

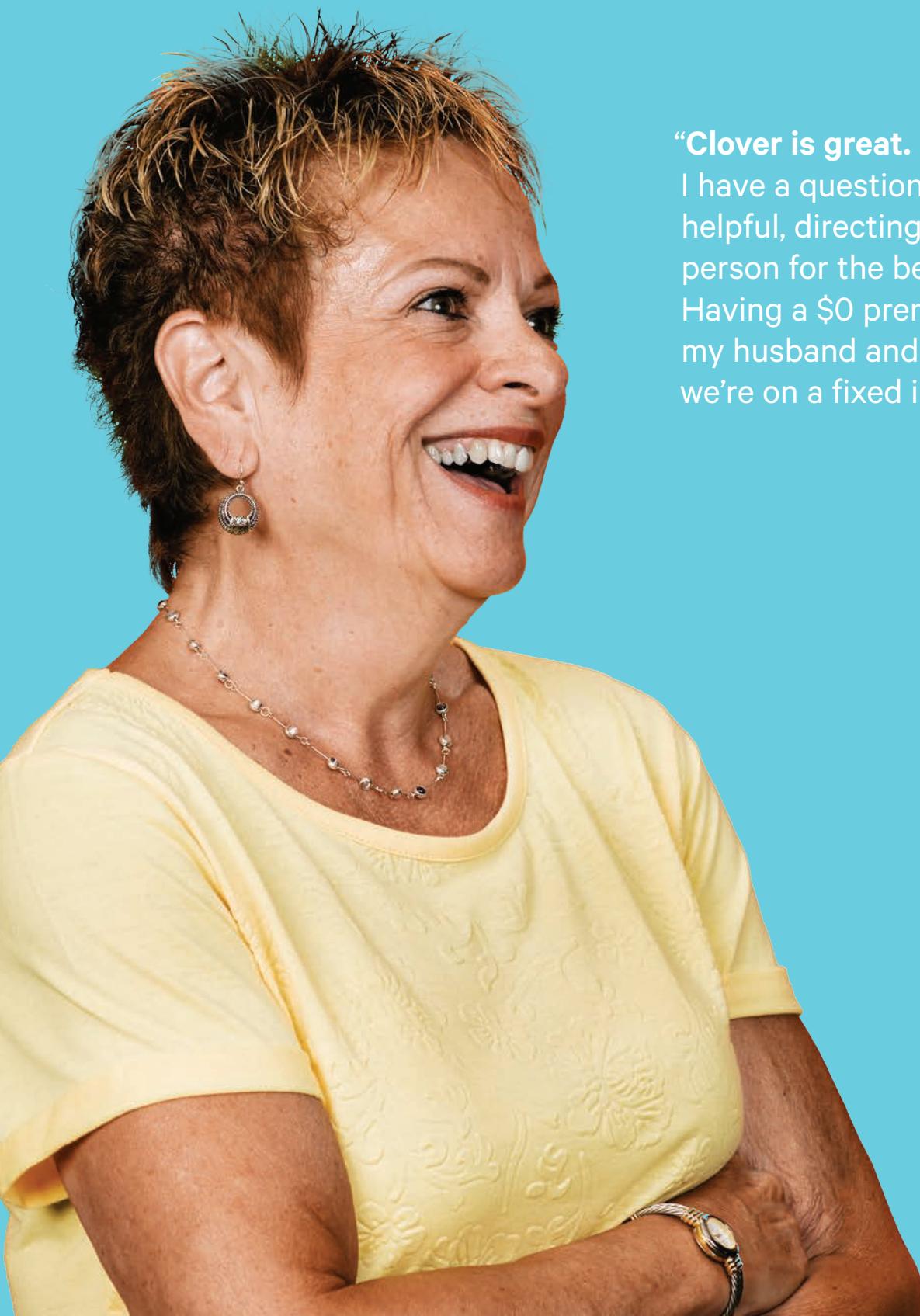
# Clover is a whole new kind of Medicare.



Learn how enrolling in Clover's Prestige PPO health plan  
can provide you with better care at a lower cost.

Available in Bergen, Essex, Hudson, Monmouth, Somerset, and Union Counties

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**“Clover is great.** Every time I have a question, Clover is very helpful, directing me to the right person for the best answers. Having a \$0 premium plan helps my husband and I because we’re on a fixed income.”

**Judy,** Jersey City  
Clover Member

# Welcome to Medicare's Annual Enrollment Period.

Between **October 15 and December 7**, you can make changes to your existing Medicare plan for 2016. During this time, you can revisit your health benefits from last year and decide which plan may be best for you going forward.

Choosing which health insurance is right for you is a complex decision to make. That's why we've created this enrollment booklet—in order to give you an overview of the Medicare options available and the benefits of joining a Clover PPO plan.

**At Clover, we see healthcare differently.** With \$0 copays for primary care providers (PCPs), \$0 copays for specialists, \$0 prescription drug deductible, the same low copays in- and out-of-network, home visits with a personal clinical care team, and additional benefits, you get more with Clover than any other insurance plan.

**Learn more about the benefits of joining Clover or enroll in one of our healthcare plans by calling (888) 387-0192 (TTY 711) 8am-8pm EST, 7 days a week, or visiting [cloverhealth.com](http://cloverhealth.com)**

# Understanding your Medicare options

## What you need to know about Original Medicare:

**Original Medicare (Parts A and B)** is offered by the government and covers some of the costs of hospitals (Part A) and doctor visits (Part B)—but it may not offer the full coverage you need. For example, Original Medicare does not cover prescription drugs (Part D) or vision, dental, or hearing care. Additionally, Original Medicare can have high copays and coinsurance, which can lead to significant costs if you need to visit the hospital.

If you need coverage beyond Original Medicare, you may purchase supplemental or secondary insurance, like Medigap. Some of these plans offer coverage for prescription drugs (Part D) or you can purchase Part D coverage alone. Either way, these options can be very costly.

