Clear Spring Health Select Plan (HMO) offered by Clear Spring Health

Annual Notice of Changes for 2024

You are currently enrolled as a member of Clear Spring Health Select Plan (HMO). 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 Medical care costs (doctor, hospital).
- 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.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ 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 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 Select Plan (HMO).
- 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 Select Plan (HMO).
- 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 switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 1 (877) 364-4566 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, large print, or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Clear Spring Health Select Plan (HMO)

- 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 Select Plan (HMO)). When it says "plan" or "our plan," it means Clear Spring Health Select Plan (HMO).

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Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	$6,700	$6,700
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $0 to $40 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $0 to $40 copay per visit
Inpatient hospital stays	$295 copay per day for days 1-7; $0 copay per day for days 8-90	$295 copay per day for days 1-7; $0 copay per day for days 8-90
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $3 copay at a preferred network pharmacy or $8 copay at a network pharmacy	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $0 copay at a preferred network pharmacy or $8 copay at a network pharmacy

Cost	2023 (this year)	2024 (next year)
	• Drug Tier 2: $12 copay at a preferred network pharmacy or $17 copay at a network pharmacy • Drug Tier 3: $42 copay at a preferred network pharmacy or $47 copay at a network pharmacy • Drug Tier 4: $95 copay at a preferred network pharmacy or $100 copay at a network pharmacy • Drug Tier 5: 33% of the total cost at a preferred network pharmacy or 33% of the total cost at a network pharmacy Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), 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).	• Drug Tier 2: $0 copay at a preferred network pharmacy or $17 copay at a network pharmacy • Drug Tier 3: $42 copay at a preferred network pharmacy or $47 copay at a network pharmacy • Drug Tier 4: $95 copay at a preferred network pharmacy or $100 copay at a network pharmacy • Drug Tier 5: 33% of the total cost at a preferred network pharmacy or 33% of the total cost at a network pharmacy Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0 There is no change for the upcoming benefit year.

- 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.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,700	$6,700 There is no change for the upcoming benefit year. Once you have paid $6,700 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.clearspringhealthcare.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **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 hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Chiropractic Services	**In-Network** You pay $20 copay for each Medicare-covered chiropractic visit.	**In-Network** You pay $15 copay for each Medicare-covered chiropractic visit.
Inpatient Hospital Care	**In-Network** For inpatient hospital stays, you pay $0 copay for each lifetime reserve day.	**In-Network** For inpatient hospital stays, you pay $800 copay per day for each lifetime reserve day.
Inpatient Services in a Psychiatric Hospital	**In-Network** For inpatient mental health stays, you pay $0 copay for each lifetime reserve day.	**In-Network** For inpatient mental health stays, you pay $800 copay per day for each lifetime reserve day.
Medicare Part B Prescription Drugs	**In-Network** Prior authorization is required for Medicare Part B insulin drugs. No prior authorization required for other Medicare Part B prescription drugs.	**In-Network** No prior authorization required for Medicare Part B insulin drugs. Prior authorization is required for other Medicare Part B prescription drugs.
Over-the-Counter Items	$150 maximum plan coverage amount every 3 months for OTC items.	$80 maximum plan coverage amount per month for OTC items.

Cost	2023 (this year)	2024 (next year)
Pulmonary Rehabilitation Services	**In-Network** You pay $20 copay for each Medicare-covered pulmonary rehabilitation services visit.	**In-Network** You pay $15 copay for each Medicare-covered pulmonary rehabilitation services visit.
Remote Access Technologies	**In-Network** You pay $0 copay for each visit using the remote access technologies (web/phone-based technologies) benefit.	**In-Network** Remote access technologies (web/phone-based technologies) benefit is not covered.
Skilled Nursing Facility (SNF) Care	Inpatient hospital stay is not required prior to admission.	3-day hospital stay is required prior to admission.
Transportation Services	**In-Network** You pay $0 copay for transportation services (up to 24 one-way trips every year to plan-approved health-related locations) using taxi, rideshare services, van, and medical transport.	**In-Network** You pay $0 copay for transportation services (up to 12 round trips every year to plan-approved health-related locations) using taxi, rideshare services, van, and medical transport.
Worldwide Emergency / Urgent Services	Worldwide emergency care services are not covered. Worldwide urgent care services are not covered.	You pay $120 copay for each emergency care visit worldwide. You pay $120 copay for each urgent care visit worldwide.

