

A Simple Guide to Medicare

Clover Health



Got Questions About Medicare? We've Got Answers.

Understanding Medicare can be confusing, but don't worry — we're here to help. This guide is designed to answer some of the most common questions about Medicare and how it works. Whether you're new to Medicare or just need a little more information, we've got you covered.

If you have questions after reading this, give us a call.

1-877-626-9501 (TTY 711) 8 am–8 pm ET, 7 days a week*.

We are here to help answer your questions.

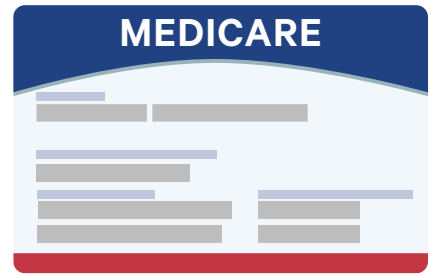
Let's get started.



What is Medicare?

Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions. It is managed by the Centers for Medicare and Medicaid Services (CMS), which has oversight over the Medicare program. As a federal agency, it is part of the Department of Health and Human Services.

The Medicare health insurance program is divided into 4 parts: Parts A, B, C, and D. **Parts A + B = Original Medicare.**



Part A helps cover the big stuff like:

- ✓ Hospitalization
- ✓ Skilled nursing facility
- ✓ Hospice care
- ✓ Home health care



Most people qualify for Part A due to payroll deductions made during your working years. You can enroll in premium-free Medicare Part A at ssa.gov during the seven-month window surrounding your 65 birthday. You should do this even if you're still working and have other coverage. See page 7 for details on when to enroll.

Part B helps cover routine care like:

- ✓ Doctor appointments
- ✓ Outpatient care
- ✓ Many preventive services
- ✓ Home health care
- ✓ Durable medical equipment
- ✓ Occupational/physical therapies



You can enroll in Medicare Part B and pay a monthly premium to avoid extra charges or gaps in coverage during the seven-month window surrounding your 65th birthday. If you have creditable coverage health insurance with your employer, you can delay your enrollment in Part B. Most people have their Part B premium taken directly from their monthly social security check for convenience.

Tip! Make sure you enroll on time to avoid potential penalties.

Medicare Advantage (Part C—the alphabet continues)

More coverage. More benefits. More peace of mind.

Anyone who is enrolled in both Medicare Part A and Part B, and lives in the plan's service area, is eligible to join a Medicare Advantage plan. Today, 34.1 million people are enrolled in a Medicare Advantage plan, or 54% of all Medicare beneficiaries.[†]

Medicare Advantage (**Part C**) plans are offered by private companies, like Clover Health, that contract with Medicare. Medicare Advantage plans include everything Original Medicare (Part A and B) does, plus more.

Most Medicare Advantage plans include:



Prescriptions



Routine Dental



Routine Hearing



Routine Vision

There's more! Check out additional covered benefits on page 5.

It's easy to see why Medicare Advantage is sometimes called an **all-in-one plan**.

▶ Learn more about Medicare by watching our helpful Medicare educational **video series**.

“With Clover Medicare Advantage, everything's under one roof. It's a one-step program that covers all the basics: the hospital, the doctors, and the prescriptions. With Clover Medicare Advantage, it's all uniform, it's all under one plan.”