## Why you may benefit from a Medicare Advantage plan:

**Medicare Advantage plans (also known as Part C plans)** give you all the coverage of Original Medicare and often include Part D prescription drug coverage. In addition, Medicare Advantage plans may offer services such as dental and vision benefits, and may include hearing and health and wellness programs.

## Why you should consider Clover:

**Clover is a Medicare Advantage plan (Part C)** that covers hospitals and doctor visits like Original Medicare, and includes Part D prescription coverage—all in one. But we don't stop there. With Clover, you have access to better prescription drug coverage than standalone Part D plans, as well as additional benefits that focus on keeping you healthy—all at a low cost.

	Original Medicare	Other Medicare Advantage Plans	Clover
Out-of-Pocket Costs to See a Doctor	Yes (coinsurance and deductible)	Yes (for some plans)	No (\$0 copays for both PCPs and specialists)
Higher Costs to Visit a Doctor or Facility Out-of-Network	No	Yes (for all plans)	No (Same copays in- and out-of-network)
Required Referrals for Specialists	No	Yes (for some plans)	No
Prescription Coverage	No	Yes (for most plans)	Yes (\$0 prescription drug deductible)
Vision Coverage	Limited	Yes (for most plans)	Yes
Hospital Care Copays	Yes	Yes	No (\$0 copay for unlimited days in- and out-of-network)

# Clover has the same low costs in- and out-of-network.

Clover health plans are truly open PPOs. You can see any doctor in any facility that accepts Medicare nationwide with **no difference in cost**. \$0 or low copays for out-of-network doctors and facilities are **always** the same as in-network.

CLOVER 2016 PRESTIGE PPO	
<b>Eligibility</b>	Resident of Bergen, Essex, Hudson, Monmouth, Somerset, or Union County, eligible for Medicare, and do not have end-stage renal disease (ESRD)
<b>Monthly Premium* (Plan/Part D)</b>	<b>\$178</b>
<b>Medical Deductible</b>	<b>\$0</b> for doctor visits and preventive services; <b>\$750</b> yearly max for other covered services
<b>Primary Care Copay</b>	<b>\$0</b> — Regardless of which Medicare doctor you visit
<b>Specialist Copay</b>	<b>\$0</b> — Regardless of which Medicare doctor you visit
<b>Inpatient Hospital Copay</b>	<b>\$0 Unlimited Coverage</b> Regardless of which hospital you visit
<b>Maximum Out-of-Pocket Costs</b>	<b>\$750</b> — Regardless of which Medicare doctor or facility you visit; once met, there is no cost-sharing for benefits (excluding Part D)
<b>Prescription Drug Copay (Preferred Network)</b>	T1 (preferred generic drugs): from <b>\$0</b> T2 (nonpreferred generic drugs): from <b>\$7</b> T3 (preferred brand drugs): from <b>\$40</b> T4 (nonpreferred brand drugs): from <b>\$80</b> T5 (specialty tier drugs): <b>25% coinsurance</b>
<b>Prescription Drug Deductible</b>	<b>\$0</b> for all tiers
<b>Additional Benefits</b>	
<b>Vision</b>	<b>\$0</b> vision exam copay, <b>\$175</b> max benefit over 2 years
<b>Personal Care Team</b>	Access to one-on-one home visits with nurse practitioners and wellness managers who can create a personalized care plan
<b>Health Club</b>	Yearly membership to SilverSneakers® fitness program

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

**Enroll Today!**

# Choosing the right healthcare plan for you

Consider the following questions when selecting a healthcare plan that will meet your individual needs.

THINK ABOUT...	YES	NO	WHY IT MATTERS
<b>Do you need prescription drug coverage?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Medicare doesn't cover your prescription drugs (Part D), which may be key to maintaining your health and independence as you get older. Clover includes Part D coverage, and is designed to keep your prescription costs low and predictable with \$0 copays for preferred generic drugs.
<b>Do you need vision coverage?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Medicare doesn't offer full vision coverage, which may be important to you. Clover offers additional vision benefits at no additional cost to you.
<b>Do you want to see a specialist without a referral?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Many Medicare Advantage plans require you to get a referral from your PCP before seeing a specialist. Clover lets you see any specialist without a referral from your PCP first.
<b>Do you have a copay to visit your PCP?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	While other Medicare Advantage plans may charge you a copay to visit your PCP, Clover charges \$0—with unlimited access to Medicare doctors around the country.
<b>Do you want the freedom to visit any doctor or hospital in the country?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Medicare Advantage plans charge more for out-of-network doctors or hospitals, while Clover lets you see any doctor in any facility that accepts Medicare nationwide with no difference in cost.
<b>Could you benefit from a one-on-one home visit from a team of clinical care specialists?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	On the road to wellness, sometimes you need a little extra help. Our team at Clover works together with your doctor to predict those times, and sends a nurse practitioner or wellness manager to lend a hand at home.

To enroll in a Clover PPO plan, give us a call, visit [cloverhealth.com](http://cloverhealth.com), or complete the enrollment form at the back of this brochure.



## **2016 SUMMARY OF BENEFITS**

Clover Health Prestige (PPO)  
(Bergen, Essex, Hudson, Monmouth,  
Somerset and Union Counties)

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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## **Section One – Introduction to Summary of Benefits**

Thank you for your interest in Clover Health Prestige (PPO). Our plan is offered by Clover Health, a Medicare Advantage Preferred Provider Organization (PPO), that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Clover Health and ask for the "Evidence of Coverage."

### **YOU HAVE CHOICES IN YOUR HEALTHCARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Clover Health Prestige (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Clover Health at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **HOW CAN I COMPARE MY OPTIONS?**

You can compare Clover Health Prestige (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### **WHERE IS CLOVER HEALTH PRESTIGE (PPO) AVAILABLE?**

The service area for Clover Health Prestige (PPO) includes: Bergen, Essex, Hudson, Monmouth, Somerset and Union counties in New Jersey. You must live in one of these counties to join the plan.

