

*Clover
makes
healthcare
work.*

Certification Session
Hiram Bermudez, VP Sales



Manuel ,
Clover member

What's new for 2018?

1

**Expansion into
3 new states**

**Georgia
Texas
Pennsylvania**

2

**Expansion into
6 new NJ counties**

**Burlington
Cumberland
Gloucester
Middlesex
Morris
Ocean**

3

**More
customer
~~service reps~~**

**To meet the
needs of
brokers,
providers, and
members**

4

**New office
location**

**To accommodate
company growth
in service of our
customers**

Clover Plans



Carmen M,
Clover member

Clover is a PPO Medicare Advantage Plan with Part D coverage

Part A & B

All of our plans
cover all services
included with
Original Medicare



Part D

All of our plans
include prescription
coverage



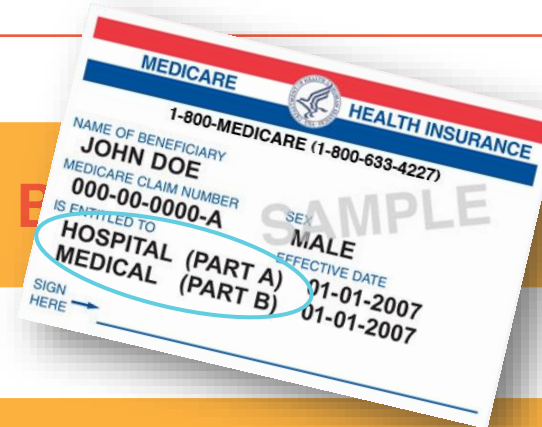
Extras

All of our plans
include preventive
benefits to keep
members healthier

Who qualifies for Clover?

