



2023 Summary of Benefits – Clear Spring Health Select Plus (HMO)

This is a summary of health and drug services covered by **Clear Spring Health Select Plus (HMO)** from January 1, 2023 - December 31, 2023.

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 does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit www.clearspringhealthcare.com for the 2023 “*Evidence of Coverage*,” or call 1-877-364-4566 to request a copy of the Evidence of Coverage to be mailed to you. The Evidence of Coverage will be available on our website by no later than October 15, 2022.

To join **Clear Spring Health Select Plus (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Georgia: Baker, Baldwin, Banks, Barrow, Bibb, Bleckley, Bryan, Butts, Chatham, Cherokee, Clayton, Clinch, Crawford, Dawson, DeKalb, Dodge, Dooly, Fayette, Forsyth, Franklin, Greene, Hancock, Hart, Heard, Henry, Houston, Jasper, Jones, Lamar, Lumpkin, Macon, Madison, McIntosh, Meriwether, Monroe, Morgan, Newton, Oconee, Oglethorpe, Peach, Pickens, Pike, Pulaski, Putnam, Rabun, Rockdale, Schley, Screven, Stephens, Talbot, Taliaferro, Taylor, Twiggs, Walton, White, Wilcox, Wilkinson.

If you use the providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4277). TTY users should call 1-877-486-2048.

Call us or go online for more information.



Not a member yet? Call 1-877-364-4566 (TTY:711)

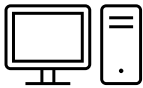
From October 1st – March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.

From April 1st – September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m.

Already a member? Call 1-877-364-4566 (TTY:711)

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Website: Clearspringhealthcare.com

Premiums and Benefits	
Monthly Plan Premium	\$0
	You must continue to pay your Medicare Part B premium.
Deductible	\$0 for medical services
Maximum Out-of-Pocket	\$3,450
Inpatient Hospital – Acute	\$295 copay per day for days 1-7; \$0 copay per day for days 8-90 Prior authorization is required.
Inpatient Hospital – Psychiatric	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90 Prior authorization is required.
Outpatient Hospital	\$250 copay Prior authorization is required.
Ambulatory Surgical Center (ASC) Services	\$200 copay for Medicare-covered services Prior authorization is required.
Doctor Visits	\$0 copay for Primary Care
<ul style="list-style-type: none"> ○ Primary Care ○ Specialists 	\$0 copay for Endocrinologist Specialist. \$45 copay for all other Specialists.
Preventive Care (e.g., Flu Vaccine, Diabetic Screenings, Annual Wellness Visit)	\$0 copay for preventive care services No prior authorization required.
Emergency Care	\$90 copay Copay is waived if you are admitted to the hospital within 1 day
Urgently Needed Services	\$35 copay per visit
Diagnostic Services <ul style="list-style-type: none"> ○ Diagnostic tests & procedures ○ Lab Services ○ Diagnostic Radiology (e.g., MRI & CT scans) ○ Outpatient x-rays 	<u>Diagnostic tests & procedures</u> 20% of the total cost No prior authorization required.
	<u>Lab Services</u> 0% of the total cost for lab services
	<u>Diagnostic Radiology</u> \$0 to \$100 copay The minimum copay applies in the PCP setting and the maximum copay applies in the facility setting.
	<u>Outpatient X-rays</u> \$0 to \$100 copay for outpatient x-rays The minimum copay applies in the PCP setting and the maximum applies in the facility setting
Hearing Services <ul style="list-style-type: none"> ○ Routine Hearing exam 	1 routine hearing exam every year \$0 copay for routine hearing exam No prior authorization required.

○ Hearing Aids	\$0 copay for fitting and evaluation for hearing aid 1 fitting and evaluation for hearing aids every year \$0 copay for hearing aids \$500 maximum plan coverage amount per ear for hearing aid benefits every year Hearing aids must be purchased through NationsHearing in order to access the benefit. No prior authorization required.	
Dental Services	<u>Preventive Dental</u>	<u>Comprehensive Dental</u>
	\$0 copay for one oral exam every six months, one cleaning every six months, x-rays, and fluoride treatment once a year Benefit Limit: \$3,000 maximum plan coverage amount for non-Medicare-covered comprehensive dental benefits every year. If you choose to see an out-of-network dentist, you might be billed more, even for services listed as \$0 copay.	\$0 copay for comprehensive dental services. See Chapter 4 of the Evidence of Coverage for more details
Vision Services	\$40 copay for Medicare-covered eye exams \$0 copay for eye wear \$200 maximum plan coverage amount for in-network routine eye wear benefits combined every year	
Mental Health Services	<u>Mental Health Specialty Services</u>	
	\$40 copay per visit for individual sessions \$40 copay per visit for group sessions No prior authorization required.	
	<u>Psychiatric Services</u>	
	\$40 copay per visit for individual sessions \$40 copay per visit for group sessions No prior authorization required.	
Skilled Nursing Facility	\$0 copay per day for days 1-20; \$167 copay per day for days 21-100 Prior authorization is required.	
Physical Therapy	\$40 copay Prior authorization is required.	
Ambulance	\$265 copay for ground transportation 20% of the total cost for air transportation	
Transportation	\$0 copay up to 42 one-way trips every year to plan-approved locations	
Medicare Part B Drugs	20% of the total cost for Medicare Part B Drugs (for a list of Medicare Part B Drugs, call our Member Services department at 1-877-364-4566) 20% of the total cost for Chemotherapy Prior authorization is required.	

Prescription Drugs				
Deductible	\$0			
Initial Coverage Limit	Preferred Retail Rx 30-day Supply	Non-Preferred Retail Rx 30-day Supply	Preferred Mail Order 90-day Supply	Long-Term Care 31-day Supply
Tier 1: Preferred Generic	\$0 copay	\$5 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$12 copay	\$17 copay	\$30 copay	\$12 copay
Tier 3: Preferred Brand	\$42 copay	\$47 copay	\$105 copay	\$47 copay
Tier 4: Non-Preferred Drug	\$95 copay	\$100 copay	\$237.50 copay	\$100 copay
Tier 5: Specialty	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

Coverage Gap or “Donut Hole”	<p>Most Medicare drug plans have a Coverage Gap or “donut hole.” This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug costs (including what Clear Spring Health Select Plus (HMO) has paid and what you have paid) reaches \$4,660. Please note that not everyone will enter the Coverage Gap.</p> <p>For the 2023 plan year, while in the Coverage Gap, you will pay 25% of the total cost for drugs until you reach \$7,400 total out-of-pocket.</p>
Select Insulins	<p>Clear Spring Health Select Plus (HMO) 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.</p>
Catastrophic Coverage	<p>After you reach \$7,400 yearly out-of-pocket drug costs, you pay the greater of:</p> <ul style="list-style-type: none"> ○ 5% of the cost -or- ○ \$4.15 copay for generic (including brand drugs treated as generic) ○ \$10.35 copay for all other drugs

Additional Benefits	
Over the Counter (OTC)	Plan covers up to \$150 every three months. Unused portions do not carry over to the next period.
Special Supplemental Benefits for the Chronically Ill	For members with a qualifying chronic condition, an allowance of \$55 per month will be available for healthy foods and/or produce.
Flex Benefits for Dental, Vision, and Hearing	In addition to the regular dental, vision, and hearing benefits, an additional \$250 per quarter is available via a pre-loaded Mastercard from Nations Benefits, to be used at any qualifying dental, vision, or hearing merchant.
Meals after inpatient hospital stay	Clear Spring Health Select Plus (HMO) provides up to 20 meals, up to 28 days after each discharge; meals provided through Nations Benefits. \$0 copay for meals