

# **Clover**

## **2016 SUMMARY OF BENEFITS**

### **Clover Health CarePoint (PPO)**

### **(Hudson County)**

Clover Health is a Preferred Provider Organization(PPO) plan with a Medicare contract. Enrollment in Clover Health depends on Contract Renewal. H5141\_001\_SBV3\_Accepted



## Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

### You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Clover Health CarePoint (PPO)**).

### Tips for comparing your Medicare choices

This summary of Benefits booklet gives you a summary of what Clover Health CarePoint (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



# Clover

## Sections in this booklet

- Things to Know About **Clover Health CarePoint (PPO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-657-1207. 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 atenciones 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.

## Things to Know About Clover Health CarePoint (PPO)

### Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

### Clover Health CarePoint (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-888-657-1207.
- If you are not a member of this plan, call toll-free 1-888-657-1207.
- Our website: <http://www.cloverhealth.com>

### Who can join?

To join **Clover Health CarePoint (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following county in New Jersey: Hudson

### Which doctors, hospitals, and pharmacies can I use?

**Clover Health CarePoint (PPO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.



# Clover

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory at our website ([www.cloverhealth.com](http://www.cloverhealth.com)). Or call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.cloverhealth.com>.
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.



# Clover

## Summary of Benefits

January 1, 2016 - December 31, 2016

### Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

**How much is the monthly premium?** \$0 per month. In addition, you must keep paying your Medicare Part B premium.

**How much is the deductible?** \$150 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from deductible.

**Is there any limit on how much I will pay for my covered services?** Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

- \$6700 for services you receive from in-network providers.
- \$6700 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

**Is there a limit on how much the plan will pay?** Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.



# Clover

## Covered Medical and Hospital

Note:

Services with a <sup>1</sup> may require prior authorization.

## Outpatient Care and Services

### Acupuncture

Not covered

### Ambulance<sup>1</sup>

In-network: \$200 copay

Out-of-network: \$200 copay

If you are admitted to the hospital, you do not have to pay for the ambulance services.

### Chiropractic Care<sup>1</sup>

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):

- In-network: \$20 copay
- Out-of-network: \$20 copay

### Dental Services

Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):

- In-network: You pay nothing
- Out-of-network: You pay nothing

Medicare-covered dental benefits are for medically necessary services.

### Diabetes Supplies and Services<sup>1</sup>

Diabetes monitoring supplies:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Diabetes self-management training:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Therapeutic shoes or inserts:

- In-network: You pay nothing
- Out-of-network: You pay nothing



# Clover

**Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)<sup>1</sup>**

Diagnostic radiology services (such as MRIs, CT scans):

- In-network: \$150 copay
- Out-of-network: \$150 copay

Diagnostic tests and procedures:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Lab services:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Outpatient x-rays:

- In-network: \$30 copay
- Out-of-network: \$30 copay

Therapeutic radiology services (such as radiation treatment)

- In-network: \$30 copay
- Out-of-network: \$30 copay

**Doctor's Office Visits<sup>1</sup>**

Primary care physician visit:

- In-network: You pay nothing
- Out-of-network: You pay nothing

Specialist visit:

- In-network: 15 copay
- Out-of-network: \$15 copay

No referral required. You can go to any doctor or specialist in or out-of-network that accepts Medicare.

**Durable Medical Equipment (wheelchairs, oxygen, etc.)<sup>1</sup>**

In-network: 20% of the cost

Out-of-network: 20% of the cost

**Emergency Care**

\$75 copay

If you are admitted to the hospital with 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.



# Clover

## Foot Care (*podiatry services*)<sup>1</sup>

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:

- In-network: \$20 copay
- Out-of-network: \$20 copay

## Hearing Services<sup>1</sup>

Exam to diagnose and treat hearing and balance issues:

- In-network: \$20 copay
- Out-of-network: \$20 copay

In general, supplemental routine hearing exams and hearing aids are not covered.

## Home Health Care<sup>1</sup>

- In-network: You pay nothing
- Out-of-network: You pay nothing

Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)

## Mental Health Care<sup>1</sup>

Inpatient visit:

Our plan covers up to 190 in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental service provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 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 90 days.

In-network:

- \$260 copay per day for days 1 through 6
- You pay nothing per day for days 7 through 365

Out-of-network:

- \$260 copay you pay nothing per day for days 1 through 6
- You pay nothing per day for days 7 through 365

Outpatient group therapy visit:

- In-network: \$20 copay
- Out-of-network: \$20 copay

Outpatient individual therapy visit:



# Clover

- In-network: \$20 copay
- Out-of-network: \$20 copay

## Outpatient Rehabilitation<sup>1</sup>

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

- In-network: \$20 copay
- Out-of-network: \$20 copay

Occupational therapy visit:

- In-network: \$20 copay
- Out-of-network: \$20 copay

Physical therapy and speech and language therapy visit:

- In-network: \$20 copay
- Out-of-network: \$20 copay

This applies to program services provided in a doctor's office or outpatient setting. Benefit limitations may apply.