1

You must have Medicare Part A and Part B



2

You must live in one of our service areas

NJ

Atlantic Hudson
Bergen Mercer
Essex Monmouth

Passaic
Somerset
Union

Burlington Middlesex
Cumberland Morris
Gloucester Ocean

GA

Chatham

TX

Bexar

PA

Bucks

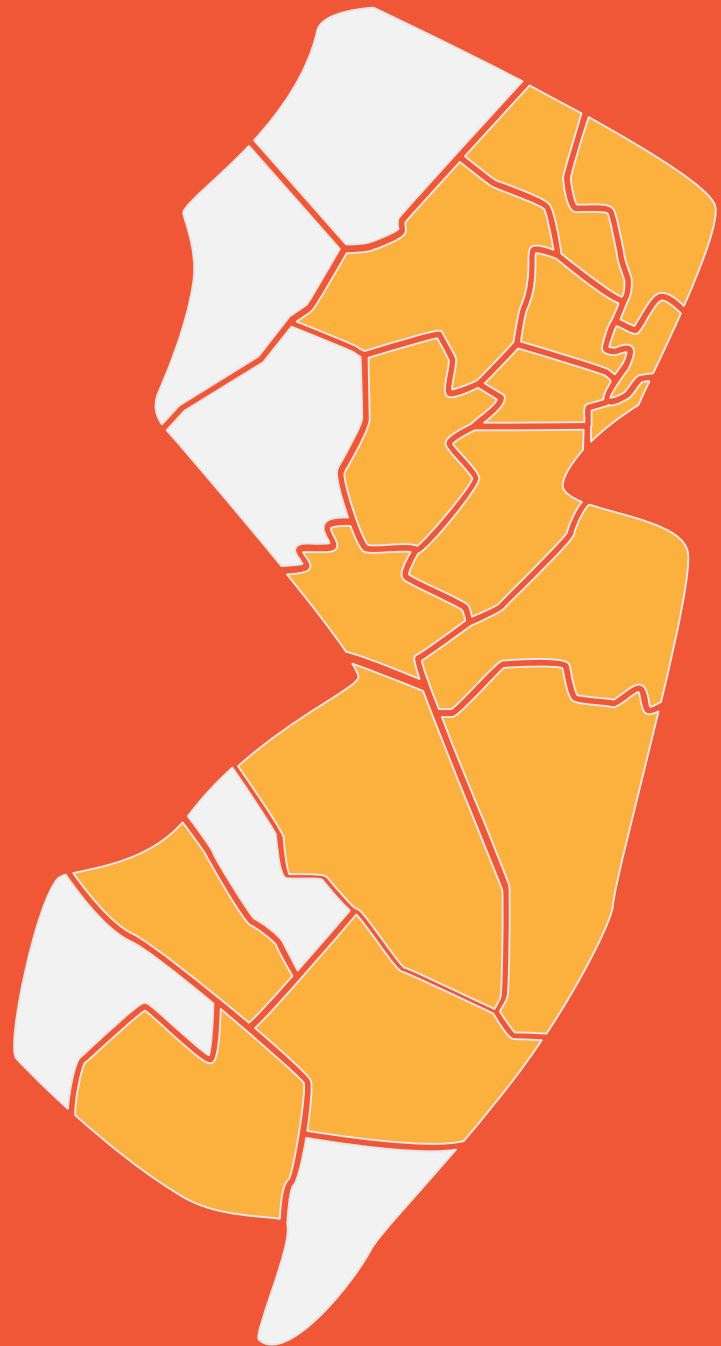
3

You must not have End-Stage Renal Disease or kidney dialysis

Who gets Medicare?

- Most people age 65 or older who are citizens or permanent residents of the United States are eligible for free Medicare hospital insurance (Part A).
- You are eligible at age 65 if:
 - You receive or are eligible to receive Social Security benefits; or
 - You receive or are eligible to receive railroad retirement benefits
- Those under 65 who have received social security disability income (SSDI) payments for 24 months, end stage renal disease (ESRD) or Lou Gehrig's Disease.

Plan Overview (New Jersey)



Plan Overview

YOUR CHOICES	NJ CAREPOINT GREEN	NJ CLASSIC AQUA	NJ PREMIER ORANGE	NJ PURPLE
Monthly premium,* including Part D	\$0	\$0	\$35 ^{70†}	\$50
Available counties	Hudson	Atlantic, Bergen, Essex, Mercer, Monmouth, Passaic, Somerset, Union	Atlantic, Bergen, Essex, Hudson, Mercer, Monmouth, Passaic, Somerset, Union	Burlington, Cumberland, Gloucester, Middlesex, Morris, Ocean
Primary care visits (unlimited)	\$0		\$0	\$10
Specialist visits (unlimited)	\$25		\$5	\$25
Inpatient hospital stay	1–6 days: \$290 • 7–365 days: \$0		1–6 days: \$170 • 7–365 days: \$0	1–5 days: \$290 • 6–365 days: \$0
Outpatient surgery	Ambulatory: \$200 Hospital: \$290	Ambulatory: \$225 Hospital: \$325	Ambulatory: \$100 Hospital: \$175	Ambulatory: \$225 Hospital: \$325
Emergency care	\$75 (waived if admitted)		\$75 (waived if admitted)	\$75 (waived if admitted)
Ambulance	\$200	\$250	\$200	\$250
Vision exams [‡]	\$25		\$0–\$5	\$25
Dental exams and cleanings	\$0		\$0	\$0
Hearing exams [§]	\$0–\$25		\$0–\$5	\$0–\$30
Prescription costs (preferred pharmacy)	Tier 1 = \$0, Tier 2 = \$10, Tier 3 = \$35, Tier 4 = \$85, Tier 5 = 25% of the total cost Deductible = \$150 for tiers 3–5		Tier 1 = \$0, Tier 2 + Tier 3 = 22% of the total cost, Tier 4 + 5 = 25% of the total cost Deductible = \$405 for tiers 2–5	Tier 1 = \$0, Tier 2 = \$10, Tier 3 = \$35, Tier 4 = \$85, Tier 5 = 30% of the total cost Deductible = \$150 for tiers 3–5
Max yearly out-of-pocket cost	\$6,700		\$6,700	\$6,700

*You must continue to pay your Medicare Part B premium.

