HealthSpring℠

# 2026 Summary of Benefits

## January 1, 2026 - December 31, 2026

### HealthSpring TotalCare Plus (HMO D-SNP) H2752-003

No referrals required

**Service Area:**

Fairfield, Hartford, Litchfield, Middlesex, New Haven, and New London counties, **CT**

# 1 | 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?

For more information, please 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 anyone who has Medicare and full Medical Assistance from the state (Medicaid).

Premiums, copays, coinsurance, and deductibles 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 (QMB):** While QMB status provides you with Medicaid coverage of your Medicare cost-share, you are not eligible for full Medicaid benefits. This means that Medicaid pays only your Part A and Part B premiums, deductibles, and cost-share amounts. Medicaid does not cover your Part D prescription drug copays nor does it pay for services that Medicare Part A or Part B does not cover.

**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.

# 2 | Premium, Deductible & Limits

This plan is available to anyone who has Medicare and full Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles 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 with full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE).<br>In addition, you must keep paying your Medicare Part B premium. |
| **Medical Deductible** | Medicare-defined Part B Deductible applies to the following services:<br>• Cardiac & Intensive Cardiac Rehab Services<br>• Pulmonary Rehab Services<br>• Supervised Exercise Therapy (SET) for Symptomatic PAD Services<br>• Partial Hospitalization Program<br>• Intensive Outpatient Program Services<br>• Occupational Therapy<br>• Physical Therapy & Speech/Language Therapy<br>• Opioid Treatment Program Services<br>• Diagnostic Procedures/Tests<br>• Diagnostic Radiological Services<br>• Therapeutic Radiological Services<br>• Outpatient X-Ray Services<br>• Outpatient Hospital Services<br>• Observation Services<br>• Ambulatory Surgical Center (ASC) Services<br>• Outpatient Substance Abuse – Individual & Group<br>• Ground & Air Ambulance Services<br>• Dialysis Services<br>• Medicare-covered Dental Services<br>• Medicare-covered Eye Exams<br>• Medicare-covered Eyewear<br>• Medicare-covered Hearing Exams |

| Benefit | HealthSpring TotalCare Plus (HMO D-SNP) |
|---|---|
| **Maximum Out-of-Pocket Limit** | You pay no more than **$9,250** each year for in-network Medicare-covered benefits.<br>This limit does not include the monthly plan premium, if any, and cost-sharing for covered Part D prescription drugs.<br>In this plan, you pay nothing for Medicare-covered services if you receive full Medicare cost-share protection. |

# 3 | Medical Benefits

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, 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**.**<br>**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] | |
| | **$0** copay |
| **Outpatient Hospital Services** | |
| Outpatient Hospital[1] | **$0** copay |
| Outpatient Observation[1] | **$0** copay |
| **Ambulatory Surgical Center (ASC) Services** | |
| ASC Services[1] | **$0** copay |
| **Doctor Visits** | |
| Primary Care Provider (PCP) | **$0** copay |
| Specialists[1] | **$0** copay |
| **Preventive Care** | |
| You are covered for many Medicare-covered preventive care services such as:<br>• Breast cancer screenings (mammogram)<br>• Prostate cancer screenings (PSA)<br>• 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.<br>Any additional preventive care services approved by Medicare during the contract year will be covered.<br>Most Part D vaccines, such as the shingles vaccine, may be covered at no cost to you. |
| **Emergency Care** | |
| Emergency Care Services | **$0** copay |
| Worldwide Emergency/Urgent Coverage/Emergency Transportation | **$115** copay<br>**$50,000** yearly maximum coverage amount. |

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)** |
| **Urgently Needed Services** | |
| Urgent Care Services | **$0** copay |
| **Diagnostic Services, Labs & Imaging**<br>Costs for these services may vary based on place or type of service. | |
| Diagnostic Procedures & Tests[1] | **$0** copay |
| Lab Services[1] | **$0** copay |
| Genetic Testing[1] | **20%** coinsurance |
| Diagnostic Radiology (MRIs, CT scans, etc.)[1] | **$0** copay |
| Therapeutic Radiology[1] | **$0** copay |
| X-ray Services | **$0** copay |
| **Hearing Services** | |
| Medicare-covered Hearing Exams<br>Diagnostic hearing and balance exams. | **$0** copay |
| Routine Hearing Exam<br>You get a yearly routine hearing exam. | **$0** copay for 1 routine hearing exam each year. |
| Hearing Aid Fitting Evaluation | **$0** copay for 1 hearing aid fitting each year. |
| Hearing Aids<br>You must get your hearing aid benefit from our hearing vendor to be covered. | **$399–$1,800** copay per device, limited to 2 devices each year.<br>Your actual cost-share depends on the hearing aid(s) you choose. |
| OTC Hearing Aids<br>You must get your OTC hearing aid kit from our OTC hearing vendor to be covered. | **$399** copay per OTC hearing aid kit, limited to 2 kits each year.<br>Kit includes 1 device for each ear and an optional charger. |
| **Dental Services** | |
| Medicare-covered Dental Services[1]<br>Limited dental services. This does not include services such as cleaning, routine dental exams, and dental X-rays. | **$0** copay |

