Clover Health

New Jersey Clover Health Choice Value (PPO) (007)

Your Annual Notice of Change
2023 New Jersey Clover Health Choice Value (PPO) (007)

Clover Health Choice Value (PPO) offered by Clover Health

Annual Notice of Changes for 2023

You are currently enrolled as a member of Clover Health Choice Value. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.cloverhealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital)
- Review the changes to our drug coverage, including authorization requirements and costs
- Think about how much you will spend on premiums, deductibles, and cost sharing

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
   - If you don't join another plan by December 7, 2022, you will stay in Clover Health Choice Value.
   - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Clover Health Choice Value.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-888-778-1478 for additional information. (TTY/TDD users should call 711.) Hours are 8 am–8 pm, local time, 7 days a week. From April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About *Clover Health Choice Value*

- Clover Health is a Preferred Provider Organization (PPO) with a Medicare contract. Enrollment in Clover Health depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Clover Health (Plan/Part D Sponsor). When it says "plan" or "our plan," it means Clover Health Choice Value.

Annual Notice of Changes for 2023
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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Clover Health Choice Value in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$37.10	$35
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: $7,550 From network and out-of-network providers combined: $7,550	From network providers: $6,600 From network and out-of-network providers combined: $12,450
Doctor office visits	**In-Network** Primary care visits: $0 copay per visit Specialist visits: $5 copay per visit **Out-of-Network** Primary care visits: $0 copay per visit Specialist visits: $5 copay per visit	**In-Network** Primary care visits: $0 copay per visit Specialist visits: $5 copay per visit **Out-of-Network** Primary care visits: $0 copay per visit Specialist visits: $40 copay per visit
Inpatient hospital stays	**In-Network** $340 copay per day for days 1-4 and $0 copay per day for days 5-365 for each Medicare-covered hospital stay.	**In-Network** $340 copay per day for days 1-4 and $0 copay per day for days 5-365 for each Medicare-covered hospital stay.

Cost	2022 (this year)	2023 (next year)
	Out-Of-Network $340 copay per day for days 1-4 and $0 copay per day for days 5-365 for each Medicare-covered hospital stay.	**Out-Of-Network** $545 copay per day for days 1-4 and $0 copay per day for days 5-365 for each Medicare-covered hospital stay.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $480 (applies to Tier 2, 3, 4 and 5) Copayment/Coinsurance during the Initial Coverage Stage for Standard/Preferred: • Drug Tier 1: $12 copay/$2 copay • Drug Tier 2: 25% coinsurance/ 22% coinsurance • Drug Tier 3: 25% coinsurance/ 22% coinsurance • Drug Tier 4: 25% coinsurance/ 25% coinsurance • Drug Tier 5: 25% coinsurance/ 25% coinsurance	Deductible: $480 (applies to Tier 2, 3, 4 and 5) Copayment/Coinsurance during the Initial Coverage Stage for Standard/Preferred: • Drug Tier 1: $12 copay/$2 copay • Drug Tier 2: 25% coinsurance/ 22% coinsurance • Drug Tier 3: 25% coinsurance/ 22% coinsurance • Drug Tier 4: 25% coinsurance/ 25% coinsurance • Drug Tier 5: 25% coinsurance/ 25% coinsurance

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$37.10	$35

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550	$6,600 Once you have paid $6,600 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$7,550	$12,450 Once you have paid $12,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.cloverhealth.com/en/members/find-provider. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	**Out-Of-Network** $340 copay per day for days 1-4 and $0 copay per day for days 5-365 for each Medicare-covered hospital stay.	**Out-Of-Network** $545 copay per day for days 1-4 and $0 copay per day for days 5-365 for each Medicare-covered hospital stay.
Inpatient Mental Health stays	**Out-Of-Network** $340 copay per day for days 1-4 and $0 copay per day for days 5-90 for each Medicare-covered hospital stay.	**Out-Of-Network** $545 copay per day for days 1-4 and $0 copay per day for days 5-90 for each Medicare-covered hospital stay.
Skilled Nursing Facility	**In-Network** $0 copay per day for days 1-20 and $188 copay per day for days 21-100 **Out-Of-Network** You pay 30% coinsurance per stay	**In-Network** $0 copay per day for days 1-20 and $196 copay per day for days 21-100 **Out-Of-Network** You pay 40% coinsurance per stay

