

Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP) offered by Clear Spring Health (Clear Spring Health of Illinois, INC.)

Annual Notice of Change for 2026

You're enrolled as a member of Clear Spring Health Essential (HMO C-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.clearspringhealthcare.com or call Member Services at 877-364-4566 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 877-364-4566 (TTY users call 711) for more information. Hours are Monday through Friday from 8 AM to 8 PM. From October 1st to March 31st, we are available 7 days a week from 8 AM to 8 PM. This call is free.
- This information is available in braille, audio, and large print.

About Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP)

- Clear Spring Health has a contract with Medicare to offer HMO and PPO plans. Enrollment in these plans is dependent on annual contract renewal with the federal government.
- When this material says “we,” “us,” or “our,” it means Clear Spring Health (Clear Spring Health of Illinois, INC.). When it says “plan” or “our plan,” it means Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP).
- On January 1, 2026, our plan name will change from Clear Spring Health Essential (HMO C-SNP) to Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP). We'll send you a new member ID card with our new name. From here on, our new name, Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP), will be on all materials.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP). Starting January 1, 2026, you'll

get your medical and drug coverage through Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$6,751	\$6,751
Primary care office visits	\$0 copay per visit.	\$0 copay per visit.
Specialist office visits	\$0 to \$25 copay per visit. \$0 copay for endocrinologist. \$25 copay for all other specialists.	\$0 to \$25 copay per visit. \$0 copay for endocrinologist. \$25 copay for all other specialists.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$290 copay per day for days 1-5; \$0 copay per day for days 6-90.	\$290 copay per day for days 1-5; \$0 copay per day for days 6-90.
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$250 except for covered insulin products and most adult Part D vaccines.	\$300 except for covered insulin products and most adult Part D vaccines. The deductible applies to Tiers 3, 4, and 5.

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage:	Copayment/Coinsurance during the Initial Coverage Stage:
	Drug Tier 1: \$0 copay at a preferred network pharmacy or \$5 copay at a network pharmacy.	Drug Tier 1: \$0 copay at a preferred network pharmacy or \$5 copay at a network pharmacy.
	Drug Tier 2: \$0 copay at a preferred network pharmacy or \$20 copay at a network pharmacy.	Drug Tier 2: \$5 copay at a preferred network pharmacy or \$10 copay at a network pharmacy.
	Drug Tier 3: \$42 copay at a preferred network pharmacy or \$47 copay at a network pharmacy. You pay \$30 copay at a preferred network pharmacy or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.	Drug Tier 3: 20% of the total cost at a preferred network pharmacy or 20% of the total cost at a network pharmacy. You pay the lesser of 20% coinsurance or \$30 copay at a preferred network pharmacy or the lesser of 20% coinsurance or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	Drug Tier 4: \$95 copay at a preferred network pharmacy or \$100 copay at a network pharmacy. You pay \$30 copay at a preferred network pharmacy or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.	Drug Tier 4: 35% of the total cost at a preferred network pharmacy or 35% of the total cost at a network pharmacy. You pay the lesser of 25% coinsurance or \$30 copay at a preferred network pharmacy or the lesser of 25% coinsurance or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.
	Drug Tier 5: 29% of the total cost at a preferred network pharmacy or 29% of the total cost at a network pharmacy.	Drug Tier 5: 29% of the total cost at a preferred network pharmacy or 29% of the total cost at a network pharmacy. You pay the lesser of 25% coinsurance or \$30 copay at a preferred network pharmacy or the lesser of 25% coinsurance or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.
	Drug Tier 6: Not offered.	Drug Tier 6: \$0 copay at a preferred network pharmacy or \$0 copay at a network pharmacy.

	2025 (this year)	2026 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change for the upcoming benefit year.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$5.00	\$2.10

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,751	\$6,751 There is no change for the upcoming benefit year. Once you've paid \$6,751 out of pocket for covered services, you'll pay nothing for your covered services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.clearspringhealthcare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.clearspringhealthcare.com.
- Call Member Services at 877-364-4566 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 877-364-4566 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.clearspringhealthcare.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.clearspringhealthcare.com.
- Call Member Services at 877-364-4566 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 877-364-4566 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance Services	<u>In-Network</u> \$225 copay for each one-way Medicare-covered ground ambulance service. \$225 copay for each one-way Medicare-covered air ambulance service.	<u>In-Network</u> \$275 copay for each one-way Medicare-covered ground ambulance service. \$275 copay for each one-way Medicare-covered air ambulance service.
Annual Physical Exam (Non-Medicare-covered)	<u>In-Network</u> Annual physical exam is <u>not</u> covered.	<u>In-Network</u> \$0 copay for an annual physical exam.
Cardiac Rehabilitation Services	Prior authorization is required for Medicare-covered cardiac rehabilitation services.	No prior authorization required for Medicare-covered cardiac rehabilitation services.

