HealthSpring℠

2027 Summary of Benefits

January 1, 2027 - December 31, 2027

HealthSpring TotalCare Plus (HMO D-SNP) H5410-032

Service Area:

Hernando, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties, **FL**

Introduction

HealthSpring TotalCare Plus (HMO D-SNP) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

The benefit information provided does not list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, please call us and ask for the Evidence of Coverage (EOC) or access it online at **HealthSpring.com**.

This document is available in other formats such as Braille, large print, or audio CD.

To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.

Our Network

We have a network of doctors, hospitals, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

And you must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Original Medicare

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 (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Questions?

Visit our website at **HealthSpring.com** or call us:

- **Already a member**
  1-800-668-3813 (TTY 711) to speak with a Customer Service Representative.
- **Not a member yet**
  1-800-313-0973 (TTY 711) to speak with a Licensed Insurance Agent.

Our hours are 8 a.m. – 8 p.m. local time:
October – March: 7 days a week;
April – September: Monday – Friday.

Messaging service used weekends, after hours, and on federal holidays.

Medicaid Eligibility

This plan is available to people who have both Medicare and Medicaid. Premiums, copays, coinsurance, deductibles, and benefits may vary based on the level of Medicaid and Extra Help you receive. Contact us for further details.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

You can enroll in this plan if you are in one of these Medicaid categories:

Qualified Medicare Beneficiary Plus (QMB+): As a QMB+, not only is your Medicare cost-share covered by Medicaid, but you also are eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles and cost-share amounts. This means you pay your Part D prescription drug copays—and nothing else.

Specified Low-Income Medicare Beneficiary (SLMB+): As a SLMB+, you are eligible for full Medicaid benefits. In addition, Medicaid pays your Part B premium. Further, additional limited assistance from your state Medicaid agency may be available to help you pay any Medicare cost-share amounts. When both Medicare and Medicaid provide coverage for a service you receive, your cost-share is typically 0%; however, when Medicaid does not provide coverage for such service or other benefit, you may be required to pay a cost-share amount.

Full Benefits Dual Eligible (FBDE): You are eligible for full Medicaid benefits as an FBDE; further, Medicaid may provide limited assistance with Medicare cost-share amounts. When both Medicare and Medicaid provide coverage for a service you receive, your cost-share is typically 0%; however, when Medicaid does not provide coverage for such service or other benefit, you may be required to pay a cost-share amount.

Premium, Deductible & Limits

This plan is available to people who have both Medicare and Medicaid. Premiums, copays, coinsurance, deductibles, and benefits may vary based on the level of Medicaid and Extra Help you receive. Contact us for further details.

Benefit	HealthSpring TotalCare Plus (HMO D-SNP)
Monthly Plan Premium	You pay **$0** per month. If you no longer qualify for Extra Help with your Medicare prescription drug costs, your monthly plan premium may be **$7.30.** In addition, you must keep paying your Medicare Part B premium.
Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Limit	You pay no more than **$9,850** each year for in-network Medicare-covered benefits. This limit does not include the monthly plan premium, if any, and cost-sharing for covered Part D prescription drugs. In this plan, you pay **$0** for services covered by Medicare and Medicaid.

Medical Benefits

Benefit	What You Pay
	With QMB+, SLMB+, and FBDE
Services with a [1] may require prior authorization. Select services or medications may need approval from us before you are able to receive them**.** **Services with a [2] may require a referral.** A referral is an approval from your primary care provider to visit a specialist or receive certain services.	
Inpatient Hospital Coverage[1,2]	
	$0 copay
Outpatient Hospital Services	
Outpatient Hospital[1,2]	**$0** copay
Outpatient Observation[1,2]	**$0** copay
Ambulatory Surgical Center (ASC) Services	
ASC Services[1,2]	**$0** copay
Doctor Visits	
Primary Care Provider (PCP)	**$0** copay
Specialists[1,2]	**$0** copay
Preventive Care	
You are covered for many Medicare-covered preventive care services such as: • Breast cancer screenings (mammogram) • Prostate cancer screenings (PSA) • Vaccines, including COVID-19, flu/ influenza shots, hepatitis B shots, and pneumococcal shots	**$0** copay for preventive care services covered under Original Medicare at no cost-sharing. Any additional preventive care services approved by Medicare during the contract year will be covered. Most Part D vaccines, such as the shingles vaccine, may be covered at no cost to you.
Emergency Care	
Emergency Care Services	**$0** copay

