

Clover New Jersey

2019 Summary of Benefits



Clover Health Choice Premier (PPO-032)

Available in the following counties: Burlington, Cumberland, Gloucester, Middlesex, Morris, and Ocean

Clover Health Choice (PPO-041)

Available in the following counties: Burlington, Camden, Cumberland, Gloucester, and Middlesex

Clover Health Choice Value (PPO-042)

Available in the following counties: Burlington, Camden, Cumberland, and Gloucester

2019 Summary of Benefits

New Jersey Clover Health Choice Premier (PPO) (H5141) (plan 032), Clover Health Choice (PPO) (H5141) (plan 041), and Clover Health Choice Value (PPO) (H5141) (plan 042)

This is a summary of drug and health services covered by the New Jersey Clover Health Choice Premier (PPO), Clover Health Choice (PPO), and Clover Health Choice Value (PPO) for the plan year: January 1, 2019 – December 31, 2019.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to your “Evidence of Coverage” (EOC). You may access the EOC online at www.cloverhealth.com or contact our Member Services Department at 1-888-657-1207 (TTY 711) to request a copy be mailed to you.

This information is available for free in other languages. This document is available in other formats such as large print. Please call our Member Services Department at 1-888-657-1207 (TTY users should call 711). Hours are 8am–8pm, 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. You can also find this document as well as more helpful information on our website, www.cloverhealth.com.

Esta información está disponible de forma gratuita en otros idiomas. Póngase en contacto con nuestro departamento de Servicios al Cliente al 1-888-657-1207 (los usuarios de TTY/TDD deben llamar al 711) para más información. Nuestro horario de atención es de 8 am a 8 pm (hora del este), los 7 días de la semana. Entre el 15 de febrero y el 30 de septiembre tecnologías alternativas (por ejemplo, correo de voz) serán utilizados los fines de semana y días festivos.

Clover Health has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, you may have a higher cost share responsibility.

For information about prescription drugs covered, please see the plan’s Formulary. For information about providers and pharmacies in our network, you can ask for a current directory to be mailed to you by calling Member Services (phone number is listed above), or you can search for a provider or download a provider directory by visiting www.cloverhealth.com/en/members/find-provider.

To join New Jersey Clover Health Choice Premier (PPO), Clover Health Choice (PPO), or Clover Health Choice Value (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New Jersey

- Clover Health Choice Premier (PPO): Burlington, Cumberland, Gloucester, Middlesex, Morris, and Ocean
- Clover Health Choice (PPO): Burlington, Camden, Cumberland, Gloucester, and Middlesex
- Clover Health Choice Value (PPO): Burlington, Camden, Cumberland, and Gloucester

To learn more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy 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.

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

WHAT TO EXPECT FROM CLOVER

Clover plans provide benefits designed with your health in mind, different from those offered by Original Medicare. We're here to help you understand your coverage and care. Your Evidence of Coverage (EOC) document is the source of truth for what's covered by your plan.

This Summary of Benefits explains how to learn more about your plan and coverage: Medical (Part C), Supplemental Benefits, and Pharmacy (Part D). Each section contains information about the benefits of your plan, followed by a table summarizing those benefits and their share of cost. If you have additional questions, please contact Clover's Member Services Department at 1-888-657-1207 for further assistance.

How to Contact Us

Clover communicates with members by telephone and mail. We are able to receive communication from members by fax.

We provide free aids and services to people who need additional help to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-888-657-1207. TTY users should call 711. Hours are 8am–8pm, 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 Clinical Team

Our Clinical Team works in your community and is available to visit you in your home, or other place you choose, to address your unique health concerns. Clover's clinical staff offers a personalized approach, and a different kind of health care service than you might receive in your provider's office.

Clover Care Visit (CCV)

To support your health, Clover offers an annual check-in called a Clover Care Visit (CCV). Our care team includes nurse practitioners, medical assistants, and other licensed clinicians. In the comfort of your own home, or other private location of your choice, our team delivers a one-hour one-on-one wellness assessment to help you better understand your medical needs. This may include a physical examination, a review of current and past diagnoses and medications, and an opportunity to address your concerns and questions. To schedule a CCV with one of our staff, please call us at 1-888-778-1478.

More Clinical Programs

If you find you need more care than you're able to receive with your regular providers, let us know. Clover also makes available additional care beyond what's described here in certain circumstances.

SUPPLEMENTAL BENEFITS

Clover plans provide all the benefits of Original Medicare, plus access to supplemental benefits that include some of the services and items our members use the most often to stay healthy. These benefits supplement Medicare-covered or diagnostic services for vision, hearing, or dental, so please refer to your plan's EOC for specific services, costs, and prior authorization requirements. See the supplemental benefits you may receive by Clover in the categories below.

Supplemental Vision

Clover covers one routine eye exam per year and a yearly allowance for glasses frames, lenses, or contact lenses through our vendor, EyeQuest. How much you pay for glasses or contacts depends on the cost of the eyewear you choose.

