

PENDING CMS APPROVAL

So. Carolina Product Overview

Eon Health of South Carolina

2019

Plan Name	Eon Deluxe (HMO D-SNP)	Eon Silver (HMO C-SNP)	Eon Gold (PPO C-SNP)	
Plan Number	H9403-001	H9403-003	H2334-001	
Plan Highlights			In-Network	Out-of-Network
Service Area	Beaufort, Chester, Colleton, Fairfield, Greenville, Hampton, Jasper, Lee, Saluda, Spartanburg, Union Counties	Beaufort, Chester, Colleton, Fairfield, Greenville, Hampton, Jasper, Lee, Saluda, Spartanburg, Union Counties	Beaufort, Chester, Colleton, Fairfield, Greenville, Hampton, Jasper, Lee, Saluda, Spartanburg, Union Counties	
Estimated Member Premium	\$0	\$0	\$25	
Deductible			\$500	
PCP Copay	You pay nothing	\$10	\$15	40%
Specialist Copay	You pay nothing	\$50	\$50	40%
Outpatient Mental Health	You pay nothing	\$40	\$40	40%
Referral Required	No	No	No	No
Inpatient Hospital	You pay nothing	\$300 days 1 through 5; \$0 days 6 through 90	\$300 days 1 through 5; \$0 days 6 through 90	40%
Inpatient Mental Health	You pay nothing	\$300 days 1 through 5; \$0 days 6 through 90	\$300 days 1 through 5; \$0 days 6 through 90	40%
Emergency Care	You pay nothing	\$80	\$80	40%
Outpatient Surgery	You pay nothing	\$225	\$225	40%
Maximum Out-of-Pocket	N/A	\$6,700	\$6,700	\$10,000 (combined with in-network)
Lab Copay	You pay nothing	\$5	\$5	40%
Rx Copays	\$1.25/\$3.80	\$4/\$15/\$47/\$100/28%/\$11	\$4/\$15/\$47/\$100/28%/\$11	\$4/\$15/\$47/\$100/28%/\$11
Rx Deductible	\$0	\$250 Tiers 3, 4 and 5	\$250 Tiers 3, 4 and 5	
Extra Benefits	Transportation Services, Routine Foot Care, Enhanced Dental, Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline, Enhanced Rx Coverage	Routine Chiropractic, Routine Foot Care, Enhanced Dental, Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline	Routine Chiropractic, Routine Foot Care, Dental (Medicare Covered Benefits Only), Routine Eye and Hearing Exams, Eyeglasses, Hearing Aids, Fitness Benefit, Remote Access Technologies including Nursing Hotline	

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 it's 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.

