

2026 Summary of Benefits

January 1, 2026 - December 31, 2026

HealthSpring TotalCare (HMO D-SNP) H0672-015

No referrals required

Service Area:

Brown, Butler, Champaign, Clark, Clermont, Cuyahoga, Darke, Geauga, Greene, Hamilton, Lake, Lorain, Mahoning, Medina, Miami, Montgomery, Portage, Preble, Shelby, Stark, Summit, Trumbull, and Warren counties, **OH**

1 | Introduction

HealthSpring TotalCare (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 partial 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:

Specified Low-Income Medicare Beneficiary

(SLMB): You do not have full Medicaid benefits as an SLMB. Medicaid pays only your Part B premium—not any cost-share amounts; however, you may find that some services do not require a member cost-share.

Qualifying Individual (QI): You do not have full Medicaid benefits as a QI, so Medicaid pays only your Part B premium—not any cost-share amounts; however, you may find that some services do not require a member cost-share.

Qualified Disabled and Working Individual

(QDWI): As a QDWI, you do not have full Medicaid benefits. Medicaid pays only your Part A premium. While Medicaid does not pay any cost-share amounts, you may find that some services do not require a member cost-share.

2 | Premium, Deductible & Limits

This plan is available to anyone who has Medicare and partial 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 (HMO D-SNP) |
|------------------------------------|--|
| Monthly Plan Premium | You pay \$0 per month with SLMB, QI, and QDWI cost-share assistance. 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 \$9,100 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 |
|---|--|
| | With SLMB, QI, and QDWI cost-share assistance |
| <p>Services with a ¹ may require prior authorization. Select services or medications may need approval from us before you are able to receive them.</p> <p>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.</p> | |
| Inpatient Hospital Coverage¹ | |
| | <p>For 2025, the amounts for each stay are:</p> <p>Days 1-60: \$1,676 deductible.</p> <p>Days 61-90: \$419 per day.</p> <p>Days 91-150: \$838 per lifetime reserve day.</p> <p>(These amounts may change for 2026.)</p> |
| Outpatient Hospital Services | |
| Outpatient Hospital ¹ | <p>0% coinsurance for surgical procedures during a colorectal screening.</p> <p>20% coinsurance for all other outpatient services.</p> |
| Outpatient Observation ¹ | 20% coinsurance |
| Ambulatory Surgical Center (ASC) Services | |
| ASC Services ¹ | <p>0% coinsurance for surgical procedures during a colorectal screening.</p> <p>20% coinsurance for all other outpatient services.</p> |
| Doctor Visits | |
| Primary Care Provider (PCP) | \$0 copay |
| Specialists ¹ | \$0 copay |

| Benefit | What You Pay |
|---|---|
| | With SLMB, QI, and QDWI cost-share assistance |
| Preventive Care | |
| <p>You are covered for many Medicare-covered preventive care services such as:</p> <ul style="list-style-type: none"> Breast cancer screenings (mammogram) Prostate cancer screenings (PSA) Vaccines, including COVID-19, flu/influenza shots, hepatitis B shots, and pneumococcal shots | <p>\$0 copay for preventive care services covered under Original Medicare at no cost-sharing.</p> <p>Any additional preventive care services approved by Medicare during the contract year will be covered.</p> <p>Most Part D vaccines, such as the shingles vaccine, may be covered at no cost to you.</p> |
| Emergency Care | |
| Emergency Care Services | <p>\$115 copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not pay this cost-share.</p> |
| Worldwide Emergency/Urgent Coverage/Emergency Transportation | <p>\$115 copay</p> <p>\$50,000 yearly maximum coverage amount.</p> |
| Urgently Needed Services | |
| Urgent Care Services | <p>\$40 copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not pay this cost-share.</p> |
| Diagnostic Services, Labs & Imaging | |
| Costs for these services may vary based on place or type of service. | |
| Diagnostic Procedures & Tests ¹ | <p>0% coinsurance for EKG.</p> <p>20% coinsurance for all other diagnostic procedures and tests.</p> |
| Lab Services ¹ | \$0 copay |
| Genetic Testing ¹ | \$50 copay |
| Diagnostic Radiology (MRIs, CT scans, etc.) ¹ | 0%–20% coinsurance |
| Therapeutic Radiology ¹ | 20% coinsurance |
| X-ray Services | \$0 copay |
| Hearing Services | |
| Medicare-covered Hearing Exams Diagnostic hearing and balance exams. | \$0 copay |

| Benefit | What You Pay |
|---|--|
| | With SLMB, QI, and QDWI cost-share assistance |
| 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. |
| 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. | \$0 copay |
| Preventive & Comprehensive Dental Services | |
| Dental Allowance Helps pay for most preventive and comprehensive dental services. You must see a Cigna Dental Allowance (DPPO) network provider. 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. |
| Maximum Coverage Amount | \$2,400 yearly allowance for preventive and comprehensive dental services. |

