

Clover Health

Georgia 2024 Summary of Benefits



Clover Health LiveHealthy (PPO) (026)

Clover Health LiveHealthy Value (PPO) (045)

Clover Health Valor (PPO) (056)

Available in the following counties: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Dougherty, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Thomas, Tift, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, and Worth

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, visit cloverhealth.com/eoc or call us and ask for the “**Evidence of Coverage.**”

Sections in this booklet

- Things to Know About **Clover Health LiveHealthy (PPO) (plan 026), Clover Health LiveHealthy Value (PPO) (plan 045) and Clover Health Valor (PPO) (plan 056)**
- 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).

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?

r Health LiveHealthy (PPO) (plan 026), Clover Health LiveHealthy Value (PPO) (plan 045), and Clover Health Valor (PPO) (plan 056), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and must live in the service area of the plan.

The service area for **Clover Health LiveHealthy (PPO) (plan 026)** includes the following county in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Bartow, Barrow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Dougherty, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Thomas, Tift, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, and Worth

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The service area for **Clover Health LiveHealthy Value (PPO) (plan 045)** includes the following county in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Bartow, Barrow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Dougherty, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattall, Taylor, Telfair, Terrell, Thomas, Tift, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, and Worth

The service area for **Clover Health Valor (PPO) (plan 056)** includes the following county in Georgia: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Bartow, Barrow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Dougherty, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Laurens, Lee, Liberty, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattall, Taylor, Telfair, Terrell, Thomas, Tift, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, and Worth

What do we cover?

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

Part D drugs **are not** covered for **Clover Health Valor (PPO) (plan 056)**.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

We cover Part D drugs for **Clover Health LiveHealthy (PPO) (plan 026)** and **Clover Health LiveHealthy Value (PPO) (plan 045)**. 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** 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?

Clover Health LiveHealthy (PPO) (plan 026) and **Clover Health LiveHealthy Value (PPO) (plan 045)**, group 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 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
Monthly Plan Premium (includes both medical and drug)	No plan premium. You must continue to pay your Medicare Part B premium.	\$35.50 per month. In addition, you must keep paying your Medicare Part B premium.	No plan premium. You must continue to pay your Medicare Part B premium.
Part B Premium Buy-Down	Not applicable.	Not applicable.	If your Part B Premium is \$100 or more, Clover offers a monthly \$100 subsidy towards your Part B premium every month that you are enrolled. Please refer to the EOC for more information.
Deductible	No deductible for medical. See Prescription drugs section for Part D deductible.	No deductible for medical. See Prescription drugs section for Part D deductible.	No deductible for medical. This plan does not offer Part D benefits.

