

Clear Spring Health Value Rx (PDP)

## Summary of Benefits

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*States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming*



Find out more about Clear Spring Health Value Rx (PDP) plan – including the drug services it covers-in this easy-to-use guide.

Clear Spring Health has a contract with Medicare to offer HMO, PPO, and PDP Plans. Clear Spring Health has contracts with the Georgia and South Carolina Medicaid programs. Enrollment in these plans is dependent on annual contract renewal with the federal government.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, ask us for the "Evidence of Coverage" or you may download at [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com). The Evidence of Coverage will be available on our website no later than October 15, 2023.

**Plan Name:**

Clear Spring Health Value Rx (PDP)

January 1, 2023 – December 31, 2023

MedicareRx  
Prescription Drug Coverage Rx

**Call us or go online for more information.**



Contact our Member Services department at 1-877-317-6082 (TTY only, call 711.) We are available for phone calls from October 1 – March 31, 8:00 a.m. - 8:00 p.m., seven days a week and from April 1 – September 30, 8:00 a.m. - 8:00 p.m., Monday through Friday (you may leave a voicemail Saturday, Sunday and Federal Holidays).

Information is also located on our website at

Website: [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com).

Please note:

To join Clear Spring Health Value Rx (PDP) plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.



**Important Rules:**

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Clear Spring Health Value Rx (PDP) 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, premiums and/or copayments/co-insurance may change on January 1, 2023.

State(s)	Premium	Deductible
Iowa, Minnesota, Montana, Nebraska, S. Dakota, N. Dakota, Wyoming	\$33.00	\$505

**Deductible and Initial Coverage Stage**

**Deductible Stage**

You pay 100% cost-sharing in the Deductible Stage, until you reach \$505.

**Initial Coverage Stage**

You pay the following (**Table 1 and Table 2**) until your total yearly drug costs reach \$4,660. Total yearly drug costs are the *total drug costs paid by both you and our plan*. Once you reach this amount, you will enter the Coverage Gap.

**Table 1**

<b>Retail Cost-Sharing (In-Network)</b>	<b>Preferred Retail One-Month (30 Day) Supply</b>	<b>Standard Retail One-Month (30 Day) Supply</b>	<b>Preferred Retail Three-Month (90 Day) Supply</b>	<b>Standard Retail Three-Month (90 Day) Supply</b>	<b>Long-Term Care (31 Day) Supply</b>
Tier 1 Preferred Generic	\$1 copay	\$6 copay	\$3 copay	\$18 copay	\$6 copay
Tier 2 Generic	\$3 copay	\$8 copay	\$9 copay	\$24 copay	\$8 copay
Tier 3 Preferred Brand	\$42 copay	\$47 copay	\$126 copay	\$141 copay	\$47 copay
Tier 4 Non-Preferred Drug	32% coinsurance	32% coinsurance	32% coinsurance	32% coinsurance	32% coinsurance
Tier 5 Specialty Tier	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

**Table 2**

<b>Mail Order Cost-Sharing In-Network</b>	<b>Preferred Mail Order 3-Months</b>	<b>Standard Mail Order 3-Months</b>
Tier 1 Preferred Generic	\$3 copay	\$18 copay
Tier 2 Generic	\$9 copay	\$24 copay
Tier 3 Preferred Brand	\$126 copay	\$141 copay
Tier 4 Non-Preferred Drug	32% coinsurance	32% coinsurance
Tier 5 Specialty Tier	25% coinsurance	25% coinsurance

### Coverage Gap Stage

Once you have paid a total of \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. You pay 25% cost sharing in the Coverage Gap stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7 in your *Evidence of Coverage* booklet, which is available on our website at [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com).

You may also call Member Services to have a copy of the Evidence of Coverage mailed to you. Call toll free (877) 317-6082. TTY users should call 711. We can be reached Monday through Friday, from 8 a.m. to 8 p.m., seven days a week, and April 1 - September 30th, 8:00 am - 8:00 pm, Monday through Friday.

### Select Insulins

Clear Spring Health Premier (Rx) PDP offers coverage for select insulins. Your out-of-pocket costs for these select insulins will be \$35 for a 30-day supply at a standard retail pharmacy and \$30 for a 30-day supply for a preferred, in-network pharmacy. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins with the letters SSM next to the drug name in the formulary drug list.

### Part D Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

### Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:

- 5% of the cost, or
- \$4.15 copay for generic/preferred for multi-source drugs (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs



**If you reside in a long-term care facility, you pay the same amount as a standard retail pharmacy**

### **Days' Supply Available**

Unless otherwise specified, you can get your Part D drug in the following days' supply amounts:

- One-month supply (up to 30 days)
  - **Long-term care pharmacy (one-month supply – 31 days)**
- Two-month supply (31-60 days)
- Three-month supply (61-90 days)

This information is not a complete description of benefits. Call Member Services for more information. Call toll free (877) 317-6082. TTY users should call 711. We can be reached Monday through Friday, from 8 a.m. to 8 p.m., seven days a week, and April 1 - September 30th, 8:00 am - 8:00 pm, Monday through Friday.

To find out more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 711.