Supplemental Hearing

While Original Medicare doesn't cover routine hearing services, most Clover plans do. We believe in treating hearing loss early. Clover works with TruHearing to provide valuable hearing aid services at a low cost. To see if your plan has this benefit and associated cost shares, please refer to those benefits outlined in your EOC or speak to our Member Services Department at 1-888-657-1207.

Supplemental Dental

Quality dental care is an essential part of your overall health. Clover has partnered with DentaQuest to offer routine dental services. For additional Medicare-covered services treating a dental condition, disease, or injury in a hospital setting, please refer to your EOC.

Gym

All Clover members receive access to Silver Sneakers gym locations. Silver Sneakers' gyms offer recreational swimming, aerobics, weight management services, nutrition counseling, and individualized fitness programs. To learn more about the program and see gyms in your area, visit www.silversneakers.com, or call our Member Services Department at 1-888-657-1207.

Over The Counter

You are eligible for a \$25 allowance for Clover Health Choice (PPO) and a \$50 allowance for Clover Health Choice Value (PPO) every three months to use towards the purchase of select over-the-counter (OTC) products, available through our mail order service. Orders are limited to one (1) every three months and benefits are available at the beginning of each quarter of the calendar year (January, April, July, and October). Any unused amount will not be carried over. Orders can be placed over the phone at 1-888-628-2770; TTY: 1-877-672-2688 Monday to Friday, 9am–8pm EST, or online at: clover.otchs.com. Orders will be shipped to your home at no charge.

Over the Counter services are not covered for Clover Health Choice Premier (PPO) 032.

MEDICAL BENEFITS CHART

The amount you pay for some services does not count toward your maximum out-of-pocket amount. These services are marked with an asterisk in the Medical Benefits Chart below and in the EOC.

Covered services that need approval in advance to be covered as in-network services are marked in **bold** in the Medical Benefits Chart.

