

Clover Health

New Jersey 2023 Summary of Benefits



Clover Health LiveHealthy (PPO) (058)

Available in the following counties: Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Middlesex, Ocean, and Salem

Clover Health LiveHealthy Value (PPO) (059)

Available in the following counties: Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Ocean, and Salem

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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.**”

Sections in this booklet

- Things to Know About **Clover Health LiveHealthy (PPO) (plan 058)** and **Clover Health LiveHealthy Value (PPO) (plan 059)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document may be available in a non-English language. For additional information, call us at 1-888-778-1478 (TTY/TDD: 711).

Things to Know About Clover Health LiveHealthy (PPO) (plan 058) and Clover Health LiveHealthy Value (PPO) (plan 059)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m. local time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m. local time, Monday through Friday. Alternate technologies (for example, voicemail) will be used on the weekends and holidays. If you are a member of this plan, call us at 1-888-778-1478, TTY/TDD: 711.
- If you are not a member of this plan, call us at 1-888-466-5044, TTY/TDD: 711.
- Our website: cloverhealth.com

Who can join?

To join **Clover Health LiveHealthy (PPO) (plan 058)** and **Clover Health LiveHealthy Value (PPO) (plan 059)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and must live in our service area.

The service area for **Clover Health LiveHealthy (PPO) (plan 058)** includes the following counties in New Jersey: Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Middlesex, Ocean, and Salem

The service area for **Clover Health LiveHealthy Value (PPO) (plan 059)** includes the following counties in New Jersey: Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Ocean, and Salem

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

What do we cover?

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including 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, cloverhealth.com/formulary.
- Or, call us and we will send you a copy of the formulary.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary (Drug List) 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, what pharmacy you use, and what benefit stage you have reached. Later in this document we discuss the benefit stages that occur: Deductible Stage, Initial Coverage, Coverage Gap and Catastrophic Coverage.

**If you have any questions about this plan’s benefits or costs, please
contact Clover Health**

SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) |
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| MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES | | |
| Monthly Plan Premium | You do not pay a separate monthly plan premium for Clover Health LiveHealthy (PPO) (plan 058). You must continue to pay your Medicare Part B premium. | \$35.00 per month. In addition, you must keep paying your Medicare Part B premium. |
| Deductible | <p>Medical Deductible: Not Applicable.</p> <p>Prescription Drugs Deductible: \$150.</p> <p>During this stage, you pay the full cost of your Tier 3, 4, and 5 drugs. You stay in this stage until you have paid \$150 for your Tier 3, 4, and 5 drugs.</p> | <p>Medical Deductible: Not Applicable.</p> <p>Prescription Drugs Deductible: \$505.</p> <p>During this stage, you pay the full cost of your Tier 2, 3, 4, and 5 drugs. You stay in this stage until you have paid \$505 for your Tier 2, 3, 4, and 5 drugs.</p> |
| Maximum Out-of-Pocket Responsibility | <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$8,300 for services you receive from in-network providers. \$12,450 for services you receive from in and out-of-network providers combined. <p>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.</p> | <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$8,300 for services you receive from in-network providers. \$12,450 for services you receive from in and out-of-network providers combined. <p>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.</p> |

SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) |
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| Maximum Out-of-Pocket Responsibility | <p>The amount you pay for some services does not count toward your maximum out-of-pocket amount. These services are marked with an asterisk in the Evidence of Coverage (EOC).</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> | <p>The amount you pay for some services does not count toward your maximum out-of-pocket amount. These services are marked with an asterisk in the Evidence of Coverage (EOC).</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> |
| COVERED MEDICAL AND HOSPITAL BENEFITS Covered services that need approval in advance are marked in bold font in the Benefits Chart below. | | |
| Inpatient Hospital | <p><u>In-Network:</u> Days 1-6: \$370 Copay per day. Days 7-365: \$0 Copay per day.</p> <p><u>Out-of-Network:</u> Days 1-6: \$595 Copay per day. Days 7-365: \$0 Copay per day.</p> | <p><u>In-Network:</u> Days 1-6: \$350 Copay per day. Days 7-365: \$0 Copay per day.</p> <p><u>Out-of-Network:</u> Days 1-6: \$595 Copay per day. Days 7-365: \$0 Copay per day.</p> |
| Outpatient Hospital | <p><u>In-Network:</u> Outpatient surgery: \$390 copay.</p> <p><u>Out-of-Network:</u> Outpatient Surgery: 40% coinsurance.</p> <p>Surgery copay will be waived if there is a surgical procedure during a screening colonoscopy.</p> | <p><u>In-Network:</u> Outpatient surgery: \$375 copay.</p> <p><u>Out-of-Network:</u> Outpatient Surgery: 40% coinsurance.</p> <p>Surgery copay will be waived if there is a surgical procedure during a screening colonoscopy.</p> |
| Ambulatory Surgery Center | <p><u>In-Network:</u> \$200 Copay.</p> <p><u>Out-of-Network:</u> 40% Coinsurance.</p> | <p><u>In-Network:</u> \$175 Copay.</p> <p><u>Out-of-Network:</u> 40% Coinsurance.</p> |

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| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) |
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| Doctor's Office Visits | <p><u>In-Network:</u> Primary care physician visit: \$0 copay. Specialist visit: \$20 copay.</p> <p><u>Out-of-Network:</u> Primary care physician visit: \$30 copay. Specialist visit: \$50 copay.</p> | <p><u>In-Network:</u> Primary care physician visit: \$0 copay. Specialist visit: \$10 copay.</p> <p><u>Out-of-Network:</u> Primary care physician visit: \$30 copay. Specialist visit: \$50 copay.</p> |
| Preventive Care (e.g., flu vaccine, diabetic screenings) | <p><u>In-Network:</u> \$0 Copay for all preventive services covered under Original Medicare.</p> <p><u>Out-of-Network:</u> \$0 Copay for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> | <p><u>In-Network:</u> \$0 Copay for all preventive services covered under Original Medicare.</p> <p><u>Out-of-Network:</u> \$0 Copay for all preventive services covered under Original Medicare.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> |
| Emergency Care | <p><u>In-and-Out-of-Network:</u> \$95 Copay per visit.</p> <p>Worldwide Coverage: \$95 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$25,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p> | <p><u>In-and-Out-of-Network:</u> \$95 Copay per visit.</p> <p>Worldwide Coverage: \$95 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$25,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p> |

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| Urgently Needed Services | <p><u>In-and-Out-of-Network:</u> \$40 Copay per visit.</p> <p>Worldwide Coverage: \$40 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$25,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p> | <p><u>In-and-Out-of-Network:</u> \$30 Copay per visit.</p> <p>Worldwide Coverage: \$40 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$25,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p> |
| Diagnostic Services / Labs / Imaging | <p><u>In-Network:</u> Diagnostic tests and procedures – An Office setting: \$50 copay At an imaging center: \$100 copay At an Outpatient facility: \$175 copay</p> <p>Lab services: \$0 copay for services at LabCorp \$10 copay for services at non-LabCorp</p> <p>Advanced Radiology services (such as MRI, PET, CT, Nuclear medicine): At an Office setting or imaging center: \$100 copay At an Outpatient facility: \$175 copay</p> <p>X-rays services: \$30 copay</p> <p>Therapeutic radiology (radiation): \$60 copay</p> | <p><u>In-Network:</u> Diagnostic tests and procedures – An Office setting: \$50 copay At an imaging center: \$100 copay At an Outpatient facility: \$175 copay</p> <p>Lab services: \$0 copay for services at LabCorp \$10 copay for services at non-LabCorp</p> <p>Advanced Radiology services (such as MRI, PET, CT, Nuclear medicine): At an Office setting or imaging center: \$100 copay At an Outpatient facility: \$175 copay</p> <p>X-rays services: \$30 copay</p> <p>Therapeutic radiology (radiation): \$60 copay</p> |

