

Clear Spring Health Premier Rx (PDP) offered by Clear Spring Health Insurance Company

Annual Notice of Changes for 2023

You are currently enrolled as a member of Clear Spring Health Premier Rx (PDP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.clearspringhealthcare.com. (You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Clear Spring Health Premier Rx (PDP).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Clear Spring Health Premier Rx (PDP).

Additional Resources

- Please contact our Member Services number at 1 (877) 317-6082 for additional information. (TTY users should call 711.) Hours are 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).
- This document is available in braille, large print, and audio.

About Clear Spring Health Premier Rx (PDP)

- 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.
- When this document says “we,” “us,” or “our,” it means Clear Spring Health Insurance Company. When it says “plan” or “our plan,” it means Clear Spring Health Premier Rx (PDP).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Clear Spring Health Premier Rx (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>*Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$18.20	\$20.50
<p>Part D prescription drug coverage</p> <p>(See Section 1.3 for details.)</p> <p>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 list. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).</p>	<p>Deductible: \$480</p> <p>The deductible applies to Tier 3, Tier 4, and Tier 5</p> <p><i>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</i></p> <p>Drug Tier 1: \$15 copay</p> <p>Drug Tier 2: \$20 copay</p> <p>Drug Tier 3: \$47 copay</p> <p>Drug Tier 4: 50% coinsurance</p> <p>Drug Tier 5: 25% coinsurance</p>	<p>Deductible: \$505</p> <p>The deductible applies to Tier 3, Tier 4, and Tier 5</p> <p><i>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</i></p> <p>Drug Tier 1: \$15 copay</p> <p>Drug Tier 2: \$20 copay</p> <p>Drug Tier 3: \$47 copay</p> <p>Drug Tier 4: 50% coinsurance</p> <p>Drug Tier 5: 25% coinsurance</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$18.20	\$20.50

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may 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.

An updated *Pharmacy Directory* is located on our website at www.clearspringhealthcare.com. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **We strongly suggest that you review our current *Pharmacy Directory* to see if your pharmacy is still in our network.**

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Member Services so we may assist.

Section 1.3 – Changes to Part D Prescription 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, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Starting in 2023, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, and you haven’t received this insert by *December 1st, 2022*, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccine - 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.

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, even if you haven't paid your deductible.

Getting Help from Medicare - Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help - Please contact our Member Services 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).

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480.</p> <p>The deductible applies to Tier 3, Tier 4, and Tier 5</p> <p>During this stage, you pay a \$15 copay and a \$20 copay for drugs on Tier 1 Preferred Generic and Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty Tier until you have reached the yearly deductible.</p>	<p>The deductible is \$505.</p> <p>The deductible applies to Tier 3, Tier 4, and Tier 5</p> <p>During this stage, you pay a \$15 copay and a \$20 copay for drugs on Tier 1 Preferred Generic and Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty Tier until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>Your cost for a one-month supply at a network pharmacy: Preferred Generic Tier 1: <i>Standard cost sharing:</i> You pay \$15 copay.</p>	<p>Your cost for a one-month supply at a network pharmacy: Preferred Generic Tier 1: <i>Standard cost sharing:</i> You pay \$15 copay.</p>
<p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p>	<p><i>Preferred cost sharing:</i> You pay \$1 copay.</p>	<p><i>Preferred cost sharing:</i> You pay \$1 copay.</p>
<p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage.</i></p>	<p>Generic Tier 2: <i>Standard cost sharing:</i> You pay \$20 copay.</p>	<p>Generic Tier 2: <i>Standard cost sharing:</i> You pay \$20 copay.</p>
<p>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.</p>	<p><i>Preferred cost sharing:</i> You pay \$5 copay.</p>	<p><i>Preferred cost sharing:</i> You pay \$5 copay.</p>
	<p>Preferred Brand Tier 3: <i>Standard cost sharing:</i> You pay \$47 copay.</p>	<p>Preferred Brand Tier 3: <i>Standard cost sharing:</i> You pay \$47 copay.</p>
	<p><i>Preferred cost sharing:</i> You pay \$42 copay.</p>	<p><i>Preferred cost sharing:</i> You pay \$42 copay.</p>
	<p>Non-Preferred Drug Tier 4: <i>Standard cost sharing:</i> You pay 50% coinsurance.</p>	<p>Non-Preferred Drug Tier 4: <i>Standard cost sharing:</i> You pay 50% coinsurance.</p>