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|--|--|--|--|--|
| Monthly Plan Premium | You pay \$75.70 | You pay \$0 | You pay \$37.20 | You must continue to pay your Medicare Part B premium. |
| Deductible | You pay \$0 | You pay \$0 | You pay \$0 | These plans do not have a deductible for medical services. There is a deductible for prescription drugs in Clover Health Choice Value (PPO). Please refer to the prescription drug section for more information. |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | In-Network & Out-of-Network \$3,400 annually | In-Network & Out-of-Network \$6,700 annually | In-Network & Out-of-Network \$5,600 annually | The most you pay for copays, coinsurance and other costs for medical services for the year. |
| Inpatient Hospital Coverage | In-Network & Out-of-Network You pay a \$275 copay per day for days 1-6. You pay a \$0 copay per day for days 7-365. | In-Network & Out-of-Network You pay a \$300 copay per day for days 1-6. You pay a \$0 copay per day for days 7-365. | In-Network & Out-of-Network You pay a \$250 copay per day for days 1-6. You pay a \$0 copay per day for days 7-365. | |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|---|--|---|---|---|
| Outpatient Hospital Coverage <ul style="list-style-type: none"> ○ Observation services ○ Surgery | In-Network & Out-of-Network You pay a \$120 copay for each Medicare-covered observation service and a \$200 copay for each Medicare-covered observation service that leads to outpatient surgery. You pay a \$200 copay for each outpatient surgery. | In-Network & Out-of-Network You pay a \$90 copay for each Medicare-covered observation service and a \$200 copay for each Medicare-covered observation service that leads to outpatient surgery. You pay a \$200 copay for each outpatient surgery. | In-Network & Out-of-Network You pay a \$90 copay for each Medicare-covered observation service and a \$200 copay for each Medicare-covered observation service that leads to outpatient surgery. You pay a \$200 copay for each outpatient surgery. | Surgery copay will be waived if there is a surgical procedure during a screening colonoscopy. |
| Doctor Visits <ul style="list-style-type: none"> ○ Primary Care Provider ○ Specialists | In-Network & Out-of-Network You pay a \$0 copay for each visit. In-Network & Out-of-Network You pay a \$15 copay for each visit. | In-Network & Out-of-Network You pay a \$5 copay for each visit. In-Network & Out-of-Network You pay a \$35 copay for each visit. | In-Network & Out-of-Network You pay a \$5 copay for each visit. In-Network & Out-of-Network You pay a \$25 copay for each visit. | |
| Preventive Care (e.g., flu vaccine, diabetic screenings) | In-Network & Out-of-Network You pay nothing. | In-Network & Out-of-Network You pay nothing. | In-Network & Out-of-Network You pay nothing. | Any additional preventive services approved by Medicare during the contract year will be covered. |
| Emergency Care | In-Network & Out-of-Network You pay a \$120 copay each visit. | In-Network & Out-of-Network You pay a \$90 copay each visit. | In-Network & Out-of-Network You pay a \$90 copay each visit. | Copay is waived if you are admitted to the hospital within 24 hours. |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|---|--|---|---|---|
| Urgently Needed Services | In-Network & Out-of-Network You pay a \$40 copay each visit. | In-Network & Out-of-Network You pay a \$40 copay each visit. | In-Network & Out-of-Network You pay a \$40 copay each visit. | Copay is waived if you are admitted to the hospital within 24 hours. |
| Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li data-bbox="94 579 397 611">○ Lab Services <li data-bbox="94 709 397 821">○ Medicare-covered diagnostic tests and procedures <li data-bbox="94 1413 397 1560">○ Outpatient diagnostic imaging tests (such as X-rays) | <p data-bbox="423 548 667 678">In-Network & Out-of-Network You pay up to a \$0 copay.</p> <p data-bbox="423 709 667 1377">In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered outpatient diagnostic procedure and test in an office setting and up to a \$150 copay for each Medicare-covered outpatient diagnostic procedure and test in an outpatient facility.</p> <p data-bbox="423 1413 667 1709">In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered X-ray in an office setting or outpatient facility.</p> | <p data-bbox="690 548 933 678">In-Network & Out-of-Network You pay up to a \$10 copay.</p> <p data-bbox="690 709 933 1377">In-Network & Out-of-Network You pay up to a \$35 copay for each Medicare-covered outpatient diagnostic procedure and test in an office setting and up to a \$150 copay for each Medicare-covered outpatient diagnostic procedure and test in an outpatient facility.</p> <p data-bbox="690 1413 933 1709">In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered X-ray in an office setting or outpatient facility.</p> | <p data-bbox="950 548 1193 678">In-Network & Out-of-Network You pay up to a \$5 copay.</p> <p data-bbox="950 709 1193 1377">In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered outpatient diagnostic procedure and test in an office setting and up to a \$150 copay for each Medicare-covered outpatient diagnostic procedure and test in an outpatient facility.</p> <p data-bbox="950 1413 1193 1709">In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered X-ray in an office setting or outpatient facility.</p> | <p data-bbox="1214 709 1549 894">Diagnostic Mammogram copay will be waived if there is a Screening Mammogram on the same day.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|--|--|--|--|--|
| <ul style="list-style-type: none"> ○ Advanced radiology services (such as MRI, PET, CT, Nuclear Medicine) ○ Therapeutic radiology (such as radiation treatment for cancer) | <p>In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered diagnostic radiology service in an office setting and a \$150 copay for each Medicare-covered diagnostic radiology service in an outpatient facility.</p> <p>In-Network & Out-of-Network You pay a \$60 copay for each Medicare-covered therapeutic radiology service in an office setting or outpatient facility.</p> | <p>In-Network & Out-of-Network You pay up to a \$35 copay for each Medicare-covered diagnostic radiology service in an office setting and a \$150 copay for each Medicare-covered diagnostic radiology service in an outpatient facility.</p> <p>In-Network & Out-of-Network You pay a \$60 copay for each Medicare-covered therapeutic radiology service in an office setting or outpatient facility.</p> | <p>In-Network & Out-of-Network You pay up to a \$30 copay for each Medicare-covered diagnostic radiology service in an office setting and a \$150 copay for each Medicare-covered diagnostic radiology service in an outpatient facility.</p> <p>In-Network & Out-of-Network You pay a \$60 copay for each Medicare-covered therapeutic radiology service in an office setting or outpatient facility.</p> | |
