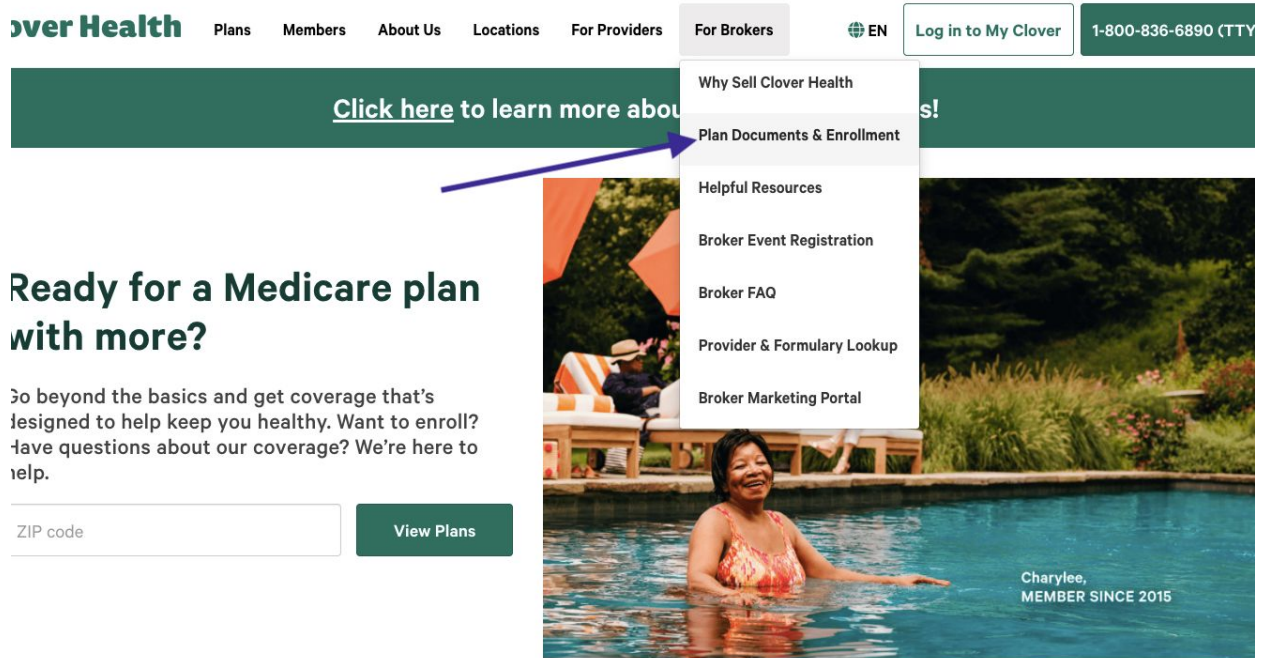


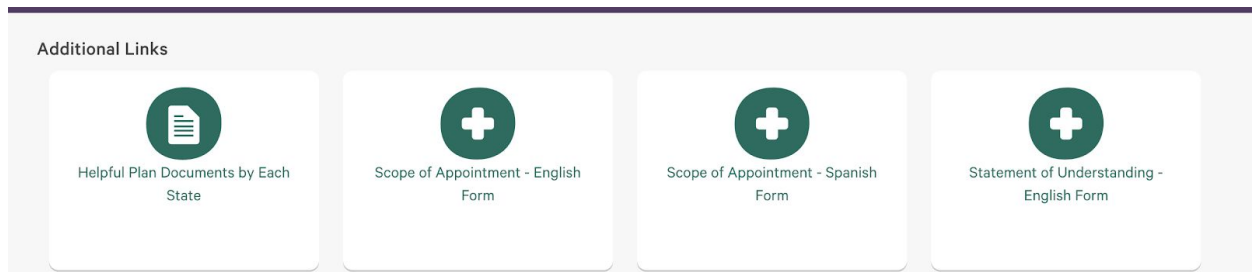
In this guide you will find a step-by-step outline for submitting Clover Health’s 2020 – 2021 online applications.