Benefit	What You Pay
	With QMB+, SLMB+, and FBDE
Worldwide Emergency/Urgent Care/ Emergency Transportation	**$115** copay for worldwide emergency and urgent care. **20%** coinsurance for worldwide emergency transportation. **$50,000** yearly maximum coverage amount.
Urgently Needed Services	
Urgent Care Services	**$0** copay
Diagnostic Services, Labs & Imaging Costs for these services may vary based on place or type of service.	
Diagnostic Procedures & Tests[1,2]	**$0** copay
Lab Services[1,2]	**$0** copay
Genetic Testing[1,2]	**$0** copay
Diagnostic Radiology (MRIs, CT scans, etc.)[1,2]	**$0** copay
Therapeutic Radiology[1,2]	**$0** copay
X-ray Services[1,2]	**$0** copay
Hearing Services	
Medicare-covered Hearing Exams[2] Diagnostic hearing and balance exams.	**$0** copay
Routine Hearing Exam	**$0** copay for 1 routine hearing exam each year.
Hearing Aid Fitting Evaluations	**$0** copay for hearing aid fitting evaluations.
Hearing Aids You must get your hearing aids from our hearing vendor.	**$399–$1,800** copay for each device. Limited to 1 hearing aid per ear per year. Your actual cost-share depends on the hearing aid(s) you choose.
OTC Hearing Aids You must get your OTC hearing aid kit from our hearing vendor.	**$399** copay for each OTC hearing aid kit. Limited to 2 kits each year. Kit includes 1 device for each ear and an optional charger.
Dental Services	
Medicare-covered Dental Services[1] Limited dental services. This does not include services such as cleanings, routine dental exams, and dental X-rays.	**$0** copay

Benefit	What You Pay With QMB+, SLMB+, and FBDE
Preventive & Comprehensive Dental Services	
Dental Allowance Helps pay for most preventive and comprehensive dental services. You can see any U.S.-licensed dentist who's not excluded by Medicare. Our dental allowance vendor, Cigna Dental, manages this benefit. To learn more, see your Dental Allowance Guide. Find it at **HealthSpring.com/Documents**. Or call Dental Customer Service at 1-866-213-7295 (TTY 711), 8 a.m. – 8 p.m. local time: October – March: 7 days a week; April – September: Monday – Friday.	**$0** for preventive and comprehensive dental services until you've spent your yearly allowance. Cigna Dental Allowance (DPPO) providers will bill our dental allowance vendor directly. Out-of-network dentists may ask to be paid at the time of service.
Maximum Coverage Amount	**$1,900** yearly allowance for preventive and comprehensive dental services.
Vision Services	
Medicare-covered Eye Exam Exam to diagnose and treat conditions and diseases of the eye.	**$0** copay for Medicare-covered glaucoma screening. **$0** copay for Medicare-covered diabetic retinopathy screening. **$0** copay for all other Medicare-covered vision services.
Medicare-covered Eyewear	**$0** copay
Routine Eye Exam You get a yearly routine eye exam, including eye refraction. For your routine vision services to be covered, you must get them from a provider in our vision vendor's network.	**$0** copay for 1 routine eye exam each year.
Routine Eyewear Use your yearly allowance for 1 set of eyewear: • Eyeglasses (lenses and frames) • Eyeglass lenses • Eyeglass frames • Contact lenses (including contact lens fitting) • Upgrades	**$0** until you've spent your **$100** yearly allowance.

Benefit	What You Pay
	With QMB+, SLMB+, and FBDE
Mental Health Services	
Inpatient[1]	**$0** copay
Outpatient Individual or Group Therapy Visit[1]	**$0** copay
Acupuncture Services	
Medicare-covered Acupuncture[1,2] Services for chronic low back pain.	**$0** copay
Ambulance	
Ground Service (one-way trip)	**$0** copay
Air Service (one-way trip)[1]	**$0** copay
Annual Physical Exam	
You get 1 physical exam each year. This is in addition to the Medicare-covered Annual Wellness Visit and the Welcome to Medicare Preventive Visit.	**$0** copay
Chiropractic Care	
Medicare-covered Chiropractic Services[1,2] Manual manipulation of the spine to correct subluxation.	**$0** copay
Diabetic Services & Supplies	
Diabetic monitoring supplies, therapeutic shoes or inserts, and diabetes self-management training. Prior authorization may be required for non-preferred brands. See your EOC for details.	**$0** copay for 1 blood glucose monitor and 1 continuous glucose monitoring device every 2 years.[1] **$0** copay for diabetic supplies.[1] **$0** copay for therapeutic shoes or inserts.[1] **$0** copay for diabetes self-management training.[2]
Fitness & Wellness Programs	
You get a fitness center membership. You also get 1 Home Fitness Kit that may include a wearable fitness tracker option. You can also choose up to 2 DVD kit options. Plus, you get one-on-one Well-Being Coaching and digital fitness tools and resources.	**$0** copay Kits are based on availability and subject to change. Once selected, kits cannot be exchanged.

