


Discover Clear Spring Health **Essential** (HMO) - Colorado

Overview	Beneficiaries who are cost conscious.
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Costs 	
Monthly Premium	\$0

Benefits 	
Medical Coverage 	
Medical Deductible	\$0
Maximum Out-of-Pocket	\$3400 annually
PCP Visit	\$0 copay per visit
Specialist Visit	\$0 copay per visit
Inpatient Hospitalization	\$150 copay per day (days 1-5); \$0 copay per day (days 6-90)
Outpatient Surgery at a Hospital	\$40 - \$150 copay per stay
Ambulatory Surgery Center (ASC)	\$40 - \$100 copay
Emergency Room	\$120 copay per visit
Ambulance Services	\$200 copay (ground or air) per service
Urgently Needed Care	\$35 copay per visit
Diagnostic Tests, Lab and Radiology Services, and X-Rays	\$0 - \$175 copay or 20% coinsurance depending upon test/service; see Evidence of Coverage for details
Skilled Nursing Facility (SNF)	\$0 copay per day (days 1-20) \$178 copay per day (days 21-100)
Home Health Care	\$0 copay
Durable Medical Equipment (DME)	20% of cost
Outpatient Mental Health	\$0 copay (individual and group)
Chiropractic Services	\$0 copay per visit
Podiatry Services	\$0 copay per visit
Dental	\$0 copayment for preventive and comprehensive services; \$2000 maximum for comprehensive services; see Evidence of Coverage for details
Vision	\$0 copay for eye exam and \$250 allowance for eyewear; see Evidence of Coverage for details
Hearing	\$0 copay for hearing exam and 2 hearing aids every 3 years; see Evidence of Coverage for details

Over the Counter (OTC) Items	\$100 allowance every three months
Transportation	Not covered
Telehealth Services	Covered
Fitness	Available through Silver Sneakers Fitness Program

Pharmacy Coverage 

Prescription Drug Deductible	\$0
Initial Coverage Limit	\$4,430

Covered Prescription Drug Benefits

Pharmacy Option	Retail – Preferred Pharmacy		Mail-Order	
	30-day supply	90-Day Supply	30-day supply	90-Day Supply
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$5	\$15	\$5	\$15
Tier 3: Preferred Brand	\$42	\$126	\$42	\$126
Tier 4: Non-Preferred Drug	\$95	\$285	\$95	\$285
Tier 5: Specialty	33%	33%	33%	33%

Covered Prescription Drug Benefits (cont.)

Pharmacy Option	Retail – Standard Pharmacy		Mail-Order	
	30-day supply	90-Day Supply	30-day supply	90-Day Supply
Tier 1: Preferred Generic	\$9	\$0	\$9	\$0
Tier 2: Generic	\$12	\$36	\$12	\$36
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300
Tier 5: Specialty	33%	33%	33%	33%

Summary of Benefits

- Ⓢ Enrollee must continue to pay their Medicare Part B premium. This information is not a complete description of benefits. Call 1-877-364-4566 (TTY: 711) for more information.
- Ⓢ Clear Spring Health's pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call or consult the [online Pharmacy Locator](#).
- Ⓢ Other pharmacies and other providers are available in our network.
- Ⓢ Out-of-network/non-contracted providers are under no obligation to treat Clear Spring Health plan members, except in emergency situations. Please call Member Service or review the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



2022 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 for 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.

This table shows you what your monthly plan premium will be if you get extra help.

Colorado

Your level of Extra Help	Monthly Premium for Clear Spring Health Essential (HMO)* H6379-001	Monthly Premium for Clear Spring Health Essential (PPO)* H2020-001
100%	\$0.00	\$0.00
75%	\$0.00	\$0.00
50%	\$0.00	\$0.00
25%	\$0.00	\$0.00