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
<p>Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)</p>	<p>Your yearly maximums in this plan:</p> <ul style="list-style-type: none"> For services you receive from in-network providers: \$7,999. For services you receive from in and out-of-network providers combined: \$12,999. <p>Once you pay this amount in deductibles, copays, and coinsurance for services, your plan pays 100% for covered health services.</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>Your yearly maximums in this plan:</p> <ul style="list-style-type: none"> For services you receive from in-network providers: \$7,499. For services you receive from in and out-of-network providers combined: \$12,999. <p>Once you pay this amount in deductibles, copays, and coinsurance for services, your plan pays 100% for covered health services.</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>Your yearly maximums in this plan:</p> <ul style="list-style-type: none"> For services you receive from in-network providers: \$7,499. For services you receive from in and out-of-network providers combined: \$11,999. <p>Once you pay this amount in deductibles, copays, and coinsurance for services, your plan pays 100% for covered health services.</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>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
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: \$310 Copay per day. Days 7-365: \$0 Copay per day.</p> <p><u>Out-of-Network:</u> Days 1-6: \$410 Copay per day. Days 7-365: \$0 Copay per day.</p>	<p><u>In-Network:</u> Days 1-6: \$310 Copay per day. Days 7-365: \$0 Copay per day.</p> <p><u>Out-of-Network:</u> Days 1-6: \$410 Copay per day. Days 7-365: \$0 Copay per day.</p>	<p><u>In-Network:</u> Days 1-6: \$360 Copay per day. Days 7-365: \$0 Copay per day.</p> <p><u>Out-of-Network:</u> Days 1-6: \$495 Copay per day. Days 7-365: \$0 Copay per day.</p>
Outpatient Hospital	<p><u>In-Network:</u> Outpatient surgery: \$375 copay.</p> <p><u>Out-of-Network:</u> Outpatient Surgery: \$550 copay.</p>	<p><u>In-Network:</u> Outpatient surgery: \$300 copay.</p> <p><u>Out-of-Network:</u> Outpatient Surgery: \$550 copay.</p>	<p><u>In-Network:</u> Outpatient surgery: 20% coinsurance.</p> <p><u>Out-of-Network:</u> Outpatient Surgery: 30% coinsurance.</p>
Ambulatory Surgery Center	<p><u>In-Network:</u> \$275 Copay.</p> <p><u>Out-of-Network:</u> \$500 copay.</p>	<p><u>In-Network:</u> \$250 Copay.</p> <p><u>Out-of-Network:</u> \$400 copay.</p>	<p><u>In-Network:</u> 20% Coinsurance.</p> <p><u>Out-of-Network:</u> 30% Coinsurance.</p>
Doctor's Office Visits	<p><u>In-Network:</u> Primary care physician visit: \$0 copay. Specialist visit: \$15 copay.</p>	<p><u>In-Network:</u> Primary care physician visit: \$0 copay. Specialist visit: \$5 copay.</p>	<p><u>In-Network:</u> Primary care physician visit: \$15 copay. Specialist visit: \$35 copay.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Doctor's Office Visits	<p>Out-of-Network: Primary care physician visit: \$0 copay. Specialist visit: \$15 copay.</p>	<p>Out-of-Network: Primary care physician visit: \$0 copay. Specialist visit: \$5 copay.</p>	<p>Out-of-Network: Primary care physician visit: \$30 copay. Specialist visit: \$50 copay</p>
Preventive Care (e.g., Wellness visits, Diabetes related services, Tests & screenings)	<p>In-Network and Out-of-Network: \$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>In-Network and Out-of-Network: \$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>In-Network: \$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>Out-of-Network: 30% coinsurance.</p>
Emergency Care	<p>In-Network and Out-of-Network: \$100 Copay per visit.</p> <p>Worldwide Coverage: \$100 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p>	<p>In-Network and Out-of-Network: \$100 Copay per visit.</p> <p>Worldwide Coverage: \$100 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p>	<p>In-Network and Out-of-Network: \$100 Copay per visit.</p> <p>Worldwide Coverage: \$100 Copay.</p> <p>Copay is waived if you are admitted to the hospital within 24 hours.</p> <p>Plan covers up to \$50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Urgently Needed Services	<p><u>In-and-Out-of-Network:</u> \$25 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 \$50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p>	<p><u>In-and-Out-of-Network:</u> \$25 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 \$50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.</p>	<p><u>In-and-Out-of-Network:</u> \$25 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 \$50,000 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 – At an Office: \$50 copay At a freestanding facility: \$150 copay At a non-freestanding facility: \$200 copay</p> <p>Lab services: \$0 copay for services at LabCorp or Quest \$20 copay for services at another in-network lab COVID labs: \$0 copay</p>	<p><u>In-Network:</u> Diagnostic tests and procedures – At an Office: \$50 copay At a freestanding facility: \$150 copay At a non-freestanding facility: \$200 copay</p> <p>Lab services: \$0 copay for services at LabCorp or Quest \$20 copay for services at another in-network lab COVID labs: \$0 copay</p>	<p><u>In-Network:</u> Diagnostic tests and procedures - At an Office: \$50 copay At a freestanding facility: \$250 copay At a non-freestanding facility: \$250 copay</p> <p>Lab services: \$0 copay for services at LabCorp or Quest \$20 copay for services at another in-network lab COVID labs: \$0 copay</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
	<p>Advanced Radiology services (e.g. MRI, PET, CT, Nuclear medicine): At an Office: \$50 copay At a freestanding facility: \$150 copay At a non-freestanding facility: \$200 copay</p> <p>X-rays services: \$20 copay</p> <p>Therapeutic radiology (radiation): 20% coinsurance</p> <p><u>Out-of-Network:</u> Diagnostic tests and procedures - At an Office: \$80 copay At a freestanding facility: \$300 copay At a non-freestanding facility: \$400 copay Labs: \$40 copay COVID labs: \$0 copay Advanced Radiology services (e.g. MRI, PET, CT, Nuclear medicine): At an Office: \$80 copay At a freestanding facility: \$300 copay At a non-freestanding facility: \$400 copay X-rays: \$60 copay Therapeutic radiology (radiation): 40% coinsurance</p>	<p>Advanced Radiology services (e.g. MRI, PET, CT, Nuclear medicine): At an Office: \$50 copay At a freestanding facility: \$150 copay At a non-freestanding facility: \$200 copay</p> <p>X-rays services: \$30 copay</p> <p>Therapeutic radiology (radiation): 20% coinsurance</p> <p><u>Out-of-Network:</u> Diagnostic tests and procedures - At an Office: \$80 copay At a