



Changes to the
Essential Plus (PPO) North Carolina
2019
Evidence of Coverage

February 11, 2019

Dear Member,

This is important information on changes in your Clear Spring Health Essential Plus 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 56-57, 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 \$5,000.	Your in-network maximum out-of-pocket amount is \$5,000.
On page 56, under Section 1.3, “What is the most you will pay for Medicare Part A and Part B covered medical services?”	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.

Clear Spring Health has a contract with Medicare to offer HMO and PPO plans. Enrollment in Clear Spring Health depends on contract renewal.



Where you can find the error in your 2019 EOC	Original Information	Corrected Information	What does this mean for you?
your Evidence of Coverage lists:			
On page 64, 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:	<i>40% coinsurance for out-of-network for comprehensive dental services.</i>	<i>40% coinsurance for out-of-network Medicare covered dental services.</i>	<i>40% coinsurance for out-of-network Medicare covered dental services.</i>
On page 82, 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	<i>20% coinsurance for dialysis services.</i>	<i>20% coinsurance for dialysis services.</i>
On page 85, 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	<i>\$40 for Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks.</i> <i>40% of the cost for out-of-network Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks.</i>	<i>\$40 for Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks.</i> <i>40% of the cost for out-of-network Supervised Exercise Therapy (SET). Up to 36 sessions in 12 weeks.</i>
On page 86, under Section 2.1, “Your medical benefits and costs as a member of	<i>Out of Network Reimbursement for exams to diagnose and</i>	<i>Out of Network Reimbursement for diagnostic eye exams: Up to \$50</i>	<i>Out of Network Reimbursement for diagnostic eye exams: Up to \$50</i>

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the plan, Medical Benefits Chart: Vision Care” your Evidence of Coverage lists:	<i>treat injuries of the eye: Up to \$50</i>		
On page 123, under Section 4.2, “A table that shows your costs for a one-month supply of a drug” your Evidence of Coverage lists:	<p>Standard retail cost-sharing (in-network) (up to a 90-day supply) 31%</p> <p>Mail-order cost-sharing (up to a 90-day supply) 31%</p>	<p>Standard retail cost-sharing (in-network) (up to a 90-day supply) N/A</p> <p>Mail-order cost-sharing (up to a 90-day supply) N/A</p>	<p>Cost Sharing is based on a 30-day supply.</p> <p>Standard retail cost-sharing (in-network) (up to a 90-day supply) N/A</p> <p>Mail-order cost-sharing (up to a 90-day supply) N/A</p>
On pages 44-45, under Section 2.3, “How to get care from specialists and other network providers” your Evidence of Coverage states:	<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 	<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 	<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

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	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.	2.1 for information about which services require prior authorization.	2.1 for information about which services require prior authorization.

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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