Benefit	What You Pay
	With QMB+, SLMB+, and FBDE
Healthy Grocery Allowance	
If you've been diagnosed with a qualifying health condition and are at an increased risk of hospitalization, you may get a healthy grocery allowance each quarter. It helps cover the cost of healthy foods. Those include dairy products, meats, breads, grains, fruits, vegetables, and more at our participating stores.	**$225** allowance each quarter to help pay for eligible healthy grocery items. Funds are automatically loaded on your HealthSpring Flex card. Any unused amount does not carry over to the next quarter or the following plan year and expires upon disenrollment from the plan. If the HealthSpring Flex card cannot be used at checkout, an alternative reimbursement process is available. Special Supplemental Benefit for Chronically Ill (SSBCI) members only. To be eligible to receive this benefit, you must be diagnosed with cardiovascular disorders, chronic heart failure, chronic lung disorders, diabetes, or stroke. Other eligibility and coverage criteria may apply. Contact the plan for more information.
Home-Delivered Meals	
Up to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay, up to 3 stays each year. Up to 56 meals each year when you're enrolled in our end-stage renal disease (ESRD) care management program.	**$0** copay for home-delivered meals that we cover. This benefit does not apply to releases from an emergency room, observation stay, or outpatient visit.
Home Health Care[1]	
You must be homebound, and a doctor must certify that you need home health services.	**$0** copay
Hospice	
Hospice is covered outside of our plan. Hospice care must be provided by a Medicare-certified hospice program.	**$0** copay for hospice consultation services (one time only) before you select hospice. You may have to pay part of the cost for drugs and respite care.
Medical Equipment & Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**$0** copay
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.)[1]	**$0** copay

Benefit	What You Pay
	With QMB+, SLMB+, and FBDE
Medical Supplies[1]	**$0** copay
Medicare Part B Drugs Medicare-covered Part B Drugs may be subject to step therapy requirements.	
Medicare Part B Insulin Drugs	**$0** copay
Medicare Part B Chemotherapy/ Radiation Drugs[1]	**$0** copay
Other Medicare Part B Drugs[1]	**$0** copay This plan has Part D prescription drug coverage. See the Prescription Drug Benefits section in this Summary of Benefits.
Over-the-Counter (OTC) Allowance	
Get an allowance each quarter to help cover the cost of OTC drugs and other products that are health related. Those include bandages, aspirin, cold and sinus medicine, vitamins, and more. Use your allowance at our participating retailers (in-store and online) or by phone for home-delivered items.	**$60** allowance each quarter for eligible OTC items. Funds are automatically loaded on your HealthSpring Flex card. Any unused amounts do not carry over to the next quarter or the following plan year and will expire upon disenrollment from the plan. If the HealthSpring Flex card cannot be used at checkout, an alternative reimbursement process is available.
Podiatry Services (Foot Care)	
Medicare-covered Podiatry Services[2] Podiatrist foot exams or treatment if you have diabetes-related nerve damage or need medically necessary treatment for foot injuries or diseases.	**$0** copay
Rehabilitation Therapy Services	
Occupational Therapy Services[1,2]	**$0** copay
Physical Therapy & Speech/Language Therapy Services[1,2]	**$0** copay
Skilled Nursing Facility (SNF)[1]	
You are covered for up to 100 days per benefit period.	**$0** copay per day for days 1-100.

Benefit	What You Pay
	With QMB+, SLMB+, and FBDE
Telehealth Services with MD Live	
24/7 non-emergency urgent care for issues such as allergies, cough, headache, sore throat, and other minor illnesses. Talk with an MD Live® provider by phone, computer, or tablet. They also offer mental health and dermatology care.	**$0** copay for each non-emergency urgent care visit. **$0** copay for each mental health and behavioral health therapy visit. **$0** copay for each dermatology care visit.
Transportation	
Get routine (non-emergency) transportation. Your trips must be to approved locations that are health related. Those can include trips to and from doctor and dental appointments.	**$0** copay for unlimited one-way trips to plan-approved locations each year.

