HealthSpring℠

2026 Summary of Benefits

January 1, 2026 - December 31, 2026

HealthSpring Achieve (HMO C-SNP) H0354-027

Easy and affordable condition management for cardiovascular disorders, chronic heart failure, or diabetes; no referrals required

Service Area:

Maricopa, Pima, and Pinal counties, **AZ**

1 | Introduction

HealthSpring Achieve (HMO C-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, be diagnosed with cardiovascular disorders, chronic heart failure, or diabetes, 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**

  1-800-627-7534 (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 Achieve (HMO C-SNP)
Monthly Plan Premium	You pay **$0** per month. In addition, you must keep paying your Medicare Part B premium. We will lower your Medicare Part B premium by up to **$7** per month.
Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Limit	You pay no more than **$2,500** 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.

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]	
	$165 copay per day for days 1-6. **$0** copay per day for days 7-90. **$0** copay per day for days 91 and beyond.
Outpatient Hospital Services	
Outpatient Hospital[1]	**$0** copay for surgical procedures during a colorectal screening. **$175** copay for all other outpatient services.
Outpatient Observation[1]	**$175** copay per stay.
Ambulatory Surgical Center (ASC) Services	
ASC Services[1]	**$0** copay for surgical procedures during a colorectal screening. **$100** copay for all other outpatient services.
Doctor Visits	
Primary Care Provider (PCP)	**$0** copay
Specialists[1]	**$10** 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.

Benefit	What You Pay
Emergency Care	
Emergency Care Services	**$150** 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	**$150** copay **$50,000** yearly maximum coverage amount.
Urgently Needed Services	
Urgent Care Services	**$20** 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
Lab Services[1]	**$0** copay
Genetic Testing[1]	**$50** copay
Diagnostic Radiology (MRIs, CT scans, etc.)[1]	**$0–$150** copay
Therapeutic Radiology[1]	**20%** coinsurance
X-ray Services	**$10** copay
Hearing Services	
Medicare-covered Hearing Exams Diagnostic hearing and balance exams.	**$10** 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.	**$10** copay
Preventive Dental Services	
Oral exams	**$0** copay
Cleanings	**$0** copay
Fluoride treatments	**$0** copay
Dental X-rays	**$0–$240** copay
Comprehensive Dental Services	
Restorative Services (such as fillings and crowns)	**$0–$620** copay
Endodontics (such as root canals)	**$0–$675** copay
Periodontics (such as scaling and root planing)	**$0–$575** copay
Prosthodontics (such as dentures)	**$25–$450** copay
Oral surgery (such as extractions)	**$0–$455** copay
To review a full list of covered services and what you'll pay, see your Dental 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.	This benefit is managed by Cigna Dental. They're our dental services vendor. You must choose a general dentist from the Cigna Dental Care (DHMO) network to be your primary dentist.
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. **$10** copay for all other Medicare-covered vision services.
Medicare-covered Eyewear	**$0** copay

Benefit	What You Pay
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.
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 **$350** yearly allowance.
Mental Health Services	
Inpatient[1]	**$165** copay per day for days 1-6. **$0** copay per day for days 7-90.
Outpatient Individual or Group Therapy Visit[1]	**$0** copay
Acupuncture Services	
Medicare-covered Acupuncture[1] Services for chronic low back pain.	**$10** copay
Ambulance[1]	
Ground Service (one-way trip)	**$200** 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
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.

Benefit	What You Pay
Chiropractic Care	
Medicare-covered Chiropractic Services[1] Manual manipulation of the spine to correct subluxation.	**$20** copay
Routine Chiropractic Services[1] If medically needed, you get routine visits to a licensed chiropractor contracted with our chiropractic benefit administrator.	**$20** copay per visit for 12 visits each year.
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] **$0** copay for therapeutic shoes or inserts.[1] **$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 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.	**$10** copay
Routine Podiatry Services You get routine visits to a licensed podiatrist for services such as cutting calluses, clipping nails, and soaking feet.	**$0** copay per visit for 12 visits each year.