Cost	2023 (this year)	2024 (next year)
		Worldwide ER services cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition. Worldwide urgently needed care services cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition. $50,000 maximum plan benefit coverage amount every year for the worldwide benefit. No maximum out-of-pocket amount for the worldwide benefit. No deductible for the worldwide benefit.

Section 1.5 – 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," 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 9 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 sent 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 you haven't received this insert by December 1st, 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)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: 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.**	Your cost for a one-month supply at a network pharmacy:	Your cost for a one-month supply at a network pharmacy:
	Preferred Generic: *Standard cost sharing:* You pay $8 copay per prescription.	**Preferred Generic:** *Standard cost sharing:* You pay $8 copay per prescription.

Stage	2023 (this year)	2024 (next year)
The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. 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." Most adult Part D vaccines are covered at no cost to you.	*Preferred cost sharing:* You pay $3 copay per prescription. **Generic:** *Standard cost sharing:* You pay $17 copay per prescription. *Preferred cost sharing:* You pay $12 copay per prescription. **Preferred Brand:** *Standard cost sharing:* You pay $47 copay per prescription. *Preferred cost sharing:* You pay $42 copay per prescription. **Non-Preferred Drug:** *Standard cost sharing:* You pay $100 copay per prescription. *Preferred cost sharing:* You pay $95 copay per prescription. **Specialty Tier:** *Standard cost sharing:* You pay 33% of the total cost per prescription. *Preferred cost sharing:* You pay 33% of the total cost per prescription.	*Preferred cost sharing:* You pay $0 copay per prescription. **Generic:** *Standard cost sharing:* You pay $17 copay per prescription. *Preferred cost sharing:* You pay $0 copay per prescription. **Preferred Brand:** *Standard cost sharing:* You pay $47 copay per prescription. *Preferred cost sharing:* You pay $42 copay per prescription. **Non-Preferred Drug:** *Standard cost sharing:* You pay $100 copay per prescription. *Preferred cost sharing:* You pay $95 copay per prescription. **Specialty Tier:** *Standard cost sharing:* You pay 33% of the total cost per prescription. *Preferred cost sharing:* You pay 33% of the total cost per prescription.

Stage	2023 (this year)	2024 (next year)
	_____ Once you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	_____ 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 6, 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 Select Plan (HMO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Clear Spring Health Select Plan (HMO).

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 health plan,
- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

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 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 health plan**, enroll in the new plan. You will automatically be disenrolled from Clear Spring Health Select Plan (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Clear Spring Health Select Plan (HMO).
- 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 plan or to Original Medicare 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 enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

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. In South Carolina, the SHIP is called Insurance Counseling Assistance and Referrals for Elders (I-CARE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Insurance Counseling Assistance and Referrals for Elders (I-CARE) 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. You can call Insurance Counseling Assistance and Referrals for Elders (I-CARE) at 1-800-868-9095. You can learn more about Insurance Counseling Assistance and Referrals for Elders (I-CARE) by visiting their website (https://www.getcaresc.com/guide/insurance-counseling-medicaremedicaid).

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).
- **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 Programs. For information on eligibility criteria, covered drugs, or how to enroll in the program, please see the table below for the ADAP in your state.

State	ADAP Agency	Address	Phone and TTY	Web Address
South Carolina	DHEC Constituent Services	2600 Bull Street	800-856-9954	https://www.scdhec.gov/infectious-diseases/hiv-std-viral-

		Columbia, SC 29211		hepatitis/aids-drug-assistance-program

SECTION 6 Questions?

Section 6.1 – Getting Help from Clear Spring Health Select Plan (HMO)

Questions? We're here to help. Please call Member Services at 1 (877) 364-4566. (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 Select Plan (HMO). 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 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 provider network (*Provider 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 health plans in your area. To view the information about plans, go to 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.