

# 2026 SUMMARY OF BENEFITS



Georgia  
Clear Spring Health BrightPath Advantage (PPO) H9589-003

This is a summary of health and drug services covered by Clear Spring Health BrightPath Advantage (PPO), from January 1, 2026 – December 31, 2026.

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.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com) for the 2026 “Evidence of Coverage,” or call 1-877-364-4566 to request a copy of the Evidence of Coverage to be mailed to you. TTY users should dial 711. The Evidence of Coverage will be available on our website by no later than October 15, 2025.

To join Clear Spring Health BrightPath Advantage (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare B, and live in our service area. Our service area includes the following counties in Georgia:

Baker, Baldwin, Banks, Barrow, Bibb, Bleckley, Bryan, Butts, Candler, Chatham, Chattahoochee, Cherokee, Clarke, Clayton,

Clinch, Cobb, Coweta, Crawford, Dawson, DeKalb, Dodge, Dooly, Douglas, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jefferson, Jenkins, Johnson, Jones, Lamar, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Pulaski, Putnam, Rabun, Rockdale, Schley, Screven, Spalding, Stevens, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Towns, Treutlen, Turner, Twiggs, Union, Upson, Walton, Warren, Washington, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson.

If you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4277). TTY users should call 1-877-486-2048.

Call us or go online for more information.

**Not a member yet? Call 1-877-248-6622 (TTY: 711)**

From October 1<sup>st</sup> – March 31<sup>st</sup>, you can call us 7 days a week from 8:00am to 8:00pm. From April 1<sup>st</sup> – September 30<sup>th</sup>, you can call us Monday through Friday from 8:00 AM – 8:00 PM.

**Already a member? Call 1-877-364-4566 (TTY:711)**

From October 1<sup>st</sup> – March 31<sup>st</sup>, you can call us 7 days a week from 8:00am to 8:00pm. From April 1<sup>st</sup> – September 30<sup>th</sup>, you can call us Monday through Friday from 8:00 AM – 8:00 PM.

**Website:** [clearspringhealthcare.com](http://clearspringhealthcare.com)**Understanding the Benefits**

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.clearspringhealthcare.com** or call **1-877-364-4566 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Clear Spring Health offers a pharmacy network with preferred cost sharing at select pharmacies. You may pay more at other pharmacies. The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Benefits with a (!) indicate a prior authorization may be required.

**Understanding Important Rules**

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change January 1, 2027.

|  |   | Clear Spring Health<br>BrightPath Advantage (PPO)<br>H9589-003                               | Out-of-Network |
|--|---|--|----------------|
| <b>Monthly Plan Premium</b>                          |   | \$0<br>You must continue to pay your Medicare Part B premium.                                |                |
| <b>Deductibles (Part C-Medical)</b>                  |   | \$0  |                |
| <b>Maximum Out-of-Pocket</b>                         |   | \$6,751 for in-network benefits.<br><br>\$9,250 for combined in and out-of-network benefits. |                |
| <b>Inpatient Hospital Coverage – Acute (!)</b>       | \$295 copay per day for days 1-7;<br>\$0 copay per day for days 8-90                                      | \$395 copay per day for days 1-7;<br>\$0 copay per day for days 8-90                         |                |
| <b>Inpatient Hospital Coverage – Psychiatric (!)</b> | \$250 copay per day for days 1-7;<br>\$0 copay per day for days 8-90                                      | \$395 copay per day for days 1-7;<br>\$0 copay per day for days 8-90                         |                |
| <b>Outpatient Hospital Coverage (!)</b>              | \$250 copay<br>Authorization required for Medicare-covered observation services after the first 24 hours. | 20% of the total cost  |                |

| Clear Spring Health<br>BrightPath Advantage (PPO)<br>H9589-003   |   | Out-of-Network  |
|--|---|---|
| <b>Ambulatory<br/>Surgical<br/>Center<br/>(ASC) (!)</b>  | \$175 copay   | 20% of the total cost   |
| <b>Doctor Visits<br/>(Primary Care<br/>Providers and<br/>Specialists)</b>  | Primary Care: \$0 copay<br>Specialist: \$0 to \$25 copay<br>\$0 copay for<br>endocrinologist. \$25 copay<br>for all other specialists.  | Primary Care: 45% of the total<br>cost Specialist: 45% of the<br>total cost |
| <b>Preventative<br/>Care<br/>(e.g., Flu<br/>Vaccine,<br/>Diabetic<br/>Screenings,<br/>Annual<br/>Wellness Visit)</b> | \$0 copay for preventive care.  | \$50 copay for preventive care.   |
| <b>Emergency<br/>Care</b>  | <p style="text-align: center;">\$115 copay</p> <p>ER cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.</p>                           |   |
| <b>Urgently<br/>Needed<br/>Services</b>  | <p style="text-align: center;">\$40 copay</p> <p>Urgently needed care services cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.</p> |   |