Stage	2022 (this year)	2023 (next year)
	<i>Preferred cost sharing:</i> You pay 45% coinsurance.	<i>Preferred cost sharing:</i> You pay 45% coinsurance.
	Specialty Tier 5: <i>Standard cost sharing:</i> You pay 25% coinsurance.	Specialty Tier 5: <i>Standard cost sharing:</i> You pay 25% coinsurance.
	<i>Preferred cost sharing:</i> You pay 25% coinsurance.	<i>Preferred cost sharing:</i> You pay 25% coinsurance.
	<hr/> Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage). Once you have paid \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	<hr/> Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Clear Spring Health Premier Rx (PDP)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Clear Spring Health Premier Rx (PDP).

Section 2.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- -- *OR*-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- *OR*-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Clear Spring Health Insurance Company offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Clear Spring Health Premier Rx (PDP).
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Clear Spring Health Premier Rx (PDP).
 - You will automatically be disenrolled from Clear Spring Health Premier Rx (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Clear Spring Health Premier Rx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Clear Spring Health Premier Rx (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Clear Spring Health Premier Rx (PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Member Services if you need more information on how to do so.

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you recently moved into, currently live in, or just moved out of 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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

See the table below for the State Health Insurance Program (SHIP) name and contact information in Pennsylvania, West Virginia.

State	SHIP Agency	Address	Phone Number/TTY	Web Address
Pennsylvania	PA MEDI	555 Walnut Street, 5 th Floor Harrisburg, PA 17101	1-800-783-7067 TTY: 711	https://www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx

State	SHIP Agency	Address	Phone Number/TTY	Web Address
West Virginia	West Virginia State Health Insurance Assistance Program	1900 Kanawha Boulevard, E, 3rd Floor Charleston, WV 25305	1-877-987-4463 TTY: 711	http://www.wvship.org/

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- “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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- Help from your state’s pharmaceutical assistance program.** Pennsylvania, West Virginia that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

State	SPAP Agency	Address	Phone Number/TTY	Web Address
Pennsylvania	Pennsylvania Department of Aging PACE and PACENET Programs	P.O. Box 8806 Harrisburg, PA 17105-8806	1-800-225-7223 TTY: 711 Mon-Fri, 8 a.m. to 5 p.m.	https://www.aging.pa.gov/aging-services/prescriptions/Pages/default.aspx

- Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the *AIDS Drug Assistance Program*. For information on eligibility criteria, covered drugs, or how to enroll in the program, see the table below for contact information for the ADAP in Pennsylvania, West Virginia.

State	ADAP Agency	Address	Phone Number/TTY	Web Address
Pennsylvania	Pennsylvania Department of Health	Pennsylvania Department of Health, Special Pharmaceutical Benefits Program, P.O. Box 8808 Harrisburg, PA 17105-8808	1-800-922-9384 TTY: 711	https://www.health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx
West Virginia	West Virginia AIDS Drug Assistance Program	350 Capitol Street, Room 125 Charleston, WV 25301	1-800-642-8244 TTY: 711	https://oeeps.wv.gov/rwp/pages/default.aspx

SECTION 6 Questions?

Section 6.1 – Getting Help from Clear Spring Health Premier Rx (PDP)

Questions? We're here to help. Please call Member Services 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).

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Clear Spring Health Premier Rx (PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.clearspringhealthcare.com. You can also review *Evidence of Coverage* to see if other benefit or cost changes affect you. The *Evidence of Coverage* will be available on our website no later than October 15, 2022. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.clearspringhealthcare.com. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.