| Benefit | What You Pay |
|---|--|
| | With SLMB, QI, and QDWI cost-share assistance |
| Vision Services | |
| <p>Medicare-covered Eye Exam</p> <p>Exam to diagnose and treat conditions and diseases of the eye.</p> | <p>\$0 copay for Medicare-covered glaucoma screening.</p> <p>\$0 copay for Medicare-covered diabetic retinopathy screening.</p> <p>\$0 copay for all other Medicare-covered vision services.</p> |
| Medicare-covered Eyewear | \$0 copay |
| <p>Routine Eye Exam</p> <p>You are covered for a yearly routine eye exam, including eye refraction.</p> <p>You must get your routine vision services from a provider in our vision vendor's network to be covered.</p> | \$0 copay for 1 routine eye exam each year. |
| <p>Routine Eyewear</p> <p>Use your yearly allowance for 1 set of eyewear:</p> <ul style="list-style-type: none"> • Eyeglasses (lenses and frames) • Eyeglass lenses • Eyeglass frames • Contact lenses (including contact lens fitting) • Upgrades | \$0 until you've spent your \$400 yearly allowance. |
| Mental Health Services | |
| Inpatient ¹ | <p>For 2025, the amounts for each stay are:</p> <p>Days 1-60: \$1,676 deductible.</p> <p>Days 61-90: \$419 per day.</p> <p>Days 91-150: \$838 per lifetime reserve day.</p> <p>(These amounts may change for 2026.)</p> |
| Outpatient Individual or Group Therapy Visit ¹ | \$0 copay |
| Acupuncture Services | |
| Medicare-covered Acupuncture ¹ | \$0 copay |
| Services for chronic low back pain. | |
| Ambulance¹ | |
| Ground Service (one-way trip) | 20% coinsurance |
| Air Service (one-way trip) | 20% coinsurance |

| Benefit | What You Pay |
|---|---|
| | With SLMB, QI, and QDWI cost-share assistance |
| 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. | \$0 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 <i>Evidence of Coverage</i> for details. | \$0 copay for diabetic monitoring supplies. ¹ 20% coinsurance 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. | \$0 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 8 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. Funds are loaded on your HealthSpring Flex Card. Any unused amounts do not carry over to the next quarter or the following plan year. |

| Benefit | What You Pay |
|---|--|
| | With SLMB, QI, and QDWI cost-share assistance |
| Home-Delivered Meals | |
| <p>Get up to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay, up to 3 stays each year.</p> <p>Get up to 56 meals each year if you're enrolled in our end-stage renal disease (ESRD) care management program.</p> | <p>\$0 copay for covered home-delivered meals.</p> <p>If you have been released from an emergency room, observation stay, or outpatient visit, this benefit does not apply.</p> |
| Home Health Care¹ | |
| You must be homebound, and a doctor must certify that you need home health services. | \$0 copay |
| Hospice | |
| <p>Hospice is covered outside of our plan.</p> <p>Hospice care must be provided by a Medicare-certified hospice program.</p> | <p>\$0 copay for hospice consultation services (one time only) before you select hospice.</p> <p>You may have to pay part of the cost for drugs and respite care.</p> |
| 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 |
| 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 | <p>0%–20% coinsurance</p> <p>This plan has Part D prescription drug coverage. See Section 4 in this <i>Summary of Benefits</i>.</p> |

| Benefit | What You Pay |
|---|--|
| | With SLMB, QI, and QDWI cost-share assistance |
| Over-the-Counter (OTC) Allowance | |
| <p>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.</p> <p>Use your allowance at our participating retail stores or for home delivery.</p> | <p>\$150 allowance each quarter for eligible OTC items.</p> <p>Funds are automatically loaded on your HealthSpring Flex Card.</p> <p>Any unused amounts do not carry over to the next quarter or the following plan year.</p> |
| Rehabilitation Therapy Services | |
| Occupational Therapy Services ¹ | \$0 copay |
| Physical Therapy & Speech/Language Therapy Services ¹ | \$0 copay |
| Skilled Nursing Facility (SNF)¹ | |
| <p>You are covered for up to 100 days per benefit period.</p> | <p>For 2025, the amounts for each stay are:</p> <p>Days 1-20: 1 \$0 copay per day.</p> <p>Days 21-100: \$209.50 copay per day.</p> <p>(These amounts may change for 2026.)</p> |
| Telehealth - MDLIVE | |
| <p>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.</p> <p>They also offer mental health and dermatology care.</p> | <p>\$0 copay for each non-emergency urgent care visit.</p> <p>\$0 copay for each mental health therapy visit.</p> <p>\$0 copay for each dermatology care visit.</p> |
| Transportation¹ | |
| <p>You get routine, non-emergency transportation to and from approved health-related locations such as doctor and dentist appointments.</p> | <p>\$0 copay for 40 one-way trips, up to 70 miles, to plan-approved locations each year.</p> <p>For trips exceeding 70 miles, the transportation vendor will contact us for prior authorization.</p> |

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
- **\$1.60** copay or
- **\$5.10** copay

All other drugs:

- **\$0** copay or
- **\$4.90** copay or
- **\$12.65** copay

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.

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:

- Behavioral Health
- Private Duty Nursing
- Vision
- Transportation
- Professional Medical Services
- Preventive Health
- Prescriptions
- Pregnancy
- Medical Equipment

- Inpatient hospital services
- Outpatient hospital services
- Healthchek (EPSDT)
- Family Planning
- Emergency
- Dental

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:

Ohio Department of Medicaid
1-800-324-8680 (TTY 711)
<http://medicaid.ohio.gov/>

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.

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. © 2025 Health Care Service Corporation. All Rights Reserved.