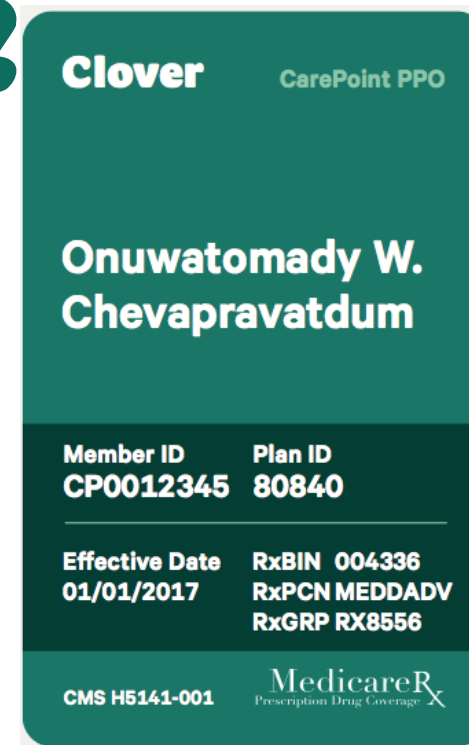
†Or as low as \$0 if you have an Extra Help subsidy.

‡Clover will also cover up to \$100 for eyeglasses and/or contact lenses each year after a \$20 copay.

§Members must see a TruHearing provider.

Out-of-network/non-contracted providers are under no obligation to treat Clover members, except in emergency situations.

NJ CarePoint Green Plan (001)



Why choose the NJ CarePoint Green (001) plan?

- **\$0 premium PPO Medicare Advantage plan with Part D coverage**
- **\$0 Part C deductible**
- **Same low copays in- and out-of-network**
- **Member has veterans benefits (VA) and/or Extra Help (PAAD, QMP, Medicaid)**
- **Member qualifies for Senior Gold (does not cover Part D premium or LEP)**
- **To be eligible, the member:**
 - Must be a Hudson County resident
 - Must be entitled to Medicare Part A and B
 - Must not have ESRD (End Stage Renal Disease)

Plan Benefits

NJ CarePoint Green (001)	
Benefits	In-Network & Out-of-Network
Part C / Part D Premium	\$0 / \$0
Primary Care Copay	\$0
Specialist Copay	\$25
Inpatient Hospital Copay	Days 1-6: \$290 Days 7-365: \$0
Outpatient Service/ Surgery Copay	Ambulatory: \$200 Hospital: \$290
Ambulance Copay	\$200
Emergency Room Copay	\$75 (waived if admitted)
Urgent Care Copay	\$40 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)


See Summary of Benefits for plan details.

Part D Coverage

NJ CarePoint Green (001)		
Deductible (Paid by member)	\$150	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$35* Tier 4 = \$85* Tier 5 = 25%*	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$45* Tier 4 = \$95* Tier 5 = 25%*
Coverage Gap (\$3750-\$5000)	The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.

NJ Aqua Classic Plan (004)

Clover		Classic PPO
Onuatomady W. Chevapravatdum		
Member ID CP0012345	Plan ID 80840	
Effective Date 01/01/2017	RxBIN 004336 RxPCN MEDDADV RxGRP RX8556	
CMS H5141-004	MedicareRx Prescription Drug Coverage 	

Why choose the NJ Classic Aqua (004) plan?