freestanding facility: \$300 copay At a non-freestanding facility: \$400 copay Labs: \$40 copay COVID labs: \$0 copay Advanced Radiology services (e.g. MRI, PET, CT, Nuclear medicine): At an Office: \$80 copay At a freestanding facility: \$300 copay At a non-freestanding facility: \$400 copay X-rays: \$60 copay Therapeutic radiology (radiation): 40% coinsurance</p>	<p>Advanced Radiology services (e.g. MRI, PET, CT, Nuclear medicine): At an Office: \$50 copay At a freestanding facility: \$250 copay At a non-freestanding facility: \$250 copay</p> <p>X-rays services: \$40 copay</p> <p>Therapeutic radiology (radiation): 20% coinsurance</p> <p><u>Out-of-Network:</u> Diagnostic tests and procedures - at any location: 30% coinsurance Labs: \$40 copay COVID labs: \$0 copay Advanced Radiology services (e.g. MRI, PET, CT, Nuclear medicine): 30% coinsurance X-rays: 30% coinsurance Therapeutic radiology (radiation): 30% coinsurance</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Hearing Services	<p>In-Network: Medicare-covered diagnostic hearing exam: \$15 copay Routine hearing exam (1 per calendar year): \$0 copay Hearing aids (up to 2 aids per calendar year - one per ear per year): all types \$699 copay for Advanced aids through a TruHearing provider \$999 copay for Premium aids through a TruHearing provider</p> <p>Out-of-Network: Medicare-covered diagnostic hearing exam: \$15 copay Routine hearing exam (1 per calendar year): \$0 copay Hearing aids (up to 2 aids per calendar year - one per ear per year): \$999 copay per aid</p>	<p>In-Network: Medicare-covered diagnostic hearing exam: \$5 copay Routine hearing exam (1 per calendar year): \$0 copay Hearing aids (up to 2 aids per calendar year - one per ear per year): all types \$699 copay for Advanced aids through a TruHearing provider \$999 copay for Premium aids through a TruHearing provider</p> <p>Out-of-Network: Medicare-covered diagnostic hearing exam: \$5 copay Routine hearing exam (1 per calendar year): \$0 copay Hearing aids (up to 2 aids per calendar year - one per ear per year): \$999 copay per aid</p>	<p>In-Network: Medicare-covered diagnostic hearing exam: \$35 copay Routine hearing exam (1 per calendar year): \$0 copay Hearing aids (up to 2 aids per calendar year - one per ear per year): all types \$699 copay for Advanced aids through a TruHearing provider \$999 copay for Premium aids through a TruHearing provider</p> <p>Out-of-Network: Medicare-covered diagnostic hearing exam: 30% coinsurance Routine hearing exam (1 per calendar year): \$0 copay Hearing aids (up to 2 aids per calendar year - one per ear per year): \$999 copay per aid</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
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>Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services: \$20 copay • Endodontics: \$20 copay • Periodontics: \$20 copay • Extractions: \$20 copay • Prosthodontics, other oral/maxillofacial surgery, and other services: \$20 copay <p>Out-of-Network Supplemental comprehensive dental services have a \$30 copay Our plan pays up to \$1,250 every year for covered services after you pay applicable copays for each service. Limitations apply, see Evidence of Coverage for more details. Cosmetic procedures such as teeth whitening are not covered.</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>Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services: \$20 copay • Endodontics: \$20 copay • Periodontics: \$20 copay • Extractions: \$20 copay • Prosthodontics, other oral/maxillofacial surgery, and other services: \$20 copay <p>Our plan pays up to \$2,000 every year for covered services after you pay applicable copays for each service. Limitations apply, see Evidence of Coverage for more details. Cosmetic procedures such as teeth whitening are not covered.</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>Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> • Restorative services: \$20 copay • Endodontics: \$20 copay • Periodontics: \$20 copay • Extractions: \$20 copay • Prosthodontics, other oral/maxillofacial surgery, and other services: \$20 copay <p>Our plan pays up to \$1,250 every year for covered services after you pay applicable copays for each service. Limitations apply, see Evidence of Coverage for more details. Cosmetic procedures such as teeth whitening are not covered.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Dental Services	<p>You are responsible for any costs over this amount.</p> <p>This plan uses the DentaQuest PPO Network. You can see in- or out-of-network providers for dental services (out-of-network providers must be licensed in the U.S.). Note: All in-network and some of out-of-network providers will bill DentaQuest directly. If you use one who won't bill DentaQuest, you can pay for covered services and ask us to reimburse you.</p>	<p>You are responsible for any costs over this amount.</p> <p>This plan uses the DentaQuest PPO Network. You can see in- or out-of-network providers for dental services (out-of-network providers must be licensed in the U.S.). Note: All in-network and some of out-of-network providers will bill DentaQuest directly. If you use one who won't bill DentaQuest, you can pay for covered services and ask us to reimburse you.</p>	<p>You are responsible for any costs over this amount.</p> <p>This plan uses the DentaQuest PPO Network. You can see in- or out-of-network providers for dental services (out-of-network providers must be licensed in the U.S.). Note: All in-network and some of out-of-network providers will bill DentaQuest directly. If you use one who won't bill DentaQuest, you can pay for covered services and ask us to reimburse you.</p>
Vision Services	<p><u>In-Network:</u></p> <p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$15 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: \$5 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: \$35 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>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Vision Services	<p>\$100 (combined in and out-of-network) vision allowance per calendar year toward the purchase and fitting of frames with lenses (1 pair per year) or contact lenses. The vision allowance can only be used one time. Any remaining benefit dollars can not be used for additional eyewear.</p> <p>Out-of-Network: Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$15 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>\$100 (combined in and out-of-network) vision allowance per calendar year toward the purchase and fitting of frames with lenses (1 pair per year) or contact lenses. The vision allowance can only be used one time. Any remaining benefit dollars can not be used for additional eyewear.