### **WHO IS ELIGIBLE TO JOIN CLOVER HEALTH PRESTIGE (PPO)?**

You can join Clover Health Prestige (PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Clover Health Prestige (PPO) unless they are members of our organization and have been when their dialysis began.

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## **CAN I CHOOSE MY DOCTORS?**

Clover Health Prestige (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at [www.cloverhealth.com](http://www.cloverhealth.com). Our customer service number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network. You may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Clover Health Prestige (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.cloverhealth.com](http://www.cloverhealth.com). Our customer service number is listed at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Clover Health Prestige (PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Clover Health Prestige (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our website at [www.cloverhealth.com](http://www.cloverhealth.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

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## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Clover Health Prestige (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. If you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Clover Health Prestige (PPO) you have the right to request a prescription determination, which includes the right to request an exception, the right to file an appeal if

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we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Clover Health for more details at (888) 657-1207.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Clover Health for more details at (888) 657-1207.

- *Some Antigens:* If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- *Osteoporosis Drugs:* Injectable osteoporosis drugs for some women.
- *Erythropoietin (Epoetin Alfa or EpoGen®):* By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- *Hemophilia Clotting Factors:* Self-administered clotting factors if you have hemophilia.
- *Injectable Drugs:* Most injectable drugs administered incident to a physician's service.
- *Immunosuppressive Drugs:* Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.

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- *Some Oral Cancer Drugs:* If the same drug is available in injectable form.
- *Oral Anti-Nausea Drugs:* If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

## WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Clover Health for more information about Clover Health (888) 657-1207 or visit us at [www.cloverhealth.com](http://www.cloverhealth.com).

### **Customer Service Hours for October 1 – February 14:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m.-8:00 p.m. EST

### **Customer Service Hours for February 15 – September 30:**

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m.-8:00 p.m. EST

Current and Prospective members should call toll-free (888) 657-1207 for questions related to the Medicare Advantage Program. (TTY/TDD 711)

Current and Prospective members should call toll-free (888) 657-1207 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 711)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.  
Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

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Esta información está disponible en otros idiomas de manera gratuita. Si desea más información, comuníquese con Servicios al Cliente al 1-888-657-1207. (Los usuarios de TTY/TDD deben llamar al 711). Nuestro horario de atenciónes de Lunes - Viernes 8 a.m. – 8 p.m. (EST). Las personas que no hablan inglés pueden solicitar el servicio gratuito de intérpretes a Servicios al Cliente.

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If you have any questions about this plan's benefits or costs, please contact Clover Health for details.

## Section Two – Summary of Benefits

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
<b>IMPORTANT INFORMATION</b> <b>1. Premium and Other Important Information</b>	<p>In 2014 the monthly Part B Standard Premium is \$104.90 and the annual Part B deductible amount is \$147.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b></p> <p>\$178 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copay for out-of-network physician services,</p>

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Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p>the higher Medicare "limiting charge" does not apply.</p> <p>See the publications Medicare &amp; You or Your Medicare Benefits available on <a href="http://www.medicare.gov">www.medicare.gov</a> for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.</p> <p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit <a href="http://www.medicare.gov/physician">www.medicare.gov/physician</a> or <a href="http://www.medicare.gov/supplier">www.medicare.gov/supplier</a>. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p><b>In-Network</b> \$750 out-of-pocket limit for Medicare-covered services.</p> <p><b>Out-of-Network</b> \$750 out-of-pocket limit for Medicare-covered services.</p>
<b>2. Doctor and Hospital Choice</b>  (For more information see Emergency #15 and Urgently Needed Care #16)	You may go to any doctor, specialist, or hospital that accepts Medicare.	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>Out-of-Network</b> You can go to doctors, specialists, and hospitals in or out of the network. It may cost more to go out of network.</p>

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Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
<b>INPATIENT CARE</b>  <b>3. Inpatient Hospital Care</b>  (Includes Substance Abuse and Rehabilitation Services)	<p>In 2014 the amounts for each benefit period are:</p> <p><b>Days 1-60:</b> \$1,216 deductible</p> <p><b>Days 61-90:</b> \$304 per day</p> <p><b>Days 91-150:</b> \$608 per lifetime reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Authorizations rules may apply</p> <p>Our plan covers unlimited number of days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 364 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 364 days.</p> <p><b>For Medicare-covered hospital stays in-network &amp; out-of-network:</b> You pay \$0 copay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>If you get authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the highest cost-sharing you would pay at a network hospital.</p>
<b>4. Inpatient Mental Health Care</b>	<p>In 2014 the amounts for each benefit period was:</p> <p><b>Days 1-60:</b> \$1,216 deductible</p> <p><b>Days 61-90:</b> \$304 per day</p> <p><b>Days 91-150:</b> \$608 per</p>	<p>Authorization rules may apply.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are</p>

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Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p>lifetime reserve day</p> <p>You get up to 190-days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p><b>For Medicare-covered hospital stays in-network &amp; out-of-network:</b></p> <p>You pay \$0 copay.</p>
<p><b>5. Skilled Nursing Facility</b></p> <p>(In a Medicare-Certified skilled nursing facility)</p>	<p>In 2014 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p><b>Days 1-20:</b> \$0 per day  <b>Days 21-100:</b> \$152 per day</p> <p>These amounts may change in 2015.</p> <p>100 days for each benefit period.</p> <p>A “benefit period starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p>	<p><b>General</b>  Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b>  Plan covers up to 100 days each benefit period.</p> <p>No prior hospitalization stay is required.</p> <p><b>For SNF Stays In-Network &amp; Out-of-Network</b>  You pay \$0 copay for Medicare-covered SNF stays.</p>

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Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
<b>6. Home Health Care</b>  (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<b>General</b> Authorization rules may apply.  <b>In-Network &amp; Out-of-Network</b> \$0 copay for Medicare-covered home health visits.
<b>7. Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Clover Health Prestige (PPO).
<b>OUTPATIENT CARE</b>  <b>8. Doctor Office Visits</b>	20% coinsurance	<b>In-Network &amp; Out-of Network</b> \$0 copay for each Medicare-covered primary care visit.  \$0 copay for each Medicare-covered specialist visit.
<b>9. Chiropractic Services</b>	Supplemental routine care not covered.  20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<b>General</b> Authorization rules may apply.  <b>In-Network &amp; Out-of-Network</b> \$0 copay for each Medicare-covered chiropractic visit.

