

Clover

CarePoint Plan

2017 Summary of Benefits



Available in Hudson county

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2017 SUMMARY OF BENEFITS

Clover Health CarePoint (PPO) (Hudson County)

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

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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. Clover Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Clover Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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. We are open 8 am–8 pm, local time, 7 days a week. From February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

If you believe that Clover Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Clover Health

Attention: Appeals and Grievances
PO Box 471
Jersey City, NJ 07303

Phone: 1-888-657-1207

Fax: 1-732-412-9706

You can file a grievance by mail or by fax. If you need help filing a grievance, the Clover Health Appeals and Grievance Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-657-1207 (TTY: 711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-657-1207 (TTY: 711).

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-888-657-1207 (TTY: 711)。

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-888-657-1207 (TTY: 711).

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-888-657-1207 (TTY: 711)로 연락주시기 바랍니다.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-888-657-1207 (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-888-657-1207 (телетайп: 711).

ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 1-888-657-1207 (الهاتف النصي: 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-657-1207 (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-888-657-1207 (TTY: 711).

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POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-888-657-1207 (TTY: 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-888-657-1207 (TTY: 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-888-657-1207 (TTY: 711).

JAPANESE

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号1-888-657-1207 (TTY: 711)までお問い合わせ下さい。

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-888-657-1207 (TTY: 711) kostenlos zur Verfügung.

FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت.
با شماره 1-888-657-1207 (TTY: 711) تماس بگیرید.

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Section One – Introduction to Summary of Benefits

Thank you for your interest in Clover Health CarePoint (PPO). Clover Health is a Medicare Advantage Preferred Provider Organization (PPO) that contracts with the Federal government.

The benefit information provided in this document is a summary of what we cover and what you pay. To get a complete list of our benefits, please call Clover Health (phone number is listed at the end of this introduction) and request the "Evidence of Coverage."

WHO IS ELIGIBLE TO JOIN CLOVER HEALTH CAREPOINT (PPO)?

To join Clover Health CarePoint (PPO), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area. Our service area includes this county in New Jersey: Hudson.

CAN I CHOOSE MY PROVIDERS?

Clover Health CarePoint (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You may use any provider who is part of our network or outside of our network.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our member service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You can ask for a current provider directory to be mailed to you by calling member services (phone number is listed at the end of this introduction) or you can search for a provider or download a provider directory by visiting <https://www.cloverhealth.com/en/members/find-provider>.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

A formulary is a list of drugs covered by Clover Health CarePoint (PPO). You can ask for a formulary to be mailed to you by calling member services (phone number is listed at the end of this introduction) or you can download a formulary by visiting <https://www.cloverhealth.com/en/members/formulary>.

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HOW TO CONTACT US AND OTHER INFORMATION

This information is available for free in other languages. For more information, please contact our Member Services Department at 1-888-657-1207 (TTY only, call 711). Hours are 8 am–8 pm, local time, 7 days a week. From February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays

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 8am a 8pm (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.

If you'd like to know more about the coverage and costs of Original Medicare, please look in your current "Medicare & You" handbook. You can 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.

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Section Two – Summary of Benefits

Premiums and Benefits	Clover Health CarePoint (PPO) Plan
Premium	\$0 monthly plan premium. You must continue to pay your monthly Medicare Part B premium.
Deductible	\$150 annually for Part D
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 annually This is the most you will pay in copays or coinsurance for Medicare-covered services for the year.
Inpatient Hospital Coverage (includes Acute, Substance Abuse and Rehabilitation)	Authorization rules may apply. Our plan covers 365 days for an inpatient hospital stay. Network & Out-of-Network Days 1-6: \$290 copay per day for each stay Days 7-365: \$0 copay per day for each stay
Doctor Visits (Primary and Specialists)	Network & Out-of-Network \$0 copay for each primary care visit \$15 copay for each specialist visit
Preventive Care	Authorization rules may apply. Any additional preventive services approved by Medicare mid-year will be covered. You pay nothing for services from network & out-of-network providers.
Emergency Care	Network & Out-of-Network \$75 copay for each visit. Copay is waived if you are admitted to the hospital within 24 hours.
Urgently Needed Care	Network & Out-of-Network \$40 copay for each visit. Copay is waived if you are admitted to the hospital within 24 hours.

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Diagnostic Services/Labs/Imaging	<p>Authorization rules may apply.</p> <p>Network & Out-of-network</p> <p>\$0 copay for each Lab service \$30 copay for each Outpatient X-rays \$30 copay for each Therapeutic radiology service \$150 copay for each Diagnostic radiology service (e.g. MRI, CT, etc.)</p>
Hearing Services	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>\$15 copay for each diagnostic hearing exam</p>
Dental Services	Not covered
Vision Services	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery</p> <p>\$15 copay for one routine eye exam/year \$15 copay for each exam to diagnose and treat diseases and conditions of the eyes</p> <p>Our plan pays up to \$100 per year for eyeglasses and/or contacts lenses each year after you pay a \$40 copay.</p>
Mental Health Services	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>Days 1-6: \$260 copay per day for each inpatient stay Days 7-365: \$0 copay per day for each inpatient stay</p> <p>\$20 copay for each outpatient individual therapy visit \$20 copay for each outpatient group therapy visit</p>