| <p>Hearing Services</p> <ul style="list-style-type: none"> ○ Medicare-covered hearing exam ○ Routine hearing exam* | <p>In-Network & Out-of-Network You pay a \$15 copay.</p> <p>In-Network & Out-of-Network You pay a \$0 copay, up to 1 routine hearing exam every year.</p> | <p>In-Network & Out-of-Network You pay a \$35 copay.</p> <p>In-Network & Out-of-Network You pay a \$0 copay, up to 1 routine hearing exam every year.</p> | <p>In-Network & Out-of-Network You pay a \$25 copay.</p> <p>In-Network & Out-of-Network You pay a \$0 copay, up to 1 routine hearing exam every year.</p> | <p>You should see a TruHearing provider to use the routine hearing exam benefit.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|---|---|---|---|---|
| <ul style="list-style-type: none"> Hearing aids* | <p>In-Network You pay a \$699 copay for each Flyte Advanced hearing aid or a \$999 copay for each Flyte Premium hearing aid, up to 2 hearing aids per year (1 per ear per year).</p> <p>Out-of-Network You pay a \$699 copay for each standard hearing aid or a \$999 copay for each premium hearing aid, up to 2 hearing aids per year (1 per ear per year).</p> | <p>In-Network You pay a \$699 copay for each Flyte Advanced hearing aid or a \$999 copay for each Flyte Premium hearing aid, up to 2 hearing aids per year (1 per ear per year).</p> <p>Out-of-Network You pay a \$699 copay for each standard hearing aid or a \$999 copay for each premium hearing aid, up to 2 hearing aids per year (1 per ear per year).</p> | <p>In-Network You pay a \$699 copay for each Flyte Advanced hearing aid or a \$999 copay for each Flyte Premium hearing aid, up to 2 hearing aids per year (1 per ear per year).</p> <p>Out-of-Network You pay a \$699 copay for each standard hearing aid or a \$999 copay for each premium hearing aid, up to 2 hearing aids per year (1 per ear per year).</p> | <p>You should see a TruHearing provider to use the hearing aid benefit.</p> |
| <p>Dental Services</p> <ul style="list-style-type: none"> Preventive oral exams* | <p>In-Network You pay a \$0 copay for each dental exam, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$30 for each dental exam, up to 2 every year.</p> | <p>In-Network You pay a \$0 copay for each dental exam, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$30 for each dental exam, up to 2 every year.</p> | <p>In-Network You pay a \$0 copay for each dental exam, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$30 for each dental exam, up to 2 every year.</p> | <p>You should see a DentaQuest provider to use this benefit.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|--|---|--|--|----------------------|
| <ul style="list-style-type: none"> Preventive cleanings* | <p>In-Network You pay a \$0 copay for each dental cleaning, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$30 for each dental cleaning, up to 2 every year.</p> | <p>In-Network You pay a \$0 copay for each dental cleaning, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$30 for each dental cleaning, up to 2 every year.</p> | <p>In-Network You pay a \$0 copay for each dental cleaning, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$30 for each dental cleaning, up to 2 every year.</p> | |
| <ul style="list-style-type: none"> Preventive X-rays* | <p>In-Network You pay a \$0 copay for each dental X-ray, up to 1 every year.</p> <p>Out-of-Network Our plan covers up to \$40 for 1 dental X-ray every year.</p> | <p>In-Network You pay a \$0 copay for each dental X-ray, up to 1 every year.</p> <p>Out-of-Network Our plan covers up to \$40 for 1 dental X-ray every year.</p> | <p>In-Network You pay a \$0 copay for each dental X-ray, up to 1 every year.</p> <p>Out-of-Network Our plan covers up to \$40 for 1 dental X-ray every year.</p> | |
| <ul style="list-style-type: none"> Preventive fluoride treatments* | <p>In-Network You pay a \$0 copay for each dental fluoride treatment, up to 2 every year.</p> <p>Out-of-Network Our plan covers up to \$25 each for each dental fluoride treatment, up to 2 every year.</p> | <p>Not covered</p> | <p>Not covered</p> | |
| <ul style="list-style-type: none"> Medicare-covered comprehensive dental services | <p>In-Network & Out-of-Network You pay a \$0 copay for Medicare-covered comprehensive dental services.</p> | <p>In-Network & Out-of-Network You pay a \$0 copay for Medicare-covered comprehensive dental services.</p> | <p>In-Network & Out-of-Network You pay a \$0 copay for Medicare-covered comprehensive dental services.</p> | |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|--|--|--|--|---|
| <ul style="list-style-type: none"> ○ Supplemental comprehensive dental services*: <ul style="list-style-type: none"> • Non-routine services • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics • Other Oral /Maxillofacial Surgery | <p>In-Network & Out-of-Network Our plan covers up to \$1,000 every year for non-Medicare covered comprehensive dental services in & out-of-network after you pay a \$20 copay for each service.</p> | <p>Not covered</p> | <p>Not covered</p> | |
| <p>Vision Services</p> <ul style="list-style-type: none"> ○ Medicare-covered vision services ○ Medicare-covered eyewear ○ Routine vision exam* | <p>In-Network & Out-of-Network You pay a \$15 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>In-Network & Out-of-Network You pay a \$0 copay for 1 pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery.</p> <p>In-Network & Out-of-Network You pay a \$0 copay for 1 routine eye exam per year.</p> | <p>In-Network & Out-of-Network You pay a \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>In-Network & Out-of-Network You pay a \$0 copay for 1 pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery.</p> <p>In-Network & Out-of-Network You pay a \$0 copay for 1 routine eye exam per year.</p> | <p>In-Network & Out-of-Network You pay a \$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>In-Network & Out-of-Network You pay a \$0 copay for 1 pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery.</p> <p>In-Network & Out-of-Network You pay a \$0 copay for 1 routine eye exam per year.</p> | <p>You should see an EyeQuest provider to use this benefit.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|--|--|--|--|---|
