Clover Health

New Jersey & Pennsylvania

2027 Summary of Benefits

Clover Health Valor (PPO) (061)
Available in the following counties in New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, and Union

Available in the following counties in Pennsylvania: Bucks, Delaware, and Philadelphia

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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."**

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 am–8 pm local time, 7 days a week.
- From April 1 to September 30, we're open 8 am–8 pm 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**
- This document may be available in a non-English language. For additional information, call us at **1-888-778-1478 (TTY/TDD: 711)**.

Who can join?

To join **Clover Health Valor (PPO) (plan 061)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and must live in the service area of the plan.

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**.

We cover Part B drugs including chemotherapy and some drugs administered by your provider.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **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.

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

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)

Service Areas

Clover Health Valor (PPO) (Plan 061) includes the following counties in New Jersey: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union

And the following counties in Pennsylvania: Bucks, Delaware, Philadelphia

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium

No plan premium. You must continue to pay your Medicare Part B premium.

Part B Premium Buy-Down

If your Part B Premium is $125 or more, Clover offers a monthly $125 subsidy towards your Part B premium every month that you are enrolled. Please refer to the EOC for more information.

Medical Deductible

No deductible for medical.

Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)

Your yearly maximums in this plan:

- $9,850 for in-network providers
- $14,800 for in- and out-of-network providers combined

Once you pay this amount in deductibles, copays, and coinsurance for services, your plan pays 100% for covered health services.

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).

COVERED MEDICAL AND HOSPITAL BENEFITS

Covered services that need approval in advance are marked in bold font in the Benefits Chart on the following pages.

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)	
Inpatient Hospital	
In-Network: **Days 1–6: $405 copay per day** **Days 7–365: $0 copay per day**	Out-of-Network: Days 1–6: $555 copay per day Days 7–365: $0 copay per day
Outpatient Hospital	
In-Network: **Outpatient surgery: $405 copay**	Out-of-Network: Outpatient surgery: $555 copay
Ambulatory Surgery Center	
In-Network: **20% coinsurance**	Out-of-Network: 30% coinsurance
Doctor's Office Visits	
In-Network: Primary care physician visit: $0 copay Specialist visit: $30 copay	Out-of-Network: Primary care physician visit: $30 copay Specialist visit: $50 copay
Preventive Care *(e.g., Wellness visits, Diabetes related services, Tests & screenings)*	
In-Network: $0 copay for all preventive services covered under Original Medicare. Any additional preventive services approved by Medicare during the contract year will be covered.	Out-of-Network: $0 copay for all preventive services covered under Original Medicare.
Emergency Care	
In-Network and Out-of-Network: $115 copay per visit. Copay is waived if you are admitted to the hospital within 24 hours. Worldwide Coverage: $115 copay Plan covers up to $50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.	
Urgently Needed Services	
In-Network and Out-of-Network: $25 copay per visit. Copay is waived if you are admitted to the hospital within 24 hours. Worldwide Coverage: $40 copay Plan covers up to $50,000 per calendar year for worldwide emergency care, urgent care, and ambulance services. Applicable copays apply.	

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)

Diagnostic Services / Labs/ Imaging	
In-Network: **Diagnostic tests and procedures –** **At an office: $50 copay** **At a freestanding facility: $250 copay** **At a non-freestanding facility: $250 copay** $0 copay for COVID tests $0 copay for diagnostic colonoscopy **Labs:** **$0 copay for services at LabCorp or Quest** **$30 copay for services at non-LabCorp or Quest** **Advanced Radiology services (such as MRI, PET, CT, Nuclear medicine):** **At an office: $50 copay** **At a freestanding facility: $250 copay** **At a non-freestanding facility: $250 copay** X-rays: $40 copay **Therapeutic radiology (radiation): 20% coinsurance**	Out-of-Network: Diagnostic tests and procedures – Office setting or facility: 30% coinsurance $0 copay for COVID tests $0 copay for diagnostic colonoscopies Labs: $50 copay Advanced Radiology services (such as MRI, PET, CT, Nuclear medicine): office or facility: 30% coinsurance X-rays: 30% coinsurance Therapeutic radiology (radiation): 30% coinsurance
Hearing Services	
In-Network: Medicare-covered diagnostic hearing exam: $30 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 $499 copay for Standard aids through a TruHearing provider $699 copay for Advanced aids through a TruHearing provider $999 copay for Premium aids through a TruHearing provider	Out-of-Network: Medicare-covered diagnostic hearing exam: $50 copay Routine hearing exam (1 per calendar year): $0 copay Hearing aids (up to 2 aids per calendar year – one per ear per year): $5,000 copayment for each non-TruHearing hearing aid

