

Clear Spring Health Premier Rx (PDP)

Summary of Benefits

States of Alabama, Alaska, Arizona, Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, and Wyoming



Find out more about Clear Spring Health Value Rx (PDP) plan – including the drug services it covers-in this easy-to-use guide.

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 in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, ask us for the "Evidence of Coverage" or you may download at www.clearspringhealthcare.com.

Plan Name:

Clear Spring Health Premier Rx (PDP)

January 1, 2022 – December 31, 2022

MedicareRx
Prescription Drug Coverage X

How to reach us:

Please contact our Member Services number at 877-317-6082 (TTY only, call 711.) We are available for phone calls from October 1 – March 31, 8:00 a.m. - 8:00 p.m., seven days a week and from April 1 – September 30, 8:00 a.m. - 8:00 p.m., Monday through Friday (you may leave a voicemail Saturday, Sunday and Federal Holidays).

Information is also located on our website at

www.clearspringhealthcare.com.

Please note:

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



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 Premier 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, 2023.

Monthly Premium and Part D Deductible

| State(s) | Premium | Deductible |
|----------------|---------|-------------------------|
| North Carolina | \$18.10 | \$480 Tiers 3, 4, and 5 |

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the *total drug costs paid by both you and our plan*. Once you reach this amount, you will enter the Coverage Gap.

Coverage Gap Stage

Once you have paid a total of \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7 in your *Evidence of Coverage* booklet, which is available on our website at www.clearspringhealthcare.com. You may also call Member Services to have a copy of the Evidence of Coverage mailed to you. Call toll free (877) 317-6082. TTY users should call 711. We can be reached 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.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:

- 5% of the cost, or
- \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs

Prescription Drug Benefits
Table 1

| Retail Cost-Sharing (In-Network) | Preferred Retail One-Month (30 Day) Supply | Standard Retail One-Month (30 Day) Supply | Preferred Retail Three-Month (90 Day) Supply | Standard Retail Three-Month (90 Day) Supply |
|---|---|--|---|--|
| Tier 1 Preferred Generic | You pay \$1 copay | You pay \$15 copay | You pay \$3 copay | You pay \$45 copay |
| Tier 2 Generic | You pay \$5 copay | You pay \$20 copay | You pay \$15 copay | You pay \$60 copay |
| Tier 3 Preferred Brand | You pay \$42 copay | You pay \$47 copay | You pay \$126 copay | You pay \$141 copay |
| Tier 4 Non-Preferred Drug | You pay 45% coinsurance | You pay 50% coinsurance | You pay 45% coinsurance | You pay 50% coinsurance |
| Tier 5 Specialty Tier | You pay 25% coinsurance | You pay 25% coinsurance | You pay 25% coinsurance | You pay 25% coinsurance |

Table 2

| Mail Order Cost-Sharing In-Network | Preferred Mail Order 3-Months | Standard Mail Order 3-Months |
|---|--------------------------------------|-------------------------------------|
| Tier 1 Preferred Generic | You pay \$3 copay | You pay \$45 copay |
| Tier 2 Generic | You pay \$15 copay | You pay \$60 copay |
| Tier 3 Preferred Brand | You pay \$126 copay | You pay \$141 copay |
| Tier 4 Non-Preferred Drug | You pay 45% coinsurance | You pay 50% coinsurance |
| Tier 5 Specialty Tier | You pay 25% coinsurance | You pay 25% coinsurance |



If you reside in a long-term care facility, you pay the same amount as a standard retail pharmacy

Days' Supply Available

Unless otherwise specified, you can get your Part D drug in the following days' supply amounts:

- One-month supply (up to 30 days)
 - **Long-term care pharmacy (one-month supply – 31 days)**
- Two-month supply (31-60 days)
- Three-month supply (61-90 days)

This information is not a complete description of benefits. Call Member Services for more information. Call toll free (877) 317-6082. TTY users should call 711. We can be reached 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.

To find out more about the coverage and costs of Original Medicare, look in the current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 711.