

**2023 Monthly Plan Premium for people who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our plan.

The tables below show you what your monthly plan premium will be if you get extra help.

| State              | Your level of Extra Help | Monthly Premium Amount for Clear Spring Health Value Rx (PDP)* | Monthly Premium Amount for Clear Spring Health Premier Rx (PDP)* |
|--------------------|--------------------------|--|--|
| Alabama, Tennessee | 100%                     | \$0.00   | \$17.60  |
|                    | 75%                      | \$6.50   | \$17.60  |
|                    | 50%                      | \$12.90  | \$17.60  |
|                    | 25%                      | \$19.40  | \$17.60  |
| Alaska             | 100%                     | \$0.00   | \$24.10  |
|                    | 75%                      | \$6.40   | \$28.70  |
|                    | 50%                      | \$12.90  | \$33.30  |
|                    | 25%                      | \$19.30  | \$38.00  |
| Arizona            | 100%                     | \$0.00   | \$24.30  |
|                    | 75%                      | \$6.10   | \$28.80  |
|                    | 50%                      | \$12.30  | \$33.40  |
|                    | 25%                      | \$18.40  | \$37.90  |
| Arkansas           | 100%                     | \$0.00   | \$17.50  |
|                    | 75%                      | \$6.20   | \$17.50  |
|                    | 50%                      | \$12.40  | \$17.50  |
|                    | 25%                      | \$18.70  | \$17.50  |
| California         | 100%                     | \$0.00   | \$15.10  |
|                    | 75%                      | \$6.40   | \$15.10  |
|                    | 50%                      | \$12.90  | \$15.10  |
|                    | 25%                      | \$19.30  | \$15.10  |

\* This does not include any Medicare Part B premium you may have to pay.

| State   | Your level of Extra Help | Monthly Premium Amount for Clear Spring Health Value Rx (PDP)* | Monthly Premium Amount for Clear Spring Health Premier Rx (PDP)* |
|---|--------------------------|--|--|
| Colorado  | 100%                     | \$0.00   | \$17.60  |
|   | 75%                      | \$7.20   | \$17.60  |
|   | 50%                      | \$14.30  | \$17.60  |
|   | 25%                      | \$21.50  | \$17.60  |
| Connecticut, Massachusetts, Rhode Island, Vermont | 100%                     | \$0.00   | \$18.60  |
|   | 75%                      | \$7.20   | \$18.60  |
|   | 50%                      | \$14.30  | \$18.60  |
|   | 25%                      | \$21.50  | \$18.60  |
| Delaware, District of Columbia, Maryland          | 100%                     | \$0.00   | \$19.50  |
|   | 75%                      | \$7.90   | \$19.50  |
|   | 50%                      | \$15.70  | \$19.50  |
|   | 25%                      | \$23.60  | \$19.50  |
| Florida   | 100%                     | \$0.00   | \$16.90  |
|   | 75%                      | \$7.40   | \$17.90  |
|   | 50%                      | \$14.80  | \$18.80  |
|   | 25%                      | \$22.20  | \$19.80  |
| Georgia   | 100%                     | \$0.00   | \$19.60  |
|   | 75%                      | \$6.50   | \$19.60  |
|   | 50%                      | \$13.10  | \$19.60  |
|   | 25%                      | \$19.60  | \$19.60  |
| Hawaii  | 100%                     | \$0.00   | N/A  |
|   | 75%                      | \$7.30   | N/A  |
|   | 50%                      | \$14.60  | N/A  |
|   | 25%                      | \$21.90  | N/A  |
| Idaho, Utah                                       | 100%                     | \$0.00   | \$19.50  |
|   | 75%                      | \$7.50   | \$19.50  |
|   | 50%                      | \$15.00  | \$19.50  |
|   | 25%                      | \$22.60  | \$19.50  |

\* This does not include any Medicare Part B premium you may have to pay.

| State   | Your level of Extra Help | Monthly Premium Amount for Clear Spring Health Value Rx (PDP)* | Monthly Premium Amount for Clear Spring Health Premier Rx (PDP)* |
|---|--------------------------|--|--|
| Illinois  | 100%                     | \$0.00   | \$18.50  |
|   | 75%                      | \$5.90   | \$18.50  |
|   | 50%                      | \$11.80  | \$18.50  |
|   | 25%                      | \$17.80  | \$18.50  |
| Indiana, Kentucky   | 100%                     | \$0.00   | \$20.60  |
|   | 75%                      | \$5.60   | \$20.60  |
|   | 50%                      | \$11.30  | \$20.60  |
|   | 25%                      | \$16.90  | \$20.60  |
| Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming | 100%                     | \$0.00   | \$18.50  |
|   | 75%                      | \$8.20   | \$18.50  |
|   | 50%                      | \$16.50  | \$18.50  |
|   | 25%                      | \$24.70  | \$18.50  |
| Kansas  | 100%                     | \$0.00   | \$18.60  |
|   | 75%                      | \$7.10   | \$18.60  |
|   | 50%                      | \$14.20  | \$18.60  |
|   | 25%                      | \$21.30  | \$18.60  |
| Louisiana   | 100%                     | \$0.00   | \$19.50  |
|   | 75%                      | \$6.40   | \$19.50  |
|   | 50%                      | \$12.90  | \$19.50  |
|   | 25%                      | \$19.30  | \$19.50  |
| Maine, New Hampshire  | 100%                     | \$0.00   | \$18.60  |
|   | 75%                      | \$6.40   | \$18.60  |
|   | 50%                      | \$12.70  | \$18.60  |
|   | 25%                      | \$19.10  | \$18.60  |
| Michigan  | 100%                     | \$0.00   | \$17.50  |
|   | 75%                      | \$6.50   | \$17.50  |
|   | 50%                      | \$13.00  | \$17.50  |
|   | 25%                      | \$19.50  | \$17.50  |

