

# **Clover** **is a whole** **new kind of** **Medicare.**



**Clover**

Clover Health is a Preferred Provider Organization (PPO) plan with a Medicare contract. Enrollment in Clover Health depends on Contract Renewal. This information is not a complete description of benefits. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or co-payments/co-insurance may change on January 1 of each year. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. SilverSneakers is a registered trademark of Healthways, Inc. H5141\_6X052\_Approved

# How can we help?

- What type of coverage do you currently have?
- What do you like about the plan?
- What would you like to change about your current coverage?
- Does someone help you with your healthcare decisions?

# Allow me to introduce you to Clover...

# Clover is a PPO Medicare Advantage Plan

1

Clover covers all benefits under original Medicare Part A and Part B

2

All Clover plans include Part D

3

Clover provides additional benefits that traditional Medicare does not

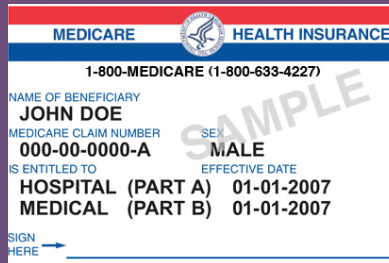
## A PPO plan is different than a HMO plan.

While HMO plans have a limited network of doctors and hospitals and require referrals to see a specialist, PPO plans let members see any doctor or facility in- or out-of-network and do not require referrals.

# Qualifying for Clover



**Must Have Parts A, B, and D\***



**Not have ESRD**

Clover does not cover members with ESRD (End-Stage Renal Disease) or on dialysis



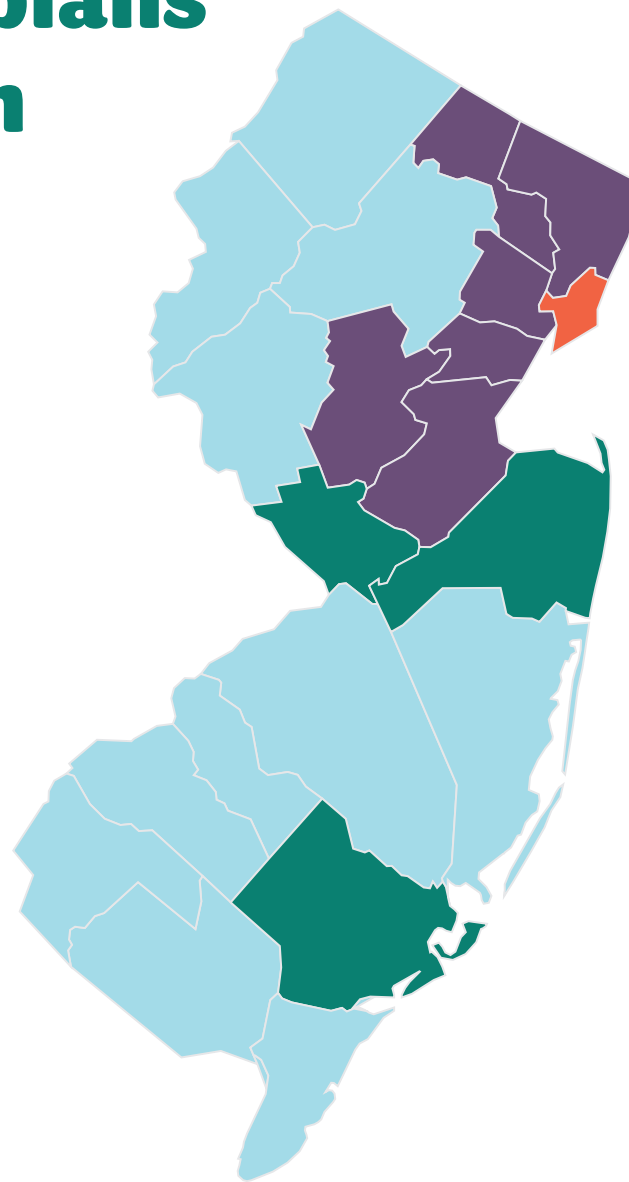
**Live in one of our service areas**

Atlantic, Bergen, Essex, Hudson, Mercer, Monmouth, Passaic, Somerset, or Union counties