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)** |
| **Preventive & Comprehensive Dental Services** | |
| Dental Allowance<br>Helps pay for most preventive and comprehensive dental services.<br>You must see a Cigna Dental Allowance (DPPO) network provider.<br>This benefit is managed by Cigna Dental. They're our dental allowance vendor.<br>To learn more, see your Dental Allowance Guide. Find it online 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.<br>Cigna Dental Allowance (DPPO) providers will bill our dental allowance vendor directly. |
| Maximum Coverage Amount | **$750** yearly allowance for preventive and comprehensive dental services. |
| **Vision Services** | |
| Medicare-covered Eye Exam<br>Exam to diagnose and treat conditions and diseases of the eye. | **$0** copay for Medicare-covered glaucoma screening.<br>**$0** copay for Medicare-covered diabetic retinopathy screening.<br>**$0** copay for all other Medicare-covered vision services. |
| Medicare-covered Eyewear | **$0** copay |
| Routine Eye Exam<br>You are covered for a yearly routine eye exam, including eye refraction.<br>You must get your routine vision services from a provider in our vision vendor's network to be covered. | **$0** copay for 1 routine eye exam each year. |

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)** |
| Routine Eyewear<br>Use your yearly allowance for 1 set of eyewear:<br>• Eyeglasses (lenses and frames)<br>• Eyeglass lenses<br>• Eyeglass frames<br>• Contact lenses (including contact lens fitting)<br>• Upgrades | **$0** until you've spent your **$175** yearly allowance. |
| **Mental Health Services** | |
| Inpatient[1] | **$0** copay |
| Outpatient Individual or Group Therapy Visit[1] | **$0** copay |
| **Acupuncture Services** | |
| Medicare-covered Acupuncture[1]<br>Services for chronic low back pain. | **$0** copay |
| **Ambulance[1]** | |
| Ground Service (one-way trip) | **$0** copay |
| Air Service (one-way trip) | **$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 |
| **Caregiver Support** | |
| You get virtual help with caregiving and finding resources for your loved one. Those include information about stress management and connections to health-related social needs. | **$0** copay for caregiver support services, including one-on-one coaching by phone or through the program's website. |
| **Chiropractic Care** | |
| Medicare-covered Chiropractic Services[1]<br>Manual manipulation of the spine to correct subluxation. | **$0** copay |

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)** |
| **Diabetic Services & Supplies** | |
| Diabetic monitoring supplies, therapeutic shoes or inserts, and diabetes self-management training.<br>Coverage for certain supplies may depend on the brand.<br>See your *Evidence of Coverage* for details. | **$0** copay for diabetic monitoring supplies.[1]<br>**$0** copay for therapeutic shoes or inserts.[1]<br>**$0** copay for diabetes self-management training. |
| **Fitness & Wellness Programs** | |
| You get a fitness center membership, digital fitness tools and resources, and 1 home fitness kit, which may include a wearable fitness tracker option. | **$0** copay<br>Kits are based on availability and subject to change. Once selected, kits cannot be exchanged. |
| **Foot Care (Podiatry Services)** | |
| Medicare-covered Podiatry Services<br>Podiatrist foot exams or treatment if you have diabetes-related nerve damage or need medically necessary treatment for foot injuries or diseases. | **$0** copay |
| Routine Podiatry Services<br>You get routine visits to a licensed podiatrist for services such as cutting calluses, clipping nails, and soaking feet. | **$0** copay per visit for 6 visits each year. |
| **HealthSpring Flex Card** | |
| Use your HealthSpring Flex Card to easily access certain allowance benefits that may be part of your plan. | Amounts depend on your plan's benefits.<br>Funds are loaded on your HealthSpring Flex Card.<br>Any unused amounts do not carry over to the next quarter or the following plan year. |
| **Home-Delivered Meals** | |
| Get up to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay, up to 3 stays each year.<br>Get up to 56 meals each year if you're enrolled in our end-stage renal disease (ESRD) care management program. | **$0** copay for covered home-delivered meals.<br>If you have been released from an emergency room, observation stay, or outpatient visit, this benefit does not apply. |