Cost	2022 (this year)	2023 (next year)
Cardiac & Pulmonary Rehab Services (Includes Intensive Cardiac Rehab and SET for PAD)	**Out of Network** You pay a $50 copay	**Out of Network** You pay a $40 copay
Emergency Services	**In-Network** $90 copay **Out-Of-Network** $90 copay	**In-Network** $95 copay **Out-Of-Network** $95 copay
Worldwide Emergency, Urgent, and Ambulance Services	This was not an offered benefit	You pay a $95 copay for worldwide emergency services. You pay a $40 copay for worldwide urgent services. You pay a $250 copay for worldwide ambulance services. Clover Health Choice Value (PPO) covers up to $25,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.
Partial Hospitalization	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a 40% coinsurance

Cost	2022 (this year)	2023 (next year)
Home Health	**Out-of-Network** You pay a 30% coinsurance	**Out-of-Network** You pay a 50% coinsurance
Chiropractic Services	**Out-of-Network** You pay a $5 copay This service required an in-network authorization	**Out-of-Network** You pay a $40 copay This service does not require an authorization
Physical Therapy, Speech Therapy, and Occupational Therapy	**Out-of-Network** You pay a $50 copay	**Out-of-Network** You pay a $40 copay
Physician Specialist Services	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay
Mental Health and Psychiatric Specialty Services	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay
Podiatry Services	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay
Other Healthcare Professional	**Out-of-Network** You pay a $0-5 copay	**Out-of-Network** You pay a $0-40 copay
Opioid Treatment Services	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay

Cost	2022 (this year)	2023 (next year)
Outpatient Diagnostic Procedures, Tests, and Lab Services	**In-Network** Procedures and tests in an imaging center setting: $50 copay Lab services: $0 copay **Out-of-Network** Procedures and tests in an office setting: $50 copay Procedures and tests in a facility setting: $175 copay Lab services: $40 copay Therapeutic Radiology services: $60 copay	**In-Network** Procedures and tests in an imaging center setting: $100 copay Lab services: $0 copay at LabCorp labs; $10 copay at non-LabCorp labs **Out-of-Network** Procedures and tests in an office setting, imaging center, or facility: 40% coinsurance Lab services: $0-40 copay Therapeutic Radiology services: 40% coinsurance
Outpatient Hospital Services	**In-Network** You pay a $200 copay for this benefit. **Out-of-Network** You pay a $200 copay for this benefit.	**In-Network** You pay a $240 copay for this benefit. **Out-of-Network** You pay a 40% coinsurance for this benefit.

Cost	2022 (this year)	2023 (next year)
Outpatient Observation Services	**In-Network** You pay a $90 copay for this benefit. **Out-of-Network** You pay a $90 copay for this benefit.	**In-Network** You pay a $240 copay for this benefit. **Out-of-Network** You pay a 40% coinsurance for this benefit.
Ambulatory Surgical Center Services	**In-Network** You pay a $125 copay for this benefit. **Out-of-Network** You pay a $125 copay for this benefit.	**In-Network** You pay a $100 copay for this benefit. **Out-of-Network** You pay a 40% coinsurance for this benefit.
Outpatient Substance Abuse Services	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay
Outpatient Blood Services	**Out-of-Network** You pay a $0 copay	**Out-of-Network** You pay a $40 copay
Durable Medical Equipment (DME)	**Out-Of-Network** You pay a 20% coinsurance	**Out-Of-Network** You pay a 30% coinsurance
Prosthetic Medical Supplies	**Out-Of-Network** You pay a 20% coinsurance	**Out-Of-Network** You pay a 30% coinsurance

Cost	2022 (this year)	2023 (next year)
Dialysis Services	**Out-Of-Network** You pay a 20% coinsurance	**Out-Of-Network** You pay a 40% coinsurance
Over-the-Counter (OTC)	You had a $125 quarterly allowance	You have a $30 quarterly allowance
Special Supplemental Benefits for the Chronically Ill (SSBCI)	If you qualified with specific health conditions, you could use over-the-counter (OTC) allowance to buy approved OTC and/or grocery items.	The SSBCI benefit is not covered. The grocery benefit will be replaced with a rewards program that will not be subject to any health qualifications.
Medicare-covered Comprehensive Dental	**In-Network** You pay a $20 copay **Out-of-Network** You pay a $20 copay	**In-Network** You pay a $5 copay **Out-of-Network** You pay a $40 copay
Medicare-covered Eye Exams	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay
Medicare-covered Hearing Exams	**Out-of-Network** You pay a $5 copay	**Out-of-Network** You pay a $40 copay

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and you didn't receive this insert with this packet please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages."