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| Diagnostic Services / Labs / Imaging | <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures - Office setting, imaging center, or facility: 40% coinsurance</p> <p>Labs: 40% coinsurance</p> <p>Advanced Radiology services (such as MRI, PET, CT, Nuclear medicine): An office setting, imaging center, or facility: 40% coinsurance</p> <p>X-rays: 40% coinsurance</p> <p>Therapeutic radiology (radiation): 40% coinsurance</p> | <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures - Office setting, imaging center, or facility: 40% coinsurance</p> <p>Labs: 40% coinsurance</p> <p>Advanced Radiology services (such as MRI, PET, CT, Nuclear medicine): An office setting, imaging center, or facility: 40% coinsurance</p> <p>X-rays: 40% coinsurance</p> <p>Therapeutic radiology (radiation): 40% coinsurance</p> |
| Hearing Services | <p><u>In-Network:</u></p> <p>Medicare-covered diagnostic hearing exam: \$20 copay</p> <p>Routine hearing exam (1 per calendar year): \$0 copay</p> <p>Hearing aids (up to 2 aids per calendar year - one per ear per year): all types</p> <p>\$699 copay for Advanced aids through a TruHearing provider</p> <p>\$999 copay for Premium aids through a TruHearing provider</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered diagnostic hearing exam: \$50 copay</p> <p>Routine hearing exam (1 per calendar year): \$0 copay</p> <p>Hearing aids (up to 2 aids per calendar year - one per ear per year): all types</p> <p>\$999 copayment per aid</p> | <p><u>In-Network:</u></p> <p>Medicare-covered diagnostic hearing exam: \$10 copay</p> <p>Routine hearing exam (1 per calendar year): \$0 copay</p> <p>Hearing aids (up to 2 aids per calendar year - one per ear per year): all types</p> <p>\$699 copay for Advanced aids through a TruHearing provider</p> <p>\$999 copay for Premium aids through a TruHearing provider</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered diagnostic hearing exam: \$50 copay</p> <p>Routine hearing exam (1 per calendar year): \$0 copay</p> <p>Hearing aids (up to 2 aids per calendar year - one per ear per year): all types</p> <p>\$999 copayment per aid</p> |

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| Dental Services | <p><u>In-Network:</u></p> <p>Medicare Covered: \$20 Copay during an inpatient acute stay if medically necessary. Inpatient hospital copay rules apply.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (1 per calendar year): \$0 Copay. • Cleaning (for up to 2 per calendar year): \$0 Copay. • Dental X-rays (1 per calendar year): \$0 Copay. • Fluoride treatment (2 per calendar year): \$0 Copay. <p>Comprehensive dental services: Plan covers up to \$1200 per calendar year for combined in and out-of-network non-Medicare covered comprehensive dental services after you pay a \$20 copay for each service. Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, Other Oral/ Maxillofacial Surgery, and Other Services <p><u>Out-of-Network:</u></p> <p>Medicare Covered: \$50 Copay during an inpatient acute stay if medically necessary. Inpatient hospital copay rules apply.</p> | <p><u>In-Network:</u></p> <p>Medicare Covered: \$10 Copay during an inpatient acute stay if medically necessary. Inpatient hospital copay rules apply.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (1 per calendar year): \$0 Copay. • Cleaning (for up to 2 per calendar year): \$0 Copay. • Dental X-rays (1 per calendar year): \$0 Copay. • Fluoride treatment (2 per calendar year): \$0 Copay. <p>Comprehensive dental services: Plan covers up to \$1000 per calendar year for combined in and out-of-network non-Medicare covered comprehensive dental services after you pay a \$20 copay for each service. Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, Other Oral/ Maxillofacial Surgery, and Other Services <p><u>Out-of-Network:</u></p> <p>Medicare Covered: \$50 Copay during an inpatient acute stay if medically necessary. Inpatient hospital copay rules apply.</p> |