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Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
<b>10. Podiatry Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network &amp; Out-of-Network</b> \$0 copay for each Medicare-covered podiatry visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>
<b>11. Outpatient Mental Health Care</b>	<p>20% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for each Medicare-covered group therapy visit.</p> <p>\$0 copay for each Medicare-covered individual therapy visit.</p>
<b>12. Outpatient Substance Abuse Care</b>	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for Medicare-covered</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		individual therapy visits.  \$0 copay for Medicare-covered group therapy visits.
<b>13. Outpatient Services</b>	<p>20% coinsurance for doctor's services.</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center service.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility service.</p>
<b>14. Ambulance Services (medically necessary ambulance services)</b>	20% coinsurance for Medicare-covered ambulance benefit.	<p><b>General</b> Authorization rules may apply except in an emergency.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for Medicare-covered ambulance benefits.</p>
<b>15. Emergency Care</b>  (You may go to any emergency room if you reasonable believe you need emergency care)	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p>	<p><b>General</b> \$0 copay for Medicare-covered emergency room visits.</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency copay if you are admitted to the hospital.</p>	
<b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or set copay.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$0 copay for Medicare-covered urgently needed care visits.  If you are admitted to the hospital with 24-hour(s) for the same condition, you pay \$0 for the urgently needed care visit.
<b>17. Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network &amp; Out-of-Network</b> There may be limits on physical therapy, occupational therapy, and speech and hearing pathology visits. If so, there may be exceptions to these limits.

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p>\$0 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Pathology visits.</p>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>  <b>18. Durable Medical Equipment</b>  (Includes wheelchairs, oxygen, etc.)	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> You pay \$0 copay for Medicare-covered durable medical equipment.</p>
<b>19. Prosthetic Devices</b>  (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> You pay \$0 copay for Medicare-covered prosthetic devices.</p>
<b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b>  (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance for diabetes self-management training.  20% coinsurance for diabetes supplies.  20% coinsurance for diabetic therapeutic shoes or inserts.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b>            \$0 copay for Medicare-covered           <ul style="list-style-type: none"> <li>• Diabetes self-management training.</li> <li>• Diabetes monitoring supplies.</li> <li>• Therapeutic shoes and inserts.</li> </ul> </p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
<b>21. Diagnostic Tests, X-Rays, and Lab Services</b>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p><b>Lab Services:</b> Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for Medicare Covered:</p> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> <li>• Outpatient x-rays</li> <li>• Therapeutic radiology services</li> </ul>
<b>22. Cardiac and Pulmonary Rehabilitation Services</b>	<p>20% coinsurance for Cardiac Rehabilitation services.</p> <p>20% coinsurance for Pulmonary Rehabilitation services.</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation Services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for Medicare-covered Cardiac Rehabilitation Services.</p> <p>\$0 copay for Medicare-covered Pulmonary Rehabilitation Services.</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p>This applies to program services provided in a doctor's office. Specified cost-sharing for program services provided by hospital inpatient departments.</p>	
<b>PREVENTIVE SERVICES, WELLNESS/ EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS</b>  <b>23. Preventive Services, Wellness/Education and other Supplemental Benefit Programs</b>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic</li> <li>• Aneurysm Screening</li> <li>• Bone Mass Measurement</li> <li>• (Covered once every 24 months—more often if medically necessary)</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal</li> <li>• Cancer Screening. (Once every 2 years or once every year for women at high risk)</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza vaccine</li> <li>• Hepatitis B Vaccine for people at risk</li> </ul>	<p><b>General</b> Authorization rules may apply.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/Fitness Classes</li> </ul>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p><b>HIV Screening</b> NOTE: \$0 copay for HIV Screening, but you generally pay 20% of the Medicare approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk of infection, including anyone who asks for the test.</p> <p>Medicare Covers this test once every 12 months or up to 3 times during a pregnancy.</p> <p><b>Breast Cancer Screening (Mammogram)</b> NOTE: Medicare covers screening mammograms once every 12 months for all women 40 and older. Medicare covers one baseline mammogram for women between the ages of 35-39.</p> <p><b>Medical Nutritional Therapy Services</b> NOTE: Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be</p>	

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p>given by a registered dietician and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> <p><b>Personalized Prevention Plan Services (Annual Wellness Visit)</b></p> <p><b>Pneumococcal Vaccine</b> NOTE: You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <p><b>Prostate Cancer Screening</b></p> <p><b>Prostate Specific Antigen (PSA) test.</b> NOTE: Covered once a year for all men with Medicare over the age of 50.</p> <p><b>Smoking and Tobacco Cessation (counseling to stop smoking and tobacco use)</b> NOTE: Covered if ordered by a doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-</p>	

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p>to-face visits.</p> <p><b>Screening and behavioral counseling interventions in primary care to reduce alcohol use.</b></p> <p><b>Screening for depression in adults</b></p> <p><b>Screening for sexually transmitted infections (STI) and high intensity behavioral counseling to prevent STI's</b></p> <p><b>Intensive behavioral therapy for obesity</b></p> <p><b>Welcome to Medicare preventive visits (initial preventive physical exam)</b></p> <p>NOTE: When you join Medicare Part B, then you are eligible as follows: During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	
<b>24. Kidney Disease and Conditions</b>	20% coinsurance for renal dialysis.	<b>General</b> Authorization rules may apply.