To access the online application, please visit:

www.cloverhealth.com/en/brokers/plan-documents-enrollment



On the “Plan Documents & Enrollment” page you will have the option to enroll / find the right plan for your clients and also view helpful plan documents by each state.



Plan Documents

Here you'll find additional details about Clover's plans.

State Year

Georgia 2021 Show plan documents

Documents for 2021 Georgia plans

- [Plan Details \(Summary of Benefits and Evidence of Coverage\)](#)

Forms

- [Authorization for Disclosure of Protected Health Information \(English | Español\)](#)
- [Appointment of Representative Form](#)
- [Continuity of Care Form](#)
- [Health Assessment Survey](#)
- [2021 Georgia Enrollment Form \(English | Spanish\)](#)
- [2021 LiveHealthy: Clover Powered, Walmart Enhanced \(PPO\) Enrollment Form \(English | Spanish\)](#)
- [2021 Enrollment Attestation Eligibility Form \(English | Spanish\)](#)

- g After scrolling down, you will see a search bar, where you will type in the eligible member’s zip code, and see what plans they are eligible for in 2020 and 2021.

- “ Once you type in the zip code for the eligible member, you’ll see a list of plans for that year.
- “ On your new screen, all plans for the zip code you entered for the eligible member will be available to view.

We have 2 plans in Chatham County in 2021.

We can help you figure out if Clover is right for you.

Call 1-800-836-6890 (TTY 711)
8am-8pm local time, 7 days a week

[Contact us](#)

<p>Available plans</p> <p>Here are the plans available in your area. If you have any questions, don't hesitate to give us a call.</p>	<p>Clover Health Choice Value (PPO) (045)</p> <p>\$29.80 / month</p> <p>A plan with \$0 copay for doctor and specialist visits. Plus, comprehensive dental and OTC items. Best if you receive Extra Help from Medicare.</p> <p>View full benefits</p>	<p>Clover Health Choice (PPO) (026)</p> <p>\$0 / month</p> <p>A plan with the freedom to choose your doctor without paying more. Plus allowances for comprehensive dental, eyewear, and over-the-counter items.</p> <p>View full benefits</p>
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Extra benefits and services

Clover plans include these important benefits and services. Original Medicare doesn't.

Select Clover Health Choice Value (PPO) (045)	Select Clover Health Choice (PPO) (026)
---------------------------------------------------------------	---------------------------------------------------------

- “ A green button will show under each plan with the plan name – **this is the “Enroll” button** for that plan.
 - ~ If you continue to scroll on this page, you will view a list of comparisons by plan for their core and supplemental benefits. This page gives you a more thorough analysis of plan benefits.
 - ~ Additionally, by selecting “view full benefits” you will be able to go over the full summary of benefits with the eligible member.

We have 1 plans in Chatham County in 2020.

We can help you figure out if Clover is right for you.

Call [1-800-836-6890](tel:1-800-836-6890) (TTY 711)
8am-8pm local time, 7 days a week

Contact us

Available plans

Here are the plans available in your area. If you have any questions, don't hesitate to [give us a call](#).

Clover Health Choice (PPO) (026)

\$0 / month

A flexible plan with the same low copays in- or out-of-network, comprehensive dental coverage, transportation to medical appointments, and \$0 Part D deductible for a \$0 monthly premium.

[View full benefits](#)



Extra benefits and services

Clover plans include these important benefits and services. Original Medicare doesn't.

Routine dental exams and cleanings



Select Clover Health Choice (PPO) (026)

- Once you select enroll, a new window will open with the enrollment form.
- ~ Please confirm which plan the eligible member would like to enroll or click: [select another plan](#)
- ~ Please enter your NPN in the required fields – click continue to proceed.
Make sure your NPN matches exactly or you will receive an error before proceeding to the next page. We ask you to type it twice to prevent typos. This helps us pay you on time!

You've selected Clover Health Choice PPO 2020 (026).

A flexible plan with the same low copays in- or out-of-network, comprehensive dental coverage, transportation to medical appointments, and \$0 Part D deductible for a \$0 monthly premium.

