



Changes to the
Essential (PPO) Colorado
2019
Evidence of Coverage

February 11, 2019

Dear Member,

This is important information on changes in your Clear Spring Health Essential PPO coverage.

We previously informed you the Evidence of Coverage (EOC) which provides information about your coverage as an enrollee in our plan is available on our website. This notice is to let you know there were errors in your EOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at www.clearspringhealthcare.com.

Changes to your EOC

Where you can find the error in your 2019 EOC	Original Information	Corrected Information	What does this mean for you?
On pages 57-58, under Section 1.3, “What is the most you will pay for Medicare Part A and Part B covered medical services?” your Evidence of Coverage lists:	Your in-network maximum out-of-pocket amount is \$3,400.	Your in-network maximum out-of-pocket amount is \$6,700.	Your in-network maximum out-of-pocket amount is \$6,700.
On page 58, under Section 1.3, “What is the most you will pay for Medicare Part A and Part B covered medical services?” your Evidence of Coverage lists:	Your combined maximum out-of-pocket amount is \$7,900.	Your combined maximum out-of-pocket amount is \$10,000.	Your combined maximum out-of-pocket amount is \$10,000.
On page 61, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits	Not included	<i>40% coinsurance for out-of-network annual wellness visit.</i>	Added Out of network coverage:

H2020_0071a_C ERRATA

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Chart: Annual wellness visit” your Evidence of Coverage lists:			<i>40% coinsurance for out-of-network annual wellness visit.</i>
On page 62, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Breast cancer screening (mammograms)” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network breast cancer screening.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network breast cancer screening.</i>
On page 63, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network cardiovascular disease risk reduction visit</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network cardiovascular disease risk reduction visit.</i>
On page 63, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Cardiovascular disease testing” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network cardiovascular disease testing.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network cardiovascular disease testing.</i>
On page 63, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Cervical and vaginal cancer screening” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network Cervical and vaginal cancer screening.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network Cervical and vaginal cancer screening.</i>
On page 64, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Colorectal cancer	Not included	<i>40% coinsurance for out-of-network colorectal cancer screening.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network</i>

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screening” your Evidence of Coverage lists:			<i>colorectal cancer screening.</i>
On page 65, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Dental Services” your Evidence of Coverage lists:	40% coinsurance for out-of-network for comprehensive dental services	Removed	Removed
On page 66, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Depression screening” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network depression screening.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network depression screening.</i>
On page 66, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Diabetes screening” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network diabetes screening</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network diabetes screening</i>
On page 66, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Diabetes self-management training, diabetic services and supplies” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network diabetes self-management training.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network diabetes self-management training.</i>
On page 71, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: HIV screening” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network HIV Screening.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network HIV Screening.</i>

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On page 74, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Immunizations” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network immunizations.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network immunizations.</i>
On page 77, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Medical nutrition therapy” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network medical nutrition therapy.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network medical nutrition therapy.</i>
On page 77, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Medicare Diabetes Prevention Program (MDPP)” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network Medicare diabetes prevention program.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network Medicare diabetes prevention program.</i>
On page 79, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Obesity screening and therapy to promote sustained weight loss” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network obesity screening and therapy to promote sustained weight loss.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network obesity screening and therapy to promote sustained weight loss.</i>
On page 83, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Prostate cancer screening exams” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network prostate cancer screening exams.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network prostate cancer screening exams.</i>
On page 84, under Section 2.1, “Your medical benefits and costs as a member of	Not included	<i>40% coinsurance for out-of-network</i>	Added Out of network coverage:

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the plan, Medical Benefits Chart: Screening and counseling to reduce alcohol misuse” your Evidence of Coverage lists:		<i>Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</i>	<i>40% coinsurance for out-of-network Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</i>
On page 85, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Screening for sexually transmitted infections (STIs) and counseling to prevent STIs” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network Medicare-covered screening for STIs and counseling for STIs preventive benefit.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network Medicare-covered screening for STIs and counseling for STIs preventive benefit.</i>
On page 85, under Section 2.1, Your medical benefits and costs as a member of the plan, Medical Benefits Chart: “Services to treat kidney disease” your Evidence of Coverage lists:	Not included	20% coinsurance for Medicare covered Dialysis Services.	20% coinsurance for Medicare covered Dialysis Services.
On page 87, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for out-of-network tobacco cessation counseling sessions.</i>	Added Out of network coverage: <i>40% coinsurance for out-of-network tobacco cessation counseling sessions.</i>
On page 88, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Supervised Exercise Therapy (SET)” your Evidence of Coverage lists:	Not included	\$40 for Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks. 40% of the cost for	\$40 for Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks. 40% of the cost for out-of-network Supervised

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		out-of-network Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks.	Exercise Therapy (SET). Up to 36 sessions in 12 weeks.
On page 88, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Vision Care” your Evidence of Coverage lists:	<p>\$45 copay for exams to diagnose and treat diseases and injuries of the eye from a participating provider for Low Premium Plan members.</p> <p>\$35 copay for High Premium Plan members.</p>	\$45 copay for exams to diagnose and treat diseases and injuries of the eye from a participating provider.	You will pay: \$45 copay for exams to diagnose and treat diseases and injuries of the eye from a participating provider.
On page 88, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: Vision Care” your Evidence of Coverage lists:	Not included	Out of Network Reimbursement for complete pair of eyewear or contact lenses: Up to \$30	Out of Network Reimbursement for complete pair of eyewear or contact lenses: Up to \$30
On page 89, under Section 2.1, “Your medical benefits and costs as a member of the plan, Medical Benefits Chart: “Welcome to Medicare” Preventive Visit” your Evidence of Coverage lists:	Not included	<i>40% coinsurance for an out-of-network “Welcome to Medicare” Preventive Visit.</i>	Added Out of network coverage: <i>40% coinsurance for an out-of-network “Welcome to Medicare” Preventive Visit.</i>
On page 125, under Section 4.2, “A table that shows your costs for a one-month supply of a drug” your Evidence of Coverage lists:	Standard retail cost-sharing (in-network) (up to a 90-day supply) 31%	Standard retail cost-sharing (in-network) (up to a 90-day supply) N/A	Cost Sharing is based on a 30-day supply. Standard retail cost-sharing (in-network) (up to a 90-day supply) N/A

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	<p>Mail-order cost-sharing (up to a 90-day supply) 31%</p>	<p>Mail-order cost-sharing (up to a 90-day supply) N/A</p>	<p>Mail-order cost-sharing (up to a 90-day supply) N/A</p>
<p>On pages 45-46, under Section 2.3, “How to get care from specialists and other network providers” your Evidence of Coverage states:</p>	<p>How members access specialists and other network providers:</p> <ul style="list-style-type: none"> •Your PCP will refer you to a network specialists or other network Physician. •The network specialist or network Physician, providing the services is to call us at (877) 384-1241 to request a Prior Authorization (PA), before completing a procedure or service. We will then review the submitted documentation and make a decision. Refer to Chapter 4, Section 2.1 for information about which services require prior authorization. 	<p>How members access specialists and other network providers:</p> <ul style="list-style-type: none"> •Your PCP may refer you to a network specialists or other network Physician. •The network specialist or network Physician is not required to request a Prior Authorization (PA), before completing a procedure or service. Refer to Chapter 4, Section 2.1 for information about which services require prior authorization. 	<p>How members access specialists and other network providers:</p> <ul style="list-style-type: none"> •Your PCP may refer you to a network specialists or other network Physician. •The network specialist or network Physician is not required to request a Prior Authorization (PA), before completing a procedure or service. Refer to Chapter 4, Section 2.1 for information about which services require prior authorization.

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You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at (877) 384-1241 (TTY/TDD: 711), we are available from 8:00am – 8:00pm Monday through Friday from April 1st – September 30th and 8:00am – 8:00pm Monday through Sunday from October 1st – March 31st.

Sincerely,

Clear Spring Health

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-384-1241 (TTY: 711).

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