\*You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

# Clover health plans are available in 9 NJ counties

In 2016, there are roughly  
16,000 Clover members



**Hudson** Initial Market  
#2 in less than 24 months

**Passaic** 2015

**Bergen** 2015

**Essex** 2015

**Union** 2015

**Mercer** 2016

**Monmouth** 2016

**Atlantic** 2016

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# Medicare Enrollment Periods

Annual Enrollment Period (AEP)	Medicare Advantage Disenrollment Period (MADP)	Initial Coverage Enrollment Period (ICEP)	Special Enrollment Period (SEP)
October 15th to December 7th	January 1st to February 14th	7 months of eligibility: includes the 3 months before, the month of eligibility, and the 3 months after eligibility	Varies based on circumstances
All people with Medicare may enroll or disenroll from a plan (coverage will start 1/1/2016)	May switch back to original Medicare and elect a Part D Plan.	Newly eligible may enroll in a Medicare Advantage plan	May enroll or disenroll in a plan because of a special circumstance

# Part D Prescription Drug Coverage



# Part D (Prescription Drug Coverage)

## Clover offers Part D Rx coverage on all plans

- Each plan has a formulary, a list of medications covered by the plan
- Drugs are placed in tiers
- Drugs in each tier have a different cost, i.e. lower tier will cost less than a drug in a higher tier
- Due to strategic changes in our formulary, some generic drugs may fall in a higher tier

# The Medicare Part D Model

	Stage 1 Deductible	Stage 2 Co-Insurance	Stage 3 Coverage Gap	Stage 4 Catastrophic
TrOOP*  What the member pays	up to \$360	25% until reach \$3,310 limit	Brand Rx: 45% Generic Rx: 58%	After \$4,850 limit is reached: Brand Rx: Greater of 5% cost or \$7.40 Generic Rx: Greater of 5% cost or \$2.95
Drug Plan or Subsidy		Drug plan pays 75%	Brand Rx: 50% from drug manufacturer + 5% subsidy Generic Rx: 42% subsidy	Drug plan pays for the remaining 95%

**\*TrOOP** = True Out-of-Pocket are any payments made by the beneficiary, friends/family, Medicare drug plan, assistance programs, and low-income subsidy plans for covered prescriptions.

# Part D (Prescription Drug Coverage)

Clover uses a preferred and non-preferred pharmacy networks.

## Preferred Pharmacy Network:

A group of preferred pharmacies that involve a prescription drug plan willing to give plans a larger discount than other pharmacies

## Non-Preferred Pharmacy Network:

A network pharmacy that offers covered drugs to members at higher out-of-pocket costs than what the member would pay at a Preferred Network Pharmacy

# **Clover Health has 4 products to choose from to accommodate your individual healthcare needs:**

**Clover CarePoint (001)**

**Clover Classic (004)**

**Clover Premier (007)**

**Clover Prestige (006)**

All of our plans include Part D prescription coverage.

# Clover CarePoint Plan (001)

# Eligibility for CarePoint (001)

- Only available in Hudson County
- \$0 premium PPO Medicare Advantage Plan
- To qualify, must be a Hudson County resident eligible for Medicare Parts A, B, and D
  - Must not have ESRD (End-Stage Renal Disease)
- Must continue to pay your Part B Premium

# CarePoint (001)

## Benefits at a Glance

Benefits	In-Network and Out-of-Network
Plan Premium	\$0
Part D Premium	\$0
Primary Care	\$0
Specialist	\$15
Inpatient Hospital	Days 1–6: \$290 Days 7–365: \$0
Ambulance	\$200
Emergency Room	\$75
Lab Services	\$0
Outpatient Surgery	\$90–\$290 copay, depending on the service
Over the Counter	\$21 per quarter (benefit does not roll over)