</p> <p>Out-of-Network: Medicare-covered exam to diagnose and treat diseases and conditions of the eye: \$5 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>\$200 (combined in and out-of-network) vision allowance per calendar year toward the purchase and fitting of frames with lenses (1 pair per year) or contact lenses. The vision allowance can only be used one time. Any remaining benefit dollars can not be used for additional eyewear.</p> <p>Out-of-Network: Medicare-covered exam to diagnose and treat diseases and conditions of the eye: 30% coinsurance.</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>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Vision Services	\$100 (combined in and out-of-network) vision allowance per calendar year toward the purchase and fitting of frames with lenses (1 pair per year) or contact lenses. The vision allowance can only be used one time. Any remaining benefit dollars can not be used for additional eyewear.	\$100 (combined in and out-of-network) vision allowance per calendar year toward the purchase and fitting of frames with lenses (1 pair per year) or contact lenses. The vision allowance can only be used one time. Any remaining benefit dollars can not be used for additional eyewear.	\$200 (combined in and out-of-network) vision allowance per calendar year toward the purchase and fitting of frames with lenses (1 pair per year) or contact lenses. The vision allowance can only be used one time. Any remaining benefit dollars can not be used for additional eyewear.
Mental Health Services	<p><u>In-Network:</u> Outpatient group therapy visit: \$15 Copay. Individual therapy visit: \$25 Copay.</p> <p><u>Out-of-Network:</u> Outpatient group therapy visit: \$30 Copay. Individual therapy visit: \$40 Copay.</p>	<p><u>In-Network:</u> Outpatient group therapy visit: \$10 Copay. Individual therapy visit: \$20 Copay.</p> <p><u>Out-of-Network:</u> Outpatient group therapy visit: \$30 Copay. Individual therapy visit: \$40 Copay.</p>	<p><u>In-Network:</u> Outpatient group therapy visit: \$35 Copay. Individual therapy visit: \$35 Copay.</p> <p><u>Out-of-Network:</u> Outpatient group therapy visit: 30% Coinsurance. Individual therapy visit: 30% Coinsurance.</p>
Skilled Nursing Facility (SNF)	<p><u>In-Network:</u> Days 1-20: \$0 Copay per day. Days 21-100: \$203 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: \$203 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: \$203 Copay per day.</p> <p><u>Out-of-Network:</u> 30% Coinsurance per day. Our plan covers up to 100 days each benefit period. No prior hospitalization stay is required.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Physical Therapy	<p><u>In-Network:</u></p> <p>Physical therapy visit: \$15 Copay.</p> <p>Speech and language therapy visit: \$15 Copay.</p> <p>Occupational therapy visit: \$15 Copay.</p> <p><u>Out-of-Network:</u></p> <p>Physical therapy visit: \$30 Copay.</p> <p>Speech and language therapy visit: \$30 Copay.</p> <p>Occupational therapy visit: \$30 Copay.</p>	<p><u>In-Network:</u></p> <p>Physical therapy visit: \$5 Copay.</p> <p>Speech and language therapy visit: \$5 Copay.</p> <p>Occupational therapy visit: \$5 Copay.</p> <p><u>Out-of-Network:</u></p> <p>Physical therapy visit: \$25 Copay.</p> <p>Speech and language therapy visit: \$25 Copay.</p> <p>Occupational therapy visit: \$25 Copay.</p>	<p><u>In-Network:</u></p> <p>Physical therapy visit: \$35 Copay.</p> <p>Speech and language therapy visit: \$35 Copay.</p> <p>Occupational therapy visit: \$35 Copay.</p> <p><u>Out-of-Network:</u></p> <p>Physical therapy visit: 30% Coinsurance.</p> <p>Speech and language therapy visit: 30% Coinsurance.</p> <p>Occupational therapy visit: 30% Coinsurance.</p>
Ambulance (domestic ground & air)	<p><u>In-Network:</u></p> <p>\$350 copay</p> <p><u>Out-of-Network:</u></p> <p>\$350 copay</p>	<p><u>In-Network:</u></p> <p>\$350 copay</p> <p><u>Out-of-Network:</u></p> <p>\$350 copay</p>	<p><u>In-Network:</u></p> <p>\$350 copay</p> <p><u>Out-of-Network:</u></p> <p>\$350 copay</p>
Transportation	Not Covered.	Not Covered.	Not Covered.
Medicare Part B Drugs	<p><u>In-Network:</u></p> <p>Chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p>Part B insulin: \$35 copay per month supply.</p>	<p><u>In-Network:</u></p> <p>Chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p>Part B insulin: \$35 copay per month supply.</p>	<p><u>In-Network:</u></p> <p>Chemotherapy drugs: 20% Coinsurance.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p>Part B insulin: \$35 copay per month supply.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Medicare Part B Drugs	<p><u>Out-of-Network:</u></p> <p>Chemotherapy drugs: 40% Coinsurance.</p> <p>Other Part B drugs: 40% Coinsurance.</p> <p>Part B insulin: 40% Coinsurance.</p>	<p><u>Out-of-Network:</u></p> <p>Chemotherapy drugs: 40% Coinsurance.</p> <p>Other Part B drugs: 40% Coinsurance.</p> <p>Part B insulin: 40% Coinsurance.</p>	<p><u>Out-of-Network:</u></p> <p>Chemotherapy drugs: 40% Coinsurance.</p> <p>Other Part B drugs: 40% Coinsurance.</p> <p>Part B insulin: 40% Coinsurance.</p>
Foot Care <i>(podiatry services)</i>	<p><u>In-Network:</u></p> <p>Medicare-covered foot care: \$15 Copay.</p> <p>Routine foot care: Not covered.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered foot care: \$30 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: \$25 Copay.</p> <p>Routine foot care: Not covered.</p>	<p><u>In-Network:</u></p> <p>Medicare-covered foot care: \$35 Copay.</p> <p>Routine foot care: Not covered.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered foot care: 30% Coinsurance.</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>20% Coinsurance.</p>	<p><u>In-Network:</u></p> <p>20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>20% Coinsurance.</p>	<p><u>In-Network:</u></p> <p>20% Coinsurance.</p> <p><u>Out-of-Network:</u></p> <p>20% Coinsurance.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Prosthetic Devices (e.g., artificial limbs, braces, 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: 20% Coinsurance.</p> <p>Related medical supplies: 20% 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: 20% Coinsurance.</p> <p>Related medical supplies: 20% 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: 20% Coinsurance.</p> <p>Related medical supplies: 20% 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>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>Therapeutic shoes or inserts: \$0 Copay.</p>	<p><u>In-Network:</u></p> <p>Diabetes monitoring supplies from a pharmacy: 20% Coinsurance.</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>Therapeutic shoes or inserts: 20% Coinsurance.</p>

