



Frequently Asked Questions for HealthSpring Part D Formulary Changes

How do I find all the available drug options covered by my plan for 2026?

The full list of covered drugs, also known as a Formulary, is available online at **HealthSpring.com/Resources**. Select “*Find Plan Documents*” to download a PDF of your plan’s Formulary.

Or, to look up any medication and get more details about it, select “*Find a Drug or Pharmacy*”.

What if there’s a change and I cannot afford the new cost?

Don’t worry – you have options.

- Medicare provides a program called **Extra Help**. It helps people with limited income and resources to lower their costs for prescription drugs. To see if you qualify for Extra Help, you can apply with Social Security [here](#). We also have agents available to answer questions about the program or to help you apply. Call us at **1-800-297-1482** (TTY 711), 7 days a week, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends, April 1 – September 30.
- You can request a tier exception through our coverage determination process. Only certain medications are eligible for review. If approved, your medication costs are lowered.

Note: Tier 1 and 5 medications, and non-formulary medications that are approved under the formulary exception process do not qualify for a tier exception.

To learn more or start a request, call **1-800-297-1482** (TTY 711).

How much will I pay for insulin in 2026?

You’ll never pay more than \$35 for a one-month supply of covered insulins, \$70 for up to a two-month supply, or \$105 for up to a three-month supply. This also applies to combination products that include at least one type of insulin.

If you receive Extra Help, you’ll continue to pay your Extra Help cost.

Why is my generic medication not in Tier 1 or Tier 2?

HealthSpring Part D plans cover medications and place them across tiers. For 2026, there are 5 tiers. Each tier description is based on many of the drugs in that tier, but it doesn’t mean that there are only generic drugs, brand drugs, or specialty drugs in that tier. For example, some

brand drugs may be covered under Tier 1 or 2, and some generic drugs may be covered under Tier 3, 4 or 5.

Each year, we provide our customers a broad list of low-cost Tier 1 and Tier 2 drugs. But we aren't always able to keep all generic medications in these tiers.

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Drugs

Tier 4: Non-Preferred Drugs

Tier 5: Specialty Tier (30-Day Supply Only)

Tier 6: Select Care Drugs

How can I find out if there is an alternative medication that is on a lower tier?

We have online tools that provide details on your current medication, and alternatives that you can discuss with your doctor to lower your costs. Visit **HealthSpring.com/Resources** and select "*Find a Drug or Pharmacy*". After you provide us with details on your current prescription, select "*view alternatives*". All alternatives for the medication will be provided along with the tier and estimated cost. Discuss any alternative medications with your doctor to see if switching is the right choice for you.

You can also contact customer service at **1-800-297-1482**. TTY users, call 711.

What if my current medication is not covered and I can't change to an alternative drug?

Please contact your doctor to review and discuss your current medication and alternative medications covered by your plan.

We understand that switching your medication is not always the right choice. In this case, you, your provider, or your authorized representative can request that we keep covering your current medication. This process requests a statement from your doctor that your current medication is medically necessary for treating your condition because none of the drugs we cover would work as well. Or a statement that the alternative drugs we cover would have a bad effect on you. If approved, the medication will be covered at a tier 4 coinsurance.

To request this type of exception, please call us as early as January 1, 2026, at **1-800-297-1482**. TTY users, call 711.

I requested an exception so my medication would be covered in 2026, but it was denied. What do I do next?

If your request is denied, you have the right to appeal by phone or in writing within 60 calendar days from the date of our first decision.

What if I need more time to find a drug that will replace my current medication?

We're here for you. During the first 90 days of the new plan year, we will cover up to a 30-day supply as a temporary refill for prescription drugs not on our 2026 drug list. And we'll do the

same for drugs with a prior authorization requirement or another limit. After the first temporary refill, we generally won't cover any more of these refills unless you're approved for an exception.

What is a prior authorization?

A prior authorization means an approval is needed in advance of us covering the medication.

What are quantity limits?

Quantity limits are designed to limit the use of selected drugs for quality, safety, or utilization reasons. Limits may be on the amount of the drug that we cover per prescription or for a defined period of time.

For example, if the quantity limit is one tablet per day for Drug ABC, a one-month supply would be a quantity of 30 tablets per 30 days (abbreviated as "30/30").

What is step therapy?

Step therapy means we want you to first try certain prescription drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your condition, we may not cover Drug B unless you try Drug A first. If Drug A doesn't work for you, then we would cover Drug B.

If you and your doctor do not think the medication, we asked you to try first is appropriate, you can request a coverage review. If approved, we will cover the drug your doctor initially prescribed without a requirement to try other alternatives first.