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	20% coinsurance for kidney disease education services.	<p><b>In-Network &amp; Out-of-Network</b>            You pay \$0 copay for Medicare-covered renal dialysis.</p> <p>You pay \$0 copay for Medicare-covered kidney disease education services.</p>
<b>PRESCRIPTION DRUG BENEFITS</b>  <b>25. Outpatient Prescription Drugs</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>In-Network &amp; Out-of-Network</b>            You pay \$0 copay for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b>            This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.cloverhealth.com">www.cloverhealth.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p>you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits. Your provider must get prior authorization from Clover Health Prestige (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Clover Health Prestige (PPO) approves the exception, you will pay Tier 4 cost sharing for that drug.</p> <p><b>In-Network</b> \$0 annual deductible (Applies to tiers 3, 4 and 5)</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p><b>Initial Coverage</b></p> <p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$3,310:</p> <p><b>Preferred Retail Pharmacy</b></p> <p><u>Tier 1:</u></p> <p>\$0 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$0 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$0 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 2:</u></p> <p>\$7 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$14 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$21 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 3:</u></p> <p>\$40 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$80 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$120 copay for a three-month (90-day) supply of drugs in this tier.</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p><u>Tier 4:</u></p> <p>\$80 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$160 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$240 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 5:</u></p> <p>25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>25% coinsurance for a two-month (60-day) supply of drugs in this tier.</p> <p>25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Standard Retail Pharmacy</b></p> <p><u>Tier 1:</u></p> <p>\$4 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$8 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$12 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 2:</u></p> <p>\$12 copay for a one-month (30-day) supply of drugs in this tier.</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p>\$24 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$36 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 3:</u></p> <p>\$47 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$94 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$141 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 4:</u></p> <p>\$90 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$180 copay for a two-month (60-day) supply of drugs in this tier.</p> <p>\$270 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 5:</u></p> <p>25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>25% coinsurance for a two-month (60-day) supply of drugs in this tier.</p> <p>25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p><b>Mail Order</b></p> <p><u>Tier 1:</u></p> <p>\$0 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 2:</u></p> <p>\$14 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 3:</u></p> <p>\$80 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 4:</u></p> <p>\$160 copay for a three-month (90-day) supply of drugs in this tier.</p> <p><u>Tier 5:</u></p> <p>25% coinsurance for a three-month (90-day) supply of drugs in this tier. Long-Term Care Facility you pay the same as at a retail (preferred/standard) pharmacy.</p> <p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach \$3,310, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 45% for the plan's costs for brand drugs and 58% of the plan's costs for generic drugs until your yearly out-of-pocket</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
		<p>drug costs reach \$4,850.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copay for all other drugs.</li> </ul>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>  <b>26. Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> \$0 copay for Medicare-covered dental benefits, if medically necessary.</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
<b>27. Hearing Services</b>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network &amp; Out-of-Network</b> In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p>
<b>28. Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>This plan offers only Medicare-covered eye care and eye wear.</p>

# Clover

Benefit Category	Original Medicare	Clover Health Prestige (PPO) Plan
	<p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screening covered for people at risk.</p>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>\$0 copay for 1 Medicare-covered routine eye exam.</p> <p>\$0 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eyes.</p> <p>\$40 copay for Medicare-covered eyeglasses &amp; contact lenses (for up to 1 every two years).</p> <p>\$40 copay for Medicare-covered eyeglasses (frames &amp; lenses for up to 1 every two years).</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p>
<b>Over-the-Counter Items</b>	Not covered	Not covered
<b>Transportation</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Silver Sneakers</b>	Not covered	Basic gym membership to a network location. Visit <a href="http://www.silversneakers.com">www.silversneakers.com</a> for more information

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-657-1207. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-657-1207. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-657-1207。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-657-1207。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-657-1207. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-657-1207. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-657-1207. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-657-1207. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

# Clover

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-657-1207. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-657-1207. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: أَعْلَمُ لِلإِجَابَةِ مُجَانًا شَفْوَيٍ مُتَرْجِمُ خَدْمَاتٍ لِدِينِنَا أَوْ الْمَصْحِيَّةِ خَطْنَادِهِ وَلَدِيْكُمْ تَكُونُ قَدْ أَسْنَلَةَ أَرْبَةَ ا تَصْلِيْفَ قَوْقَطَفَوْرِيَّ ، مُتَرْجِمُ عَلَى لِمَحْصُولِيَّ الْمَخْدُرَاتِ الْلَّاْغَةِ يَتَحَدَّثُ شَخْصٌ 1-1207-657-888 | لِرَقْمِ عَلَى بَنَانِيَّةِ مُجاَزِيَّةِ خَدْمَةِ هَذَا . تَسْأَعِدُكَ أَنْ يَمْكُنْ / الإِنْكَلِيْزِيَّةِ

**Hindi:** हम किसी भी प्रश्न आप हो सकता है हमारे स्वास्थ्य या दवा की योजना के बारे में जवाब देने के लिए नि: शुल्क दुभाषिया सेवाओं हैं। एक दुभाषिया पाने के लिए, बस हमें 1-888-657-1207 पर फोन। कोई है जो अंग्रेजी/भाषा बोलती है आप मदद कर सकते हैं। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-657-1207 Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-657-1207. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-657-1207. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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

Clover Health – H5141

# 2016 Medicare Plan Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2016, Clover Health received the following Overall Star Rating from Medicare: ★★★ 3 stars

We received the following Summary Star Rating for Clover Health's health/drug plan services:

**Health Plan Services:** ★★ 2.5 stars

**Drug Plan Services:** ★★★★ 3.5 stars

The number of stars shows how well our plan performs.

★★★★★	5 stars- Excellent
★★★★	4 stars- Above average
★★★	3 stars- Average
★★	2 stars- Below average
★	1 star- Poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. EST at 855-593-5757 (toll-free) or 711 (TTY), from October 15 to December 7. Our hours of operation for the rest of the year are Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

Current members please call 888-657-1207 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

# Clover would love for you to join us.



Enroll in a Clover PPO plan between October 15 and December 7, unless you qualify for a Special Election Period.

