

# PENDING CMS APPROVAL

## Illinois Product Overview

Clear Spring Health of Illinois, Inc.

2019

Plan Name	Clear Spring Health Essential (HMO)				Clear Spring Health Essential (HMO)				Clear Spring Health Essential Plus (HMO)				Clear Spring Health Essential Plus (HMO)			
Plan Number	H5454-001				H5454-002				H5454-003				H5454-004			
Plan Highlights																
Service Area	Boone, Clinton, Macoupin, Madison, Ogle, St. Clair, Stephenson, Winnebago				Cook, DuPage, Kane, Kankakee, LaSalle, McHenry, Will				Boone, Clinton, Macoupin, Madison, Ogle, St. Clair, Stephenson, Winnebago				Cook, DuPage, Kane, Kankakee, LaSalle, McHenry, Will			
Estimated Member Premium	\$0.00				\$0.00				\$47.00				\$47.00			
PCP Copay	\$0				\$0				\$0				\$0			
Specialist Copay	\$30				\$30				\$15				\$15			
Outpatient Mental Health	\$30				\$30				\$15				\$15			
Referral Required	Yes				Yes				Yes				Yes			
Inpatient Hospital	\$225 days 1 through 8; \$0 days 9 through 90				\$225 days 1 through 8; \$0 days 9 through 90				\$175 days 1 through 5; \$0 days 6 through 90				\$175 days 1 through 5; \$0 days 6 through 90			
Inpatient Mental Health	\$225 days 1 through 8; \$0 days 9 through 90				\$225 days 1 through 8; \$0 days 9 through 90				\$175 days 1 through 5; \$0 days 6 through 90				\$175 days 1 through 5; \$0 days 6 through 90			
Emergency Care	\$120				\$120				\$120				\$120			
Outpatient Surgery	\$200				\$200				\$100				\$100			
Maximum Out-of-Pocket	\$3,400				\$3,400				\$3,400				\$3,400			
Diagnostic Lab Copay	\$2				\$2				\$0				\$0			
Rx Copays		Retail 30 day supply	Retail 90 day supply	Mail order 90 day supply		Retail 30 day supply	Retail 90 day supply	Mail order 90 day supply		Retail 30 day supply	Retail 90 day supply	Mail order 90 day supply		Retail 30 day supply	Retail 90 day supply	Mail order 90 day supply
	Tier 1	\$3	\$9	\$0	Tier 1	\$3	\$9	\$0	Tier 1	\$0	\$0	\$0	Tier 1	\$0	\$0	\$0
	Tier 2	\$12	\$36	\$0	Tier 2	\$12	\$36	\$0	Tier 2	\$6	\$12	\$12	Tier 2	\$6	\$12	\$12
	Tier 3	\$47	\$141	\$131	Tier 3	\$47	\$141	\$131	Tier 3	\$35	\$70	\$70	Tier 3	\$35	\$70	\$70
	Tier 4	\$100	\$300	\$290	Tier 4	\$100	\$300	\$290	Tier 4	\$85	\$255	\$225	Tier 4	\$85	\$255	\$225
	Tier 5	33%	33%	33%	Tier 5	33%	33%	33%	Tier 5	33%	33%	33%	Tier 5	33%	33%	33%
Rx Deductible	\$0 All Tiers				\$0 All Tiers				\$0 All Tiers				\$0 All Tiers			
Extra Benefits	Worldwide Emergency Coverage, Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline, Enhanced Alternative Rx Coverage				Worldwide Emergency Coverage, Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline, Enhanced Alternative Rx Coverage				Worldwide Emergency Coverage, Enhanced Dental, Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline, Enhanced Alternative Rx Coverage				Worldwide Emergency Coverage, Enhanced Dental, Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline, Enhanced Alternative Rx Coverage			

Plan designs and service areas illustrated above are pending government approval and are subject to change. This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. This is confidential property of Clear Spring Health of Illinois, Inc. and its applicable affiliates. This overview is for agent use only and is not intended for use as marketing material for the general public. Do not distribute, reproduce, edit or delete any portion without the express permission of Clear Spring Health of Illinois, Inc.