- **\$0 premium PPO Medicare Advantage plan with Part D coverage**
- **\$0 Part C deductible**
- **Same low copays in- and out-of-network**
- **Member has veterans benefits (VA) and/or Extra Help (PAAD, QMP, Medicaid)**

Member qualifies for Senior Gold (does not cover Part D premium or LEP)

- **To be eligible, the member:**
 - Must be an Atlantic, Bergen, Essex, Mercer, Monmouth, Passaic, Somerset, or Union County resident
 - Must be entitled to Medicare Part A and B
 - Must not have ESRD (End Stage Renal Disease)

Plan Benefits

NJ Classic Aqua (004)	
Benefits	In-Network & Out-of-Network
Part C / Part D Premium	\$0 / \$0
Primary Care Copay	\$0
Specialist Copay	\$25
Inpatient Hospital Copay	Days 1-6: \$290 Days 7-365: \$0
Outpatient Service/ Surgery Copay	Ambulatory: \$225 Hospital: \$325
Ambulance Copay	\$250
Emergency Room Copay	\$75 (waived if admitted)
Urgent Care Copay	\$40 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)

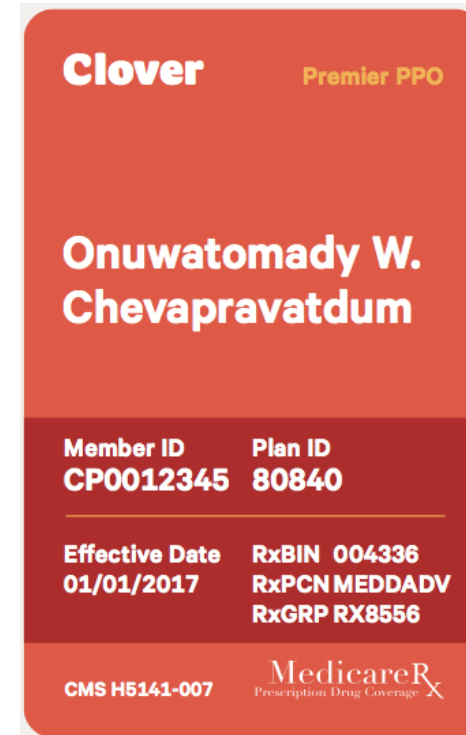
See Summary of Benefits for plan details.

Part D Coverage

NJ Classic Aqua (004)		
Deductible (Paid by member)	\$150	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$35* Tier 4 = \$85* Tier 5 = 25%*	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$45* Tier 4 = \$95* Tier 5 = 25%*
Coverage Gap (\$3750-\$5000)	The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.

NJ Premier Orange Plan (007)



Why choose the NJ Premier Orange (007) plan?

- **\$35.70 premium PPO Medicare Advantage plan with Part D coverage**
- **\$0 Part C deductible**
- **Same low copays in- and out-of-network**
- **Member who qualifies for Extra Help (PAAD, QMP, Medicaid) may have their premium paid for by the state**
- **Member does not qualify for Senior Gold (does not cover Part D premium or LEP)**
- **Member has veterans benefit (VA)**
- **To be eligible, the member:**
 - **Must be an Atlantic, Bergen, Essex, Hudson, Mercer, Monmouth, Passaic, Somerset, or Union County resident**
 - **Must be entitled to Medicare Part A and B**
 - **Must not have ESRD (End Stage Renal Disease)**

Plan Benefits

NJ Premier Orange (007)	
Benefits	In-Network & Out-of-Network
Part C / Part D Premium	\$0 / \$35.70 (or less pending LIS eligibility)
Primary Care Copay	\$0
Specialist Copay	\$5
Inpatient Hospital Copay	Days 1-6: \$170 Days 7-365: \$0
Outpatient Service/ Surgery Copay	Ambulatory: \$100 Hospital: \$175
Ambulance Copay	\$200
Emergency Room Copay	\$75 (waived if admitted)
Urgent Care Copay	\$40 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)