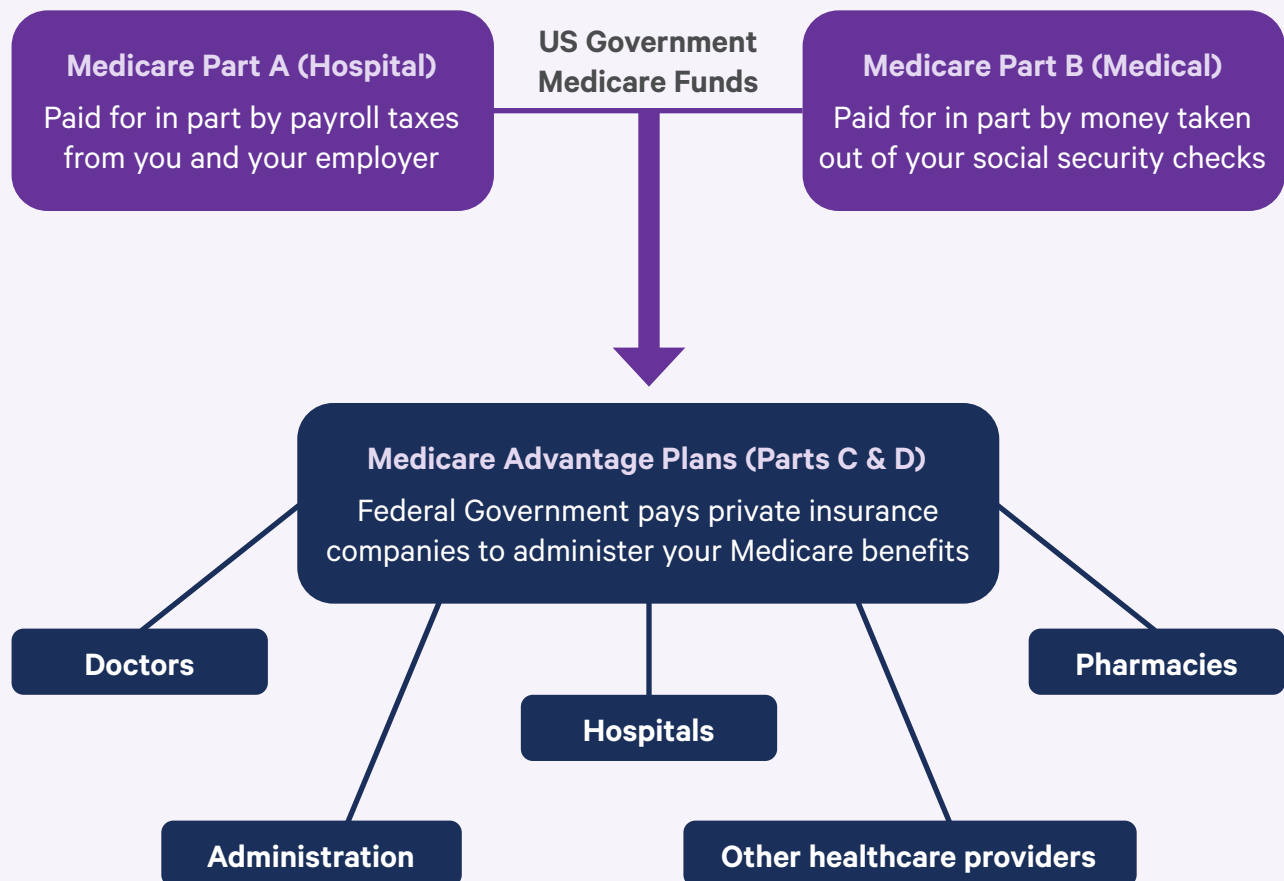
– Virginia, member since 2022

[†]Source: kff.org

How Medicare Advantage Plans Can Offer These Benefits

CMS contracts with private insurance companies, like Clover Health, to provide Medicare Advantage plans that combine all your benefits into one plan. The government pays these companies an amount every month to handle your care. The plans must provide all of the benefits offered by Original Medicare—and often add extras—while keeping costs steady.

How Medicare Advantage Works



Let's compare Original Medicare to Medicare Advantage:

Benefits	Original Medicare	Medicare Advantage	
Doctor visits	✓	✓	Included in all plans.
Specialist visits	✓	✓	
Hospitalization	✓	✓	
Hospital care	✓	✓	
Skilled nursing facility	✓	✓	
Home health service	✓	✓	
Prescription drug coverage		✓	Many Medicare Advantage plans include.
Annual maximum out-of-pocket (included on all plans)		✓	
Worldwide emergency coverage		✓	
Routine dental, vision, and hearing exams		✓	
Allowances for dental care and eyewear		✓	
Over-the-counter allowance		✓	
Fitness membership		✓	

Extra benefits vary by plan.

With so many benefits, it's no surprise millions choose Medicare Advantage.

Did you know?

People with a Medicare Advantage plan usually pay about \$1,965 less per year in out-of-pocket costs than those with Original Medicare.** Plus, Medicare Advantage plans have an annual spending cap, which means there's a limit on how much you have to pay. Original Medicare doesn't offer this protection.