| <ul style="list-style-type: none"> Supplemental eyewear* | <p>In-Network & Out-of-Network Our plan will pay up to \$100 per year in & out-of-network for routine eyewear or contacts.</p> | <p>In-Network & Out-of-Network Our plan will pay up to \$100 per year in & out-of-network for routine eyewear or contacts.</p> | <p>In-Network & Out-of-Network Our plan will pay up to \$100 per year in & out-of-network for routine eyewear or contacts.</p> | <p>You should see an EyeQuest provider to use this benefit.</p> |
| <p>Mental Health Services</p> <ul style="list-style-type: none"> Inpatient Outpatient individual and group therapy visits | <p>In-Network & Out-of-Network You pay a \$275 copay per day for days 1-6 for each stay.</p> <p>You pay a \$0 copay per day for days 7-90 for each stay.</p> <p>In-Network & Out-of-Network You pay a \$15 copay for each visit.</p> | <p>In-Network & Out-of-Network You pay a \$275 copay per day for days 1-6 for each stay.</p> <p>You pay a \$0 copay per day for days 7-90 for each stay.</p> <p>In-Network & Out-of-Network You pay a \$35 copay for each visit.</p> | <p>In-Network & Out-of-Network You pay a \$250 copay per day for days 1-6 for each stay.</p> <p>You pay a \$0 copay per day for days 7-90 for each stay.</p> <p>In-Network & Out-of-Network You pay a \$25 copay for each visit.</p> | <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> |
| <p>Skilled Nursing Facility</p> | <p>In-Network & Out-of-Network You pay a \$20 copay per day for days 1-20 for each stay.</p> <p>You pay a \$172 copay per day for days 21-100 for each stay.</p> | <p>In-Network & Out-of-Network You pay a \$0 copay per day for days 1-20 for each stay.</p> <p>You pay a \$172 copay per day for days 21-100 for each stay.</p> | <p>In-Network & Out-of-Network You pay a \$0 copay per day for days 1-20 for each stay.</p> <p>You pay a \$172 copay per day for days 21-100 for each stay.</p> | <p>Our plan covers up to 100 days each benefit period. No prior hospitalization stay is required.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|--|---|---|---|---|
| Physical Therapy (rehabilitation services) <ul style="list-style-type: none"> ○ Physical therapy, occupational therapy, and speech and language therapy visits ○ Medicare-covered cardiac rehabilitation ○ Medicare-covered pulmonary rehabilitation ○ Medicare-covered Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD) | <p>In-Network & Out-of-Network You pay a \$15 copay.</p> <p>In-Network & Out-of-Network You pay a \$15 copay.</p> <p>In-Network & Out-of-Network You pay a \$15 copay.</p> <p>In-Network & Out-of-Network You pay a \$15 copay.</p> | <p>In-Network & Out-of-Network You pay a \$35 copay.</p> <p>In-Network & Out-of-Network You pay a \$35 copay.</p> <p>In-Network & Out-of-Network You pay a \$30 copay.</p> <p>In-Network & Out-of-Network You pay a \$30 copay.</p> | <p>In-Network & Out-of-Network You pay a \$25 copay.</p> <p>In-Network & Out-of-Network You pay a \$25 copay.</p> <p>In-Network & Out-of-Network You pay a \$25 copay.</p> <p>In-Network & Out-of-Network You pay a \$25 copay.</p> | |
| Ambulance <ul style="list-style-type: none"> ○ Ground and air transportation | <p>In-Network & Out-of-Network You pay a \$200 copay.</p> | <p>In-Network & Out-of-Network You pay a \$250 copay.</p> | <p>In-Network & Out-of-Network You pay a \$225 copay.</p> | <p>Prior authorization rules apply for non-emergency ambulance services.</p> |
| Transportation | <p>Not covered</p> | <p>Not covered</p> | <p>Not covered</p> | <p>Not covered unless other modes of transportation could endanger your health.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|---|--|--|--|----------------------|
| Medicare Part B Drugs | In-Network & Out-of-Network You pay 20% of the total cost for chemotherapy drugs and other Part B drugs. | In-Network & Out-of-Network You pay 20% of the total cost for chemotherapy drugs and other Part B drugs. | In-Network & Out-of-Network You pay 20% of the total cost for chemotherapy drugs and other Part B drugs. | |
| Foot Care (podiatry services) <ul style="list-style-type: none"> ○ Medicare-covered foot care ○ Routine foot care | In-Network & Out-of-Network You pay a \$15 copay. Not covered | In-Network & Out-of-Network You pay a \$35 copay. Not covered | In-Network & Out-of-Network You pay a \$25 copay. Not covered | |
| Medical Equipment/Supplies <ul style="list-style-type: none"> ○ Durable Medical Equipment (such as wheelchairs, oxygen) ○ Prosthetics (such as braces, artificial limbs) ○ Diabetes supplies | In-Network & Out-of-Network You pay 20% of the total cost. In-Network & Out-of-Network You pay 20% of the total cost. In-Network & Out-of-Network You pay a \$0 copay. | In-Network & Out-of-Network You pay 20% of the total cost. In-Network & Out-of-Network You pay 20% of the total cost. In-Network & Out-of-Network You pay a \$0 copay. | In-Network & Out-of-Network You pay 20% of the total cost. In-Network & Out-of-Network You pay 20% of the total cost. In-Network & Out-of-Network You pay a \$0 copay. | |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) | What You Should Know |
|---|------------------------------------|---|---|---|
| OTC | Not covered | You pay a \$0 copay for select OTC products through our mail order service, up to a \$25 allowance. | You pay a \$0 copay for select OTC products through our mail order service, up to a \$50 allowance. | <p>For Clover Health Choice (PPO) and Clover Health Choice Value (PPO), orders are limited to one (1) every three months and benefits are available at the beginning of each quarter of the calendar year (January, April, July, and October). Any unused amount will not be carried over.</p> <p>Orders can be placed over the phone at 1-888-628-2770; TTY: 1-877-672-2688 Monday to Friday, 9am–8pm EST, or online at: clover.otchs.com. Orders will be shipped to your home at no charge.</p> |
| <p>Health and Wellness Programs</p> <ul style="list-style-type: none"> ○ Gym membership | You pay a \$0 copay. | You pay a \$0 copay. | You pay a \$0 copay. | Visit www.silversneakers.com for more information. |