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)** |
| **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.<br>Hospice care must be provided by a Medicare-certified hospice program. | **$0** copay for hospice consultation services (one time only) before you select hospice.<br>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 |
| Medical Supplies[1] | **$0** copay |
| **Medicare Part B Drugs**<br>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<br>This plan has Part D prescription drug coverage. See Section 4 in this *Summary of Benefits*. |
| **Over-the-Counter (OTC) Allowance** | |
| You get an allowance to help cover the cost of OTC drugs and other health-related products such as bandages, aspirin, cold and sinus medicine, vitamins, and more.<br>Use your allowance at our participating retail stores or for home delivery. | **$45** allowance each quarter for eligible OTC items.<br>Funds are automatically loaded on your HealthSpring Flex Card.<br>Any unused amounts do not carry over to the next quarter or the following plan year. |
| **Rehabilitation Therapy Services** | |
| Occupational Therapy Services[1] | **$0** copay |
| Physical Therapy & Speech/Language Therapy Services[1] | **$0** copay |

| Benefit | What You Pay |
|---|---|
| | **With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)** |
| **Skilled Nursing Facility (SNF)[1]** | |
| You are covered for up to 100 days per benefit period. | **$0** copay per day for days 1-100. |
| **Telehealth – MDLIVE** | |
| For non-emergency urgent care, including allergies, cough, headache, sore throat, and other minor illnesses, talk with an MDLIVE® telehealth provider via smartphone, computer, or tablet.<br>They also offer mental health and dermatology care. | **$0** copay for each non-emergency urgent care visit.<br>**$0** copay for each mental health therapy visit.<br>**$0** copay for each dermatology care visit. |
| **Transportation[1]** | |
| You get routine, non-emergency transportation to and from approved health-related locations such as doctor and dentist appointments. | **$0** copay for 24 one-way trips, up to 70 miles, to plan-approved locations each year.<br>For trips exceeding 70 miles, the transportation vendor will contact us for prior authorization. |

# 4 | 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 **$2,100**. Your cost-sharing is based on your level of *Extra Help*: | |
| Generic drugs (including brand drugs treated as generic): | • **$0** copay or<br>• **$1.60** copay or<br>• **$5.10** copay |
| All other drugs: | • **$0** copay or<br>• **$4.90** copay or<br>• **$12.65** copay |
| **Catastrophic Coverage Stage** | |
| You qualify for the Catastrophic Coverage stage when your annual out-of-pocket drug costs reach **$2,100**.<br>Once you are in the Catastrophic Coverage stage, you will pay **$0** for all covered Part D drugs for the rest of the year. | |

# 5 | 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:

- Preventive Care
- Doctor Visits
- Women's Health Care
- Family Planning Services
- Maternity Care
- Long-term Services and Supports
- Hospital Stays
- Physical Therapy/Occupational Therapy/Speech Therapy
- Audiology Services
- Physical Rehabilitation
- Dialysis
- Durable Medical Equipment
- Hearing Aids
- Orthotic and Prosthetic Devices
- Home Health Care
- Hospice Services
- Ambulatory Surgery
- Hospital Outpatient Care
- Laboratory Tests
- X-rays and other Radiology Services
- Vision Care
- Emergency Care
- Dental Services (through CT Dental Health Partnership)
- Behavioral Health Services (through CT Behavioral Health Partnership)
- Pharmacy (medications)

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:

**Connecticut Department of Social Services**
**1-855-805-4325 (TTY: 1-855-789-2428)**
**www.ct.gov/dss**

# 6 | 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.

HealthSpring TotalCare plans are available to anyone who has Medicare and full or partial Medical Assistance from the state (Medicaid). HealthSpring TotalCare Plus plans are available to anyone who has Medicare and full Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and *Extra Help* you receive. Contact the plan for the availability of these services.

Benefits, features, and/or devices vary by plan/service area. Limitations, copayments, exclusions, and restrictions may apply. Contact the plan for more information. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B. You must live in the plan's service area to enroll in a HealthSpring Medicare Advantage plan. Prior authorization and/or referrals are required for certain services. This information is not a complete description of benefits.

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

To file a marketing complaint, contact HealthSpring at the Customer Service number below or call **1-800-MEDICARE** (24 hours a day/7 days a week). Please include the agent/broker name if possible.

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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