**Better Medicare Alliance, Medicare Beneficiary Spending 2024.

Picking the Right Medicare Advantage Plan for You

The two most popular Medicare Advantage plan types are:

Preferred Provider Organization (PPO)

Network

You have the freedom to see in- or out-of-network doctors, providers and hospitals.

You can go out-of-network, but you might have to pay more.

Referral

Most PPO plans do not require a referral to see an in- or out-of-network specialist.

Health Maintenance Organization (HMO)

Network

An in-network primary care physician (PCP) manages your care. Generally must get your care and services within the plan's network.

In many cases, if you choose to go outside the plan's defined network you will need to pay for these services out of pocket.

Referral

You usually need a referral to see a specialist.

What else should you consider?

Access to healthcare providers is important, but it's also important to think about:

- ✓ Premiums and healthcare costs (coinsurance, copays, etc.)
- ✓ Prescription drug coverage
- ✓ Extra benefits (like routine dental, hearing, and vision)
- ✓ Maximum annual out-of-pocket expenses
- ✓ Additional rewards/benefits offered

Did you know?

54% of Medicare beneficiaries were enrolled in Medicare

Advantage in 2025 — over half of all beneficiaries.*



Watch [this short video](#) to learn how HMO and PPO plans work.

*Source: Kaiser Family Foundation (KFF) – [“Medicare Advantage 2026 Spotlight: First Look.”](#)

When Can You Join a Medicare Advantage Plan?

The four main enrollment periods are:

1 Initial Enrollment Period (IEP):

A 7-month window that starts 3 months before your 65th birthday, includes your birthday month, and ends 3 months after.

2 Open Enrollment Period (OEP):

From October 15 to December 7 each year, you can join, switch, or drop a Medicare Advantage plan. Coverage starts January 1. This is also referred to as the Annual Enrollment Period (AEP).

3 Medicare Advantage Open Enrollment Period (MA OEP):

From January 1 to March 31, if you have a Medicare Advantage plan, you can switch plans or return to Original Medicare.

4 Special Enrollment Periods (SEP):

A special enrollment period may be available if you experience certain events, like moving or losing other insurance. Visit our website for answers to the **most common SEP questions**.

Tip! You can go to **medicare.gov** to learn more about enrollment periods and compare plans in your area.

“Clover is the absolute best health insurance company I’ve ever had. They’re courteous, knowledgeable, friendly, and extremely accurate. They go above and beyond what other plans even come close to doing. I’ve been a proud member for eight years, and I tell people about Clover all the time.”

– Victor, New Jersey Member

Experience the Clover Advantage

At Clover Health, our mission is to improve the lives of every person. We make sure that our Medicare Advantage plans provide:

- ✓ **Affordability**
\$0 to low monthly plan premiums and copays
- ✓ **Flexibility**
Large network of hospitals and providers with no referrals required
- ✓ **Predictability**
Focus on copays versus coinsurance (% of cost)
- ✓ **Value**
Extras like allowances for dental, eyewear, and over-the-counter items

Let's put the power of Medicare back into your hands.



Interested in learning more?

Call us today.

1-877-626-9501 (TTY 711)

8 am–8 pm ET, 7 days a week*

Visit us anytime at

cloverhealth.com/plans.



Helpful Resources

Medicare Helpline
1-800-MEDICARE (1-800-633-4227)
[medicare.gov](https://www.medicare.gov)

Social Security Administration
1-800-772-1213
[ssa.gov](https://www.ssa.gov)

State Health Insurance Assistant
Program (SHIP)
[shiphelp.org](https://www.shiphelp.org)

Helpful Insurance Term Definitions

Coinsurance

Your share of costs after the deductible, expressed as a percentage (for example, 20%).

Copay

A set amount you pay for a service or prescription (for example, \$10 for a doctor visit).

Deductible

The amount you pay out of pocket before insurance starts to pay.

Formulary

A list of covered prescription drugs in a plan.



Tip! You can find more helpful insurance terms on our [website](#).

Clover Health

*We are available from 8 am to 8 pm local time, 7 days a week. From April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Clover Health is a Preferred Provider Organization (PPO) and a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Clover Health depends on contract renewal.

Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Election Period or you are in your Medicare Initial Election Period.

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