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Diabetes Supplies and Services	<p>Out-of-Network:</p> <p>Diabetes monitoring supplies from a pharmacy: \$0 Copay.</p> <p>Diabetes monitoring supplies from a DME supplier: 20% Coinsurance.</p> <p>Therapeutic shoes or inserts: \$0 Copay.</p>	<p>Out-of-Network:</p> <p>Diabetes monitoring supplies from a pharmacy: \$0 Copay.</p> <p>Diabetes monitoring supplies from a DME supplier: 20% Coinsurance.</p> <p>Therapeutic shoes or inserts: \$0 Copay.</p>	<p>Out-of-Network:</p> <p>Diabetes monitoring supplies from a pharmacy: 30% Coinsurance.</p> <p>Diabetes monitoring supplies from a DME supplier: 20% Coinsurance.</p> <p>Therapeutic shoes or inserts: 30% Coinsurance.</p>
Wellness Program	\$0 copay for a gym membership through SilverSneakers®.	\$0 copay for a gym membership through SilverSneakers®.	\$0 copay for a gym membership through SilverSneakers®.
Over-the-Counter	Up to \$60 per quarter allowance for approved OTC items and specific OTC vendors. Any unused amount will not be carried over to the next quarter. Allowances start over at the beginning of each quarter.	Up to \$60 per quarter allowance for approved OTC items and specific OTC vendors. Any unused amount will not be carried over to the next quarter. Allowances start over at the beginning of each quarter.	Up to \$50 per quarter allowance for approved OTC items and specific OTC vendors. Any unused amount will not be carried over to the next quarter. Allowances start over at the beginning of each quarter.