# CarePoint (001) Part D Coverage

	\$150 Deductible	
	Preferred Network	Non Preferred Network
	Tier 1 = \$0	Tier 1 = \$4
	Tier 2 = \$10	Tier 2 = \$15
	Tier 3 = \$35*	Tier 3 = \$45*
	Tier 4 = \$85*	Tier 4 = \$95*
\$3,310	Tier 5 = 25%*	Tier 5 = 25%*
	<b>Coverage Gap</b> (You will pay 45% for Brand Name Drugs and 58% for Generics)	
\$4,850	<b>Catastrophic Coverage</b> Generic/Preferred Drugs - Greater of 5% or \$2.95 All other drugs - Greater of 5% or \$7.40	

\*These tiers apply to the deductible



# Clover Classic Plan (004)

# Eligibility for Classic (004)

- Only available in Atlantic, Bergen, Essex, Mercer, Monmouth, Passaic, Somerset, and Union counties
- \$0 premium PPO Medicare Advantage Plan
- To qualify, must reside in one of the counties above and eligible for Medicare Parts A, B, and D
  - Must not have ESRD (End-Stage Renal Disease)
- Must continue to pay your Part B Premium

# Classic (004)

## Benefits at a Glance

Benefits	In-Network and Out-of-Network
Plan Premium	\$0
Part D Premium	\$0
Primary Care	\$0
Specialist	\$15
Inpatient Hospital	Days 1–6: \$290 Days 7–365: \$0
Ambulance	\$250
Emergency Room	\$75
Lab Services	\$0
Outpatient Surgery	\$90–\$325 copay, depending on the service

For plans that provide drug coverage, the formulary may change during the year.

# Part D Coverage for Classic (004)

	\$150 Deductible	
	Preferred Network	Non Preferred Network
	Tier 1 = \$0	Tier 1 = \$4
	Tier 2 = \$10	Tier 2 = \$15
	Tier 3 = \$35*	Tier 3 = \$45*
	Tier 4 = \$85*	Tier 4 = \$95*
	Tier 5 = 25%*	Tier 5 = 25%*
\$3,310	<div>Coverage Gap</div> <div>(You will pay 45% for Brand Name Drugs and 58% for Generics)</div>	
\$4,850	<div>Catastrophic Coverage</div> <div>Generic/Preferred Drugs - Greater of 5% or \$2.95</div> <div>All other drugs - Greater of 5% or \$7.40</div>	

\*These tiers apply to the deductible

# Clover Premier Plan (007)

# Eligibility for Premier (007)

- Only available in Bergen, Essex, Hudson, Mercer, Passaic, and Union counties
- PPO Medicare Advantage Plan
- \$40 Part D premium (see note below)
- To qualify, must reside in one of the counties above and eligible for Medicare Parts A, B, and D
  - Must not have ESRD (End-Stage Renal Disease)
- Must continue to pay your Part B Premium



Individuals eligible for extra help from the SPAP (State Prescription Assistance programs) may have their premium paid for by the state.

# Premier (007)

## Benefits at a Glance

Benefits	In-Network and Out-of-Network
Plan Premium	\$0
Part D Premium	\$0–\$40 (based on subsidy eligibility)
Primary Care	\$0
Specialist	\$0
Inpatient Hospital	Days 1–6: \$170 Days 7–365: \$0
Ambulance	\$200
Emergency Room	\$75
Lab Services	\$0
Outpatient Surgery	\$90–\$175 copay, depending on the service

# Part D Coverage for Premier (007)

	\$235 Deductible	
	Preferred Network	Non Preferred Network
	Tier 1 = \$0*	Tier 1 = \$3*
	Tier 2 = \$7*	Tier 2 = \$10*
	Tier 3 = \$30*	Tier 3 = \$40*
	Tier 4 = \$80*	Tier 4 = \$90*
	Tier 5 = 25%*	Tier 5 = 25%*
\$3,310	<b>Coverage Gap</b> (You will pay 45% for Brand Name Drugs and 58% for Generics)	
\$4,850	<b>Catastrophic Coverage</b> Generic/Preferred Drugs - Greater of 5% or \$2.95 All other drugs - Greater of 5% or \$7.40	

