

# 2024

## SUMMARY OF BENEFITS



Clear Spring Health Value Rx (PDP)



Connecticut, Massachusetts, Rhode Island, Vermont

S6946-060

2024

### Summary of Benefits

This is a summary of drug services covered by Clear Spring Health from January 1, 2024 – December 31, 2024

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](http://www.clearspringhealthcare.com) for the 2024 “*Evidence of Coverage*”, or call 1-877-317-6082 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, 2023.

To join **Clear Spring Health Value Rx (PDP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

This document is available in other formats such as braille, large print, or audio.

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

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Call us or go online for more information.



**Not yet a member? Call 1-877-317-6082 (TTY: 711)**

From October 1<sup>st</sup> – March 31<sup>st</sup>, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.  
From April 1<sup>st</sup> – September 30<sup>th</sup>, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m.

**Already a member? Call 1-877-317-6082 (TTY:711)**

From October 1<sup>st</sup> – March 31<sup>st</sup>, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.  
From April 1<sup>st</sup> – September 30<sup>th</sup>, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m.



**Website: [clearspringhealthcare.com](https://clearspringhealthcare.com)**

**Important Rules:**

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Clear Spring Health Value Rx (PDP) offers a pharmacy network with preferred cost sharing at select pharmacies. You may pay more at other pharmacies. The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024

State(s)	Premium	Deductible
Connecticut, Massachusetts, Rhode Island, Vermont	\$24.80	\$545

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PRESCRIPTION DRUGS					
Stage 1: Deductible Stage	\$545				
Stage 2: Initial Coverage Stage	You are in the Initial Coverage Stage until your total yearly drug costs reach <b>\$5,030</b> . Total yearly drug costs are the total drug costs paid by both you and the plan.				
Coverage Gap	The plan does not provide an additional coverage gap. You stay in the Initial Coverage Stage until your out-of-pocket costs reach <b>\$8,000</b> . Not everyone will enter the coverage gap. You will then move on to the Catastrophic Coverage Stage.				
Catastrophic Coverage Stage	During the Catastrophic Coverage Stage, the plan pays the full cost of your covered Part D drugs. You pay nothing.				
Pharmacy Type	Preferred Retail 30-day supply	Non-Preferred Retail 30-day supply	Preferred 90-day supply	Non-Preferred 90-day supply	Preferred Mail Order 30-day supply
Tier 1: Preferred Generic	\$1 copay	\$6 copay	\$3 copay	\$18 copay	\$1 copay
Tier 2: Generic	\$3 copay	\$8 copay	\$9 copay	\$24 copay	\$3 copay
Tier 3: Preferred Brand	\$42 copay	\$47 copay	\$126 copay	\$141 copay	\$42 copay
Tier 4: Non-Preferred Drug	38% of the total cost	38% of the total cost	38% of the total cost	38% of the total cost	38% of the total cost
Tier 5: Specialty	25% of the total cost	25% of the total cost	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	25% of the total cost

Pharmacy Type	Out-of-Network 30- day supply	Long Term care 31-day supply
Tier 1 Preferred Generic	\$6 copay	\$6 copay
Tier 2 Generic	\$8 copay	\$8 copay
Tier 3 Preferred Brand	\$47 copay	\$47 copay
Tier 4 Non- Preferred Brand	38% of the total cost	38% of the total cost
Tier 5 Specialty	25% of the total cost	25% of the total cost

**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 at any in-network pharmacy, or \$30 for a month supply of each insulin product covered by our plan at a preferred pharmacy.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Your cost share may differ depending on when you enter another phase of the drug benefit and if you qualify for “Extra Help.” To find out if you qualify for “Extra Help,” please contact the Social Security Office at 1-800-772-1213 Monday through Friday, 7 a.m. – 7 p.m. TTY users should call 1-800-325-0778. For more information on additional pharmacy specific cost-share and the drug coverage stages, please call our Customer Service department, or access our “Evidence of Coverage” online or request one by mail.