

## ***Clear Spring Health Value Rx (PDP) offered by Clear Spring Health***

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Clear Spring Health Value 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](http://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.**

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#### **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 2024 “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](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* 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, 2023, you will stay in Clear Spring Health Value 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, 2024**. This will end your enrollment with Clear Spring Health Value Rx (PDP).

### **Additional Resources**

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

### **About Clear Spring Health Value 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 (Clear Spring Health Value Rx (PDP)). When it says “plan” or “our plan,” it means Clear Spring Health Value Rx (PDP).

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## ***Annual Notice of Changes for 2024***

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Clear Spring Health Value Rx (PDP) in several important areas. **Please note this is only a summary of costs.**

| Cost   | 2023 (this year)  | 2024 (next year)  |
|--|---|---|
| <b>Monthly plan premium*</b><br>* Your premium may be higher or lower than this amount. See Section 1.1 for details. | \$28.70   | \$24.80   |
| <b>Part D prescription drug coverage</b><br>(See Section 1.3 for details.)   | Deductible: \$505 except for covered insulin products and most adult Part D vaccines.<br><br>Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>Preferred Generic Drug Tier 1: \$1 copay at a preferred network pharmacy or \$6 copay at a network pharmacy</li> <li>Generic Drug Tier 2: \$3 copay at a preferred network pharmacy or \$8 copay at a network pharmacy</li> <li>Preferred Brand Drug Tier 3: \$42 copay at a preferred network pharmacy or \$47 copay at a network pharmacy</li> </ul> | Deductible: \$545 except for covered insulin products and most adult Part D vaccines.<br><br>Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>Preferred Generic Drug Tier 1: \$1 copay at a preferred network pharmacy or \$6 copay at a network pharmacy</li> <li>Generic Drug Tier 2: \$3 copay at a preferred network pharmacy or \$8 copay at a network pharmacy</li> <li>Preferred Brand Drug Tier 3: \$42 copay at a preferred network pharmacy or \$47 copay at a network pharmacy</li> </ul> |

| Cost | 2023 (this year)   | 2024 (next year)  |
|------|--|---|
|      | <ul style="list-style-type: none"> <li>• Non-Preferred Drug Drug Tier 4: 36% of the total cost at a preferred network pharmacy or 36% of the total cost at a network pharmacy</li> <li>• Specialty Drug Tier 5: 25% of the total cost at a preferred network pharmacy or 25% of the total cost at a network pharmacy</li> </ul>  | <ul style="list-style-type: none"> <li>• Non-Preferred Drug Drug Tier 4: 38% of the total cost at a preferred network pharmacy or 38% of the total cost at a network pharmacy</li> <li>• Specialty Drug Tier 5: 25% of the total cost at a preferred network pharmacy or 25% of the total cost at a network pharmacy</li> </ul> |
|      | <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).</li> </ul> | <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>  |

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

| Cost  | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | \$28.70          | \$24.80          |

- 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.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [www.clearspringhealthcare.com](http://www.clearspringhealthcare.com). You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are 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.

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## Section 1.3 – Changes to Part D Prescription Drug Coverage

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### 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,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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.

### 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 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” 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.)

**Changes to the Deductible Stage**

| Stage   | 2023 (this year)         | 2024 (next year)         |
|---|--------------------------|--------------------------|
| <b>Stage 1: Yearly Deductible Stage</b><br><br>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. | The deductible is \$505. | The deductible is \$545. |



## Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage   | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Stage 2: Initial Coverage Stage</b><br><p>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 <b>you pay your share of the cost.</b></p> | <p>Your cost for a one-month supply at a network pharmacy:</p>   | <p>Your cost for a one-month supply at a network pharmacy:</p>   |
|   | <p><b>Preferred Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$6 copay per prescription.</p> | <p><b>Preferred Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$6 copay per prescription.</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><br/>           You pay \$1 copay per prescription.</p>                               | <p><i>Preferred cost sharing:</i><br/>           You pay \$1 copay per prescription.</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><b>Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$8 copay per prescription.</p>           | <p><b>Generic:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$8 copay per prescription.</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>Most adult Part D vaccines are covered at no cost to you.</p>                      | <p><i>Preferred cost sharing:</i><br/>           You pay \$3 copay per prescription.</p>                               | <p><i>Preferred cost sharing:</i><br/>           You pay \$3 copay per prescription.</p>                               |
|   | <p><b>Preferred Brand:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$47 copay per prescription.</p>  | <p><b>Preferred Brand:</b><br/> <i>Standard cost sharing:</i><br/>           You pay \$47 copay per prescription.</p>  |
|   | <p><i>Preferred cost sharing:</i><br/>           You pay \$42 copay per prescription.</p>                              | <p><i>Preferred cost sharing:</i><br/>           You pay \$42 copay per prescription.</p>                              |

| Stage | 2023 (this year)  | 2024 (next year)  |
|-------|---|---|
|       | <b>Non-Preferred Drug:</b><br><i>Standard cost sharing:</i><br>You pay 36% of the total cost per prescription.<br><br><i>Preferred cost sharing:</i><br>You pay 36% of the total cost per prescription. | <b>Non-Preferred Drug:</b><br><i>Standard cost sharing:</i><br>You pay 38% of the total cost per prescription.<br><br><i>Preferred cost sharing:</i><br>You pay 38% of the total cost per prescription. |
|       | <b>Specialty Tier:</b><br><i>Standard cost sharing:</i><br>You pay 25% of the total cost per prescription.<br><br><i>Preferred cost sharing:</i><br>You pay 25% of the total cost per prescription.     | <b>Specialty Tier:</b><br><i>Standard cost sharing:</i><br>You pay 25% of the total cost per prescription.<br><br><i>Preferred cost sharing:</i><br>You pay 25% of the total cost per prescription.     |
|       | <hr/> Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).   | <hr/> Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).   |

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific 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 Value 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 Value 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 plans for 2024 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](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

#### 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 Value 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 Value Rx (PDP).
  - You will automatically be disenrolled from Clear Spring Health Value 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 Value Rx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Clear Spring Health Value 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 Value 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, 2024.