Prescription Drug Benefits

Most of our members qualify for and are already getting Extra Help from Medicare to pay for their Part D prescription drug costs. This chart shows the cost-sharing amounts for Part D drugs covered under this plan if you get Extra Help:

Part D Deductible

$0 deductible for those who qualify for Extra Help.

Initial Coverage Stage

If you receive Extra Help, you pay the following during this stage until your annual out-of-pocket drug costs reach **$2,400**. Your cost-sharing is based on your level of Extra Help:

Generic drugs (including brand drugs treated as generic):	• **$0** copay or • **$1.65** copay or • **$5.80** copay
All other drugs:	• **$0** copay or • **$5** copay or • **$14.40** copay

Catastrophic Coverage Stage

You qualify for the Catastrophic Coverage stage when your annual out-of-pocket drug costs reach **$2,400**.

Once you are in the Catastrophic Coverage stage, you will pay **$0** for all covered Part D drugs for the rest of the year.

Medicaid-covered Benefits

This section provides information for people who have both Medicare and Medicaid — called "dual-eligible."

Dual-eligible means that in addition to being covered for the Medicare benefits described previously in this Summary of Benefits, you are also covered for the state-provided Medicaid benefits listed here:

- Ambulatory Surgical Center Services
- Assistive Care Services
- Behavioral Analysis
- Birth Center and Licensed Midwife
- Chiropractic
- Clinic
- Emergency Care
- Family Planning Services and Supplies
- Healthy Start
- Hearing
- Home Health and Nursing Care
- Hospice
- Hospital
- Immunizations (shots)
- Laboratory and Imaging
- Medical Supplies, Equipment, Prostheses and Orthoses
- Mental Health and Substance Abuse Treatment
- Nursing Facility
- Physician, Physician Assistant, and Advance Practice Registered Nurse
- Podiatric
- Prescribed Drugs
- Renal Dialysis
- Therapy
- Transportation
- Visual Aids and Visual Care
- Well Child Visits

Keep in mind, all Medicaid-covered services are subject to change at any time.

For the most current Medicaid coverage information for your state, or if you have questions about the assistance you get from Medicaid, please contact your state Medicaid office at:

Agency For Health Care Administration - State of Florida

1-877-711-3662 (TDD: **1-866-467-4970**)
http://www.flmedicaidmanagedcare.com/

Care Management

Personalized Support for your Health Journey

Managing your health care can get overwhelming. But you don't have to do it alone. You can get personal support for every step in your health journey from one of our care managers. And there's no added cost to you.

Benefits of working with a care manager:

Guidance & Support

A care manager can:

- Help you create a plan to reach your health goals.
- Address your questions and concerns about managing your health and well-being.
- Help you and your caretakers better understand your health conditions, treatment options, and medications.
- Guide you through a transition to and from a health care facility.

Care Coordination & Resources

A care manager can:

- Work with your health care providers to develop and manage your overall plan of care.
- Coordinate referrals for different services such as home health care, durable medical equipment, and more.
- Help you find:
  - Transportation to appointments.
  - Financial assistance programs or other ways to lower costs.
  - Programs that include a team of nurses, social workers, dietitians, respiratory therapists, behavioral health specialists, and more.
  - Resources that go beyond medical treatment such as education on complex health conditions.

Dental Allowance: The preventive and comprehensive dental services are administered through Cigna Health and Life Insurance Company and, in New York, Cigna Health and Life Adjuster Services. Not all dental services are covered. Please see the Dental Allowance Guide for more information.

This plan is available to individuals who have both Medicare and medical assistance from the state (Medicaid). Premiums, copays, coinsurance, deductibles, and benefits may vary based on the level of Medicaid and Extra Help you receive. Contact the plan for more information.

Benefits, features, and/or devices vary by plan/service area. Limitations, copayments, exclusions, and restrictions may apply. Contact the plan for more information.

Out-of-network/non-contracted providers are under no obligation to treat plan members except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

If you have any questions, call Customer Service at 1-800-668-3813 (TTY 711). Our hours are 8 a.m. – 8 p.m. local time, October – March: 7 days a week. April – September: Monday – Friday. Messaging service used weekends, after hours, and on federal holidays.

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