If it's not what you wanted, go back to [select another plan](#).

National Producer Number (NPN)

Enter NPN

Retype NPN

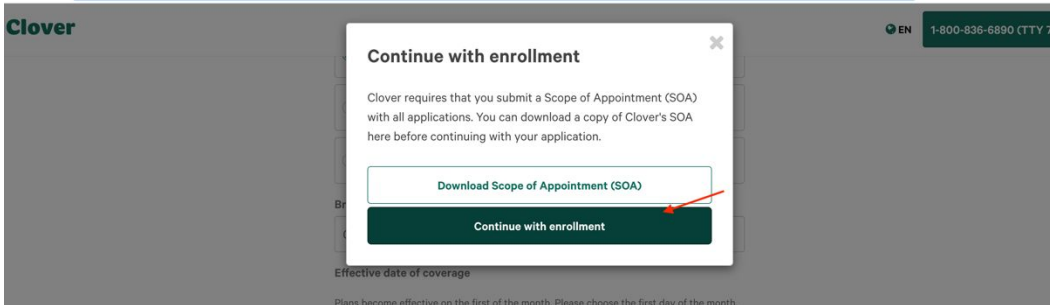
- ~ If your NPN does not match our system, you will receive an error message.
- ~ It is crucial your NPN is correct during this process.

- ~ If your NPN is correct – please proceed to the SOA (Scope of Appointment) confirmation.
- “ Below, you will be asked to select an “Application Type”:

 - “I’m a broker or sales agent currently with an eligible and submitting an application on their behalf”:
 ᐃÁjZMjZ VjBM {aby'b'tn| 'Mz', k'a MI Zjb kJZ UZI Z_bMAt MjX'tn| 'Mz' Vhk ujZ{b` {aZ'nl jB Z'MdujBMltonl {n` Z{aZx'b` uZxynl .
 - “I’m a broker or sales agent entering a paper application that I received or filled out earlier”:
 ᐃÁjZMjZ VjBM {aby'b'tn| Vhk ujZ{ZX'MuMuzX'MdujBMltonl ;, k'ab {aZ'jMjX'Yá' an| xya_xnk MI Zjb kJZ UZI Z_bMAt MjX'Mz'jnMk` {aZ'MdujBMltonl 'nl jB Z'MjMjMz{x'tk Z.
 - “I’m an authorized administrator entering a paper application on behalf of a broker or sales agent”:
 ᐃÁjZMjZ VjBM {aby'b'tn| 'Mz MI Mj{anx'Za'Nk b b'x'Mjnx'n MI ' 2 5 uMk Zx' MjX'Mz'Zi {Zx'b` 'MuMuzX'MdujBMltonl {aMj, Mj Vhk ujZ{ZX'ZMjZxnl 'Ut M jNjZyMzi {.

- “ Once you have selected the application type, complete the **broker signature date** and the eligible member’s preferred **effective date**.
- “ Click: Continue
- “ Clover Health requires that you submit a Scope of Appointment (SOA) with all applications.
- ~ Please click “Download Scope of Appointment (SOA)” before proceeding. You can attach to the application, then submit directly to Clover Health or your FMO.

- “ Once downloaded, proceed to enroll the member onto the plan by clicking “continue with enrollment”.



- “ Next step is to verify the beneficiary’s eligibility:
 - ~ **Verify their zip code:** (i.e. the zip code you used to search for plans on the first page). If this is not the client’s home service area, please go back to the start and search for plans using the correct zip code.
 - ~ **Verify if the applicant is currently enrolled** in a Clover Health Plan?
 - ~ **Verify if the applicant has, or will have, Medicare Part A & Part B** by the effective date of Coverage? (Reference the effective date on the previous page you just entered);
 - If NO** - If the applicant does not have Medicare A & B by the effective date, there is a possibility they may not be eligible for a Clover Health plan.
- “ Once the info is completed – please click the green button “verify your eligibility”.

Verify enrollee's eligibility

Please answer the following questions to make sure that the applicant is eligible for a Clover Health plan.