|  | Clear Spring Health<br>BrightPath Advantage (PPO)<br>H9589-003   | Out-of-Network   |
|--|--|--|
| <b>Diagnostic Services/<br/>Labs/Imaging (!)</b><br><br>Diagnostic tests and procedures<br>Lab Services<br>Diagnostic radiology<br>Outpatient X-rays | <p>Diagnostic Tests and procedures: \$0 copay</p> <p>Lab Services: \$0 copay</p> <p>Diagnostic Radiology: \$0 to \$100 copay.</p> <p>X-rays: \$0 copay for X-ray services if performed at a PCP office. \$100 copay for X-ray services if performed at a specialist or facility. \$0 copay for X-ray services if performed at a PCP office.</p>  | <p>Diagnostic Tests and procedures: 20% of the total cost</p> <p>Lab Services: 45% of the total cost</p> <p>Diagnostic Radiology: 20% of the total cost.</p> <p>X-rays: 40% of the total cost.</p>                                     |
| <b>Hearing Services</b><br><br>Routine Hearing Exam<br>Hearing Aids  | <p>Medicare Covered Hearing Exam: \$50 copay</p> <p>Routine Hearing Exam: 1 exam every year. \$0 copay.</p> <p>Hearing aids: \$500 maximum plan coverage amount every year (per ear) for in- and out-of-network prescription hearing aids.</p> <p>Hearing aids must be purchased through NationsHearing in order to access the benefit.</p> <p>\$0 copay for fitting and evaluation.</p> | <p>Medicare Covered Hearing Exam: 20% of the total cost</p> <p>Routine Hearing Exam: 1 exam every year. 45% of the total cost.</p> <p>Hearing aids: 45% of the total cost</p> <p>45% of the total cost for fitting and evaluation.</p> |

|                        | <b>Clear Spring Health<br/>BrightPath Advantage (PPO)<br/>H9589-003</b>  | <b>Out-of-Network</b>   |
|------------------------|--|---|
| <b>Dental Services</b> | <p>Medicare Covered Dental Services: \$30 copay</p> <p>Non-Medicare Covered Dental Services:<br/>Preventive Services: \$0 copay<br/>Comprehensive Services: \$0 copay<br/><br/>\$2,000 maximum plan coverage amount every year for in- and out-of-network non-Medicare-covered comprehensive dental services.<br/><br/>Refer to the Evidence of Coverage, Chapter 4, Medical Benefit Chart, for detailed information on what dental services and procedures are covered.</p> | <p>Medicare Covered Dental Services: 45% of the total cost</p> <p>All out-of-network dental services are 45% copay.<br/><br/>Refer to the Evidence of Coverage, Chapter 4, Medical Benefit Chart, for detailed information on what dental services and procedures are covered.</p>              |
| <b>Vision Services</b> | <p>Medicare Eye Exam Services: \$50 copay</p> <p>Routine Eye Exam: 1 exam every year<br/>\$0 copay for routine eye exam.<br/>\$200 maximum plan coverage amount every year for non-Medicare-covered eyewear.</p>   | <p>Medicare Eye Exam Services: 20% of the total cost</p> <p>Routine Eye Exam: 1 exam every year<br/>45% of the total cost for routine eye exam.<br/>45% of the total cost for Medicare-covered eyewear.<br/>\$200 maximum plan coverage amount every year for non-Medicare-covered eyewear.</p> |

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|--|---|---|
| <b>Mental Health Services</b>                                  | Mental Health (Individual sessions): \$40 copay<br>Mental Health (Group sessions): \$40 copay   | Mental Health (Individual sessions): 20% of the total cost<br>Mental Health (Group sessions): 20% of the total cost   |
| <b>Skilled Nursing Facility (!)</b>                            | \$0 copay per day for days 1-20;<br>\$160 copay per day for days 21-100   | \$195 copay per day for days 1-35; \$0 copay per day for days 36-100  |
| <b>Physical &amp; Speech Therapy (!)</b>                       | \$40 copay  | 45% of the total cost   |
| <b>Ambulance (!)</b>   | Ground: \$275 copay<br>Air: 20% of the total cost   | Ground: 20% of the total cost<br>Air: 20% of the total cost   |
| <b>Medicare Part B Drugs (!)</b>                               | 0% to 20% of the total cost.<br><br>The 0% coinsurance applies to drugs covered under the Inflation Reduction Act. The 20% cost-sharing applies to all other Medicare Part B drugs not covered under the Inflation Reduction Act. For a list of drugs covered at 0% cost-sharing under the Inflation Reduction Act, visit <a href="https://www.cms.gov/files/document/reduced-coinsurance-certain-part-b-rebatable-drugs-july-1-september-30-2024.pdf">https://www.cms.gov/files/document/reduced-coinsurance-certain-part-b-rebatable-drugs-july-1-september-30-2024.pdf</a> | 0% to 20% of the total cost.<br><br>The 0% coinsurance applies to drugs covered under the Inflation Reduction Act. The 20% cost-sharing applies to all other Medicare Part B drugs not covered under the Inflation Reduction Act. For a list of drugs covered at 0% cost-sharing under the Inflation Reduction Act, visit <a href="https://www.cms.gov/files/document/reduced-coinsurance-certain-part-b-rebatable-drugs-july-1-september-30-2024.pdf">https://www.cms.gov/files/document/reduced-coinsurance-certain-part-b-rebatable-drugs-july-1-september-30-2024.pdf</a> |