Benefit	What You Pay
Healthy Grocery Allowance	
If you have been diagnosed with a qualifying health condition, you may get our healthy grocery allowance. It helps cover the cost of healthy foods such as dairy products, meats, breads, grains, fruits, vegetables and more at our participating stores.	**$75** allowance each quarter 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. 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, or diabetes. Other eligibility and coverage criteria may apply. Contact the plan for more information.
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

Benefit	What You Pay
Medical Supplies[1]	**20%** coinsurance
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 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. Use your allowance at our participating retail stores or for home delivery.	**$80** 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.
Rehabilitation Therapy Services	
Occupational Therapy Services[1]	**$10** copay
Physical Therapy & Speech/Language Therapy Services[1]	**$10** copay
Skilled Nursing Facility (SNF)[1]	
You are covered for up to 100 days per benefit period.	**$20** 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. **$10** 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 40 one-way trips, up to 70 miles, to plan-approved locations each year. For trips exceeding 70 miles, the transportation vendor will contact us for prior authorization.

4 | Prescription Drug Benefits

This chart shows the cost-sharing for your Part D prescription drugs covered under this plan.* Your cost-sharing may be different if you qualify for *Extra Help*.

Part D Deductible

$0 deductible for drugs in Tiers 1 and 2. Your coverage for Part D prescription drugs in these tiers begins in the Initial Coverage Stage.

$200 deductible for all other tiers. You pay the full cost of these drugs until you reach the deductible amount. Once you reach the deductible amount, you enter the Initial Coverage Stage.

Initial Coverage Stage

During this stage, you pay the following until your annual out-of-pocket drug costs reach **$2,100**:

		Mail Order Pharmacy		Retail Pharmacy	
Tier	**Supply**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 Preferred Generic Drugs	30-day	**$0**	**$10**	**$0**	**$10**
	100-day	**$0**	**$30**	**$0**	**$30**
Tier 2 Generic Drugs	30-day	**$4**	**$20**	**$4**	**$20**
	100-day	**$0**	**$60**	**$12**	**$60**
Tier 3 Preferred Brand Drugs	30-day	**$47**	**$47**	**$47**	**$47**
	100-day	**$141**	**$141**	**$141**	**$141**
Tier 4 Non-Preferred Drugs	30-day	**50%**	**50%**	**50%**	**50%**
	100-day	**50%**	**50%**	**50%**	**50%**
Tier 5 Specialty Drugs	30-day	**30%**	**30%**	**30%**	**30%**
	90-day	**N/A**	**N/A**	**N/A**	**N/A**
Tier 6 Select Diabetic Drugs	30-day	**$9**	**$11**	**$9**	**$11**
	90-day	**$18**	**$33**	**$27**	**$33**

Catastrophic Coverage Stage

You qualify for the Catastrophic Coverage stage when your annual out-of-pocket drug costs reach **$2,100**.

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

*Your cost-sharing may also differ based on which Part D coverage stage you are in, the pharmacy type or status (such as preferred/non-preferred, mail order, long-term care (LTC), home infusion), and whether you are filling a 30-, 60-, or 90-/100-day supply. Some pharmacies may have day supply restrictions based on their dispensing policies.

What You Pay for Insulin

- You won't pay more than **$35** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
- If your insulin is on a tier where cost-sharing is lower than **$35,** you will pay the lower cost for your insulin.
- If your plan has a Part D deductible, the above will apply even if you haven't paid your deductible.

5 | 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 HMO: Cigna Dental Care and its operating companies provide covered dental services through the Cigna Dental Care (DHMO) network of dentists. Frequency limits vary depending on the type of covered service. Not all dental services are covered, such as cosmetic procedures, implants and orthodontia. Please see the Dental Guide for more information.

You must be clinically diagnosed with cardiovascular disorders, chronic heart failure, or diabetes to be eligible for the HealthSpring Achieve (HMO C SNP) plan and maintain coverage.

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 **1-800-627-7534 (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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