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 2, 3, 4, and 5 drugs until you have reached the yearly deductible.	The deductible is $480. During this stage, you pay $12 cost sharing for drugs on Tier 1 Preferred Generic at standard pharmacies, $2 cost sharing for drugs on Tier 1 Preferred Generic at preferred pharmacies, and the full cost of drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty until you have reached the yearly deductible..	The deductible is $480. During this stage, you pay $12 cost sharing for drugs on Tier 1 Preferred Generic at standard pharmacies, $2 cost sharing for drugs on Tier 1 Preferred Generic at preferred pharmacies, and the full cost of drugs on Tier 2 Generic, Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network	Your cost for a one-month supply filled at a network pharmacy: **Preferred Generics (Tier 1):** *Standard cost sharing:* You pay $12 per prescription	Your cost for a one-month supply filled at a network pharmacy: **Preferred Generics (Tier 1):** *Standard cost sharing:* You pay $12 per prescription

Stage	2022 (this year)	2023 (next year)
pharmacy. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Preferred cost sharing:* You pay $2 per prescription **Generics (Tier 2):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 22% of the total cost **Preferred Brand (Tier 3):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 22% of the total cost **Non-Preferred Drug (Tier 4):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 25% of the total cost **Specialty (Tier 5):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 25% of the total cost	*Preferred cost sharing:* You pay $2 per prescription **Generics (Tier 2):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 22% of the total cost **Preferred Brand (Tier 3):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 22% of the total cost **Non-Preferred Drug (Tier 4):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 25% of the total cost **Specialty (Tier 5):** *Standard cost sharing:* You pay 25% of the total cost *Preferred cost sharing:* You pay 25% of the total cost

Stage	2022 (this year)	2023 (next year)
	_____ Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	_____ Once your total drug costs have reached $4,660 you will move to the next stage (the Coverage Gap Stage).

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Mailing address change for Requesting Reimbursement for Vision Services	Clover Health Attention: Medical Claims PO Box 2092 Jersey City, NJ 07303	EyeQuest PO Box 433 Milwaukee, WI 53201-0433
Mailing address change for Requesting Reimbursement for Dental Services	Clover Health Attention: Medical Claims PO Box 2092 Jersey City, NJ 07303	DentaQuest Claims PO Box 2906 Milwaukee, WI 53201-2906

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Clover Health Choice Value

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Clover Health Choice Value.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 7.2).

As a reminder, Clover Health (Plan/Part D sponsor) offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Clover Health Choice Value.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Clover Health Choice Value.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.

- – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New Jersey, the SHIP is called New Jersey SHIP.

New Jersey SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. New Jersey SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call New Jersey SHIP at 1-800-792-8820 (in state only) or 1-877-222-3737 (out of state). You can learn more about New Jersey SHIP by visiting their website (www.state.nj.us/humanservices/doas/services/ship/index.html).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** New Jersey has a program called Pharmaceutical Assistance to the Aged and Disabled (PAAD) for New Jersey and New Jersey Senior Gold Prescription Discount Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the New Jersey AIDS Drug Distribution Program (ADDP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-877-613-4533.

SECTION 7 Questions?

Section 7.1 – Getting Help from Clover Health Choice Value

Questions? We're here to help. Please call Member Services at 1-888-778-1478. (TTY/TDD only, call 711.) We are available for phone calls 8 am–8 pm, local time, 7 days a week. From

April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays. Calls to these numbers are free.

Read your *2023 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Clover Health Choice Value. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.cloverhealth.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.cloverhealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory)* and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-

medicare-and-you.pdf) or 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.

We're here to help.

Questions?

cloverhealth.com

1-888-778-1478 (TTY 711)
8 am–8 pm local time, 7 days/week*

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

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

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