

# Clover Health

## Agent Preview

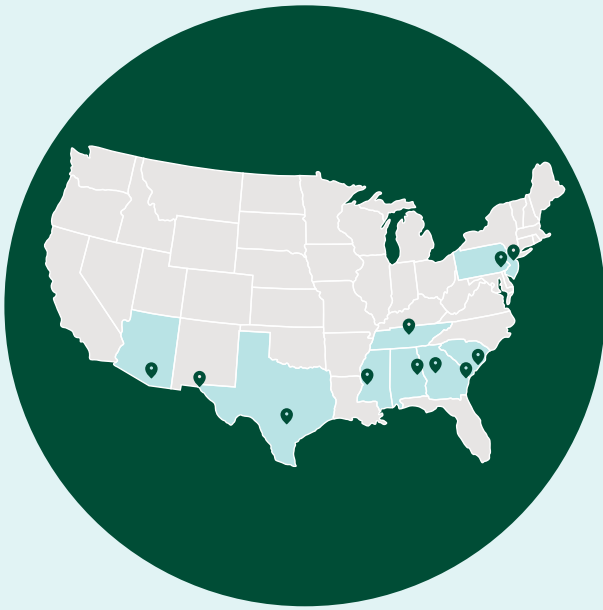
2022 Medicare  
Advantage Plans

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Pennsylvania







**9 States**



**66,000+ Medicare Advantage Lives**

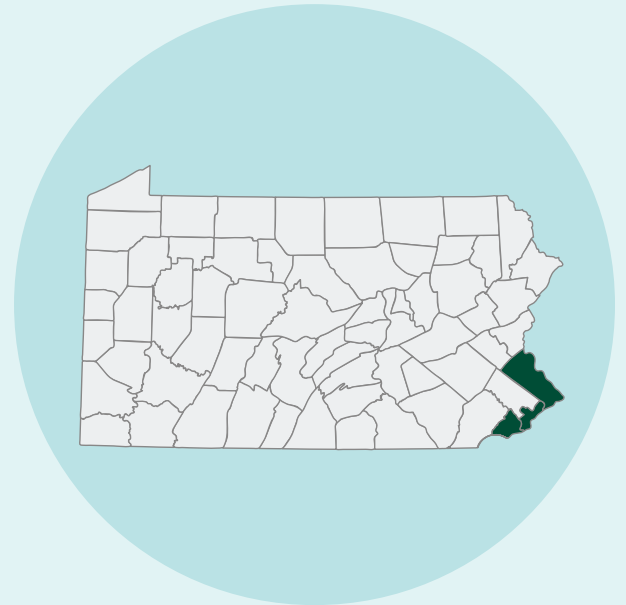
**1,301 Primary Care Providers**



**7,669 Specialists**



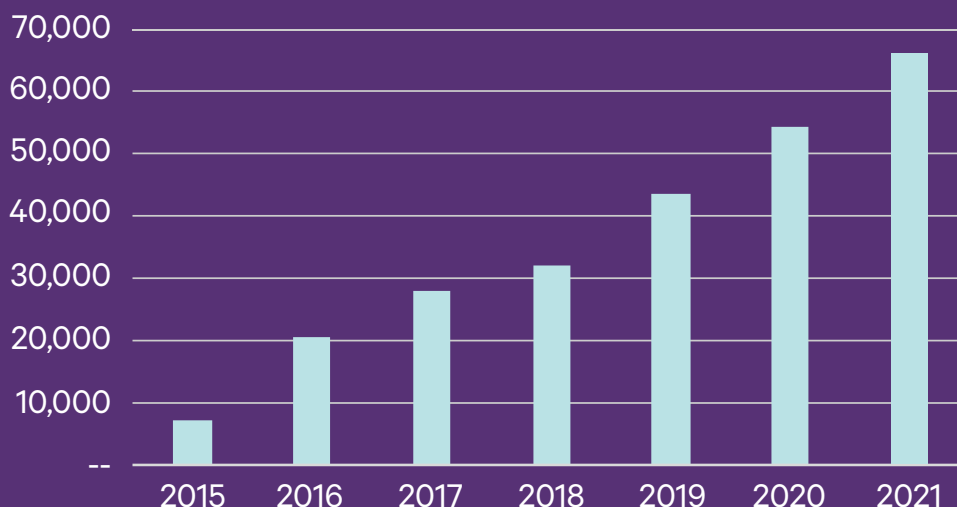
**3 Counties**



## **3 Counties in Pennsylvania**

H5141-038, 039:  
Bucks, Delaware, Philadelphia

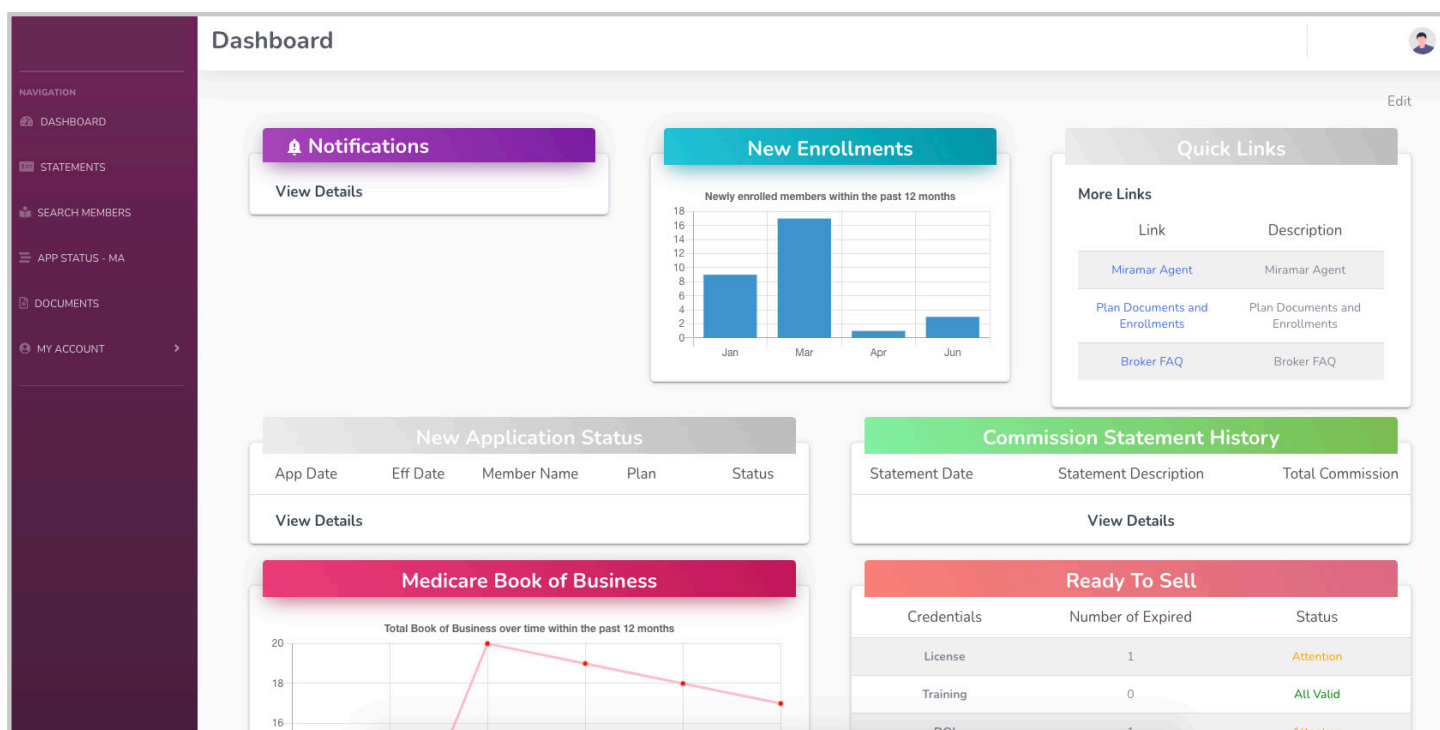
# Consistent YOY Growth



## 2022 Broker Support—New Broker Portal

Our performance management software allows you to:

- Track your book of business—new and existing
- Track application status from submission to accretion
- Request Clover member ID cards
- Get disenrollment reports
- And more!



# What's New for 2022

**The Clover Health Choice PPO Medicare Advantage plans provide extra benefits you don't get with original Medicare, including:**

## OTC/Grocery Benefit

- Most Clover plans will have a combined quarterly OTC/grocery allowance.
- Members must qualify for grocery portion.
  - To qualify, members must have certain health condition(s) such as diabetes, chronic arthritis, or hypertension and be validated by Clover Health. (A complete list of qualifying conditions is available through Clover Health.)
- Members who qualify can choose to spend their quarterly allowance on grocery products only, OTC items only, or a combination of both.
- Members will receive one card.
- Members who do not qualify for the grocery benefit may use their full allowance on OTC only.
- Items that do not qualify are non-food and pet items, alcohol, baby formula, candy, chips, coffee shop items, desserts, fresh baked goods, soda, and tobacco.
- Allowances are on a quarterly basis and do not roll over.



