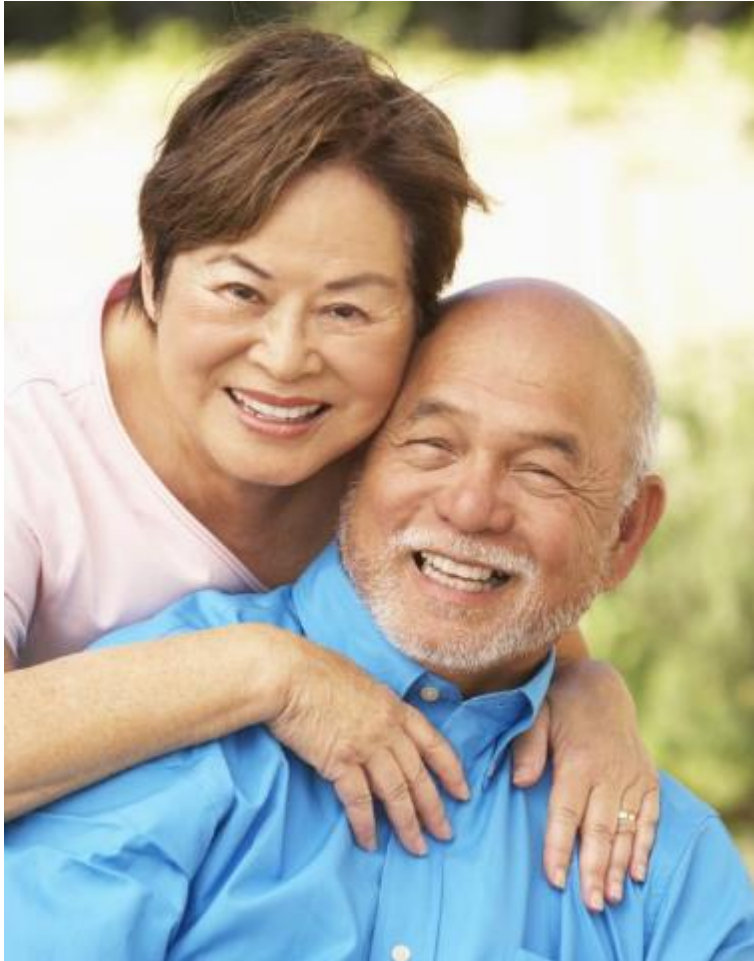
Important: A person must continue to pay all Part A and Part B monthly premiums, and stay enrolled in Part B, to keep premium Part A.

Medicare Part B - Eligibility



- Eligibility rules depend on whether a person is:
 - eligible for premium-free Part A
 - or they must pay a Part A premium.
- People **eligible for premium-free Part A are also eligible to enroll in Part B when they are entitled to Part A.**
- People **who must pay a Part A premium** need to meet these requirements to enroll in Part B:
 - Be age 65 or older;
 - a U.S. resident; AND
 - either a U.S. citizen;
OR
 - an alien who was lawfully admitted for permanent residence; AND have resided in the U.S. for five continuous years prior to the month they filed a Medicare application.

Medicare Part B - Enrollment



- People already **receiving Social Security/RRB benefits at least four months** before being eligible for Medicare and residing in the U.S. (except residents of Puerto Rico) **are automatically enrolled in premium-free Part A and Part B.**
 - People who are **automatically enrolled have the choice to keep or refuse Part B coverage.**
 - **Residents of Puerto Rico** who are eligible for automatic enrollment are only enrolled in premium-free Part A. They **must actively enroll in Part B to obtain coverage.**

Medicare Part B - Enrollment



- **People not receiving Social Security/RRB benefits are not automatically enrolled.** Individuals who previously refused Part B, or terminated Part B enrollment, may enroll (or re-enroll) in Part B only during certain enrollment periods.
- In most cases, if someone does not enroll in Part B when they are first eligible, they will have to pay a **late enrollment penalty for as long as they have Part B coverage.**

Important: Part B is a voluntary program which requires the payment of a monthly premium for all months of coverage.

Medicare Eligibility Due to a Disability/ESRD



- People entitled to monthly Social Security/RRB benefits due to a disability are **automatically entitled to Part A after receiving disability benefits after 24 months.**
- People whose disability is **ALS (Lou Gehrig's Disease)** are entitled to Part A the first month they are entitled to Social Security/RRB disability cash benefits, without a waiting period.
- Individuals with **End-Stage Renal disease (ESRD)** may sign up for Medicare at any time. However, **the date on which their Medicare coverage begins is usually on the 4th month after dialysis treatments** begin but may be earlier if certain conditions are met.