- 1** Online at [cloverhealth.com](http://cloverhealth.com)
- 2** By calling (888) 387-0192 (TTY 711)  
Our representatives are available 7 days a week from 8am-8pm EST.
- 3** By mail or fax using the attached enrollment form

You can fax the completed enrollment form to (732) 412-4343 or mail it to:

Clover Health  
Harborside Financial Plaza 10  
3 Second Street, Suite 803  
Jersey City, NJ 07311

Be sure to keep a copy for your records.

Once you're enrolled with Clover (effective January 1, 2016), you'll receive your Welcome Kit and membership card by December 2015.

# Clover Health

## Informed Decision Guide

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This guide helps explain important information you need to be aware of before you enroll. Please read the information below. If you have any questions ask your Clover Representative or call Clover.

### Enrollment Periods

**Annual Enrollment, October 15th – December 7th**  
You may enroll in a Medicare Advantage (MA) plan.

#### Special Enrollment

In most cases, you must stay enrolled for the calendar year, starting the date your coverage begins. However, in certain situations you may be able to join, switch, or drop an MA plan at other times.

#### Initial (First-Time) Enrollment

If you are turning 65, you may enroll into an MA plan:

- Three months before your 65th birthday month.
- The month of your birthday.
- Three months after you 65th birthday.

### Disenrollment Methods

You have a right to leave the Clover plan by:

- Sending in a written request via fax or email to Clover.
- Completing a disenrollment form. To request a disenrollment form, call Clover toll-free at 1-888-657-1207 (TTY 711), 8 am - 8 pm Monday - Friday
- Calling Medicare at 1-800-MEDICARE (1-800-633-4227) to disenroll over the phone. Visit [www.medicare.gov](http://www.medicare.gov) for more information about Medicare. TTY: 1-877-486-2048. For Medicare help and information, contact the State Health Insurance Assistance Program at: 1-877-801-0044.

### Urgent Care

“Urgently needed care” is a non-emergency situation when:

- You need medical care right away because of an illness, injury, or condition that you did not expect or anticipate, but your health is not in serious danger.
- Because of the situation, it isn’t reasonable for you to obtain medical care from a network provider.

Ordinarily, these services are provided when you are out of the service area. In extraordinary cases, these are services provided when you are in the service area but plan providers are not available. Generally, these services may be received at designated urgent care centers or urgent care facilities.

### Emergency Care

When you have a “medical emergency,” you believe that your health is in serious danger. A medical emergency can include severe pain, a bad injury, a sudden illness, or a medical condition that is quickly getting much worse. In the case of an emergency, you do not have to stay within the network. You should dial 911 and use the nearest emergency room.

**(Continued on back)**

Clover Health is a Preferred Provider Organization (PPO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal. You can get this document in Spanish, or speak with someone about this information in other languages for free. Please call our Member Services at 1-888-657-1207 (TTY - 711) 8:00 a.m. to 8:00 p.m., Monday to Friday. Usted puede obtener este documento en español o hablar con alguien, de forma gratuita, acerca de esta información en otros idiomas. Llame al 1-888-657-1207 (TTY - 711) 8am - 8pm, de lunes a viernes.

## Rights and Protections

No matter what type of Medicare coverage you have, you have certain guaranteed rights. As a person with Medicare, you have the right to:

- Be treated with dignity and respect at all times.
- Be protected from discrimination.
- Have access to doctors, specialists, and hospitals.
- Have your questions about Medicare and Medicare Advantage answered.
- Learn about all of your treatment choices and participate in treatment decisions.
- Get information in a way you understand from Medicare, healthcare providers, and under certain circumstances, contractors.
- Get emergency care when and where you need it.
- Get a decision about healthcare payment or services, or prescription drug coverage.
- Get a review (appeal) of certain decisions about healthcare payment, coverage of services, or prescription drug coverage.
- File complaints (sometimes called grievances), including complaints about the quality of your care.
- Have your personal and health information kept private.

There are also protections built into the Medicare Advantage program:

- All health plans in the Medicare program agree to stay with the program for a full year at a time.
- If a plan decides to continue, you will receive a letter by September 30th explaining the upcoming year's plan changes.
- Even if a managed care plan leaves the program, you will not lose Medicare coverage.
- If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end.
- The letter will explain your options for healthcare coverage in your area and give you information about your right to get Medicare supplemental insurance coverage.
- You can choose another health plan if one is available, or you can receive care from the Original Medicare plan.

## Appeals and Grievances

- You have the right to an explanation from Clover about any bills you may receive for services not covered by our plan. We must tell you in writing why we will not pay for or approve a service and how you can file an appeal to ask us to change a decision.
- You can ask for a fast (expedited) appeal from Clover if a delay could seriously jeopardize your health. Clover must make a decision within 72 hours.
- Regarding Part D, if your appeal relates to a decision by us to deny a drug that is not on our formulary, your physician must indicate that all the drugs on any tier of our formulary would not be as effective to treat your condition as the requested off-formulary drug or would harm your health.

All of this information may be found in your Evidence of Coverage.

- Grievances are complaints that do not involve coverage decisions or claims payments.
- Grievances often relate to issues surrounding quality of care or provider services. Clover must say in writing how to file a grievance if you have a problem.
- Regarding Part D, any complaint or dispute, other than one that involves a coverage determination, expressing dissatisfaction with any aspect of the operations, activities, or behavior of a Part D plan sponsor, regardless of whether remedial action is requested. A grievance may also include a complaint that a Part D plan sponsor refused to expedite a coverage determination or re-determination

Examples of Grievances include:

- Quality of care, waiting times for appointments, office cleanliness, or condition of the doctor's office.

All of this information may be found in your Evidence of Coverage



**“Clover checks on you.**

They listen to you. They know you personally. I think their plan is very good; I've had other plans and I know what I'm talking about.”

**Millie,** Union City  
Clover Member

# Clover Health Enrollment Form

Please contact Clover Health if you need information in another language or format (Braille).