Is this the applicant's zip code?

31405

This is the zip code you entered to search for a Clover Health plan. If this zip code is not the zip code you will use on this enrollment form, [please search for another plan](#).

Are you currently enrolled in a Clover Health Plan?

Yes No

Will you have Medicare Part A & B by the effective date of coverage?

Yes No

Verify your eligibility

- " For SEP enrollments, identify the appropriate enrollment period for the enrollee.
- " Once you have identified the appropriate election type, please select and provide any additional data as requested/required next to that election.
- " <jZMzI n(Z@AaZz MZl n'nu(tnl y' nx° " <nx'5" <jby(ZX^' * 'tn| MZ'ZI xnjjb` {aZ' Zjb WjZ UZI Z bMAt X| x0` ° " <nx'5" <Stnl ; bjl n(yZZ {aby'uMz^

Enrollment form

Attestation of eligibility for an enrollment period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.

There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

-
- I am new to Medicare.
 - I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on:
 - I recently was released from incarceration. I was released on:
 - I recently returned to the United States after living permanently outside the U.S. I returned to the U.S. on:
 - I recently obtained lawful presence status in the United States. I got this status on:
 - I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on:
 - I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on:
 - I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
 - I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on:
 - I recently left a PACE program on:
 - I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on:
 - I am leaving / losing employer or union coverage.
 - I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on:
 - I belong to a pharmacy assistance program provided by my state.
 - My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
 - I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on:
 - I was affected by a weather-related emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements apply to the applicant or you're not sure, please contact Choice to see if you are eligible to enroll at 1-888-823-1257 (TTY 711). We are open 24 hrs a day, 7 days a week. From April 1st through September 30th, alternate technologies (for example, voicecall) will be used on the weekends and holidays.

Continue

g Next, continue to fill out the remainder of the enrollment form on the next page.

~ Populate the enrollee's demographic information including:

Name

Birth date

Gender

Phone #

Permanent Residence Address (P.O. Box is not allowed)

Mailing address (only if different from your permanent residence address)

Email Address

Enrollee's Medicare Info:

Please provide your Medicare insurance information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

i You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

Medicare number

1EG4-TE5-MK73

~ The next step is to select a Premium Payment Option (there are 3 options):

Please select a premium payment option

If you don't select a payment option, you will get a bill each month.

Get a bill each month

- “ Complete a final list of questions regarding:
 - ~ Additional prescription drug coverage
 - ~ Spousal employment

Please read and answer these important questions

Will you receive other prescription drug coverage in addition to Clover plans?

Some individuals may have additional prescription drug coverage, including other private insurance, TRICARE, Federal employee health benefits, VA benefits, or State Pharmaceutical Assistance Programs.

Yes
 No

Do you work?

Yes
 No

Does your spouse work?

Yes
 No

- “ Next, complete the Physician Selection:

Physician selection

I have or would like to choose a primary care physician, clinic, or health care center.

I don't have a primary care physician, clinic, or health care center.

- “ Lastly, complete the language section for the prospect
- “ Please contact Clover at 1-888-778-1478 if you need information in an accessible format or language other than what is listed

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format.

Written

English
 Spanish

Spoken

English
 Spanish
 Other

Special accommodations

Braille
 Audio tape
 Large print

“ Read and sign the enrollment



Please read and sign below

By completing this enrollment application, I agree to the following:

“ Then submit - release of information and authorization:

under State law to complete this enrollment and (2) documentation of this authority is available upon request from Medicare.

Signature

Today's date

If you are the authorized representative, you must sign above and provide the following information:

Name

Address

Phone number

Relationship to the enrollee

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. You must continue to pay your Medicare Part B premium.

“ Document Upload

- ~ At the end of the form, you can upload related enrollment documents
- ~ You can upload documents in two ways:
 1. Take a photo of the documents with your cell phone and email to yourself. Then save the file to your computer to then upload to the enrollment form.
 2. Save the documents with your printer onto your computer. Once scanned to your computer, save and upload the enrollment form.