Part A & Part B Costs



Part A and Part B coverage require monthly premium payments. Enrollees may be subject to late enrollment penalties if they do not enroll on-time.

- **Income-Related Monthly Adjustment Amount:** Individuals with income > \$85k and married couples with income >\$170k pay a higher premium for Part B and Part D coverage. Most beneficiaries do not pay a higher premium.
- **Premium Part A Late Enrollment Penalty:** People who did not enroll in premium Part A when first eligible pay up to 10% more each month if they enroll later. The higher premium is paid for twice the number of years they were eligible for Part A but did not enroll.
- **Part B Late Enrollment Penalty:** For people who did not enroll in Part B when first eligible, Part B premium is increased 10% for each full 12-month period they could have had Part B but did not enroll. This penalty is charged for as long as they have Part B.

Note: A late penalty can be avoided if the person meets conditions allowing them to enroll in Part A and/or Part B during a Special Enrollment Period.

Medicare Part A – Premium costs



Premium Part A is available to people who do not have the required number of coverage quarters (QCs), who are age 65 or older and who are also enrolled in Medicare Part B.

Part A premiums

If an individual doesn't qualify for premium-free Part A, they can buy Part A.

- They'll pay up to **\$471 each month**, if they paid Medicare taxes **less than 30 quarters**.
- If they paid Medicare taxes for **30-39 quarters**, the standard Part A premium is **\$259 each month**.

If they choose to buy Part A, they must also:

- Have Medicare Part B (Medical Insurance)
- Pay monthly premiums for both Part A and Part B

Medicare Part A - Cost Sharing in 2022

Benefit	Description
Hospital Inpatient Stay**	<ul style="list-style-type: none"> • \$1,484 deductible for each benefit period. • Days 1–60: \$0 coinsurance for each benefit period. • Days 61–90: \$352 coinsurance per day of each benefit period. • Days 91 and beyond: \$704 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. <p>NOTE: You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.</p>
Mental Health Inpatient Stay**	<ul style="list-style-type: none"> • \$1,408 deductible for each benefit period. • Days 1–60: \$0 coinsurance per day of each benefit period. • Days 61–90: \$352 coinsurance per day of each benefit period. • Days 91 and beyond: \$704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. • 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient. <p>NOTE: There's no limit to the number of benefit periods you can have when you get mental health care in a general hospital. You can also have multiple benefit periods when you get care in a psychiatric hospital. Remember, there's a lifetime limit of 190 days.</p>

*** Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.*

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Medicare Part A – Cost Sharing in 2022

Benefit	Description
Skilled Nursing Facility (SNF) Stay**	<ul style="list-style-type: none"> • Days 1–20: \$0 for each benefit period. • Days 21–100: \$176 coinsurance per day for each benefit period. • Days 101 and beyond: all costs.
Home Health Care	<ul style="list-style-type: none"> • \$0 for home health care services. • 20% of the Medicare-approved amount for Durable medical equipment (DME).
Hospice Care	<ul style="list-style-type: none"> • \$0 for hospice care. • You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare prescription drug coverage (Part D). • You may need to pay 5% of the Medicare-approved amount for inpatient respite care. • Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).
Blood	<ul style="list-style-type: none"> • If hospital gets it from a blood bank at no charge, you have no charge

*** Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.*

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Medicare Part B - Costs in 2022

Payment Type	What you pay
Part B Standard Premium**	\$144.60 (Cost may be higher depending on the beneficiaries' income)
Yearly Deductible**	\$198
Coinsurance for Part B Services	<ul style="list-style-type: none">• 20% coinsurance for most covered services, like doctor's services and some preventive services, if provider accepts assignment• \$0 for most preventive services• 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services

*** Medicare defined amount for 2021, these amounts may change for the following year. Plan will provide updated rates as soon as they are released by Medicare.*

Medicare Part C – Medicare Advantage Plans



- A Medicare Advantage Plan is another way to get Medicare coverage (sometimes called “Part C” or “MA Plans”)
- These are offered by Medicare-approved private companies that must follow rules set by Medicare
- An MA Plan is an “all in one” alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D.
- Plans may have lower out-of-pocket costs than Original Medicare.
- In most cases, beneficiaries will need to use doctors who are in the plan’s network.
- Most plans offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, dental, and more.