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Skilled Nursing Facility	<p>Authorization rules may apply. Our plan covers up to 100 days each year. No prior hospitalization stay is required.</p> <p>Network & Out-of-Network</p> <p>Days 1-20: \$0 copay per day Days 21-100: \$160 copay per day</p>
Rehabilitation Services	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>\$20 copay for each Occupational therapy visit \$20 copay for each Physical therapy visit \$20 copay for each Speech and language pathology visit</p>
Ambulance	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>\$200 copay for each one-way trip. Copay is waived if you are admitted to the hospital.</p>
Transportation	<p>Authorization rules may apply. Not covered unless other modes of transportation could endanger your health.</p>
Foot Care (Podiatry Services)	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>\$15 copay for each Medicare-covered podiatry visit</p>
Medical Equipment & Supplies	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>20% of the cost of Durable Medical Equipment 20% of the cost of Prosthetic devices You pay nothing for diabetes supplies</p>
Wellness Programs (e.g. fitness)	<p>You pay nothing for SilverSneakers® membership. Visit www.silversneakers.com for more information.</p>

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<p>Medicare Part B Drugs</p>	<p>Authorization rules may apply.</p> <p>Network & Out-of-Network</p> <p>20% of the cost for Part B chemotherapy drugs 20% of the cost for other Part B drugs</p>
<p>Outpatient Prescription Drugs (Medicare Part D)</p> <p>NOTE: Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</p>	<p>Authorization rules may apply. Deductible: \$150 annually which applies to Tiers 3, 4 and 5.</p> <p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay the following copays until total yearly drug costs reach \$3,700.</p> <p>Preferred Retail Pharmacy</p> <p><u>Preferred Generics (Tier 1):</u> \$0 copay per prescription for a 30-day supply \$0 copay per prescription for a 60-day supply \$0 copay per prescription for a 100-day supply</p> <p><u>Generics (Tier 2):</u> \$10 copay per prescription for a 30-day supply \$20 copay per prescription for a 60-day supply \$30 copay per prescription for a 100-day supply</p> <p><u>Preferred Brand (Tier 3):</u> \$35 copay per prescription for a 30-day supply \$70 copay per prescription for a 60-day supply \$105 copay per prescription for a 100-day supply</p> <p><u>Non-Preferred Drug (Tier 4):</u> \$85 copay per prescription for a 30-day supply \$170 copay per prescription for a 60-day supply \$255 copay per prescription for a 100-day supply</p> <p><u>Specialty (Tier 5):</u> 25% coinsurance per prescription for a 30-day supply 25% coinsurance per prescription for a 60-day supply 25% coinsurance per prescription for a 100-day supply</p>

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	<p>Standard Retail Pharmacy</p> <p><u>Preferred Generics (Tier 1):</u> \$5 copay per prescription for a 30-day supply \$10 copay per prescription for a 60-day supply \$15 copay per prescription for a 100-day supply</p> <p><u>Generics (Tier 2):</u> \$15 copay per prescription for a 30-day supply \$30 copay per prescription for a 60-day supply \$45 copay per prescription for a 100-day supply</p> <p><u>Preferred Brand (Tier 3):</u> \$45 copay per prescription for a 30-day supply \$90 copay per prescription for a 60-day supply \$135 copay per prescription for a 100-day supply</p> <p><u>Non-Preferred Drug (Tier 4):</u> \$95 copay per prescription for a 30-day supply \$190 copay per prescription for a 60-day supply \$285 copay per prescription for a 100-day supply</p> <p><u>Specialty (Tier 5):</u> 25% coinsurance per prescription for a 30-day supply 25% coinsurance per prescription for a 60-day supply 25% coinsurance per prescription for a 100-day supply</p> <p>Mail Order</p> <p><u>Preferred Generics (Tier 1):</u> \$0 copay per prescription for a 100-day supply</p> <p><u>Generics (Tier 2):</u> \$20 copay per prescription for a 100-day supply</p> <p><u>Preferred Brand (Tier 3):</u> \$70 copay per prescription for a 100-day supply</p> <p><u>Non-Preferred Drug (Tier 4):</u> \$170 copay per prescription for a 100-day supply</p>
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	<p><u>Specialty (Tier 5):</u> 25% coinsurance per prescription for a 100-day supply</p> <p>Long-Term Care Facility You pay the same cost-share as a standard retail pharmacy.</p> <p>Coverage Gap After your total yearly drug costs reach \$3,700, you receive limited coverage by the plan on certain drugs. You pay 40% of the price for brand name drugs plus a portion of the dispensing fee, and 51% of the price for generic drugs until your yearly out-of-pocket drug costs reach \$4,950.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,950, you pay the greater of a 5% coinsurance (or \$3.30) for a generic drug or a drug that is treated like a generic, and \$8.25 for all other drugs.</p>
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Note: This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or co-payments/coinsurance may change on January 1 of each year.

Clover is here to help.

➡ **QUESTIONS? 1-888-657-1207 (TTY 711) 8 am–8 pm EST, 7 days/week***

*We are open from 8 am–8 pm EST, 7 days a week. From February 15th through September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

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