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| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) |
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| Dental Services | <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (1 per calendar year): \$0 Copay. • Cleaning (for up to 2 per calendar year): \$0 Copay. • Dental X-rays (1 per calendar year): \$0 Copay. • Fluoride treatment (2 per calendar year): \$0 Copay. <p>Comprehensive dental services: Plan covers up to \$1200 per calendar year for combined in and out-of-network non-Medicare covered comprehensive dental services after you pay a \$20 copay for each service. Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, Other Oral/ Maxillofacial Surgery, and Other Services <p>Supplemental dental benefits should be obtained from a provider in the DentaQuest network.</p> | <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (1 per calendar year): \$0 Copay. • Cleaning (for up to 2 per calendar year): \$0 Copay. • Dental X-rays (1 per calendar year): \$0 Copay. • Fluoride treatment (2 per calendar year): \$0 Copay. <p>Comprehensive dental services: Plan covers up to \$1000 per calendar year for combined in and out-of-network non-Medicare covered comprehensive dental services after you pay a \$20 copay for each service. Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics, Other Oral/ Maxillofacial Surgery, and Other Services <p>Supplemental dental benefits should be obtained from a provider in the DentaQuest network.</p> |
| Vision Services | <p><u>In-Network:</u></p> <p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$20 Copay.</p> <p>Routine eye exam (1 per calendar year): \$0 Copay.</p> <p>Medicare-covered eyeglasses or contact lenses (1 pair after each cataract surgery): \$0 Copay.</p> <p>Routine eyeglasses (lenses and/or frames) or contacts: \$0 Copay.</p> | <p><u>In-Network:</u></p> <p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$10 Copay.</p> <p>Routine eye exam (1 per calendar year): \$0 Copay.</p> <p>Medicare-covered eyeglasses or contact lenses (1 pair after each cataract surgery): \$0 Copay.</p> <p>Routine eyeglasses (lenses and/or frames) or contacts: \$0 Copay.</p> |

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| Vision Services | <p>Plan will pay up to \$100 per calendar year for combined in & out-of-network routine contacts or eyeglasses (lenses and/or frames). Supplemental routine vision benefits should be obtained from a provider in the EyeQuest network.</p> <p><u>Out-of-Network:</u> Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$50 Copay. Routine eye exam (1 per calendar year): \$0 Copay. Medicare-covered eyeglasses or contact lenses (1 pair after each cataract surgery): \$0 Copay Routine eyeglasses (lenses and/or frames) or contacts: \$0 Copay. Plan will pay up to \$100 per calendar year for combined in & out-of-network routine contacts or eyeglasses (lenses and/or frames). Supplemental routine vision benefits should be obtained from a provider in the EyeQuest network.</p> | <p>Plan will pay up to \$100 per calendar year for combined in & out-of-network routine contacts or eyeglasses (lenses and/or frames). Supplemental routine vision benefits should be obtained from a provider in the EyeQuest network.</p> <p><u>Out-of-Network:</u> Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$50 Copay. Routine eye exam (1 per calendar year): \$0 Copay. Medicare-covered eyeglasses or contact lenses (1 pair after each cataract surgery): \$0 Copay Routine eyeglasses (lenses and/or frames) or contacts: \$0 Copay. Plan will pay up to \$100 per calendar year for combined in & out-of-network routine contacts or eyeglasses (lenses and/or frames). Supplemental routine vision benefits should be obtained from a provider in the EyeQuest network.</p> |
| Mental Health Services | <p><u>In-Network:</u> Outpatient group therapy visit: \$20 Copay. Individual therapy visit: \$20 Copay.</p> <p><u>Out-of-Network:</u> Outpatient group therapy visit: \$50 Copay Individual therapy visit: \$50 Copay.</p> | <p><u>In-Network:</u> Outpatient group therapy visit: \$10 Copay. Individual therapy visit: \$10 Copay.</p> <p><u>Out-of-Network:</u> Outpatient group therapy visit: \$50 Copay. Individual therapy visit: \$50 Copay.</p> |

