

## MEMBER FAQ

### 1. What happened to Clear Spring Health?

After careful consideration, it was decided to exit the Medicare Advantage business.

### 2. What happens to my medical and prescription drug coverage?

Your medical and prescription drug coverage will end as of May 31<sup>st</sup>, 2026.

You will receive a letter in the mail within 1-5 days (as early as May 7<sup>th</sup>) outlining all your options.

Clear Spring Health representatives will start calling members on May 6<sup>th</sup>, 2026, to help with any questions you may have.

### 3. When is the last day I can use my Clear Spring Health?

You can use your Clear Spring Health Medicare Advantage Prescription Drug plan through May 31<sup>st</sup>, 2026.

### 4. Will Clear Spring Health pay all the claims for care that I have received?

Yes, systems have been restored, and all claims through May 31<sup>st</sup>, 2026, will be processed.

### 5. Will I still have access to my over-the-counter and food benefits through my Flex Card?

Yes, you will have until May 31<sup>st</sup>, 2026, to use any unused funds.

### 6. Will I get reimbursed for any completed activities for the Better Health 4 You program?

Yes, once the claims have been processed, you will be notified that the reward has been granted. You will then be able to order over-the-counter and grocery items through the NationsBenefit Marketplace and have them delivered.

### 7. How can I file an appeal or grievance?

Please fill out the appeals and grievance form that is linked below and follow the instructions to send it back to us by mail or fax. You may also call member services at 877-364-4566 (TTY:711). We are available 8:00 a.m. – 8:00 p.m., 7 days a week. October 1 – March 31, and April 1 – September 30, Monday through Friday, 8:00 a.m. – 8:00 p.m. (voicemail will be available on Saturday, Sunday and federal holidays).

Clear Spring Health Grievance Form: <https://clearspringhealthcare.com/wp-content/uploads/2026/03/2026-Appeal-or-Grievance-Form-F.pdf>

To file an appeal or grievance regarding your prescription drugs, call 800-461-1308.

**8. Who should I contact if I paid out of pocket to my provider while your systems were down?**

Please fill out the member reimbursement form that is linked below and follow the instructions to send it back to us by email, fax, or mail. [https://clearspringhealthcare.com/wp-content/uploads/2025/11/2026-Member-Reimbursement-Form\\_F.pdf](https://clearspringhealthcare.com/wp-content/uploads/2025/11/2026-Member-Reimbursement-Form_F.pdf)

**9. What is the new maximum I will pay for prescription drugs in 2026?**

In 2026, your total out-of-pocket costs for Part D covered drugs are capped at \$2,100 for the entire year. The amount you have spent year to date will be transferred to your new plan, so you do not have to restart tracking toward the \$2,100 limit. Your monthly premiums do not count towards the \$21,00 limit.

**10. Does my prescription drug (Part D) deductible change with a June 1<sup>st</sup>, 2026, transition?**

Since you are transitioning to a new plan, you may have to meet this deductible before your plan covers costs, depending on your new plan's benefit structure. Please work with your agent or contact your new plan's member services department for more details.

**11. What happens if I was already taking a medication before my June 1<sup>st</sup> transition that isn't on the new plan's drug list OR requires prior authorization from the new plan for approval?**

Within your first 90 days, you are entitled to a 30-day 'transition supply' of your current medications if they are not on your new drug plan's drug list or are restricted by utilization management (such as prior authorization, quantity limit, or step therapy). This ensures you have safe access to your meds while you and your doctor work with the plan on a coverage determination. If you receive a transition fill, you will receive a letter within three business days explaining that it is a temporary supply and outlining your next steps. Please reach out to your new drug plan for more information.

**12. Can I use my old pharmacy with the new plan?**

You need to check your new plans 2026 Pharmacy Directory to confirm if your pharmacy is in their network. Please call your new drug plan's member services department to get more information on network pharmacies.

**13. Will my prescription drug copays/coinsurance be the same with the new plan?**

Your copays/coinsurance will be based on the new plan's drug list and Part D benefits (Prescription Drugs). Please contact your new drug plan for details.

**14. When does my new prescription drug coverage (Part D) start?**

The first day of the month after your enrollment is approved. Please contact your new drug plan for details. Be sure to refer to the letter you received from Clear Spring Health, which includes details on your options.

**15. Will I have a gap in my prescription drug coverage (Part D)?**

There should be no gap in coverage. Please contact your new drug plan with any questions.

**16. What if my medication is not covered?**

Ask your doctor to switch to a covered alternative, request a formulary exception, or work with your pharmacist or provider to find solutions. Also, call your new drug plan for details.

**17. What happens if I had prior authorizations in my old plan?**

Approvals from your previous plan do not automatically transfer. For medical care already planned after May 31<sup>st</sup>, 2026, your doctor can still provide this care under coverage guidelines for either traditional Medicare or the new Medicare Advantage plan you select. This may require a new prior authorization. Please contact your new plan for details.

**18. Will my mail-order prescriptions transfer automatically?**

Not always. You may need to set up a new mail-order account and provide updated prescription information to your new plan. Please call your new drug plan for details.

**19. Will treatments for serious problems like cancer be interrupted?**

If you transition to either traditional Medicare or a new Medicare Advantage plan, your care will not be interrupted. For Medicare Advantage, your physician may be required to submit a request for prior authorization. For that reason, you should let your doctor know your plans for transition to either traditional Medicare or a new Medicare Advantage Plan. Your doctor will also receive notification of the closure of the Clear Spring Medicare Advantage Plan.