PART D BENEFITS

Your Clover plan includes Medicare Part D prescription drug coverage. Clover's comprehensive formulary lists all brand name and generic drugs that are covered by your plan. We also have relationships with a network of pharmacies. In many cases, you'll save money at an in-network pharmacy.

Our formulary is divided into five tiers. Covered drugs have different cost shares depending on what tier they're assigned to. The grid on the following pages can help you understand your cost share for each medication you take. To estimate your share of cost:

- know what drugs you take
- look them up in the formulary to learn what tier they're assigned to
- use the grid on the following pages to learn your cost share for each tier

All Medicare Part D plans have four phases of coverage described in the grid on the following pages. Your share of the drug cost is different in each phase. If you need any assistance determining your drug costs throughout the year, please call Member Services.

100-Day Fills

Clover's plans cover 100-day fills of common maintenance medications. You can take advantage of this benefit as long as your provider feels that 100-day fills are suitable for your circumstances. You can fill these prescriptions at a preferred retail pharmacy, or by mail order through CVS Caremark Mail Order Pharmacy.

Long-Term Care Facilities & other circumstances

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a standard retail pharmacy. Please see your Evidence of Coverage document for more information. If the drugs in our formulary don't meet your needs or if you take a drug that isn't covered by our formulary, call our Member Services Department at 1-888-657-1207 to learn more about alternatives. You may be able to take an alternative medication or request a formulary exception. If the share of cost is too high for a drug you need, you can request that Clover cover that drug at a lower tier. For more information about formulary or tier exceptions, refer to your Evidence of Coverage document.

State Pharmaceutical Assistance Program (SPAP) Card

State Pharmaceutical Assistance Programs (SPAPs) are state-run programs that help qualifying low-income seniors or adults with disabilities pay for prescription drugs by covering premiums or copayments. SPAP coverage varies by state, so reach out to your state government office to see whether you're eligible, and to understand the details of your state's coverage. Access the program contact information by state at <https://www.medicareinteractive.org/pdf/SPAP-Chart.pdf>, or call our Member Services Department at 1-888-657-1207 for additional questions.

Prescription Drug Coverage Stages -

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
|--|--|--|---|
| Deductible Stage | Because there is no deductible for the plan, this payment stage does not apply to you. | Because there is no deductible for the plan, this payment stage does not apply to you. | During this stage, you pay the full cost of your Tier 2, 3, 4, and 5 drugs. You stay in this stage until you have paid \$415 for your Tier 2, 3, 4, and 5 drugs. |
| Initial Coverage Stage <i>(After you pay your deductible, if applicable)</i> | You begin in this stage when you fill your first prescription of the year. You pay the copays or coinsurance until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and Clover Health. You may get your drugs at network retail pharmacies and mail order pharmacies. | You begin in this stage when you fill your first prescription of the year. You pay the copays or coinsurance until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and Clover Health. You may get your drugs at network retail pharmacies and mail order pharmacies. | After you pay your yearly deductible, you pay the copays or coinsurance until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and Clover Health. You may get your drugs at network retail pharmacies and mail order pharmacies. |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
|---|---|---|---|
| <p>Coverage Gap Stage <i>(After the total amount for the prescription drugs you have filled and refilled reaches \$3,820)</i></p> | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820. Not everyone will enter the coverage gap.</p> <p>Brand name drugs: you pay 25% of the negotiated price and a portion of the dispensing fee. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs.</p> <p>Generic drugs: you pay no more than 37% of the cost, and the plan pays the rest. The amount paid by the plan 63% does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. When your total out-of-pocket costs for the year reach \$5,100, your coverage moves into the Catastrophic Stage and you pay less.</p> | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820. Not everyone will enter the coverage gap.</p> <p>Brand name drugs: you pay 25% of the negotiated price and a portion of the dispensing fee. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs.</p> <p>Generic drugs: you pay no more than 37% of the cost, and the plan pays the rest. The amount paid by the plan 63% does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. When your total out-of-pocket costs for the year reach \$5,100, your coverage moves into the Catastrophic Stage and you pay less.</p> | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820. Not everyone will enter the coverage gap.</p> <p>Brand name drugs: you pay 25% of the negotiated price and a portion of the dispensing fee. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs.</p> <p>Generic drugs: you pay no more than 37% of the cost, and the plan pays the rest. The amount paid by the plan 63% does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap. When your total out-of-pocket costs for the year reach \$5,100, your coverage moves into the Catastrophic Stage and you pay less.</p> |

| Premiums and Benefits | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
|---|--|--|--|
| <p>Catastrophic Coverage Stage <i>(After your out-of-pocket costs have reached the \$5,100 limit for the calendar year)</i></p> | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • coinsurance of 5% of the cost of the drug, or • \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs. Our plan pays the rest of the cost. | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • coinsurance of 5% of the cost of the drug, or • \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs. Our plan pays the rest of the cost. | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • coinsurance of 5% of the cost of the drug, or • \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs. Our plan pays the rest of the cost. |