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| Skilled Nursing Facility (SNF) | <p><u>In-Network:</u> Days 1-20: \$0 Copay per day. Days 21-100: \$196 Copay per day.</p> <p><u>Out-of-Network:</u> 40% Coinsurance per day. Our plan covers up to 100 days each benefit period. No prior hospitalization stay is required.</p> | <p><u>In-Network:</u> Days 1-20: \$0 Copay per day. Days 21-100: \$196 Copay per day.</p> <p><u>Out-of-Network:</u> 40% Coinsurance per day. Our plan covers up to 100 days each benefit period. No prior hospitalization stay is required.</p> |
| Physical Therapy | <p><u>In-Network:</u> Physical therapy and speech and language therapy visit: \$20 Copay. Occupational therapy visit: \$20 Copay.</p> <p><u>Out-of-Network:</u> Physical therapy and speech and language therapy visit: \$50 Copay. Occupational therapy visit: \$50 Copay.</p> | <p><u>In-Network:</u> Physical therapy and speech and language therapy visit: \$10 Copay. Occupational therapy visit: \$10 Copay.</p> <p><u>Out-of-Network:</u> Physical therapy and speech and language therapy visit: \$50 Copay. Occupational therapy visit: \$50 Copay.</p> |
| Ambulance | <p><u>In-Network:</u> Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay.</p> <p><u>Out-of-Network:</u> Ground Ambulance: \$300 Copay. Air Ambulance: \$300 Copay.</p> | <p><u>In-Network:</u> Ground Ambulance: \$275 Copay. Air Ambulance: \$275 Copay.</p> <p><u>Out-of-Network:</u> Ground Ambulance: \$275 Copay. Air Ambulance: \$275 Copay.</p> |
| Transportation | Not Covered. | Not Covered. |

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| Medicare Part B Drugs | <p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 40% Coinsurance.</p> <p>Other Part B drugs: 40% Coinsurance.</p> | <p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 40% Coinsurance.</p> <p>Other Part B drugs: 40% Coinsurance.</p> |
| Foot Care (podiatry services) | <p><u>In-Network:</u></p> <p>Medicare-covered foot care: \$20 Copay.</p> <p>Routine foot care: Not covered.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered foot care: \$50 Copay.</p> <p>Routine foot care: Not covered.</p> | <p><u>In-Network:</u></p> <p>Medicare-covered foot care: \$10 Copay.</p> <p>Routine foot care: Not covered.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered foot care: \$50 Copay.</p> <p>Routine foot care: Not covered.</p> |
| Durable Medical Equipment | <p><u>In-Network:</u></p> <p>20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>30% Coinsurance.</p> | <p><u>In-Network:</u></p> <p>20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>30% Coinsurance.</p> |

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| Prosthetic Devices (braces, artificial limbs, etc.) | <p><u>In-Network:</u></p> <p>Prosthetic devices: 20% Coinsurance.</p> <p>Related medical supplies: 20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>Prosthetic devices: 30% Coinsurance.</p> <p>Related medical supplies: 30% Coinsurance.</p> | <p><u>In-Network:</u></p> <p>Prosthetic devices: 20% Coinsurance.</p> <p>Related medical supplies: 20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>Prosthetic devices: 30% Coinsurance.</p> <p>Related medical supplies: 30% Coinsurance.</p> |
| Diabetes Supplies and Services | <p><u>In-Network:</u></p> <p>Diabetes monitoring supplies from a pharmacy: \$0 Copay.</p> <p>Preferred products = One-Touch Test Strips & monitors and Accu-Chek Test Strips & monitors.</p> <p>Diabetes monitoring supplies from a DME supplier: 20% Coinsurance.</p> <p>Diabetes self-management training: \$0 Copay.</p> <p>Therapeutic shoes or inserts: \$0 Copay.</p> <p><u>Out-of-Network:</u></p> <p>Diabetes monitoring supplies from a pharmacy: \$0 Copay.</p> <p>Diabetes monitoring supplies from a DME supplier: 30% Coinsurance.</p> <p>Diabetes self-management training: \$0 Copay.</p> <p>Therapeutic shoes or inserts: \$0 Copay.</p> | <p><u>In-Network:</u></p> <p>Diabetes monitoring supplies from a pharmacy: \$0 Copay.</p> <p>Preferred products = One-Touch Test Strips & monitors and Accu-Chek Test Strips & monitors.</p> <p>Diabetes monitoring supplies from a DME supplier: 20% Coinsurance.</p> <p>Diabetes self-management training: \$0 Copay.</p> <p>Therapeutic shoes or inserts: \$0 Copay.</p> <p><u>Out-of-Network:</u></p> <p>Diabetes monitoring supplies from a pharmacy: \$0 Copay.</p> <p>Diabetes monitoring supplies from a DME supplier: 30% Coinsurance.</p> <p>Diabetes self-management training: \$0 Copay.</p> <p>Therapeutic shoes or inserts: \$0 Copay.</p> |