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Medicare Part C – Types of MA Plans



- Medicare Health Maintenance Organization (HMO) Plan
- Medicare Preferred Provider Organization (PPO) Plan
- Medicare Special Needs Plans (SNPs)
- Medicare Private Fee-for-Service (PFFS) Plan
- Medicare and Medical Savings Account (MSA) Plans

Medicare Part C- HMO Plans



- **HMO Plans have a network of doctors, other health care providers, or hospitals** (except emergency care, out-of-area urgent care, or out-of-area dialysis).
 - In some MA plans, beneficiaries may be able to go out-of-network for certain services, usually for a higher cost. This is called an HMO with a point-of-service option.
- Enrollees **must choose a Primary Care Physician (PCP)** who will co-ordinate their care for them.
- Most plans **require enrollees to get a referral** from their PCP to see a specialist.
 - Certain services, like yearly screening mammograms, don't require a referral.
- Some HMO plans offer **prescription drug coverage**.

Medicare Part C- PPO Plans



- PPO Plan enrollees may **get care from any provider** in the US who accept Medicare.
- PPO plans also have a network of providers with whom they contract with. However, **enrollees have the option to go in-network or out-of-network** for their care.
 - When choosing a provider that is out of network, cost sharing is generally higher.
- Enrollees **do not need a referral** to see a specialist
- Some PPO plans offer **prescription drug** coverage.

Medicare Part C- SNP Plans



- Beneficiaries **must satisfy certain conditions** to be eligible to enroll in a Special Needs Plan.
- There are three types of SNP plans available :
 - **Dual SNP (D-SNP):** enroll individuals who are entitled to both Medicare and medical assistance from a state plan under Medicaid.
 - **Chronic SNP (C-SNP):** restricts enrollment to special needs individuals with specific severe or disabling chronic conditions.
 - **Institutional SNP (I-SNP):** restricts enrollment to MA eligible individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF).
- May be offered as a **PPO or HMO** plan

Medicare Part C- Private PFFS Plans



- **Private Fee For Service Plans (PFFS) are not the same as Original Medicare or Medigap.**
 - The plan decides how much the enrollees pay for services.
- PFFS plans **do not require you to select a primary care physician (PCP)** to coordinate your care or to use a network of hospitals and doctors contracted with the plan to receive the benefits of your plan's covered services.
 - Many PFFS plans don't have networks of providers who participate in the plan.
- Enrollees can use any doctor, hospital or other health-care provider in the United States who **accepts Medicare** assignment and the PFFS plan's payment terms and conditions.
- PFFS plans may offer **prescription drug** coverage.

Medicare Part C- MSA Plans



- A Medicare Medical Savings Account (MSA) plan is a type of Medicare Advantage plan that **combines a high-deductible health plan with a medical savings account.**
- Enrollees of an MSA plans can use their **savings account to help pay for health care**, and then will have coverage through a high-deductible insurance plan once they reach their deductible.
- MSA plans provide Medicare beneficiaries with **more control over their health care utilization**, while still providing coverage against catastrophic health care expenses.

Medicare Part C- Eligibility



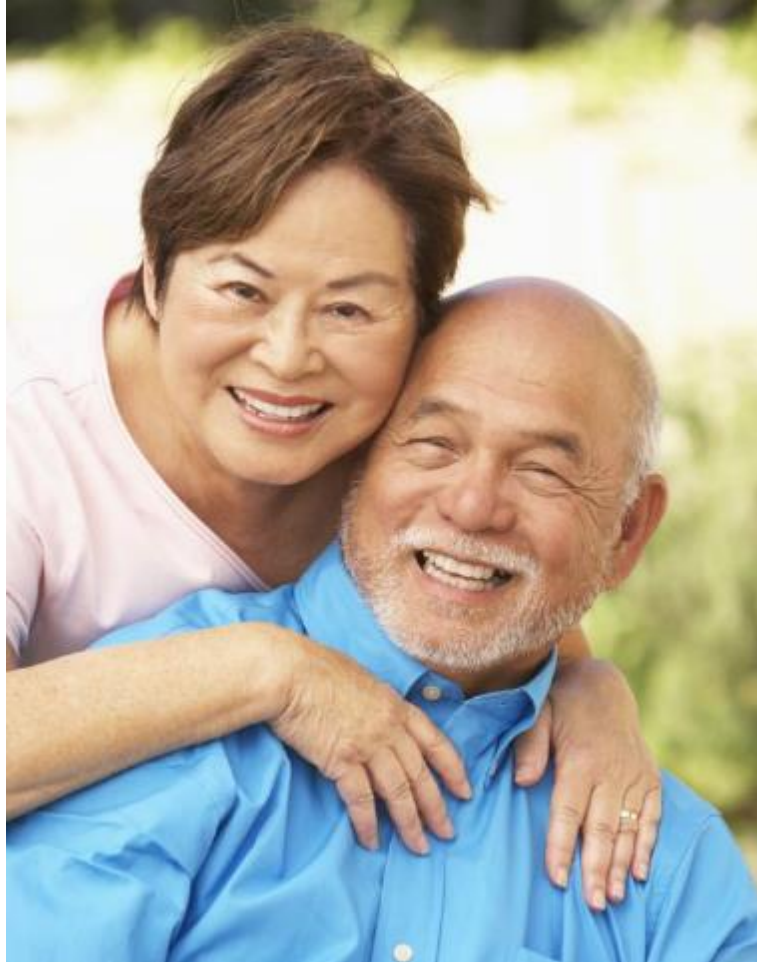
To be eligible for a Part C plan, a Medicare beneficiary must:

- Be enrolled in Medicare Part A and Part B
- Live in the plan's service area
- Be a U.S. citizen or lawfully permanent resident present in the U.S.
- Not be incarcerated

To join, they must also:

- Provide necessary information to the plan
- Follow the plan's rules
- Only belong to one plan at a time

Medicare Part D- Prescription Drug Coverage

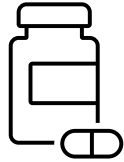


Part D is Medicare prescription drug coverage. It's an *optional* benefit available to all people with Medicare.

- If a beneficiary chooses **Original Medicare** and wants prescription drug coverage, they must choose and join a **Medicare Prescription Drug Plan (PDP)**.
 - Beneficiaries usually pay a monthly premium for the drug plan.
 - These plans are run by private companies that contract with Medicare.
- Part D coverage is provided through Medicare Prescription Drug Plans (PDPs) and Medicare Advantage plans with prescription drug coverage (MA-PDs).

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Medicare Part D- What is covered?



- Each plan has a Formulary (list of covered drugs). The Formulary for each plan must include a range of drugs in the most commonly prescribed categories.
- All Medicare drug plans generally **must cover at least 2 drugs in each category of drugs**, but plans can choose which specific drugs are covered in each category.
- All plans must cover a wide range of prescription drugs that people with Medicare take, including most drugs in certain protected classes, which include Cancer drug, HIV/AIDS drugs, Antidepressants, Antipsychotics, Anticonvulsants, Immunosuppressants.
- Medicare drug plans must cover all commercially available vaccines, including the shingles shot (but not vaccines covered under Part B, like the flu and pneumococcal shots).

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Medicare Part D- Costs



- Costs vary by plan
- Prescription Drug Coverage costs include:
 - A monthly premium (varies by plan and income)
 - A yearly deductible (if applicable)
 - Copayments and/or coinsurance
- Percentage of cost while in the **coverage gap**. The coverage gap begins after the beneficiary and the drug plan have spent a certain amount for covered drugs. For 2022, **once the out-of-pocket costs reach \$4,430 on covered drugs**, the beneficiary is in the coverage gap.
- **Once the out-of-pocket costs reach \$7,050 in 2022**—beneficiaries automatically get **catastrophic coverage**, where the beneficiary will pay very little for the covered drugs.

Part D- Late Enrollment Penalty (LEP)



Beneficiaries may have to pay more if they wait to enroll in a prescription coverage when they are first eligible.

- Exceptions apply if they have:
 - Creditable drug coverage (through an employer or union coverage, VA or Tricare coverage.)
 - Extra Help – beneficiaries who qualify for State help based on their income and assets.

Beneficiaries will pay the late enrollment penalty (LEP) for as long as they have coverage.

- 1% for each full month eligible and without creditable prescription drug coverage.
- Multiply percentage by base beneficiary premium, which changes every year.

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Medicare Part D- LEP Example

Medicare calculates the penalty by multiplying 1% of the "national base beneficiary premium" (\$32.74 in 2020) times the number of full, uncovered months you didn't have Part D or creditable coverage. The monthly premium is rounded to the nearest \$.10 and added to your monthly Part D premium. **The national base beneficiary premium may change each year, so your penalty amount may also change each year.**

Example 2019: Mrs. Martinez is currently eligible for Medicare, and her Initial Enrollment Period ended on May 31, 2016. She doesn't have prescription drug coverage from any other source. She didn't join by May 31, 2016, and instead joined during the Open Enrollment Period that ended December 7, 2018. Her drug coverage was effective January 1, 2019. Since Mrs. Martinez was without creditable prescription drug coverage from June 2016–December 2018, her penalty in 2019 was 31% (1% for each of the 31 months) of \$33.19 (the national base beneficiary premium for 2019) or \$10.29. Since the monthly penalty is always rounded to the nearest \$0.10, she paid \$10.30 each month in addition to her plan's monthly premium.