Cost Shares During the Initial Coverage Stage

| Standard Retail Pharmacy | | | |
|--|--|--|--|
| Tier | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
| Tier 1: Preferred Generic | <p>You pay a \$5 copay per prescription for a 30-day supply</p> <p>You pay a \$10 copay per prescription for a 60-day supply</p> <p>You pay a \$15 copay per prescription for a 100-day supply</p> | <p>You pay a \$5 copay per prescription for a 30-day supply</p> <p>You pay a \$10 copay per prescription for a 60-day supply</p> <p>You pay a \$15 copay per prescription for a 100-day supply</p> | <p>You pay a \$12 copay per prescription for a 30-day supply</p> <p>You pay a \$24 copay per prescription for a 60-day supply</p> <p>You pay a \$36 copay per prescription for a 100-day supply</p> |
| Tier 2: Generic | <p>You pay a \$13 copay per prescription for a 30-day supply</p> <p>You pay a \$26 copay per prescription for a 60-day supply</p> <p>You pay a \$39 copay per prescription for a 100-day supply</p> | <p>You pay a \$15 copay per prescription for a 30-day supply</p> <p>You pay a \$30 copay per prescription for a 60-day supply</p> <p>You pay a \$45 copay per prescription for a 100-day supply</p> | <p>You pay a 25% coinsurance per prescription for a 30-day supply</p> <p>You pay a 25% coinsurance per prescription for a 60-day supply</p> <p>You pay a 25% coinsurance per prescription for a 100-day supply</p> |
| Tier 3: Preferred Brand | <p>You pay a \$47 copay per prescription for a 30-day supply</p> <p>You pay a \$94 copay per prescription for a 60-day supply</p> <p>You pay a \$141 copay per prescription for a 100-day supply</p> | <p>You pay a \$47 copay per prescription for a 30-day supply</p> <p>You pay a \$94 copay per prescription for a 60-day supply</p> <p>You pay a \$141 copay per prescription for a 100-day supply</p> | <p>You pay a 25% coinsurance per prescription for a 30-day supply</p> <p>You pay a 25% coinsurance per prescription for a 60-day supply</p> <p>You pay a 25% coinsurance per prescription for a 100-day supply</p> |

Standard Retail Pharmacy

| Tier | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
|--|--|--|--|
| Tier 4: Non-Preferred Drugs | <p>You pay a \$95 copay per prescription for a 30-day supply</p> <p>You pay a \$190 copay per prescription for a 60-day supply</p> <p>You pay a \$285 copay per prescription for a 100-day supply</p> | <p>You pay a \$100 copay per prescription for a 30-day supply</p> <p>You pay a \$200 copay per prescription for a 60-day supply</p> <p>You pay a \$300 copay per prescription for a 100-day supply</p> | <p>You pay a 25% coinsurance per prescription for a 30-day supply</p> <p>You pay a 25% coinsurance per prescription for a 60-day supply</p> <p>You pay a 25% coinsurance per prescription for a 100-day supply</p> |
| Tier 5: Specialty Tier | <p>You pay 33% coinsurance per prescription for a 30-day supply</p> <p>You pay 33% coinsurance per prescription for a 60-day supply</p> <p>You pay 33% coinsurance per prescription for a 100-day supply</p> | <p>You pay 33% coinsurance per prescription for a 30-day supply</p> <p>You pay 33% coinsurance per prescription for a 60-day supply</p> <p>You pay 33% coinsurance per prescription for a 100-day supply</p> | <p>You pay 25% coinsurance per prescription for a 30-day supply</p> <p>You pay 25% coinsurance per prescription for a 60-day supply</p> <p>You pay 25% coinsurance per prescription for a 100-day supply</p> |