Check which plan you want to enroll in:		Please provide the following information:		
<input type="checkbox"/>	<b>Clover Health CarePoint \$0.00 Premium (Hudson County)</b>	LAST Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
<input type="checkbox"/>	<b>Clover Health Classic \$0.00 Premium (Atlantic, Bergen, Essex, Mercer, Monmouth, Passaic, Somerset, Union Counties)</b>	Birth Date:  (MM / DD / YYYY)	Home Phone: ( ____ ) ____ - ____	Alternate Phone: (Optional) ( ____ ) ____ - ____
<input type="checkbox"/>	<b>Clover Health Prestige \$178.00 Premium (Bergen, Essex, Hudson, Monmouth, Somerset, Union Counties)</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:	
<input type="checkbox"/>	<b>Clover Health Premier \$40 Part D Premium (Bergen, Essex, Hudson, Mercer, Passaic, Union Counties)</b>	Permanent Residence Street Address: (P.O Box is not allowed)		
		City:	County:	
		State:	Zipcode:	
<b>Mailing Address:</b> (only if different from your Permanent Residence Address)				
		City:	County:	
		State:	Zipcode:	
<b>Emergency Contact: (Optional)</b>				
		Relationship:	Phone:	

Please provide your Medicare Insurance Information:		
Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.	 MEDICARE      HEALTH INSURANCE	
Or use your Medicare card to complete this section. You must have Medicare Part A and Part B to join a Medicare Advantage Plan.	<b>Name of Beneficiary:</b>	
	Medicare Claim Number: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	<b>Hospital (Part A) Effective Date:</b> _____	
	<b>Medical (Part B) Effective Date:</b> _____	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Paying Your Plan Premium

### If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it.

You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. If you are assessed for a Part D Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration.

You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or Railroad Retirement Board.

#### **DO NOT pay Clover Health Plan the Part D-IRMAA.**

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs.

If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it.

**For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.**

**You can also apply for extra help online:** <http://www.socialsecurity.gov/prescriptionhelp>  
If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

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

#### Please select a premium payment option:

- Get a bill monthly.**
- Automatic deduction from your monthly Social Security/Railroad Retirement Board (RRB) benefit check.**

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read and review the following questions:**

Coordination of Benefits (other coverage)	Yes	No
Will you receive other prescription drug coverage in addition to Clover Health 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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:</b>		
Name of other coverage:		
ID # for this coverage:	Group # for this coverage:	

Coordination of Benefits (Long Term Care)	Yes	No
Are you a resident in a long-term care facility, such as a nursing home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If "yes," please provide the following information:</b>		
Name of Institution:		
Street Address:		
City:	State:	Phone #:

Please read and answer these important questions:	Yes	No
Do you have End Stage Renal Disease, or ESRD?  If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.	<input type="checkbox"/>	<input type="checkbox"/>
Are you enrolled in your State Medicaid program?  If yes, please provide your Medicaid number:	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in a long term care facility?	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Physician Selection

Please provide the name of your Primary Care Physician (PCP), clinic, or health center: (Optional)

**Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:**

- |  |   |
|--|---|
| <input type="checkbox"/> I am the person listed on this enrollment form or I am simply helping to complete this enrollment form. | <input type="checkbox"/> I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides. |
|--|---|

**Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:**

- |                                  |                                  |                                     |                                      |
|----------------------------------|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Braille | <input type="checkbox"/> Audio Tape | <input type="checkbox"/> Large Print |
|----------------------------------|----------------------------------|-------------------------------------|--------------------------------------|

Please contact Clover Health Plans at (888) 657-1207 if you need information in another format or language than what is listed above. Our office hours are: Monday thru Friday 8:00 am - 8:00 pm. TTY users should call 711.

### Special Election Period (SEP)

Please choose any that apply:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am new to Medicare.  |
| <input type="checkbox"/> | I recently moved outside the service area.   |
| <input type="checkbox"/> | I have both Medicare and Medicaid that helps pay for my Medicare premium.                                |
| <input type="checkbox"/> | I recently involuntarily lost my creditable drug coverage.   |
| <input type="checkbox"/> | I am losing coverage from an employer.   |
| <input type="checkbox"/> | I am currently receiving pharmacy assistance from the state to help pay for Medicare Prescription drugs. |
| <input type="checkbox"/> | I recently qualified for Medicare Part A/Part B.   |
| <input type="checkbox"/> | Other:   |



**If you currently have health coverage from an employer or union, joining Clover Health could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Clover.**

Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

**Please read and sign below:**

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

Clover Health is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Clover serves a specific service area. If I move out of the area that Clover serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Clover, I have the right to appeal plan decisions about payment or services if I disagree. I will read Evidence of Coverage document from Clover when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Clover coverage begins, I must get all of my health care from Clover, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Clover provides refunds for all covered benefits, even if I get services out of network.

Services authorized by Clover and other services contained in my Clover Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR CLOVER WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Clover, he/she may be paid based on my enrollment in Clover.

**Release of Information:** By joining this Medicare health plan, I acknowledge that Clover will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Clover will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1. this person is authorized under State law to complete this enrollment and 2. documentation of this authority is available upon request from Medicare.

**SIGNATURE:**

**TODAY'S DATE:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name:

Street Address:

Phone Number:

Relationship to the Enrollee:

**Office Use Only:**

Name of Staff member/agent/broker: (if assisted in enrollment)

Agent/Broker ID #:	GA #: (if applicable)		
Plan ID:	Effective Date of Coverage:		
ICEP/IEP:	AEP:	SEP: (type)	Not eligible:

# Clover Health

## Scope of Sales Appointment Confirmation Form

The Center for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please check which type of product(s) you want the agent to discuss.

### Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)**

A stand-alone drug plan that adds prescription drugs coverage to Original Medicare, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

### Medicare Advantage Plans (Part C) and Cost Plans

**Medicare Health Maintenance Organization (HMO)**

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMO's you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan**

Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers part D prescription drug coverage. PPO's have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan**

A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you-not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of network providers.