	2025 (this year)	2026 (next year)
	Prior authorization is required for Medicare-covered intensive cardiac rehabilitation services.	No prior authorization required for Medicare-covered intensive cardiac rehabilitation services.
Colorectal Cancer Screening (Barium Enemas)	<u>In-Network</u> \$0 copay for each Medicare-covered barium enema.	<u>In-Network</u> Medicare-covered barium enema benefit is <u>not</u> covered.
Dental Services	<u>In-Network</u> \$0 copay for each implant services visit (2 visits every year). \$0 copay for each orthodontic service visit (2 visits every year).	<u>In-Network</u> Implant services are <u>not</u> covered. Orthodontic services are <u>not</u> covered.
Emergency Care	<u>In-and-Out-of-Network</u> \$80 copay for each visit for Medicare-covered emergency care services.	<u>In-and-Out-of-Network</u> \$115 copay for each visit for Medicare-covered emergency care services.
Kidney Disease Services	<u>In-Network</u> 20% of the total cost for Medicare-covered dialysis services.	<u>In-Network</u> \$0 copay for Medicare-covered dialysis services.

	2025 (this year)	2026 (next year)
Medicare Part B Prescription Drugs	<u>In-Network</u> 0% to 20% of the total cost for Medicare Part B insulin drugs.	<u>In-Network</u> 0% to 20% of the total cost, up to a \$35 maximum per month for Medicare Part B insulin drugs.
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	<u>In-Network</u> For Medicare-covered outpatient diagnostic procedures and tests, 20% of the total cost. For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), 20% of the total cost. Prior authorization is required for outpatient X-ray services.	<u>In-Network</u> For Medicare-covered outpatient diagnostic procedures and tests, \$0 copay. For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), \$20 to \$175 copay. No prior authorization required for outpatient X-ray services.
Outpatient Rehabilitation Services	<u>In-Network</u> \$35 copay for each Medicare-covered occupational therapy visit.	<u>In-Network</u> \$0 copay for each Medicare-covered occupational therapy visit.

	2025 (this year)	2026 (next year)
Outpatient Surgery	Includes services provided at hospital outpatient facilities and ambulatory surgical centers. <u>In-Network</u> For Medicare-covered services at an ambulatory surgical center, \$175 copay.	<u>In-Network</u> For Medicare-covered services at an ambulatory surgical center, \$200 copay.
Over-the-Counter Items	\$60 maximum plan coverage amount every month for OTC items.	\$50 maximum plan coverage amount every month for OTC items.
Podiatry Services	<u>In-Network</u> Routine foot care benefit is <u>not</u> covered.	<u>In-Network</u> \$0 copay for each routine foot care visit (1 visit every 3 months). 1 comprehensive foot exam a year at \$0 copay.
Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	<u>In-Network</u> Medicare-covered pre-exposure prophylaxis (PrEP) for HIV prevention benefit is not covered.	<u>In-Network</u> There is no coinsurance, copayment, or deductible for the PrEP benefit.
Pulmonary Rehabilitation Services	Prior authorization is required for Medicare-covered pulmonary rehabilitation services.	No prior authorization required for Medicare-covered pulmonary rehabilitation services.

	2025 (this year)	2026 (next year)
Screening for Hepatitis C Virus Infection	<u>In-Network</u> Medicare-covered screening for Hepatitis C Virus infection benefit is <u>not</u> covered.	<u>In-Network</u> There is no coinsurance, copayment, or deductible for the Medicare-covered screening for the Hepatitis C Virus.
Special Supplemental Benefits for the Chronically Ill	\$50 monthly for utilities. \$100 every month for the food benefit.	Utilities benefit is not covered for the upcoming benefit year. Food Benefit - \$60 every month. Unused funds do not rollover. HRA must be submitted and condition verified through the standard CSNP enrollment verification process.
Supervised Exercise Therapy (SET)	Prior authorization is required for Medicare-covered supervised exercise therapy services.	No prior authorization required for Medicare-covered supervised exercise therapy services.
Telehealth Benefits (additional)	<u>In-Network</u> For additional telehealth benefits, \$10 copay for primary care physician services.	<u>In-Network</u> For additional telehealth benefits, \$0 copay for primary care physician services.