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| Wellness Program | \$0 copay for a gym membership through SilverSneakers®. | \$0 copay for a gym membership through SilverSneakers®. |
| Over-the-Counter | You pay a \$0 copay for select OTC products through our mail order service, up to a \$30 allowance. Members are eligible for the allowance every quarter to use towards the purchase of select over-the counter (OTC) products. Any unused amount will not be carried over to the next quarter. Allowances start over at the beginning of each quarter. | You pay a \$0 copay for select OTC products through our mail order service, up to a \$30 allowance. Members are eligible for the allowance every quarter to use towards the purchase of select over-the counter (OTC) products. Any unused amount will not be carried over to the next quarter. Allowances start over at the beginning of each quarter. |
| Dialysis Services | <u>In-Network:</u> 20% Coinsurance. <u>Out-of-Network:</u> 40% Coinsurance. | <u>In-Network:</u> 20% Coinsurance. <u>Out-of-Network:</u> 40% Coinsurance. |
| Lab services and tests for COVID-19 | <u>In-Network:</u> \$0 Copay. <u>Out-of-Network:</u> \$0 Copay. | <u>In-Network:</u> \$0 Copay. <u>Out-of-Network:</u> \$0 Copay. |
| PRESCRIPTION DRUG BENEFITS | | |
| Important Message About What You Pay for Vaccines | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information. | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information. |
| Important Message About What You Pay for Insulin | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. | You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. |

SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) | | | | | | | | | | | | | | | | | | | | | | | | |
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| Deductible Stage | During this stage, you pay the full cost of your Tier 3, 4, and 5 drugs. You stay in this stage until you have paid \$150 for your Tier 3, 4, and 5 drugs. | During this stage, you pay the full cost of your Tier 2, 3, 4, and 5 drugs. You stay in this stage until you have paid \$505 for your Tier 2, 3, 4, and 5 drugs. | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Coverage | <p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> | <p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| | Preferred Retail Cost-Sharing | Preferred Retail Cost-Sharing | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table><tr><th>Tier</th><th>30-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$2 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$12 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$47 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$100 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td></tr></table> | Tier | 30-day supply | Tier 1 (Preferred Generic) | \$2 copay | Tier 2 (Generic) | \$12 copay | Tier 3 (Preferred Brand) | \$47 copay | Tier 4 (Non-Preferred Drug) | \$100 copay | Tier 5 (Specialty Tier) | 30% coinsurance | <table><tr><th>Tier</th><th>30-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$2 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>22% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>22% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td></tr></table> | Tier | 30-day supply | Tier 1 (Preferred Generic) | \$2 copay | Tier 2 (Generic) | 22% coinsurance | Tier 3 (Preferred Brand) | 22% coinsurance | Tier 4 (Non-Preferred Drug) | 25% coinsurance | Tier 5 (Specialty Tier) | 25% coinsurance |
| | Tier | 30-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 1 (Preferred Generic) | \$2 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 2 (Generic) | \$12 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 3 (Preferred Brand) | \$47 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 4 (Non-Preferred Drug) | \$100 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 5 (Specialty Tier) | 30% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier | 30-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$2 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Tier</th><th>60-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$4 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$24 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$94 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$200 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td></tr></table> | Tier | 60-day supply | Tier 1 (Preferred Generic) | \$4 copay | Tier 2 (Generic) | \$24 copay | Tier 3 (Preferred Brand) | \$94 copay | Tier 4 (Non-Preferred Drug) | \$200 copay | Tier 5 (Specialty Tier) | 30% coinsurance | <table><tr><th>Tier</th><th>60-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$4 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>22% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>22% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td></tr></table> | Tier | 60-day supply | Tier 1 (Preferred Generic) | \$4 copay | Tier 2 (Generic) | 22% coinsurance | Tier 3 (Preferred Brand) | 22% coinsurance | Tier 4 (Non-Preferred Drug) | 25% coinsurance | Tier 5 (Specialty Tier) | 25% coinsurance | |
| Tier | 60-day supply | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$4 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | \$24 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | \$94 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | \$200 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 30% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier | 60-day supply | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$4 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
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SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <table><tr><th>Tier</th><th>100-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$36 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$141 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$300 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td></tr></table> | Tier | 100-day supply | Tier 1 (Preferred Generic) | \$0 copay | Tier 2 (Generic) | \$36 copay | Tier 3 (Preferred Brand) | \$141 copay | Tier 4 (Non-Preferred Drug) | \$300 copay | Tier 5 (Specialty Tier) | 30% coinsurance | <table><tr><th>Tier</th><th>100-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>22% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>22% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td></tr></table> | Tier | 100-day supply | Tier 1 (Preferred Generic) | \$0 copay | Tier 2 (Generic) | 22% coinsurance | Tier 3 (Preferred Brand) | 22% coinsurance | Tier 4 (Non-Preferred Drug) | 25% coinsurance | Tier 5 (Specialty Tier) | 25% coinsurance |
| | Tier | 100-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 1 (Preferred Generic) | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 2 (Generic) | \$36 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 3 (Preferred Brand) | \$141 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 4 (Non-Preferred Drug) | \$300 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 5 (Specialty Tier) | 30% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier | 100-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 1 (Preferred Generic) | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 2 (Generic) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 3 (Preferred Brand) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 4 (Non-Preferred Drug) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Standard Retail Cost-Sharing | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th>Tier</th><th>30-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$12 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$20 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$47 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$100 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td></tr></table> | Tier | 30-day supply | Tier 1 (Preferred Generic) | \$12 copay | Tier 2 (Generic) | \$20 copay | Tier 3 (Preferred Brand) | \$47 copay | Tier 4 (Non-Preferred Drug) | \$100 copay | Tier 5 (Specialty Tier) | 30% coinsurance | <table><tr><th>Tier</th><th>30-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$12 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>25% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>25% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td></tr></table> | Tier | 30-day supply | Tier 1 (Preferred Generic) | \$12 copay | Tier 2 (Generic) | 25% coinsurance | Tier 3 (Preferred Brand) | 25% coinsurance | Tier 4 (Non-Preferred Drug) | 25% coinsurance | Tier 5 (Specialty Tier) | 25% coinsurance | |
| Tier | 30-day supply | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$12 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | \$20 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | \$47 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | \$100 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 30% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier | 30-day supply | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$12 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
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SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <table><tr><th>Tier</th><th>60-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$24 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$40 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$94 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$200 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td></tr></table> | Tier | 60-day supply | Tier 1 (Preferred Generic) | \$24 copay | Tier 2 (Generic) | \$40 copay | Tier 3 (Preferred Brand) | \$94 copay | Tier 4 (Non-Preferred Drug) | \$200 copay | Tier 5 (Specialty Tier) | 30% coinsurance | <table><tr><th>Tier</th><th>60-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$24 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>25% coinsurance</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>25% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td></tr></table> | Tier | 60-day supply | Tier 1 (Preferred Generic) | \$24 copay | Tier 2 (Generic) | 25% coinsurance | Tier 3 (Preferred Brand) | 25% coinsurance | Tier 4 (Non-Preferred Drug) | 25% coinsurance | Tier 5 (Specialty Tier) | 25% coinsurance |
| | Tier | 60-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 1 (Preferred Generic) | \$24 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 2 (Generic) | \$40 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 3 (Preferred Brand) | \$94 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 4 (Non-Preferred Drug) | \$200 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 5 (Specialty Tier) | 30% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier | 60-day supply | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 1 (Preferred Generic) | \$24 copay | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 2 (Generic) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 3 (Preferred Brand) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tier 4 (Non-Preferred Drug) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
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SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <div>Mail Order<table><tr><th>Tier</th><th>100-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$8 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>\$130 copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>\$290 copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>30% coinsurance</td></tr></table></div> | Tier | 100-day supply | Tier 1 (Preferred Generic) | \$0 copay | Tier 2 (Generic) | \$8 copay | Tier 3 (Preferred Brand) | \$130 copay | Tier 4 (Non-Preferred Drug) | \$290 copay | Tier 5 (Specialty Tier) | 30% coinsurance | <div>Mail Order<table><tr><th>Tier</th><th>100-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>\$0 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>22% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td></tr></table></div> | Tier | 100-day supply | Tier 1 (Preferred Generic) | \$0 copay | Tier 2 (Generic) | \$0 copay | Tier 3 (Preferred Brand) | 22% coinsurance | Tier 4 (Non-Preferred Drug) | 25% coinsurance | Tier 5 (Specialty Tier) | 25% coinsurance |
| Tier | 100-day supply | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | \$8 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | \$130 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | \$290 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 30% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier | 100-day supply | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 1 (Preferred Generic) | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 2 (Generic) | \$0 copay | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 3 (Preferred Brand) | 22% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 4 (Non-Preferred Drug) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tier 5 (Specialty Tier) | 25% coinsurance | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Your cost-sharing may be different if you use a Long Term Care pharmacy, home infusion pharmacy, or an out-of-network pharmacy.</p> <p>Please call us or see the plan’s “Evidence of Coverage” on our website (cloverhealth.com) for complete information about your costs for covered drugs.</p> | <p>Your cost-sharing may be different if you use a Long Term Care pharmacy, home infusion pharmacy, or an out-of-network pharmacy.</p> <p>Please call us or see the plan’s “Evidence of Coverage” on our website (cloverhealth.com) for complete information about your costs for covered drugs.</p> | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION II - SUMMARY OF BENEFITS

