



Clear Spring
Health

Enabling a life well lived™



2025 SUMMARY OF BENEFITS

NORTH CAROLINA

2025 Summary of Benefits

Clear Spring Health Value Rx (PDP) S6946-005

Summary of Benefits

This is a summary of drug services covered by Clear Spring Health from January 1, 2025 – December 31, 2025

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 for the 2025 “*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, 2024.

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 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 1-877-656-64; 2 (VV[<933+

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



Website: 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, 2026

State(s)	Premium	Deductible
North Carolina	\$14.10	\$590

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PRESCRIPTION DRUGS	
Deductible Stage	\$590 You pay the full cost of drugs until you reach \$590. Then, you only pay your cost-share.
Initial Coverage Stage	You pay the following until your total yearly drug costs for covered drugs reach \$2,000. This is the maximum out of pocket you will pay for 2025.
Insulin Costs	You won't pay more than \$35 for a one-month (up to 30-day) supply of each insulin product covered by the plan.
Vaccines	\$0 copay for adult Part D covered vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

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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	18% of the total cost	23% of the total cost	18% of the total cost	23% of the total cost	18% of the total cost
Tier 4: Non-Preferred Drug	40% of the total cost	40% of the total cost	40% of the total cost	40% of the total cost	40% 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

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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	23% of the total cost	23% of the total cost
Tier 4 Non- Preferred Brand	40% of the total cost	40% of the total cost
Tier 5 Specialty	25% of the total cost	25% of the total cost

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If you receive "Extra Help" for your drugs, you will have a \$0 deductible. Prior to reaching your annual \$2,000 out-of-pocket limit, you will pay one of the following depending on your level of "Extra Help":

- \$4.90 for generic/preferred multi-source drug or biosimilar; \$12.15 for any other drug; OR
- \$1.60 for generic/preferred multi-source drug or biosimilar; \$4.80 for any other drug; OR
- \$0 for all drugs

After reaching your annual \$2,000 out-of-pocket limit, you will pay \$0 for the remainder of the calendar year, regardless of the level of "Extra Help" you receive. Additional information will be available on your LIS rider.

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. Visit our website at www.clearspringhealthcare.com to see the list of covered Insulins.

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.