### 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. See the table below for information on how to contact the SHIP in your state.

| State       | SHIP Agency | Address  | Phone Number/TTY                       | Web Address   |
|-------------|-------------|--|--|---|
| Connecticut | CHOICES     | 55 Farmington Avenue, 12th Floor<br>Hartford, CT 06105 | 1-800-994-9422<br>TTY:<br>860-247-0775 | <a href="https://portal.ct.gov/AgingAndDisability">https://portal.ct.gov/AgingAndDisability</a> |

| State         | SHIP Agency  | Address  | Phone Number/TTY                                 | Web Address   |
|---------------|--|--|--|---|
| Massachusetts | Serving the Health Insurance Needs of Everyone (SHINE) | 1 Ashburton Place,<br>5 <sup>th</sup> Floor<br>Boston, MA 02108                | 1-800-243-4636<br>TTY:<br>1-877-610-0241         | <a href="https://www.mass.gov/health-insurance-counseling">https://www.mass.gov/health-insurance-counseling</a>   |
| Rhode Island  | Senior Health Insurance Program                        | Office of Healthy Aging<br>25 Howard Ave,<br>Building 57<br>Cranston, RI 02920 | 1-401-462-3000<br>TTY: 1-401-462-0740            | <a href="http://oha.ri.gov/w hat-we-do/access/health-insurance-coaching/ship/">http://oha.ri.gov/w hat-we-do/access/health-insurance-coaching/ship/</a> |
| Vermont       | The Vermont State Health Insurance Assistance Program  | HC 2 South<br>280 State Drive<br>Waterbury, VT<br>05671-2070                   | 1-800-642-5119<br>TTY: 711<br><br>(802) 241-0294 | <a href="https://asd.vermont.gov/services/ship">https://asd.vermont.gov/services/ship</a>   |

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. 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.

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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.** The State Pharmaceutical Assistance is a program 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. See the table below for the State Pharmaceutical Assistance program available in your state.

| State         | SPAP Agency   | Address   | Phone Number/TTY  | Web Address   |
|---------------|---|---|---|---|
| Massachusetts | Massachusetts Prescription Advantage                          | P.O. Box 15153<br>Worcester, MA<br>01615-0153   | 1-800-243-4636<br>ext 2<br><br>TTY:<br><br>1-877-610-0241<br><br>Mon-Fri, 8 a.m.<br>to 5 p.m. | <a href="https://www.mass.gov/prescription-drug-assistance">https://www.mass.gov/prescription-drug-assistance</a>           |
| Rhode Island  | Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) | Division of Elderly Affairs,<br>57 Howard Ave,<br>Louis Pasteur Bldg, 2 <sup>nd</sup> Floor<br><br>Cranston, RI<br>02920-3039 | 1-401-462-3000<br><br>TTY:<br><br>1-401-462-0740<br><br>Mon-Fri, 8 a.m.<br>to 5 p.m.          | <a href="https://www.payingforseniorcare.com/rhode-island/ripae">https://www.payingforseniorcare.com/rhode-island/ripae</a> |
| Vermont       | Department of Vermont Health Access Vermont VPharm            | Application & Document Processing Center 280 State Drive<br><br>Waterbury, VT<br>05671-1500                                   | 1-800-250-8427<br><br>TTY: 711<br><br>Mon-Fri, 8 a.m.<br>to 5 p.m.                            | <a href="https://www.greenmountaincare.org/">https://www.greenmountaincare.org/</a>   |

- 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 Assistance for Persons with HIV/AIDS. For information on eligibility criteria, covered drugs, or how to enroll in the program, please see the table below for the ADAP program in your state.

| State | ADAP Agency | Address | Phone and TTY | Web Address |
|-------|-------------|---------|---------------|-------------|
|-------|-------------|---------|---------------|-------------|

|               |   |  |                |   |
|---------------|---|--|----------------|---|
| Connecticut   | Connecticut Department of Public Health                             | 410 Capitol Ave.<br>Hartford, CT 06134   | 1-800-424-3310 | <a href="https://ctdph.magellanrx.com/">https://ctdph.magellanrx.com/</a>   |
| Massachusetts | CRI   | 529 Main Street Suite 301<br>Charlestown, MA 02129                             | 617-502-1700   | <a href="https://accesshealthma.org/drug-assistance/hdap/">https://accesshealthma.org/drug-assistance/hdap/</a>   |
| Rhode Island  | Executive Office of Health & Human Services<br>Virks Building       | 3 West Road Suite 227<br>Cranston, RI 02920                                    | 401-462-3295   | <a href="http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx">http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx</a>                     |
| Vermont       | Vermont Department of Health, Vermont Medication Assistance Program | 108 Cherry Street–PO Box 70<br>Burlington, VT 05402<br><br>Contact Information | 802-951-4005   | <a href="https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care">https://www.healthvermont.gov/immunizations-infectious-disease/hiv/care</a> |

## SECTION 6 Questions?

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

Questions? We're here to help. Please call Member Services at (877) 317-6082. (TTY only, call 711.) We are available for phone calls 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. Calls to these numbers are free.

#### **Read your 2024 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 2024. For details, look in the 2024 *Evidence of Coverage* for Clear Spring Health Value 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](http://www.clearspringhealthcare.com). 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](http://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”)*.

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## Section 6.2 – Getting Help from Medicare

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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](http://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](http://www.medicare.gov/plan-compare).

### Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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.