



Welcome to a True Health Partnership.

Thank you for choosing a HealthSpring Medicare Part D prescription drug plan. We're here to support your journey toward health and vitality.

Enclosed is your HealthSpring Rx (PDP) Member Handbook. Keep this resource on hand to access important information about your prescription drug coverage.

Make the most of your coverage with myHealthSpring.com. Starting January 1, 2027, register or log in to view your benefits, find a pharmacy, price a medication and more.



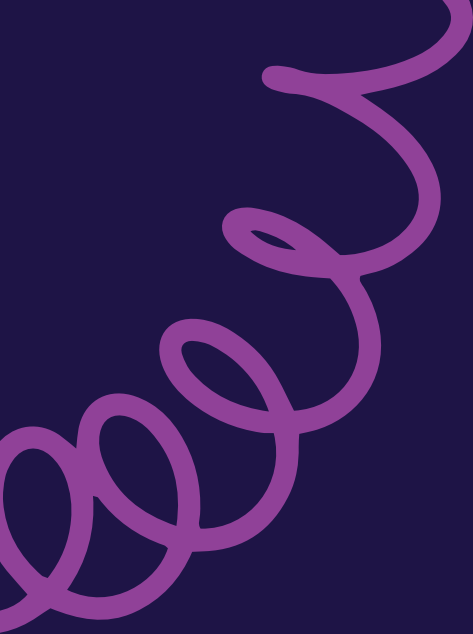
Help is always here. If you have questions, please call Customer Service at the phone number on the back of your member ID card, October 1 – March 31, 8 a.m. – 8 p.m. local time, seven days a week, and April 1 – September 30, 8 a.m. – 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call during weekends, holidays and after hours.

Together, we are so much more.SM



2027 Member Handbook

HealthSpring Medicare Part D
Prescription Drug Plans



Welcome to your 2027 Medicare Part D plan.

True health partnership starts here.

**Our goal at HealthSpring? To be your true health partner.
We look forward to supporting you at every step of the journey ahead.
Thank you for choosing HealthSpring.
Together, we are so much more.SM**

This Member Handbook can help you make the most of your 2027 Medicare Part D plan. Take some time to review it and keep it on hand. You'll find helpful information about your benefits, resources and cost-saving opportunities.

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Customer Service

Member Advocates are here to help you.

At HealthSpring, we're people helping people. We want you to feel confident about your plan. Connected to your care. And supported at every step. That's true health partnership at work. Our Member Advocates go beyond the expected to help answer questions, such as:

- How can I save on medications?
- How do I request an exception?
- How do I find out if my pharmacy is in the network?
- How do I get money back if I paid out of pocket?

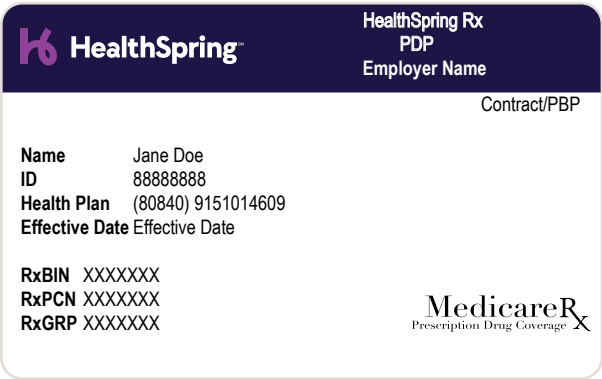


Questions?

Call Customer Service at **1-800-347-2516 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m. local time, seven days a week. April 1 – September 30, 8 a.m. – 8 p.m. local time, Monday - Friday. Our automated phone system may answer your call during weekends, on holidays and after hours.

Your HealthSpring member ID card

Connecting you to your coverage.



Your member ID card makes it easy to access prescription drug benefits. Show your card when you go to the pharmacy to fill or pick up prescriptions. Your pharmacy will tell you the amount you owe after your plan pays.

Your myHealthSpring.com account

Making it easy to manage your plan.

Manage your plan at home or on the go. Your **myHealthSpring** account gives you instant access to tools and resources to help you:

- View your benefits.
- Manage your profile and communication preferences.
- View your plan coverage documents.
- Find a network pharmacy.
- Review your claim history and Explanation of Benefits (EOB) details.
- Manage your medications.
- Price a medication.
- View and print your ID card.



Once your plan is effective, register by logging in at **myHealthSpring.com**. Select Register and follow the directions.

Already registered? Log in to start making the most of your plan.

More online tools and resources.

No registration required.

Go to **HealthSpring.com/GroupPDP** to:

- Find pharmacies in your ZIP code.
- View your plan's drug list.
- Access reimbursement claim forms, plan information and other documents.

At HealthSpring, we empower you with tools to help you get your important medications and make the most of your plan benefits. That's what being a true health partner is all about.

Your important plan documents

Keeping you informed and on track.

Evidence of Coverage (EOC)

Your EOC provides a detailed overview of your plan benefits, terms and conditions, including:

- Covered services.
- Cost sharing details.
- Network information.
- Prior authorizations.
- Rights and responsibilities, and more.