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coverage Gap | <p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p> | <p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p> |
| Catastrophic Amount | <p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost. | <p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or • 5% of the cost. |

THESE ADDITIONAL ITEMS ARE NOT PART OF YOUR PLAN BENEFITS

REWARDS PROGRAM

| | Clover Health LiveHealthy (PPO) (plan 058) | Clover Health LiveHealthy Value (PPO) (plan 059) |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clover LiveHealthy Rewards® | <p>Get up to \$410 a year in LiveHealthy Rewards</p> <p>When you enroll in your Clover Health Medicare Advantage plan, you get a LiveHealthy Rewards Flex Visa card. Then, we add rewards dollars to your card as you satisfy our few simple Rewards requirements. For more information, please visit cloverhealth.com/livehealthy</p> | <p>Get up to \$410 a year in LiveHealthy Rewards</p> <p>When you enroll in your Clover Health Medicare Advantage plan, you get a LiveHealthy Rewards Flex Visa card. Then, we add rewards dollars to your card as you satisfy our few simple Rewards requirements. For more information, please visit cloverhealth.com/livehealthy</p> |

DISCLAIMERS

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-778-1478 (TTY/TDD: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-888-778-1478 (TTY/TDD: 711).

Clover Health has Local PPO plans with a Medicare contract. Enrollment in **Clover Health LiveHealthy (PPO) (plan 058)** and **Clover Health LiveHealthy Value (PPO) (plan 059)** 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, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

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

Health coverage is offered by Clover Health Insurance Company.

We're here to help.

 **1-888-778-1478 (TTY 711)**

8 am–8 pm local time, 7 days/week*

 **Visit us at cloverhealth.com/enroll**

*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.

Out-of-network/non-contracted providers are under no obligation to treat Clover Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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