\* This does not include any Medicare Part B premium you may have to pay.

| State          | Your level of Extra Help | Monthly Premium Amount for Clear Spring Health Value Rx (PDP)* | Monthly Premium Amount for Clear Spring Health Premier Rx (PDP)* |
|----------------|--------------------------|--|--|
| Mississippi    | 100%                     | \$0.00   | \$17.60  |
|                | 75%                      | \$6.40   | \$17.60  |
|                | 50%                      | \$12.70  | \$17.60  |
|                | 25%                      | \$19.10  | \$17.60  |
| Missouri       | 100%                     | \$0.00   | \$21.20  |
|                | 75%                      | \$7.60   | \$21.20  |
|                | 50%                      | \$15.20  | \$21.20  |
|                | 25%                      | \$22.90  | \$21.20  |
| Nevada         | 100%                     | \$0.00   | \$21.50  |
|                | 75%                      | \$6.60   | \$21.50  |
|                | 50%                      | \$13.20  | \$21.50  |
|                | 25%                      | \$19.90  | \$21.50  |
| New Jersey     | 100%                     | \$0.00   | \$17.50  |
|                | 75%                      | \$7.70   | \$18.30  |
|                | 50%                      | \$15.50  | \$19.00  |
|                | 25%                      | \$23.20  | \$19.80  |
| New Mexico     | 100%                     | \$0.00   | \$18.60  |
|                | 75%                      | \$7.20   | \$18.60  |
|                | 50%                      | \$14.30  | \$18.60  |
|                | 25%                      | \$21.50  | \$18.60  |
| North Carolina | 100%                     | \$0.00   | \$17.50  |
|                | 75%                      | \$7.90   | \$17.50  |
|                | 50%                      | \$15.70  | \$17.50  |
|                | 25%                      | \$23.60  | \$17.50  |
| Ohio           | 100%                     | \$0.00   | \$19.50  |
|                | 75%                      | \$5.80   | \$19.50  |
|                | 50%                      | \$11.60  | \$19.50  |
|                | 25%                      | \$17.50  | \$19.50  |

\* This does not include any Medicare Part B premium you may have to pay.

| State                       | Your level of Extra Help | Monthly Premium Amount for Clear Spring Health Value Rx (PDP)* | Monthly Premium Amount for Clear Spring Health Premier Rx (PDP)* |
|-----------------------------|--------------------------|--|--|
| Oklahoma                    | 100%                     | \$0.00   | \$22.50  |
|                             | 75%                      | \$6.00   | \$22.50  |
|                             | 50%                      | \$11.90  | \$22.50  |
|                             | 25%                      | \$17.90  | \$22.50  |
| Oregon, Washington          | 100%                     | \$0.00   | \$13.00  |
|                             | 75%                      | \$7.10   | \$15.40  |
|                             | 50%                      | \$14.20  | \$17.80  |
|                             | 25%                      | \$21.40  | \$20.20  |
| Pennsylvania, West Virginia | 100%                     | \$0.00   | \$20.50  |
|                             | 75%                      | \$7.60   | \$20.50  |
|                             | 50%                      | \$15.30  | \$20.50  |
|                             | 25%                      | \$22.90  | \$20.50  |
| South Carolina              | 100%                     | \$0.00   | \$17.60  |
|                             | 75%                      | \$7.00   | \$17.60  |
|                             | 50%                      | \$14.00  | \$17.60  |
|                             | 25%                      | \$21.00  | \$17.60  |
| Texas                       | 100%                     | \$0.00   | \$17.50  |
|                             | 75%                      | \$6.00   | \$17.50  |
|                             | 50%                      | \$12.00  | \$17.50  |
|                             | 25%                      | \$18.00  | \$17.50  |
| Virginia                    | 100%                     | \$0.00   | \$20.00  |
|                             | 75%                      | \$6.20   | \$20.00  |
|                             | 50%                      | \$12.40  | \$20.00  |
|                             | 25%                      | \$18.60  | \$20.00  |
| Wisconsin                   | 100%                     | \$0.00   | \$19.50  |
|                             | 75%                      | \$7.10   | \$19.50  |
|                             | 50%                      | \$14.10  | \$19.50  |
|                             | 25%                      | \$21.20  | \$19.50  |

\* This does not include any Medicare Part B premium you may have to pay.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/seven days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7a.m. and 7p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-877-317-6082. TTY users should call 711. We are open from October 1-March 31, seven days a week, 8a.m.-8p.m., and from April 1-September 30, Monday through Friday, 8a.m.-8p.m. (you may leave a voicemail Saturday, Sunday, and federal holidays).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al 1-877-364-4566 (TTY:711).

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.