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)

Dental Services

In-Network:

Preventive dental services:

- Oral exam (2 per calendar year): $0 copay
- Cleaning (for up to 2 per calendar year): $0 copay
- Fluoride treatment (2 per calendar year): $0 copay
- Dental X-rays (1 per calendar year): $0 copay

Supplemental comprehensive dental services with a $20 copay per service:

- Restorative services (ex: fillings, crowns)
- Endodontics (ex: root canal treatment)
- Periodontics (ex: scaling & root planing)
- Prosthodontics, fixed (ex: bridges)
- Implants Services (ex: implants & abutments)
- Oral/Maxillofacial Surgery (ex: extractions)
- Adjunctive General Services (ex: anesthesia, consultations)

Supplemental comprehensive dental services with a 50% coinsurance per service:

- Prosthodontics, removable (ex: dentures)

Out-of-Network

Preventive dental services with a 50% coinsurance per service:

- Oral exam (2 per calendar year)
- Cleaning (2 per calendar year)
- Fluoride treatment (2 per calendar year)
- Dental X-rays (1 per calendar year)

Supplemental comprehensive dental services with a 50% coinsurance per service:

- Restorative services (ex: fillings, crowns)
- Endodontics (ex: root canal treatment)
- Periodontics (ex: scaling & root planing)
- Prosthodontics, fixed (ex: bridges)
- Implants Services (ex: implants & abutments)
- Oral/Maxillofacial Surgery (ex: extractions)
- Adjunctive General Services (ex: anesthesia, consultations)
- Prosthodontics, removable (ex: dentures)

Every year, your plan covers up to $1,500 for covered dental services—you are responsible for the applicable copay/coinsurance for each service. Once your allowance is used, you will be responsible to pay for any additional dental costs for the rest of the year. The list of examples given above are not a comprehensive list of covered services.

Limitations apply; see Evidence of Coverage for more details. Cosmetic procedures such as teeth whitening are not covered.

Clover Dental is powered by NationsBenefits. You can see in- or out-of-network providers for dental services (out-of-network providers must be licensed in the U.S.), however seeing an in-network provider will result in substantially lower out-of-pocket costs for you. An out-of-network provider is not contracted with Clover Health and may bill more than what Clover Health pays for that service. You will be responsible for any applicable copay or coinsurance, plus the difference between the provider's billed amount and what Clover Health pays, even for services listed with no member cost-share. Benefits received out-of-network are subject to any benefit maximums, limitations, and/or exclusions.

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)	
Vision Services	
In-Network: Medicare-covered exam to diagnose and treat diseases and conditions of the eye: $30 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	Out-of-Network: 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
$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	
In-Network: Outpatient group therapy visit: $35 copay Individual therapy visit: $45 copay	Out-of-Network: Outpatient group therapy visit: 30% coinsurance. Individual therapy visit: 30% coinsurance.
Skilled Nursing Facility (SNF)	
In-Network: **Days 1–20: $0 copay per day** **Days 21–100: $221 copay per day**	Out-of-Network: 40% coinsurance Our plan covers up to 100 days each benefit period. No prior hospitalization stay is required.
Physical Therapy	
In-Network: **Physical therapy visit: $35 copay** **Speech and language therapy visit: $35 copay** **Occupational therapy visit: $35 copay**	Out-of-Network: Physical therapy visit: 30% coinsurance Speech and language therapy visit: 30% coinsurance Occupational therapy visit: 30% coinsurance
Ambulance (domestic ground & air)	
In-Network: **$310 copay**	Out-of-Network: $310 copay
Transportation	
Not covered	