	2025 (this year)	2026 (next year)
Urgently Needed Care Services	<u>In- and Out-of-Network</u> \$45 copay for each visit for Medicare-covered urgently needed care services.	<u>In- and Out-of-Network</u> \$40 copay for each visit for Medicare-covered urgently needed care services.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Optum at 1-800-461-1308 for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Member Services at 877-364-4566 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$250 During this stage, you pay \$0-\$20 cost sharing for drugs on Tier 1 Preferred Generic, Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until you've reached the yearly deductible.	\$300 During this stage, you pay \$0-\$10 cost sharing for drugs on Tier 1 Preferred Generic, Tier 2 Generic, Tier 6 Select Care Drugs and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tiers 3 and 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month (30 days) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply at a network pharmacy that offers preferred cost sharing, or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay \$5 copay. <i>Preferred cost sharing:</i> You pay \$0 copay. Your cost for a one-month (30 days) mail-order prescription is \$0 copay.	<i>Standard cost sharing:</i> You pay \$5 copay. <i>Preferred cost sharing:</i> You pay \$0 copay. Your cost for a one-month (30 days) mail-order prescription is \$0 copay.
Generic:	<i>Standard cost sharing:</i> You pay \$20 copay. Your cost for a one-month mail-order prescription is \$20 copay. <i>Preferred cost sharing:</i> You pay \$0 copay. Your cost for a one-month (30 days) mail-order prescription is \$0 copay.	<i>Standard cost sharing:</i> You pay \$10 copay. Your cost for a one-month mail-order prescription is \$10 copay. <i>Preferred cost sharing:</i> You pay \$5 copay. Your cost for a one-month (30 days) mail-order prescription is \$0 copay.

	2025 (this year)	2026 (next year)
Preferred Brand:	<i>Standard cost sharing:</i> You pay \$47 copay. You pay \$35 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$47 copay. <i>Preferred cost sharing:</i> You pay \$42 copay. You pay \$30 copay per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is \$42 copay.	<i>Standard cost sharing:</i> You pay 20% of the total cost. You pay the lesser of 20% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 20% of the total cost. <i>Preferred cost sharing:</i> You pay 20% of the total cost. You pay the lesser of 20% coinsurance or \$30 copay per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is 20% of the total cost.

	2025 (this year)	2026 (next year)
Non-Preferred Drug:	<i>Standard cost sharing:</i> You pay \$100 copay. You pay \$35 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$100 copay. <i>Preferred cost sharing:</i> You pay \$95 copay You pay \$30 copay per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is \$95 copay.	<i>Standard cost sharing:</i> You pay 35% of the total cost. You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 35% of the total cost. <i>Preferred cost sharing:</i> You pay 35% of the total cost. You pay the lesser of 25% coinsurance or \$30 copay per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is 35% of the total cost.

	2025 (this year)	2026 (next year)
Specialty Tier:	<i>Standard cost sharing:</i> You pay 29% of the total cost. Your cost for a one-month mail-order prescription is 29% of the total cost. <i>Preferred cost sharing:</i> You pay 29% of the total cost. Your cost for a one-month (30 days) mail-order prescription is 29% of the total cost.	<i>Standard cost sharing:</i> You pay 29% of the total cost. You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 29% of the total cost. <i>Preferred cost sharing:</i> You pay 29% of the total cost. You pay the lesser of 25% coinsurance or \$30 copay per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is 29% of the total cost.
Select Care Drugs:	Not offered.	<i>Standard cost sharing:</i> You pay \$0 copay. Your cost for a one-month mail-order prescription is \$0 copay. <i>Preferred cost sharing:</i> You pay \$0 copay.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call Optum at 1-800-461-1308 or visit www.Medicare.gov .

SECTION 3 How to Change Plans

To stay in Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 877-364-4566 (TTY users call 711) for

more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles,

and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
- Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Illinois Medical Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Illinois Medical Assistance Program at 1-800-825-3518. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of payment option. To learn more about this payment option, call Optum at 1-800-461-1308 or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP)

- **Call Member Services at 877-364-4566. (TTY users call 711.)**

We're available for phone calls Monday through Friday from 8 AM to 8 PM. From October 1st to March 31st, we are available 7 days a week from 8 AM to 8 PM. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for Clear Spring Health Balance+ Diabetes & Heart (HMO C-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.clearspringhealthcare.com or call Member Services at 877-364-4566 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.clearspringhealthcare.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (Formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Illinois, the SHIP is called Senior Health Insurance Program.

Call Senior Health Insurance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Senior Health Insurance Program at 1-800-252-8966. Learn more about Senior Health Insurance Program by visiting (<https://www2.illinois.gov/aging/ship/Pages/default.aspx>).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.