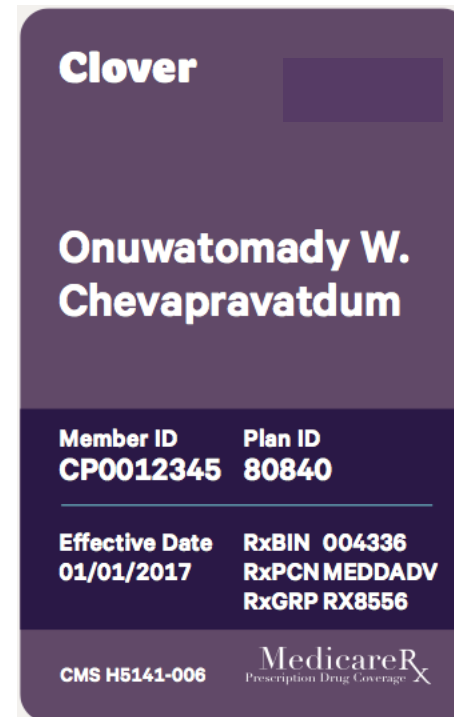
See Summary of Benefits for plan details.

Part D Coverage

NJ Premier Orange (007)		
Deductible (Paid by member)	\$405	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 & 3 = 22%* Tier 4 & 5 = 25%*	Tier 1 = \$10 Tier 2 - 5 = 25%*
	Coverage Gap (\$3750-\$5000) The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.

NJ
Purple Plan
(032)



Why choose the NJ Purple (032) plan?

- **\$50 premium PPO Medicare Advantage plan with Part D coverage**
- **\$0 Part C deductible**
- **Low copays for PCPs, specialists, and other services**
- **Same low copays in- and out-of-network**
- **To be eligible, the member:**
 - Must be an Burlington, Cumberland, Gloucester, Middlesex, Morris, or Ocean resident
 - Must be entitled to Medicare Part A and B
 - Must not have ESRD (End Stage Renal Disease)

Plan Benefits

NJ Purple (032)	
Benefits	In-Network & Out-of-Network
Part C / Part D Premium	\$50 / \$0
Primary Care Copay	\$10
Specialist Copay	\$25
Inpatient Hospital Copay	Days 1-6: \$290 Days 7-365: \$0
Outpatient Service/ Surgery Copay	Ambulatory: \$225 Hospital: \$325
Ambulance Copay	\$250
Emergency Room Copay	\$75 (waived if admitted)
Urgent Care Copay	\$40 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)

See Summary of Benefits for plan details.

Part D Coverage

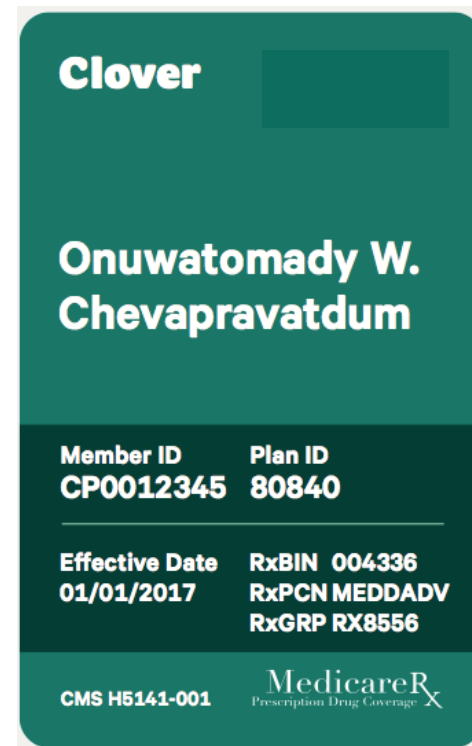
NJ Purple (032)		
Deductible (Paid by member)	\$150	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$35* Tier 4 = \$85* Tier 5 = 30%*	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$45* Tier 4 = \$95* Tier 5 = 30%*
	Coverage Gap (\$3750-\$5000) The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.

Plan Overview (Savannah, GA)



GA Green Plan (026)



Why choose the GA Green (026) plan?