\*These tiers apply to the deductible



# Clover Prestige Plan (006)

# Eligibility for Prestige (006)

- Only available in Bergen, Essex, Hudson, Monmouth, Somerset, and Union counties eligible for Medicare Parts A, B, and D.
- \$178 premium PPO Medicare Advantage Plan
  - Composed of \$117.80 Part C premium and \$60.20 Part D premium (see note below)
- Must not have ESRD (End Stage Renal Disease)
- Must continue to pay your Part B Premium
- \$0 deductible for specific services (see next page); \$750 yearly max for other covered services (once met, members have no cost-sharing for benefits except Part D)



Individuals eligible for extra help from the SPAP (State Prescription Assistance programs) may have their premium paid for by the state.

# Prestige (006)

## Benefits at a Glance

Benefits	In-Network and Out-of-Network
Plan Premium	\$117.80
Part D Premium	\$60.20
Plan Medical Deductible	\$0 for doctor/preventive services; \$750 yearly max for other covered services
Primary Care	\$0
Specialist	\$0
Inpatient Hospital*	\$0 after deductible is met
Ambulance*	\$0 after deductible is met
Emergency Room	\$0
Lab Services	\$0
Outpatient Services*	\$0 after deductible is met

\*These benefits apply to the medical deductible.

# Part D Coverage for Prestige (006)

\$0 Deductible	
Preferred Network	Non Preferred Network
Tier 1 = \$0	Tier 1 = \$4
Tier 2 = \$7	Tier 2 = \$12
Tier 3 = \$40	Tier 3 = \$47
Tier 4 = \$80	Tier 4 = \$90
Tier 5 = 25%	Tier 5 = 25%
\$3,310	
Coverage Gap	
(Tiers 1 and 2 are covered) You will pay 45% for Brand Name Drugs	
\$4,850	
Catastrophic Coverage	
Generic/Preferred Drugs - Greater of 5% or \$2.95	
All other drugs - Greater of 5% or \$7.40	

# Preventive Services

- No copayment for these preventive services in all plans
- Services include, but are not limited to:
  - Bone Mass Measurement
  - Cardiovascular Disease Screening
  - Mammograms Screening
  - Colorectal Cancer Screenings
  - HIV Screening
  - Prostate Cancer Screenings
  - Wellness Visit
  - Depression Screenings

# Additional Benefits

# Gym Membership

- Benefit is available to all members
- Locations include but not limited to:
  - YMCA
  - Bally's
  - NYSC
  - 24 Hour Fitness
  - Retro
  - Curves
  - Jersey Fitness
- Complete listing at [www.silversneakers.com](http://www.silversneakers.com)



# Vision Benefits

- Clover pays \$175 towards eyeglasses or contact lenses every 2 years
- Routine eye exam co-pays:
  - CarePoint (001): \$20
  - Classic (004): \$20
  - Premier (007): \$10
  - Prestige (006): \$0, after \$750 deductible is met





# How to Enroll

# Enrollment

## Step 1:

Complete and sign an enrollment application. You can also enroll online at [cloverhealth.com](https://cloverhealth.com) or contact our telesales department at 1-888-387-0877 (TTY 711) 8am – 8pm EST, 7 days/week\*

## Step 2:

You will receive a confirmation letter noting your application was received

## Step 3:

Once CMS Approves your application, you will be notified by mail

## Step 4:

Your Clover member ID card and welcome materials will arrive by mail

\*Please call our Member Services at 1-888-657-1207 (TTY 711). From October 1 through February 14, our hours are from 8am – 8pm EST, 7 days a week. From February 15 through September 30, our hours are from 8am – 8pm EST, Monday – Friday. After hours and holidays, your call will be handled by our voicemail system. You can get this document in Spanish, or speak with someone about this information in other languages, for free.

