HealthSpring℠

2026 Summary of Benefits

January 1, 2026 - December 31, 2026

HealthSpring Courage (HMO) H5410-004

Medical coverage only plan; no referrals required

Service Area:

Bay, Escambia, Okaloosa, Santa Rosa, and Walton counties, **FL**

1 | Introduction

HealthSpring Courage (HMO) 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 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.

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.

2 | Premium, Deductible & Limits

Benefit	HealthSpring Courage (HMO)
Monthly Plan Premium	You pay **$50** per month. In addition, you must keep paying your Medicare Part B premium. We will lower your Medicare Part B premium by up to **$70** per month.
Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Limit	You pay no more than **$5,500** each year for in-network Medicare-covered benefits. This limit does not include the monthly plan premium, if any.

3 | Medical Benefits

Benefit	What You Pay
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]	
	$285 copay per day for days 1-8. **$0** copay per day for days 9-90. **$0** copay per day for days 91 and beyond.
Outpatient Hospital Services	
Outpatient Hospital[1]	**$0** copay for surgical procedures during a colorectal screening. **$275** copay for all other outpatient services.
Outpatient Observation[1]	**$285** copay per stay.
Ambulatory Surgical Center (ASC) Services	
ASC Services[1]	**$0** copay for surgical procedures during a colorectal screening. **$275** copay for all other outpatient services.
Doctor Visits	
Primary Care Provider (PCP)	**$0** copay
Specialists[1]	**$30** 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.

Benefit	What You Pay
Emergency Care	
Emergency Care Services	**$130** copay If you are admitted to the hospital within 24 hours for the same condition, you do not pay this cost-share.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	**$130** copay **$50,000** yearly maximum coverage amount.
Urgently Needed Services	
Urgent Care Services	**$50** copay If you are admitted to the hospital within 24 hours for the same condition, you do not pay this cost-share.
Diagnostic Services, Labs & Imaging Costs for these services may vary based on place or type of service.	
Diagnostic Procedures & Tests[1]	**$0** copay for EKG. **$95** copay for all other diagnostic procedures and tests.
Lab Services[1]	**$0** copay
Genetic Testing[1]	**$50** copay
Diagnostic Radiology (MRIs, CT scans, etc.)[1]	**$0–$200** copay
Therapeutic Radiology[1]	**$80** copay
X-ray Services	**$0** copay in a PCP or specialist office. **$15** copay for all other facilities.
Hearing Services	
Medicare-covered Hearing Exams Diagnostic hearing and balance exams.	**$25** copay
Routine Hearing Exam 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 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. 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 OTC hearing vendor to be covered.	**$399** copay per OTC hearing aid kit, limited to 2 kits each year. Kit includes 1 device for each ear and an optional charger.

Benefit	What You Pay
Dental Services	
Medicare-covered Dental Services[1] Limited dental services. This does not include services such as cleaning, routine dental exams, and dental X-rays.	**$30** copay
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. This benefit is managed by Cigna Dental. They're our dental allowance vendor. 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. Cigna Dental Allowance (DPPO) providers will bill our dental allowance vendor directly. Out-of-network providers may ask for payment at the time of service.
Maximum Coverage Amount	**$750** 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. **$30** copay for all other Medicare-covered vision services.
Medicare-covered Eyewear	**$0** copay
Routine Eye Exam You are covered for a yearly routine eye exam, including eye refraction. 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
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 **$150** yearly allowance.
Mental Health Services	
Inpatient[1]	**$595** copay per day for days 1-3. **$0** copay per day for days 4-90.
Outpatient Individual or Group Therapy Visit[1]	**$0** copay
Acupuncture Services	
Medicare-covered Acupuncture[1] Services for chronic low back pain.	**$20** copay
Ambulance[1]	
Ground Service (one-way trip)	**$225** copay
Air Service (one-way trip)	**20%** coinsurance
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] Manual manipulation of the spine to correct subluxation.	**$15** copay
Diabetic Services & Supplies	
Diabetic monitoring supplies, therapeutic shoes or inserts, and diabetes self-management training. Coverage for certain supplies may depend on the brand. See your *Evidence of Coverage* for details.	**$0** copay for diabetic monitoring supplies.[1] **20%** coinsurance for therapeutic shoes or inserts.[1] **$0** copay for diabetes self-management training.

Benefit	What You Pay
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 Kits are based on availability and subject to change. Once selected, kits cannot be exchanged.
Foot Care (Podiatry Services)	
Medicare-covered Podiatry Services Podiatrist foot exams or treatment if you have diabetes-related nerve damage or need medically necessary treatment for foot injuries or diseases.	**$30** copay
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. Funds are loaded on your HealthSpring Flex Card. 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. 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. If you have been released from an emergency room, observation stay, or outpatient visit, this benefit does not apply.
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]	**20%** coinsurance
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.)[1]	**20%** coinsurance
Medical Supplies[1]	**20%** coinsurance

Benefit	What You Pay
Medicare Part B Drugs Medicare-covered Part B Drugs may be subject to step therapy requirements.	
Medicare Part B Insulin Drugs	You will pay a maximum of **$35** for each 1–month supply of Medicare–covered Part B insulin drugs. Any plan deductible does not apply.
Medicare Part B Chemotherapy/ Radiation Drugs[1]	**0%–20%** coinsurance
Other Medicare Part B Drugs[1]	**0%–20%** coinsurance
Rehabilitation Therapy Services	
Occupational Therapy Services[1]	**$30** copay
Physical Therapy & Speech/Language Therapy Services[1]	**$30** copay
Skilled Nursing Facility (SNF)[1]	
You are covered for up to 100 days per benefit period.	**$10** copay per day for days 1-20. **$218** copay per day for days 21-100.
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. They also offer mental health and dermatology care.	**$0** copay for each non-emergency urgent care visit. **$0** copay for each mental health therapy visit. **$30** copay for each dermatology care visit.

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.

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.

HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. Health Care Service Corporation and its affiliates, HealthSpring Life and Health Insurance Company, HealthSpring of Florida, HealthSpring Healthcare of Colorado, Bravo Health of Pennsylvania, Bravo Health Mid-Atlantic, Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York, contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in these plans depends on contract renewal.