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)	
Medicare Part B Drugs	
In-Network: **Chemotherapy: 20% coinsurance** **Other Part B drugs: 20% coinsurance** **Part B Insulin: $35 copay per month supply**	Out-of-Network: Chemotherapy: 40% coinsurance Other Part B drugs: 40% coinsurance Part B insulin: 40% coinsurance
Foot Care *(podiatry services)*	
In-Network: Medicare-covered: $35 copay Routine care: Not covered	Out-of-Network: Medicare-covered: 30% coinsurance Routine care: Not covered
Chiropractic	
In-Network: Medicare-covered care: $15 copay Routine care: Not covered	Out-of-Network: Medicare-covered care: 30% coinsurance Routine care: Not covered
Acupuncture	
In-Network: Medicare-covered care: $30 copay Routine care: Not covered	Out-of-Network: Medicare-covered care: $50 copay Routine care: Not covered
Durable Medical Equipment	
In-Network: **20% coinsurance**	Out-of-Network: 20% coinsurance
Prosthetic Devices *(e.g. artificial limbs, braces, etc.)*	
In-Network: **Prosthetic devices: 20% coinsurance** **Related medical supplies: 20% coinsurance**	Out-of-Network: Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance

SECTION II – SUMMARY OF BENEFITS

Clover Health Valor (PPO) (Plan 061)

Diabetes Supplies and Services

In-Network:	Out-of-Network:
Diabetes monitoring supplies from a pharmacy: 20% coinsurance	Diabetes monitoring supplies from a pharmacy: 20% coinsurance
Preferred manufacturers for Blood Glucose Diabetic Testing supplies: Roche = Accu-Chek, Ascensia = Contour	Preferred manufacturers for Blood Glucose Diabetic Testing supplies: Roche = Accu-Chek, Ascensia = Contour
Quantity Limit **Test strips: 100 strips per 30 days**	Quantity Limit Test strips: 100 strips per 30 days
Prior Authorization: Blood Glucose Monitor	Prior Authorization: Blood Glucose Monitor
Continuous glucose monitoring (CGM) supplies: Abbott (Freestyle Libre), Dexcom	Continuous glucose monitoring (CGM) supplies: Abbott (Freestyle Libre), Dexcom
Prior Authorization and quantity limits on CGM supplies	Prior Authorization and quantity limits on CGM supplies
Diabetes monitoring supplies from a DME supplier: 20% coinsurance	Diabetes monitoring supplies from a DME supplier: 20% coinsurance
Therapeutic shoes or inserts: 20% coinsurance	Therapeutic shoes or inserts: 20% coinsurance

Wellness Program

In-Network:	Out-of-Network:
$0 copay for One Pass®, includes access to a participating gym network, digital fitness content, cognitive program, at-home fitness kits and social connection activities.	Up to $5 maximum reimbursement per calendar month at an out-of-network fitness center. $5 monthly maximum reimbursement applies, even if your monthly charges exceed $5. Charges must be incurred in the month claimed (up-front annual/lump-sum payments cannot be split into monthly $5 claims). Excludes non–fitness-center facilities such as martial arts, yoga/Pilates/dance/spin studios, golf/tennis/swim/racquet clubs, country/social clubs, spas, single-sport activities, and personal training.

Over-the-Counter

Up to $80 a 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.

Dialysis Services

In-Network:	Out-of-Network:
20% coinsurance	40% coinsurance

SECTION II – SUMMARY OF BENEFITS

The following is not considered a plan benefit but is a reward program available to you.

REWARDS PROGRAM

Clover LiveHealthy Rewards®

Get up to $400 a year in LiveHealthy Rewards

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.

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 Valor (PPO) (Plan 061) is a Local PPO plan with a Medicare contract. Enrollment in **Clover Health Valor (PPO) (Plan 061)** 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 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 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.

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