# Clover 2016 Membership Cards

You can get this document in Spanish, or speak with someone about this information in other languages, for free.

## Please call:

1-888-387-0877 (TTY 711) 8am – 8pm EST, 7 days/week\*.

**Clover** 2016 CarePoint PPO Plan

**Jane G. Sample**

Member ID	<123456789>	Effective Date	01/01/2016	
Health Plan	80840	Copayment	IN	OUT
RxBIN	004336	PCP Office Visit	\$0	\$0
RxPCN	MEDDADV	Specialist	\$15	\$15
RxGRP	RX8556	Hospital ER	\$75	\$75

Medicare limiting charges apply  
[cloverhealth.com](http://cloverhealth.com) CMS H5141-001

MedicareRx  
 Prescription Drug Coverage X

**Clover** 2016 Classic PPO Plan

**Jane G. Sample**

Member ID	<123456789>	Effective Date	01/01/2016	
Health Plan	80840	Copayment	IN	OUT
RxBIN	004336	PCP Office Visit	\$0	\$0
RxPCN	MEDDADV	Specialist	\$15	\$15
RxGRP	RX8556	Hospital ER	\$75	\$75

Medicare limiting charges apply  
[cloverhealth.com](http://cloverhealth.com) CMS H5141-004

MedicareRx  
 Prescription Drug Coverage X

**Clover** 2016 Premier PPO Plan

**Jane G. Sample**

Member ID	<123456789>	Effective Date	01/01/2016	
Health Plan	80840	Copayment	IN	OUT
RxBIN	004336	PCP Office Visit	\$0	\$0
RxPCN	MEDDADV	Specialist	\$0	\$0
RxGRP	RX8556	Hospital ER	\$75	\$75

Medicare limiting charges apply  
[cloverhealth.com](http://cloverhealth.com) CMS H5141-007

MedicareRx  
 Prescription Drug Coverage X

**Clover** 2016 Prestige PPO Plan

**Jane G. Sample**

Member ID	<123456789>	Effective Date	01/01/2016	
Health Plan	80840	Copayment	IN	OUT
RxBIN	004336	PCP Office Visit	\$0	\$0
RxPCN	MEDDADV	Specialist	\$0	\$0
RxGRP	RX8556	Hospital ER	\$0	\$0

Medicare limiting charges apply  
[cloverhealth.com](http://cloverhealth.com) CMS H5141-006

MedicareRx  
 Prescription Drug Coverage X

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# The Late Enrollment Penalty

The late enrollment penalty is an amount that's added to your Part D premium.

You may owe a late enrollment penalty if at any time after your initial enrollment period is over, there is a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage.

**Note:**

If you get Extra Help, you don't pay a late enrollment penalty.

# Applying for Extra Help

Program	Helps Pay Your:	How to Apply
<b>LIS</b> Low-Income Subsidy	Prescription drug premium and costs	Visit your local Social Security office, <a href="http://www.ssa.gov">www.ssa.gov</a> , or call 1-800-772-1213. If you are also eligible for QMB, PAAD or SLMB, there is no need to apply to SSA separately.
<b>QMB</b> Qualified Medicare Beneficiary	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance and copays)	Visit the Board of Social Services/County Welfare Agency in the county where you reside.
<b>SLMB</b> Specified Low-Income Medicare Beneficiary	Part B premiums only	Visit the New Jersey Department of Human Services, call 1-800-792-9745 to request paper application, or print form from <a href="http://www.njpaad.gov">www.njpaad.gov</a>
<b>QI</b> Qualifying Individual		
<b>QDWI</b> Qualifying Disabled & Working Individuals	Part A premiums only	Visit the New Jersey Department of Human Services, call 1-800-792-9745 to request paper application, or print form from <a href="http://www.njpaad.gov">www.njpaad.gov</a>