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Dialysis Services	<p>In-Network: 20% Coinsurance.</p> <p>Out-of-Network: 40% Coinsurance.</p>	<p>In-Network: 20% Coinsurance.</p> <p>Out-of-Network: 40% Coinsurance.</p>	<p>In-Network: 20% Coinsurance.</p> <p>Out-of-Network: 40% Coinsurance.</p>
PRESCRIPTION DRUG BENEFITS			
Important Message About What You Pay for Vaccines	Our plan covers most adult Part D vaccines at no cost to you. Call Member Services for more information.	Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.	This plan does not offer Prescription Drug Benefits (Part D).
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.	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.	This plan does not offer Prescription Drug Benefits (Part D).
Deductible Stage	Because there is no deductible for this plan, this payment stage does not apply to you.	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 \$545 for your Tier 2, 3, 4, and 5 drugs.	This plan does not offer Prescription Drug Benefits (Part D).
Initial Coverage	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	This plan does not offer Prescription Drug Benefits (Part D).

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)																								
	<p>Network Retail Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>30-day supply</th> </tr> </thead> <tbody> <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>\$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>33% coinsurance</td> </tr> </tbody> </table>	Tier	30-day supply	Tier 1 (Preferred Generic)	\$0 copay	Tier 2 (Generic)	\$8 copay	Tier 3 (Preferred Brand)	\$47 copay	Tier 4 (Non-Preferred Drug)	\$100 copay	Tier 5 (Specialty Tier)	33% coinsurance	<p>Network Retail Cost-Sharing</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>30-day supply</th> </tr> </thead> <tbody> <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>23% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>33% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25% coinsurance</td> </tr> </tbody> </table>	Tier	30-day supply	Tier 1 (Preferred Generic)	\$0 copay	Tier 2 (Generic)	\$8 copay	Tier 3 (Preferred Brand)	23% coinsurance	Tier 4 (Non-Preferred Drug)	33% coinsurance	Tier 5 (Specialty Tier)	25% coinsurance	<p>This plan does not offer Prescription Drug Benefits (Part D).</p>
Tier	30-day supply																										
Tier 1 (Preferred Generic)	\$0 copay																										
Tier 2 (Generic)	\$8 copay																										
Tier 3 (Preferred Brand)	\$47 copay																										
Tier 4 (Non-Preferred Drug)	\$100 copay																										
Tier 5 (Specialty Tier)	33% coinsurance																										
Tier	30-day supply																										
Tier 1 (Preferred Generic)	\$0 copay																										
Tier 2 (Generic)	\$8 copay																										
Tier 3 (Preferred Brand)	23% coinsurance																										
Tier 4 (Non-Preferred Drug)	33% coinsurance																										
Tier 5 (Specialty Tier)	25% coinsurance																										
	<table border="1"> <thead> <tr> <th>Tier</th> <th>60-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$16 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>33% coinsurance</td> </tr> </tbody> </table>	Tier	60-day supply	Tier 1 (Preferred Generic)	\$0 copay	Tier 2 (Generic)	\$16 copay	Tier 3 (Preferred Brand)	\$94 copay	Tier 4 (Non-Preferred Drug)	\$200 copay	Tier 5 (Specialty Tier)	33% coinsurance	<table border="1"> <thead> <tr> <th>Tier</th> <th>60-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$0 copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$16 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>23% coinsurance</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>33% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25% coinsurance</td> </tr> </tbody> </table>	Tier	60-day supply	Tier 1 (Preferred Generic)	\$0 copay	Tier 2 (Generic)	\$16 copay	Tier 3 (Preferred Brand)	23% coinsurance	Tier 4 (Non-Preferred Drug)	33% coinsurance	Tier 5 (Specialty Tier)	25% coinsurance	<p>This plan does not offer Prescription Drug Benefits (Part D).</p>
Tier	60-day supply																										
Tier 1 (Preferred Generic)	\$0 copay																										
Tier 2 (Generic)	\$16 copay																										
Tier 3 (Preferred Brand)	\$94 copay																										
Tier 4 (Non-Preferred Drug)	\$200 copay																										
Tier 5 (Specialty Tier)	33% coinsurance																										
Tier	60-day supply																										
Tier 1 (Preferred Generic)	\$0 copay																										
Tier 2 (Generic)	\$16 copay																										
Tier 3 (Preferred Brand)	23% coinsurance																										
Tier 4 (Non-Preferred Drug)	33% coinsurance																										
Tier 5 (Specialty Tier)	25% coinsurance																										