**Medicare Special Needs Plan (SNP)**

A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served includes people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan**

MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan**

In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare co insurance and deductibles.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you checked above.** Please note the person who will discuss the products is either employed or contracted by a Medicare plan. They do-not work directly for the Federal government. This individual may also be paid base on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

**Signature:** (the beneficiary or the authorized representative)

**Date:**

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

**Name:**

**Relationship to the Beneficiary:**

**Note:** Clover Health is a Preferred Provider Organization with a Medicare Contract.  
Enrollment in Clover depends on Contract Renewal.

**To be completed by agent:**

<b>Agent Name:</b>	<b>Agent Phone #:</b> ( ____ ) ____ - _____
<b>Beneficiary Name:</b>	<b>Beneficiary Phone #:</b> (optional) ( ____ ) ____ - _____

**Beneficiary Address:** (optional)

**Initial Method of Contact:** (Indicate here if beneficiary was a walk-in)

**Agent Signature:**

**Plan(s) the agent represented during this meeting:**

<b>Date Appointment Completed:</b>	<b>Note:</b> Scope of Appointment documentation is subject to CMS record retention requirements.
------------------------------------	--

**Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:**

**Reason SOA was not completed prior to Appointment (check all that apply)**

Unplanned attendance

Other:

Walk in

New SOA required (Consumer requested other Health Product information)

# Clover Health

## Statement of Understanding

**Welcome to Clover Health!** By checking each box, you confirm that your appointed sales agent has reviewed these items with you and that you understand all of the information presented to you.

### I understand that:

- |   |  |
|---|--|
| <input type="checkbox"/> My sales agent is a representative of Clover Health and <b>does not represent Medicare or any branch of the federal or state government</b> . When I enroll in a Clover Health plan, this agent will be compensated.   | <input type="checkbox"/> Once I enroll in a Clover Health, I will automatically be disenrolled from any other Medicare Advantage and/ or Part D plan.  |
| <input type="checkbox"/> My Clover Health plan will now provide all my Medicare health and/ or prescription drug coverage. I will use my Clover ID card instead of my Medicare card when I require medical services or visit the pharmacy.<br><b>Note: The plan I have chosen is not a Medicare Supplemental (Medigap) plan.</b>  | <input type="checkbox"/> I must continue to pay my monthly Medicare Part B premium <b>in addition to</b> the Clover monthly plan premium, if any.  |
| <input type="checkbox"/> I must live in Clover Health's service area to be eligible for this plan. If I move or remain outside the service area for more than 6 consecutive months, I will contact Clover Member Services to discuss my options.  | <input type="checkbox"/> My Part D Prescription Drug coverage includes only those drugs found in the plan's formulary, unless an exception has been granted.   |
| <input type="checkbox"/> My agent has reviewed the summary of benefits with me. I understand the plan's premium, part D deductible, all covered benefits, copays and coinsurance amounts. I understand that if I receive services outside of Clover, I will be responsible for a higher cost share. I understand that I can choose or be assigned a Primary Care Provider (PCP) and my PCP will be my first contact for medical services. | <input type="checkbox"/> I will not be covered by this plan until the Center for Medicare and Medicaid Service (CMS) can verify my eligibility. As a result, my actual "effective date" may be different from the one on my application. |
|   | <input type="checkbox"/> Any office visit, urgent care, or hospitalization may carry a copay or coinsurance obligation.  |
|   | <input type="checkbox"/> Clover will keep all of my personal health information confidential and secure.   |
|   | <input type="checkbox"/> I may file an appeal if I disagree with a coverage or payment decision.   |

### Enrollee Statement

**By signing this form, I certify that:** my agent has explained my plan benefits, reviewed the information in the enrollment packet, and informed me that Member Services will contact me to confirm that I am comfortable enrolling in my selected plan. I know that if I have additional questions, I may call the phone number on my agent's business card or Member Services. I have received a copy of my completed application, this form, and the enrollment package for my selected plan.

Enrollee:	Phone:
Medicare #:	Plan selected:
Legal Representative Name:	Phone:
Agent Signature:	Date:

Agent must submit a copy of this form with the enrollment application. Clover Health is a Preferred Provider Organization with a Medicare contract. Enrollment in Clover depends on Contract Renewal.

# **Clover would love for you to join us.**

**Enroll in a Clover PPO plan between  
October 15 and December 7, unless you  
qualify for a Special Election Period.**

**1 Online at [cloverhealth.com](http://cloverhealth.com)**

**2 By calling (888) 387-0192 (TTY 711)**

**Our representatives are available 7 days a week from 8am-8pm EST.**

**3 By mail or fax using the attached  
enrollment form**

**You can fax the completed enrollment form to (732) 412-4343 or mail it to:**

**Clover Health  
Harborside Financial Plaza 10  
3 Second Street, Suite 803  
Jersey City, NJ 07311**

**Be sure to keep a copy for your records.**

You can get this document in Spanish, or speak with someone about this information in other languages, for free. Please call our Member Services at (888) 657-1207 (TTY 711) 8am-8pm EST, 7 days a week.

Usted puede obtener este documento en español o hablar con alguien, de forma gratuita, acerca de esta información en otros idiomas. Llame al (888) 657-1207 (TTY 711) 8am-8pm (hora estándar del este), 7 días a la semana.

# Clover is here for you.

With our Prestige PPO plan, you have access to additional benefits that focus on keeping you healthy—all at a low cost.

## \$0 copays for primary care visits

See any PCP in any facility that accepts Medicare nationwide for free

## \$0 copays for specialist visits

See any specialist in any facility that accepts Medicare nationwide for free and without a referral

## \$0 prescription drug deductible

With \$0 preferred generic drug copays

## Same copays in- and out-of-network

See any doctor in any facility that accepts Medicare nationwide with no difference in cost

## No referrals required

See any specialist without having to visit a PCP first

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. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

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