## Insulin Savings Program

- Clover will be participating in the Part D Senior Savings Model.
- CMS maximum copay of \$35 for one-month supply
  - Clover Preferred Insulin copay: \$25/month
  - Clover Non-preferred Insulin copay: \$35/month
- Instant savings for insulin during the Deductible stage, Initial Coverage stage, and Coverage Gap
- Covered prescriptions are not subject to a deductible or any coverage gap cost increases throughout the plan year.
- Clover Value plans serving the LIS beneficiary will not be participating.

## Dental/Vision

- DentaQuest network expansion
- Three ways to use DentaQuest:
  1. In-network with DentaQuest
  2. Out-of-network dentist willing to bill DentaQuest
  3. Submit a claim for reimbursement (reach out to local Sales Manager for details)
- Clients should ask dentists or eye doctors “Do you accept DentaQuest or EyeQuest?”
  - Agents should not ask “Do you accept Clover Health?” as our provider for dental is DentaQuest.
- Please refer to each plan for specific coverage.



# What's Staying the Same in 2022

**Clover is keeping the Choice PPO benefits that matter most to members!**



\$0 plan premium

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\$0 copay – unlimited primary care visits

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\$0 copay – many generic drugs

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\$0 copay – lab services

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\$0 copay – preventive services

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\$0 Part D deductible

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\$0 copay – SilverSneakers®

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\$0 copay – ride to medical appointments (10)

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\$2,000 yearly dental allowance

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Same in-network and out-of-network copays

# Clover Health

## 2022 Benefits Preview

Confidential and proprietary information for agent use only. Distribution to any party is prohibited and grounds for contract termination. Plan and benefit information in this document is pending government approval and is subject to change. Final 2022 plan information may be discussed with beneficiaries on or after October 1st, 2021.

		Plan 038 Choice PPO	Plan 039 Choice Value PPO
PLAN	Monthly premium, includes Part D	\$0	\$39.20
	Plan deductible	\$0	\$0
	Max yearly out-of-pocket	\$7,550 INN/OON	\$7,550 INN/OON
DOCTOR VISITS	Primary care visits (unlimited)	\$0 INN/OON	\$0 INN/OON
	Specialist visits (unlimited)	\$15 INN/OON	\$0 INN/OON
	Physical/speech therapy	\$15 INN/OON	\$5 INN/OON
INPATIENT/ OUTPATIENT HOSPITAL	Inpatient hospital stay	\$290/day, days 1–5 INN/OON	\$225/day, days 1–5 INN/OON
	Outpatient surgery: hospital	\$275 INN/OON	\$200 INN/OON
	Outpatient lab services	\$0	\$0
RX	Part D deductible	\$0	\$480 (Tiers 2–5)
	Prescription costs (30-day supply, preferred pharmacy)	Tier 1: \$0, Tier 2: \$10, Tier 3: \$37, Tier 4: \$90, Tier 5: 33%	Tier 1: \$0, Tiers 2–3: 22%, Tiers 4–5: 25%
	Prescription costs (90-day supply, mail order)	Tiers 1–2: \$0, Tier 3: \$110, Tier 4: \$270, Tier 5: 33%	Tier 1–2: \$0, Tier 3: 22%, Tiers 4–5: 25%
EXTRA BENEFITS YOU DON'T GET WITH ORIGINAL MEDICARE	Comprehensive dental allowance	\$2,000 per year	\$2,000 per year
	Eyeglasses or contacts allowance	\$150 per year	\$250 per year
	TruHearing hearing aids* (one per ear per year)	\$699–\$999 INN \$999 OON	\$699–\$999 INN \$999 OON
	Grocery/OTC items	\$75 every quarter	\$200 every quarter
	Diabetes monitoring supplies	\$0 INN/OON	\$0 INN/OON
	Senior Savings Model – insulin	\$25 copay preferred, \$35 copay non-preferred	N/A
	Health-related transportation	10 one-way rides/year to approved locations	10 one-way rides/year to approved locations
	Fitness membership	SilverSneakers**	SilverSneakers**

INN = In-network; OON = Out-of-network

# Clover Health

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\* TruHearing is a registered trademark.

\*\* SilverSneakers is a registered trademark of Tivity Health, Inc.

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