Here's the math:

.31 (31% penalty) × **\$33.19** (2019 base beneficiary premium) = **\$10.29**

\$10.29 rounded to the nearest \$0.10 = **\$10.30**

\$10.30 = Mrs. Martinez's monthly late enrollment penalty for 2019

Example 2020: In 2020, Medicare recalculated Mrs. Martinez's penalty using the 2020 base beneficiary premium (\$32.74). So, Mrs. Martinez's new monthly penalty in 2020 is 31% of \$32.74 or \$10.15 each month. Since the monthly penalty is always rounded to the nearest \$0.10, she pays \$10.20 each month in addition to her plan's monthly premium.

Here's the math:

.31 (31% penalty) × **\$32.74** (2020 base beneficiary premium) = **\$10.15**

\$10.15 rounded to the nearest \$0.10 = **\$10.20**

\$10.20 = Mrs. Martinez's monthly late enrollment penalty for 2020

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Enrollment Periods



Individuals eligible for premium-free Part A can enroll in Part A at any time after they are first eligible for the coverage.

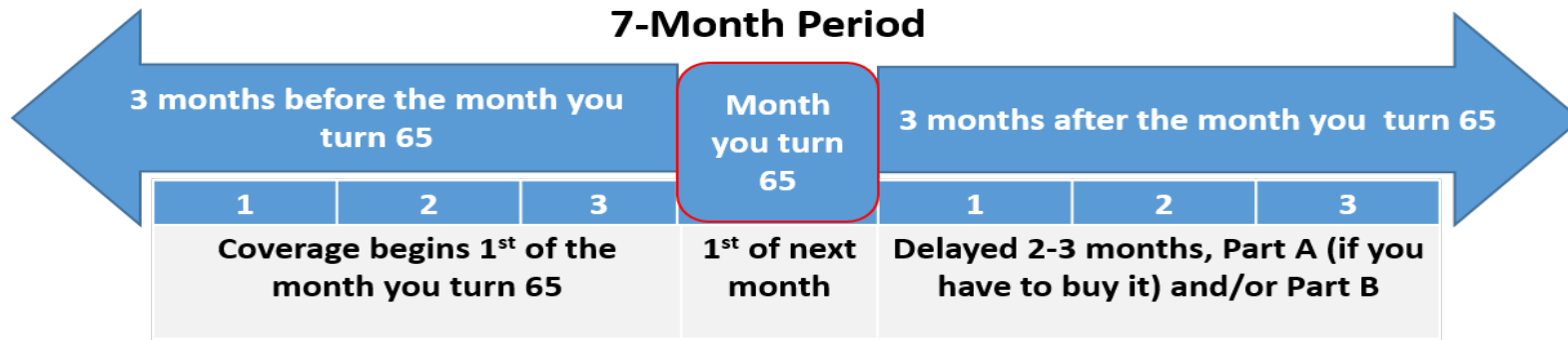
Enrollment into premium Part A, Part B or both are only allowed during :

- Initial Enrollment Period (IEP) – brand new to Medicare
- Special Enrollment Period (SEP) for the working aged, working disabled, and international volunteers.
- General Enrollment Period (GEP) –outside of IEP and SEP

If an individual already has Medicare they can enroll in or make changes to Medicare Part C and Part D during:

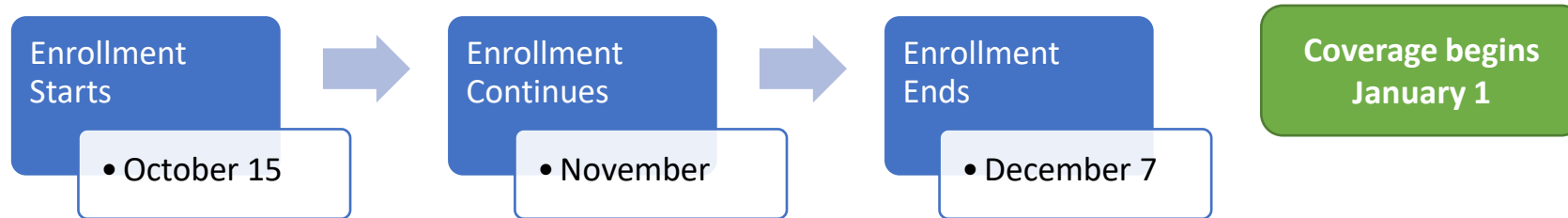
- Initial Enrollment Period (IEP)
- Annual Enrollment Period (AEP): Oct 15 - Dec 7
- Open Enrollment Period (OEP): Jan 1- Mar 31
- 5 Star Special Enrollment Period
- Other SEP (in certain circumstances)