- **\$0 premium PPO Medicare Advantage plan with Part D coverage**
- **\$0 Part C deductible**
- **Partnership with SJ/C provider network**
- **Value of a PPO with low costs**
- **Smart Senior membership**
- **To be eligible, the member:**
 - Must be a Chatham County resident
 - Must be entitled to Medicare Part A and B
 - Must not have ESRD (End Stage Renal Disease)

Plan Benefits

GA Green (026)		
Benefits	In-Network	Out-of-Network*
Part C / Part D Premium	\$0 / \$0	N/A
Primary Care Copay	\$0	35% coinsurance
Specialist Copay	\$30	
Inpatient Hospital Copay	Days 1-6: \$220 Days 7-365: \$0	25% coinsurance
Outpatient Service/ Surgery Copay	Ambulatory: \$200 Hospital: \$290	35% coinsurance
Ambulance Copay	\$300	\$300
Emergency Room Copay	\$75 (waived if admitted)	\$75 (waived if admitted)
Urgent Care Copay	\$30 (waived if admitted)	\$30 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)	35% coinsurance

ODN coinsurance is 35% for all benefit categories EXCEPT 25% coinsurance for Inpatient Acute, Substance Abuse and Psych; 20% coinsurance for DME; & INN copay for Ambulance, ER, and Urgent Care (as indicated above)

Part D Coverage

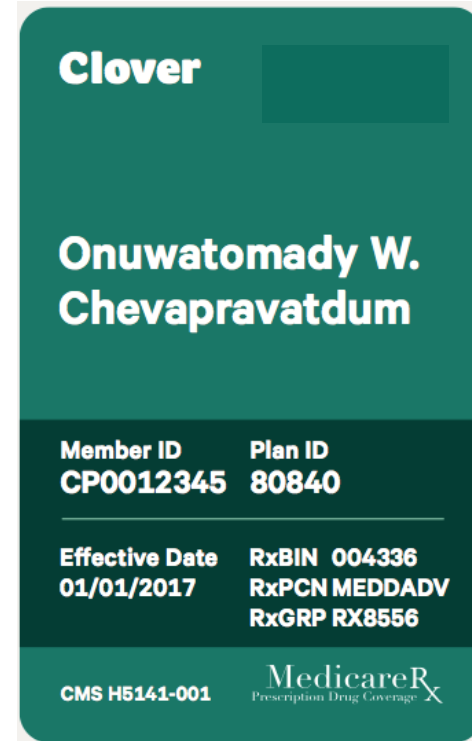
GA Green (026)		
Deductible (Paid by member)	\$100	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$35* Tier 4 = \$85* Tier 5 = 30%*	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$45* Tier 4 = \$95* Tier 5 = 30%*
Coverage Gap (\$3750-\$5000)	The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.

Plan Overview (San Antonio, TX)



TX Green Plan (025)



Why choose the TX Green (025) plan?

- **\$0 premium PPO Medicare Advantage plan with Part D coverage**
- **\$0 Part C deductible**
- **Value of a PPO with low costs for PCP, specialist, and hospital visits**
- **Partnership with Baptist provider network**
- **To be eligible, the member:**
 - Must be a Bexar County resident
 - Must be entitled to Medicare Part A and B
 - Must not have ESRD (End Stage Renal Disease)

Plan Benefits

TX Green (025)		
Benefits	In-Network	Out-of-Network*
Part C / Part D Premium	\$0 / \$0	N/A
Primary Care Copay	\$5	45% coinsurance
Specialist Copay	\$30	
Inpatient Hospital Copay	Days 1-6: \$200 Days 7-365: \$0	35% coinsurance
Outpatient Service/ Surgery Copay	Ambulatory: \$150 Hospital: \$210	45% coinsurance
Ambulance Copay	\$300	\$300
Emergency Room Copay	\$75 (waived if admitted)	\$75 (waived if admitted)
Urgent Care Copay	\$30 (waived if admitted)	\$30 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)	45% coinsurance

See Summary of Benefits for plan details

ODN coinsurance is 45% for all benefit categories EXCEPT 35% coinsurance for Inpatient Acute, Substance Abuse and Psych; 20% coinsurance for DME; & INN copay for Ambulance, ER, and Urgent Care (as indicated above)

Part D Coverage

TX Green (025)		
Deductible (Paid by member)	\$150	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$35* Tier 4 = \$85* Tier 5 = 30%*	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$45* Tier 4 = \$95* Tier 5 = 30%*
Coverage Gap (\$3750-\$5000)	The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.