| Preferred Retail Pharmacy | | | |
|--|--|--|--|
| Tier | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
| Tier 1: Preferred Generic | <p>You pay a \$0 copay per prescription for a 30-day supply</p> <p>You pay a \$0 copay per prescription for a 60-day supply</p> <p>You pay a \$0 copay per prescription for a 100-day supply</p> | <p>You pay a \$0 copay per prescription for a 30-day supply</p> <p>You pay a \$0 copay per prescription for a 60-day supply</p> <p>You pay a \$0 copay per prescription for a 100-day supply</p> | <p>You pay a \$0 copay per prescription for a 30-day supply</p> <p>You pay a \$0 copay per prescription for a 60-day supply</p> <p>You pay a \$0 copay per prescription for a 100-day supply</p> |
| Tier 2: Generic | <p>You pay a \$8 copay per prescription for a 30-day supply</p> <p>You pay a \$16 copay per prescription for a 60-day supply</p> <p>You pay a \$24 copay per prescription for a 100-day supply</p> | <p>You pay a \$10 copay per prescription for a 30-day supply</p> <p>You pay a \$20 copay per prescription for a 60-day supply</p> <p>You pay a \$30 copay per prescription for a 100-day supply</p> | <p>You pay a 22% coinsurance per prescription for a 30-day supply</p> <p>You pay a 22% coinsurance per prescription for a 60-day supply</p> <p>You pay a 22% coinsurance per prescription for a 100-day supply</p> |
| Tier 3: Preferred Brand | <p>You pay a \$37 copay per prescription for a 30-day supply</p> <p>You pay a \$74 copay per prescription for a 60-day supply</p> <p>You pay a \$111 copay per prescription for a 100-day supply</p> | <p>You pay a \$37 copay per prescription for a 30-day supply</p> <p>You pay a \$74 copay per prescription for a 60-day supply</p> <p>You pay a \$111 copay per prescription for a 100-day supply</p> | <p>You pay a 22% coinsurance per prescription for a 30-day supply</p> <p>You pay a 22% coinsurance per prescription for a 60-day supply</p> <p>You pay a 22% coinsurance per prescription for a 100-day supply</p> |

Preferred Retail Pharmacy

| Tier | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
|--|--|--|--|
| Tier 4: Non-Preferred Drugs | <p>You pay a \$85 copay per prescription for a 30-day supply</p> <p>You pay a \$170 copay per prescription for a 60-day supply</p> <p>You pay a \$255 copay per prescription for a 100-day supply</p> | <p>You pay a \$90 copay per prescription for a 30-day supply</p> <p>You pay a \$180 copay per prescription for a 60-day supply</p> <p>You pay a \$270 copay per prescription for a 100-day supply</p> | <p>You pay a 25% coinsurance per prescription for a 30-day supply</p> <p>You pay a 25% coinsurance per prescription for a 60-day supply</p> <p>You pay a 25% coinsurance per prescription for a 100-day supply</p> |
| Tier 5: Specialty Tier | <p>You pay 33% coinsurance per prescription for a 30-day supply</p> <p>You pay 33% coinsurance per prescription for a 60-day supply</p> <p>You pay 33% coinsurance per prescription for a 100-day supply</p> | <p>You pay 33% coinsurance per prescription for a 30-day supply</p> <p>You pay 33% coinsurance per prescription for a 60-day supply</p> <p>You pay 33% coinsurance per prescription for a 100-day supply</p> | <p>You pay 25% coinsurance per prescription for a 30-day supply</p> <p>You pay 25% coinsurance per prescription for a 60-day supply</p> <p>You pay 25% coinsurance per prescription for a 100-day supply</p> |

| Mail Order Pharmacy | | | |
|------------------------------------|---|---|---|
| Tier | Clover Health Choice Premier (PPO) | Clover Health Choice (PPO) | Clover Health Choice Value (PPO) |
| Tier 1: Preferred Generic | You pay a \$0 copay per prescription for a 100-day supply | You pay a \$0 copay per prescription for a 100-day supply | You pay a \$0 copay per prescription for a 100-day supply |
| Tier 2: Generic | You pay a \$16 copay per prescription for a 100-day supply | You pay a \$20 copay per prescription for a 100-day supply | You pay a 25% coinsurance per prescription for a 100-day supply |
| Tier 3: Preferred Brand | You pay a \$74 copay per prescription for a 100-day supply | You pay a \$74 copay per prescription for a 100-day supply | You pay a 25% coinsurance per prescription for a 100-day supply |
| Tier 4: Non-Preferred Drugs | You pay a \$170 copay per prescription for a 100-day supply | You pay a \$180 copay per prescription for a 100-day supply | You pay a 25% coinsurance per prescription for a 100-day supply |
| Tier 5: Specialty Tier | You pay a 33% coinsurance per prescription for a 100-day supply | You pay a 33% coinsurance per prescription for a 100-day supply | You pay a 25% coinsurance per prescription for a 100-day supply |

Clover is here for you.

 **1-888-657-1207 (TTY 711)**

8 am–8 pm local time, 7 days/week*

 **Visit us at cloverhealth.com/enroll**

*Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal. This information is not a complete description of benefits. Call 1-888-657-1207 (TTY 711) for more information.

Out-of-network/non-contracted providers are under no obligation to treat Clover members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Clover Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-657-1207 (TTY 711). Clover Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-657-1207 (TTY 711). Clover Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。小貼士：如果您說普通話，歡迎使用免費語言協助服務。請撥 1-888-657-1207 (TTY 711)。

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