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)		Clover Health LiveHealthy Value (PPO) (plan 045)		Clover Health Valor (PPO) (plan 056)
	Tier	100-day supply	Tier	100-day supply	This plan does not offer Prescription Drug Benefits (Part D).
	Tier 1 (Preferred Generic)	\$0 copay	Tier 1 (Preferred Generic)	\$0 copay	
	Tier 2 (Generic)	\$24 copay	Tier 2 (Generic)	\$24 copay	
	Tier 3 (Preferred Brand)	\$135 copay	Tier 3 (Preferred Brand)	23% coinsurance	
	Tier 4 (Non-Preferred Drug)	\$300 copay	Tier 4 (Non-Preferred Drug)	33% coinsurance	
	Tier 5 (Specialty Tier)	33% coinsurance	Tier 5 (Specialty Tier)	25% coinsurance	

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)																								
	Mail Order	Mail Order	This plan does not offer Prescription Drug Benefits (Part D).																								
	<table border="1"> <thead> <tr> <th>Tier</th> <th>100-day supply</th> </tr> </thead> <tbody> <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>\$125 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>\$275 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>33% coinsurance</td> </tr> </tbody> </table>	Tier		100-day supply	Tier 1 (Preferred Generic)	\$0 copay	Tier 2 (Generic)	\$0 copay	Tier 3 (Preferred Brand)	\$125 copay	Tier 4 (Non-Preferred Drug)	\$275 copay	Tier 5 (Specialty Tier)	33% coinsurance	<table border="1"> <thead> <tr> <th>Tier</th> <th>100-day supply</th> </tr> </thead> <tbody> <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>30% coinsurance</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25% coinsurance</td> </tr> </tbody> </table>	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)	30% coinsurance	Tier 5 (Specialty Tier)	25% coinsurance
Tier	100-day supply																										
Tier 1 (Preferred Generic)	\$0 copay																										
Tier 2 (Generic)	\$0 copay																										
Tier 3 (Preferred Brand)	\$125 copay																										
Tier 4 (Non-Preferred Drug)	\$275 copay																										
Tier 5 (Specialty Tier)	33% 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)	30% 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. Please call us or see the plan's "Evidence of Coverage" on our website (cloverhealth.com/eoc) 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. Please call us or see the plan's "Evidence of Coverage" on our website (cloverhealth.com/eoc) for complete information about your costs for covered drugs.</p>	This plan does not offer Prescription Drug Benefits (Part D).																								