Plan Overview (Bucks County, PA)



PA Green Plan (028)

Clover

**Onuatomady W.
Chevapravatdum**

Member ID CP0012345	Plan ID 80840
Effective Date 01/01/2017	RxBIN 004336 RxPCN MEDDADV RxGRP RX8556

CMS H5141-001**MedicareRx**
Prescription Drug Coverage X

Why choose the PA Green (028) plan?

- **Get money back: Up to \$240/year*** back by choosing this PPO Medicare Advantage plan with Part D coverage
- \$0 Part C deductible
- Value of a PPO with low costs
- Member who qualifies for Extra Help (e.g. LIS or PACE) may have their prescription drugs subsidized at a lower cost share
- Seamless network to Philadelphia
- To be eligible, the member:
 - Must be a Bucks County resident
 - Must be entitled to Medicare Part A and B
 - Must not have ESRD (End Stage Renal Disease)

*Part B buyback may take 60-90 days to be processed by Social Security.

Plan Benefits

PA Green (028)		
Benefits	In-Network	Out-of-Network*
Part C / Part D Premium	\$0 / \$0	N/A
Part B Premium Buyback	\$20	
Primary Care Copay	\$20	35% coinsurance
Specialist Copay	\$40	
Inpatient Hospital Copay	Days 1-6: \$260 Days 7-365: \$0	25% coinsurance
Outpatient Service/ Surgery Copay	Ambulatory: \$250 Hospital: \$350	35% coinsurance
Ambulance Copay	\$200	\$200
Emergency Room Copay	\$75 (waived if admitted)	\$75 (waived if admitted)
Urgent Care Copay	\$40 (waived if admitted)	\$40 (waived if admitted)
Lab Services Copay	\$10 (for Medicare-covered lab services)	35% coinsurance

See Summary of Benefits for plan details. OON coinsurance is 45% for all benefit categories EXCEPT 35% coinsurance for Inpatient Acute, Substance Abuse and Psych; 20% coinsurance for DME; & INN copay for Ambulance, ER, and Urgent Care (as indicated above).

Part D Coverage

PA Green (028)		
Deductible (Paid by member)	\$150	
Initial Coverage Period (up to \$3750) (Member pays up to the copay cost; health plan pays the balance)	Preferred Network	Non-Preferred Network
	Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$35* Tier 4 = \$85* Tier 5 = 30%*	Tier 1 = \$5 Tier 2 = \$15 Tier 3 = \$45* Tier 4 = \$95* Tier 5 = 30%*
Coverage Gap (\$3750-\$5000)	The cost of the drugs are discounted and member is responsible for: <ul style="list-style-type: none"> • Brand name drugs: 50% • Generic drugs: 56% 	
Catastrophic Coverage Period (Paid by member)	Generic/Preferred Drugs: \$3.35	All Other Drugs: \$8.35

*These tiers apply to the deductible.



We also include no-cost extras to help our members live healthier.

Rewards program

Hello to Healthy™

Clover is a partner in care. We're here to help members set a course toward a healthy lifestyle, stay on track every day, and make smart choices along the way. We promise to do our part. And when they do theirs, they earn Hello to Healthy rewards. And that's good for everyone.

**hello to
healthy™**
rewards by **Clover**

Vision

All of our plans include one routine eye exam, as well as benefits that can be used towards contacts or eyeglasses.

Dental

All of our plans include routine exams, cleanings, and X-rays.

Hearing

All of our plans include one routine hearing exam, as well access to state-of-the-art hearing aids.

Gym

All of our plans allow members visit SilverSneakers facilities, which include YMCA, Ballys, Curves, and more.