

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

Overview	Beneficiaries who want freedom and flexibility of network.
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Costs

Monthly Premium	\$0
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Your Information

Provider	
Find a Participating Provider	Provider Search

Covered Prescription Drug	
Find a Covered Drug	Formulary Search

Pharmacy	
Find a Participating Pharmacy	Pharmacy Locator

Benefits

Medical Coverage 	
Medical Deductible	\$0
Maximum Out-of-Pocket	In-network: \$5,500; Combined in- and out-of-network: \$10,000
Primary Care Physician (PCP) Visit	In-network: \$0 copay per visit; Out-of-Network: 45% of total cost
Specialist Office Visit	In-Network: \$0 copay per visit; Out-of-Network: 45% of total cost
Inpatient Hospital Care	In-network: \$300 copay per day (days 1-5); \$0 copay per day (days 6-90); Out-of-Network: 45% of total cost (days 1-5); 45% of total cost (days 6-90)
Outpatient Services/Surgery	In-network: \$45 - \$340 copay per stay; Out-of-network: 45% of total cost per stay
Ambulatory Surgery Center	In-network: \$45 - \$290 copay; Out-of-Network: 45% of total cost per stay
Emergency Room	In-network: \$90 copay per visit; Out-of-network: \$90 copay per visit
Ambulance Services	In-network: \$270 copay (ground or air) per service; Out-of-network: \$275 copay (ground or air) per service
Urgently Needed Care	In-network: \$30 copay per visit
Diagnostic Tests, Lab & Radiology Services and X-rays	In-network: \$0 - \$175 copay or 20% of total cost depending upon test/service; Out-of-Network: 45% of total cost; see Evidence of Coverage for details
Skilled Nursing Facility (SNF)	In-Network: \$0 copay per day (days 1-20) \$178 copay per day (days 21-100); Out-of-Network: 45% of total cost (days 1-20); 45% of total cost (days 21-100)
Home Health Care	In-network: \$0 copay; Out-of-network: 45% of total cost

Durable Medical Equipment (DME)	In-network: 20% of total cost; Out-of-network: 45% of total cost
Outpatient Mental Health	In-Network: \$40 copay per visit (individual and group); Out-of-Network: 45% of total cost (individual and group)
Chiropractic Services	In-Network: \$0 copay per visit; Out-of-Network: 45% of total cost
Podiatry Services	In-network: \$0 copay per visit; Out-of-Network: 45% of total cost
Dental	\$0 copay per visit for preventive and comprehensive services covered in- and out-of-network with a combined \$1500 maximum; see Evidence of Coverage for details
Vision	In-network: \$0 copay for eye exam and \$150 eyewear maximum; Out-of-Network: 45% of total cost for exam and eyewear; see Evidence of Coverage for details
Hearing	In-network: \$0 copay for hearing exam and 1 hearing aid every 3 years; Out-of-Network: 45% of total cost for hearing exams and aids; see Evidence of Coverage for details
Over the Counter (OTC) Items	In-network: \$50 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	\$7	\$21	\$7	\$21
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	\$14	\$42	\$14	\$42
Tier 3: Preferred Brand	\$47	\$141	\$47	\$141
Tier 4: Non-Preferred Drug	\$100	\$300	\$100	\$300

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