SECTION II - SUMMARY OF BENEFITS

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
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 \$5,030.</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 \$8,000, 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 \$5,030.</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 \$8,000, which is the end of the coverage gap.</p>	<p>This plan does not offer Prescription Drug Benefits (Part D).</p>

THE FOLLOWING IS NOT CONSIDERED A PLAN BENEFIT BUT IS A REWARD PROGRAM AVAILABLE TO YOU.

REWARDS PROGRAM

	Clover Health LiveHealthy (PPO) (plan 026)	Clover Health LiveHealthy Value (PPO) (plan 045)	Clover Health Valor (PPO) (plan 056)
Clover LiveHealthy Rewards®	<p>Get up to \$400 a year in LiveHealthy Rewards</p> <p>When you enroll in your Clover Health Medicare Advantage plan, you are automatically eligible to receive reward dollars for completing simple activities. For more information, please visit cloverhealth.com/livehealthy</p>	<p>Get up to \$400 a year in LiveHealthy Rewards</p> <p>When you enroll in your Clover Health Medicare Advantage plan, you are automatically eligible to receive reward dollars for completing simple activities. For more information, please visit cloverhealth.com/livehealthy</p>	<p>Get up to \$400 a year in LiveHealthy Rewards</p> <p>When you enroll in your Clover Health Medicare Advantage plan, you are automatically eligible to receive reward dollars for completing simple activities. 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 026)**, **Clover Health LiveHealthy Value (PPO) (plan 045)**, and **Clover Health Valor (PPO) (plan 056)** 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 1 and September 30, 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.

Y0129_23EX011D6_M