Initial Enrollment Periods (IEP)



- **During IEP** a person can enroll/join Part A, Part B Medicare Advantage plan, for the first time, (if they have Part A & B) and Part D (if they have Part A & Part B).
 - If a person enrolls in the first three months of the IEP, coverage begins the first month they were Medicare-eligible. If a person enrolls in any other month of the IEP, coverage will be delayed.
- For individuals **under 65 becoming Medicare-eligible due to disability**, IEP begins three months before the 25th month of disability benefit entitlement and ends three months after. (IEP for a person with ESRD or ALS varies based on the situation.)
- **In most cases**, if an individual does not enroll in Part B or premium Part A when they are first eligible, they will be subject to a late enrollment penalty. The Part B penalty is assessed for as long as the individual has Part B.

Annual Enrollment Period (AEP)

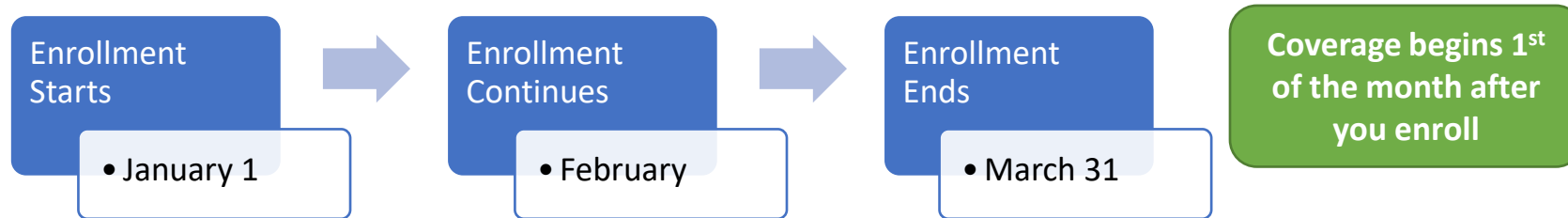


7-week period each year where a Medicare beneficiary can:

- Enroll in or disenroll in an MA or PDP plan
- Switch MA or PDP Plans, or return to Original Medicare

This is a time to help beneficiaries review their health and drug plan choices

Open Enrollment Period (OEP)



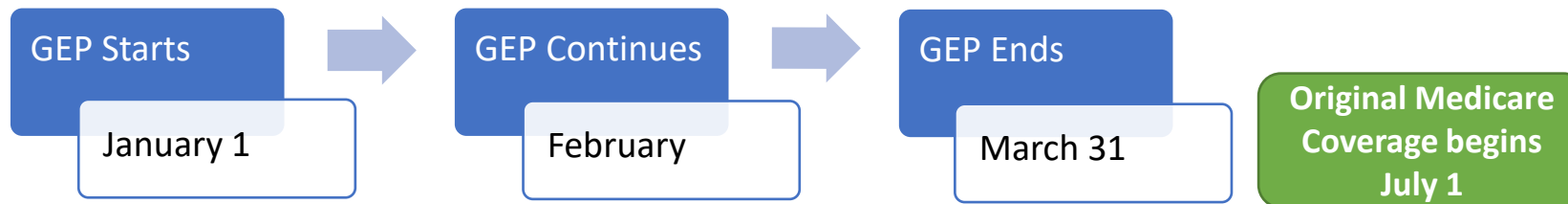
3-Month period each year during which a beneficiary can:

- Switch from one MA-PD plan to another
- Switch from one MA plan to another
 - If you switch from an MA-PD plan to an MA plan, you will need to purchase a Part D plan.
- Drop an MA Plan and return to Original Medicare
 - If you do, you will need to enroll in a Part D plan
 - You won't have a Guaranteed Issue Right for a Medigap policy

Note: A beneficiary must already be enrolled in an MA Plan (at any time) during the first 3 months of the year to use this enrollment period.

General Enrollment Period (GEP)

If an individual wasn't automatically enrolled in Medicare and missed their IEP, or did not qualify due to employment or residency, they can still apply for Medicare Part A and/or Medicare Part B during the General Enrollment Period

