



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

Georgia

Your level of Extra Help	Monthly Premium for Clear Spring Health Deluxe (HMO D-SNP)* H6672-001	Monthly Premium for Clear Spring Health Silver (HMO C-SNP)* H6672-003	Monthly Premium for Clear Spring Health Select (HMO)* H6672-004	Monthly Premium for Clear Spring Health Select Plus (HMO)* H6672-005	Monthly Premium for Clear Spring Health Choice (PPO)* H9589-003
100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00	\$4.70	\$0.00
50%	\$0.00	\$0.00	\$0.00	\$9.50	\$0.00
25%	\$0.00	\$0.00	\$0.00	\$14.20	\$0.00



Illinois

Your level of Extra Help	Monthly Premium for Community Advantage (HMO)* H3071-002	Monthly Premium for Community Flex (HMO-POS)* H3071-003	Monthly Premium for Clear Spring Health Essential (HMO)* H5454-001	Monthly Premium for Clear Spring Health Essential (HMO)* H5454-002
100%	\$0.00	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$4.70	\$0.00	\$0.00
50%	\$0.00	\$9.50	\$0.00	\$0.00
25%	\$0.00	\$14.20	\$0.00	\$0.00

North Carolina

Your level of Extra Help	Monthly Premium for Clear Spring Health Essential (PPO)* H2020-003	Monthly Premium for Clear Spring Health Essential Plus (PPO)* H2020-005
100%	\$3.20	\$8.50
75%	\$12.10	\$17.40
50%	\$21.10	\$26.40
25%	\$30.00	\$35.30

South Carolina

Your level of Extra Help	Monthly Premium for Clear Spring Health Deluxe (HMO D-SNP)* H9403-001	Monthly Premium for Clear Spring Health Silver (HMO C-SNP)* H9403-003	Monthly Premium for Clear Spring Health Select (HMO)* H9403-004	Monthly Premium for Clear Spring Health Choice (PPO)* H2334-003	Monthly Premium for Clear Spring Health Gold Plus (PPO)* H2334-005
100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
75%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Virginia

Your level of Extra Help	Monthly Premium for Clear Spring Health Essential (HMO)* H8293-001	Monthly Premium for Clear Spring Health Essential (PPO)* H2020-002
100%	\$0.00	\$0.00
75%	\$0.00	\$0.00
50%	\$0.00	\$0.00
25%	\$0.00	\$0.00

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

Clear Spring Health’s premium includes coverage for both medical services and prescription drug coverage.

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/7 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 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-877-364-4566. TTY users should call 711. We are open from October 1 – March 31, seven days a week, 8:00 a.m. – 8:00 p.m. from April 1 – September 30, Monday through Friday, 8:00 a.m. – 8:00 p.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 PPO, HMO, and PDP Plans and Eon Health has a contract with the Georgia Medicaid program and a contract with the South Carolina Medicaid program. Enrollment depends on contract renewal.