## Outpatient Substance Abuse<sup>1</sup>

Group therapy visit:

- In-network: \$20 copay
- Out-of-network: \$20 copay

Individual therapy visit:

- In-network: \$20 copay
- Out-of-network: \$20 copay

## Outpatient Surgery<sup>1</sup>

Ambulatory surgical center:

- In-network: \$200 copay
- Out-of-network: \$200 copay

Outpatient hospital:

- In-network: \$90-290 copay, depending on the service
- Out-of-network: \$90-290 copay, depending on the service

## Over-the-Counter Items

\$21 every quarter

## Prosthetic Devices (*braces, artificial limbs, etc.*)<sup>1</sup>

Prosthetic devices:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Related medical supplies:

- In-network: 20% of the cost



# Clover

- Out-of-network: 20% of the cost

## Renal Dialysis<sup>1</sup>

In-network: 20% of the cost

Out-of-network: 20% of the cost

## Transportation

Not covered

## Urgently Needed Services

\$40 copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the "Inpatient Hospital Care" section of this booklet for other costs.

## Vision Services<sup>1</sup>

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):

- In-network: \$20 copay
- Out-of-network: \$20 copay

Routine eye exam (for up to 1 every year):

- In-network: \$20 copay
- Out-of-network: only covered if medically necessary.

Contact lenses (for up to 1 every two years):

- In-network: \$40 copay
- Out-of-network: \$40 copay

Eyeglasses (frames and lenses) (for up to 1 every year):

- In-network: \$40 copay
- Out-of-network: \$40 copay

Eyeglass frames (for up to 1 every two years):

- In-network: \$40 copay
- Out-of-network: \$40 copay

Eyeglass lenses (for up to 1 every two years):

- In-network: \$40 copay
- Out-of-network: \$40 copay

Eyeglasses or contact lenses after cataract surgery:

- In-network: You pay nothing
- Out-of-network: You pay nothing



# Clover

Our plan pays up to \$175 every two years for eyewear from any provider.

## Preventive Care<sup>1</sup>

- In-network: You pay nothing
- Out-of-network: You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

## Health Club

Basic gym membership to a network location. Visit [www.silversneakers.com](http://www.silversneakers.com) for more information.

## Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.



# Clover

## Inpatient Care

### Inpatient Hospital Care<sup>1</sup>

Our plan covers 365 days for an inpatient hospital stay.

Our plan also covers 60 lifetime reserve days. "These are "extra" days that we cover. If your hospital stay is longer than 365 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 365 days.

- In Network:
  - \$290 copay per day for days 1 through 6
  - You pay nothing per day for days 7 through 90
  - You pay nothing per day for days 91 through 365
- Out-of-network:
  - \$290 copay per day for days 1 through 6
  - You pay nothing per day for days 7 through 365

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

### Inpatient Mental Health Care

For inpatient mental health care, see the "Mental Health Care" section of this booklet.

### Skilled Nursing Facility (SNF)<sup>1</sup>

Our plan covers up to 100 days in a SNF.

- In-network:
  - You pay nothing per day for the days 1 through 20
  - \$160 copay per day for days 21 through 100
- Out-of-network:
  - You pay nothing per day for days 1 through 20
  - \$160 copay per day for days 21 through 100



# Clover

## Prescription Drug Benefits

### How much do I pay?

For Part B drugs such as chemotherapy drugs<sup>1</sup>:

In-network: 20% of the cost

Out-of-network: 20% of the cost

Other Part B drugs<sup>1</sup>:

- In-network: 20% of the cost
- Out-of-network: 20% of the cost

Some drugs have quantity limits. Your provider must get prior authorization from Clover Health CarePoint (PPO) for certain drugs. 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

### Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

### Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost



# Clover

## Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$35 copay	\$70 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$85 copay	\$170 copay	\$255 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost

## Standard Mail Order Cost-Sharing

Tier	Three-month supply
Tier 1 (Preferred Generic)	\$0
Tier 2 (Generic)	\$20 copay
Tier 3 (Preferred Brand)	\$70 copay
Tier 4 (Non-Preferred Brand)	\$170 copay
Tier 5 (Specialty Tier)	25% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

## Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.



# Clover

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.