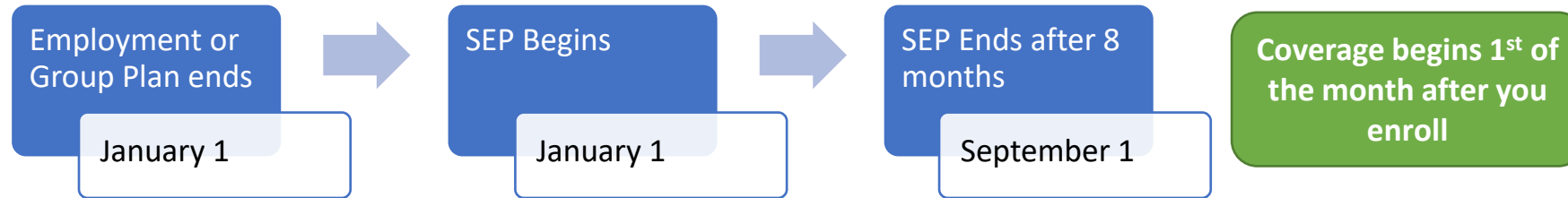


After they sign up for Medicare during the GEP, starting April 1 through June 30 they will be eligible to enroll in a:

- Medicare Advantage Prescription Drug plan (MA-PD), instead of staying with Original Medicare
- or
- Part D plan (if you keep Original Medicare, Parts A and B)

Note: If they enroll during the GEP instead of during the IEP, they could face late enrollment penalties for both Part A and Part B premium(s).

Special Enrollment Period (SEP)



- Individuals who did not enroll in Part B or premium Part A when first eligible because they had group health plan coverage, may enroll during the SEP.
- Individual can enroll at any time while covered under the group health plan, or **during the 8-month period that begins the month that employment ends, or the group health plan coverage ends (whichever is first).**
- If you enroll during SEP, you can enroll in:
 - MA (must have Part A and Part B)
 - Part D (Part A and/or Part B)

You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B)

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5-Star Special Enrollment Period (SEP)

Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall star ratings to plans. Plans get rated from 1 to 5 stars. A 5-star rating is considered excellent.

- Beneficiaries can use the 5-star SEP to enroll in a 5-star MA-only Plan, a 5-star MA-PD Plan, or a 5-star Medicare PDP, as long as they meet the plan's enrollment requirements (for example, living within the service area). If they are currently enrolled in a plan with a 5-star overall rating, they may use this SEP to switch to a different plan with a 5-star overall rating.
 - They may use the 5-star SEP to change plans one time each year between December 8 and November 30. The effective date will start the 1st day of the month after the month the plan gets the beneficiaries' enrollment request.
- Star ratings are given once per year
- Ratings are assigned by Centers for Medicare & Medicaid Services (CMS) in October and are effective January 1

Other Special Enrollment Period (SEP)

- ✓ **Beneficiaries move out of your plan's service area**
- ✓ Beneficiaries have Medicaid and Medicare or qualify for Low-income subsidy (LIS)
 - ✓ Once per calendar quarter during first 9 months each year
- ✓ **The MA plan leaves the Medicare Program or reduces its service area**
- ✓ Beneficiaries enter, live at, or leave a long-term care facility (like a nursing home)
- ✓ **Beneficiaries get, lose, or have a change in your Extra Help or Medicaid status**
- ✓ Beneficiaries are sent a retroactive notice of Medicare entitlement
- ✓ **Beneficiaries leave or lose employer or union coverage**
- ✓ Other exceptional circumstances

Termination of Medicare Coverage



- By law, individuals entitled to premium-free Part A cannot voluntarily terminate coverage.
- Generally, premium-free Part A ends due to the loss of Social Security/RRB benefits or death.
- **Premium Part A and Part B coverage can be voluntary terminated when an individual:**
 - Submits a voluntary disenrollment request;
 - Fails to pay monthly premiums;
 - Is disabled/ESRD and loses Part A entitlement; OR
 - Dies

Medicare & Residency



- **People 65 or older who do not qualify for Social Security benefits can sign up for Medicare if:**
 - They are a U.S. resident; *and*
 - Either a U.S. citizen; *or*
 - A Lawfully Admitted Permanent Resident who has resided in the U.S. continuously for the five years before the 1st month of eligibility.
- Individuals eligible for Medicare can sign up during their IEP.
- If an individual's immigration status document (e.g., green card) expires for a full month, benefits may be suspended. Documentation must be kept up-to-date.
- Travel outside the U.S. generally does not count against the five-year residency requirement, as long as the individual is not out of the country for >6 months.

Module 2: Knowledge Check



Question 1

An individual is eligible for premium-free Part A at age 65 if they paid Medicare taxes while working, usually for what length of time?

- A. 10 quarters
- B. 20 quarters
- C. 40 quarters
- D. 60 quarters

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Module 2 : Knowledge Check



Question 2

In 2022, what is the Medicare Part D initial coverage limit?

- A. \$3450
- B. \$4430
- C. \$5430
- D. \$6550

Module 2: Knowledge Check



Question 3

Which of these statements are true regarding AEP?