| Clear Spring Health<br>BrightPath Advantage (PPO)<br>H9589-003 |  | Out-of-Network  |
|--|--|---|
| <b>Transportation</b>  |  | Not Covered   |
| <b>Over-the-Counter Benefit</b>                                |  | \$50 maximum plan coverage amount every 3 months for OTC items. Unused portion does not carry over to the next period.  |
| <b>Better Health 4 U (Rewards &amp; Incentives)</b>            |  | Visit <a href="http://www.clearspringhealthcare.com">www.clearspringhealthcare.com</a> to learn more about the Better Health 4 You program. The Better Health 4 You program is offered to all members at no cost. Get rewarded for actively participating in health screenings. |
| <b>SilverSneakers</b>  |  | SilverSneakers membership is available at no cost while a member of the plan. Any services not included in a basic membership may require additional fees.  |

**PRESCRIPTION DRUGS**  
**Clear Spring Health BrightPath Advantage (PPO)**  
**H9589-003**

| <b>Deductible</b>                    | <p><b>\$400</b><br/>           Applies to: Tier 3, Tier 4, Tier 5<br/>           You pay 100% of covered prescription drug costs until the deductible is met. After you meet your deductible, you will pay a consistent 25% of the cost of your covered drugs until you reach the out-of-pocket maximum.</p> |   |                                       |   |   |
|--------------------------------------|--|---|---------------------------------------|---|---|
| <b>Maximum out-of-pocket (MOOP)</b>  | <p><b>\$2,100 Out-of-Pocket Maximum:</b> Your total out-of-pocket costs for prescription drugs will be capped at \$2,100 per year. Once you reach this cap, you will not have to pay any more out-of-pocket costs for your prescription drugs for the remainder of the year.</p>                             |   |                                       |   |   |
| <b>Pharmacy Type</b>                 | <b>Preferred Retail 30-day supply</b>  | <b>Non-Preferred Retail 30-day supply</b> | <b>Preferred Retail 90-day supply</b> | <b>Non-Preferred Retail 90-day supply</b> | <b>Preferred Mail Order 30-day supply</b> |
| <b>Tier 1:<br/>Preferred Generic</b> | \$0 copay  | \$5 copay                                 | \$0 copay                             | \$15 copay                                | \$0 copay                                 |
| <b>Tier 2:<br/>Generic</b>           | \$5 copay  | \$10 copay                                | \$15 copay                            | \$30 copay                                | \$0 copay                                 |
| <b>Tier 3:<br/>Preferred Brand</b>   | 20% of the total cost  | 20% of the total cost                     | 20% of the total cost                 | 20% of the total cost                     | 20% of the total cost                     |

| PRESCRIPTION DRUGS<br>Clear Spring Health BrightPath Advantage (PPO)<br>H9589-003 |                          |                          |   |   |                          |
|---|--------------------------|--------------------------|---|---|--------------------------|
| <b>Tier 4:<br/>Non-<br/>Preferred<br/>Drug</b>                                    | 30% of the<br>total cost | 30% of the<br>total cost | 30% of the<br>total cost  | 30% of the<br>total cost  | 30% of the<br>total cost |
| <b>Tier 5:<br/>Specialty</b>  | 28% of the<br>total cost | 28% of the<br>total cost | A long-term<br>supply is not<br>available for<br>drugs in Tier 5. | A long-term<br>supply is not<br>available for<br>drugs in Tier 5. | 28% of the<br>total cost |
| <b>Tier 6:<br/>Select Care<br/>Drug</b>   | \$0 copay                | \$0 copay                | \$0 copay   | \$0 copay   | \$0 copay                |

**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 at any in-network pharmacy.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for "Extra Help." To find out if you qualify for "Extra Help," please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778. For more information on additional pharmacy specific cost-share and the drug coverage stages, please call our Customer Service department, or access our "Evidence of Coverage" online or request one by mail.

**The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2026, . This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. See the Evidence of Coverage for more details about the program and how to participate in the program.