- a. A 7-week period between Oct 15- Dec 7 each year
- b. Medicare beneficiaries can enroll in or disenroll in an MA or PDP plan
- c. Medicare Beneficiaries can switch MA or PDP Plans, or return to Original Medicare
- d. A & B only
- e. All of the above



Module 3: Exam

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Exam



Question 1

Which stage of coverage is referred to as the “donut hole” as the member is paying the most for drug coverage?

- A. Initial Coverage (Stage 2)
- B. Catastrophic Coverage (Stage 4)
- C. Coverage GAP (Stage 3)
- D. Deductible (Stage 1)

Exam



Question 2

For Most Part B Services, members of Original Medicare pay:

- A. \$0 copayment
- B. \$20 copayment
- C. 20% coinsurance
- D. 30% coinsurance

Exam



Question 3

People receiving monthly Social Security/RRB benefits due to a disability are automatically entitled to Part A after receiving benefits after:

- A. 7 months
- B. 12 months
- C. 24 months
- D. 36 months

Exam



Question 4

Brokers/Agents must meet all required contracting, training, and certification requirements to be eligible to sell Clever Care Medicare products.

- A. True
- B. False

Exam



Question 5

The Medicare Advantage Annual Enrollment Period (AEP):

- A. Allows people to switch from MA-PD to a MA-PD plan
- B. Allows people to drop an MA Plan and return to Original Medicare
- C. Starts October 15 and ends on December 7
- D. All of the above

Exam



Question 6

What is required for a member to enroll with Clever Care Health Plan?

- A. Medicare A & B
- B. Potential member must live in the designated service area (Los Angeles, Orange County, or San Diego)
- C. Both A & B
- D. None of the above

Exam



Question 6

Clever Care Health Plan has contracted with:

- A. 10,000+ providers and 25+ leading Southern California hospitals
- B. 15,000+ providers and 30+ leading Southern California hospitals
- C. 20,000+ providers and 40+ leading Southern California hospitals
- D. None of the above

Exam



Question 8

Clever Care Medicare Advantage plans include coverage for:

- A. Part A and Part B
- B. Prescription Drugs
- C. Dental, Vision, and Hearing Services
- D. Tai Chi, Acupuncture, Natural Supplements, and Eastern Wellness Services
- E. All of the above

Exam



Question 9

Medicare Part D covers which type of coverage?

- A. Hospital Insurance
- B. Medical Insurance
- C. Prescription Drug Coverage
- D. Dental Coverage

Exam



Question 10

Clever Care Health Plan offers Medicare Advantage Plans in which California counties?

- A. LA, Orange, San Bernardino, Riverside
- B. LA, Orange, San Diego
- C. LA, Riverside, San Diego
- D. Orange, San Bernardino, LA, San Diego

Exam



Question 11

Eastern Medicine Treatment covers the following below:

- A. Acupuncture
- B. Electroacupuncture
- C. Cupping Therapy
- D. All of the above

Exam



Question 12

Clever Care is committed to delivering care with a focus on preventive treatments through integrating Eastern and Western Medicine:

- A. True
- B. False

Exam



Question 13

Useful member resources (e.g. Formulary, Summary of Benefits, Evidence of Coverage, etc.) are available online at the health plan website.

- A. True
- B. False

Exam



Question 14

Local sales support (Clever Care's Westminster and Arcadia office) at the health plan level can help you:

- A. Develop marketing strategies
- B. Develop campaigns and sales materials
- C. Answer contracting inquiries
- D. Answer commission inquiries
- E. All of the above

Exam



Question 15

All Clever Care health plans participate in the Part D Senior Savings Model (Insulin Cost Savings), a new initiative from 2021 by CMS.

- A. True
- B. False

Exam



Question 16

Which tiers under Part D are covered with \$0 thru the Coverage GAP (Stage 3) for all Clever Care Health Plans?

- A. Tier 1
- B. Tier 2
- C. Tier 3
- D. Tier 4
- E. Tier 5
- F. Both A & B

Exam



Question 17

Transportation benefit is included in all Clever Care Plans.

- A. True
- B. False

Exam



Question 18

Clever Care has direct access in-house representatives (Member Services and Medicare Advisors) who speak your client's language (i.e. Spanish, Korean, Vietnamese, Mandarin, Cantonese, Tagalog, Thai, and Khmer):

- A. True
- B. False

Exam



Question 19

Integrated Flex Card benefit can be used for the following: Gym, Tennis, Golf, and OTC.

- A. True
- B. False

Exam



Question 20

Which 2022 Clever Care Plan offers the Part B buy down?

- A. Balance
- B. Longevity
- C. Fortune
- D. Value



Thank You.