Your EOC Snapshot provides specific benefit details for your plan. View your EOC and EOC Snapshot at myHealthSpring.com.

Explanation of Benefits (EOB)

You'll receive an EOB for every month you received covered services. The EOB keeps track of drug costs, so you know what to expect. The EOB provides a summary of:

- Billed charges.
- The amount your plan paid.
- The amount you paid.

You won't get an EOB if you didn't use your benefits in a given month. You can also view your EOBs at myHealthSpring.com.

Annual Notice of Change (ANOC)

The ANOC is mailed to continuing members in the fall of each year. Your ANOC lets you know about any additions or changes to your plan for the upcoming benefit year.



Questions? Call Customer Service. Tip: If you have a question about a plan document, have it on hand when you call, so that our Member Advocate can help you more efficiently.

How Medicare Part D plans work

Your Medicare Part D plan is based on a standard Part D plan, as defined by Medicare. Standard Part D plans have three coverage phases and minimum requirements that all Part D plans follow.

Coverage phases

1

Deductible phase

If your plan has a deductible, you pay 100% of your prescription costs until you meet your annual deductible.

2

Initial coverage phase

If your plan doesn't have a deductible, or after you meet your deductible, you begin this phase. You pay a copay or coinsurance, and your plan pays the rest.

3

Catastrophic coverage phase

If you reach the \$2,400 Part D out-of-pocket limit (as defined by Medicare), you enter this phase. Your plan will pay 100% of your Part D drug costs. You'll stay in this phase for the rest of the plan year. Your plan may have a different Part D out-of-pocket limit.

Out-of-pocket costs

- 100% of the first \$700 of your Part D prescription drug costs count toward your out-of-pocket total.
 - Even if your plan doesn't have a deductible, this standard Part D deductible amount will count toward your out-of-pocket total.
- 25% of your Part D prescription drug costs in the Initial Coverage phase will count toward your out-of-pocket total.
 - If your plan's cost share for a Part D drug in the Initial Coverage phase is more than the standard 25%, the greater amount will count toward your out-of-pocket total.
- Only Part D-covered drugs (as defined by Medicare) count toward the \$2,400 out-of-pocket limit.
 - Part B-covered drugs do not count toward this limit.
 - If your plan provides coverage for other drugs beyond Medicare's standard coverage, those do not count toward the \$2,400 limit either.



Important: Your plan may provide additional coverage beyond Medicare's standard coverage. Review your EOC Snapshot to learn more about the coverage your plan offers.



Track your out-of-pocket total costs.

Your **myHealthSpring.com** account makes it easy to view your Part D coverage and track your out-of-pocket total costs.

The EOBs we send to you also shows the amount you've paid out-of-pocket and your current coverage phase. An EOB is sent for each month that you fill a prescription. EOBs are not sent if you didn't fill any prescriptions in a given month.



Important medication FAQs

Frequently asked questions, answered.

Q: How do I find out if my medication is covered?

A: You can review your plan's drug list at **HealthSpring.com/GroupPDP**. You can also request a printed drug list by calling Customer Service.

Q: How do I find out what my medication will cost?

A: You can use the Price a Medication tool at **myHealthSpring.com**.

Q: What's a drug tier?

A: Medications are grouped into up to five tiers, depending on your plan. The amount you pay depends on which tier your medication is in.

Tip: Typically, the lower the tier, the less you pay. Ask your doctor if you can switch to an alternative drug in a lower tier that treats the same condition.

Q: How do I find a network pharmacy near me?

A: Use the pharmacy search tool at **myHealthSpring.com**. You can also call Customer Service.

Q: What's the benefit of an in-network pharmacy?

A: Network pharmacies offer lower out-of-pocket costs for your medicines. Choose from more than 60,000 retail and home delivery pharmacies nationwide.¹

Q: What is a prior authorization?

A: Some medications require approval before they're covered. If a medication isn't covered, a coverage decision or exception may be requested for the prescription.

Q: What are the benefits of home delivery pharmacy?

A: Home delivery offers benefits, such as:

- Fewer trips to the pharmacy and free delivery.
- Lower out-of-pocket costs on many medications.
- Fewer refills with a three-month (90- or 100-day) supply and an automatic refill option.

Q: How do I sign up for home delivery with Express Scripts® Pharmacy?

A: To sign up, ask your doctor or prescriber to have your prescription sent to Express Scripts Pharmacy.² You can also log in to **myHealthSpring.com** and select Prescriptions to review home delivery information.

Q: Do I have to use a home delivery pharmacy to get an extended supply of my medication?

A: You are not required to use home delivery services to get an extended supply of any medication that is on your drug list.

Some features are not available on myHealthSpring.com until your coverage begins.

Part B versus Part D coverage

Understanding which one pays what.

Medicare covers different types of medications in different ways. Some medications are covered under Part B medical coverage you may have from a former employer plan, a standalone plan or Medicare. Many other medications are covered by your HealthSpring Medicare Part D plan.



Part B pays for:

- Doctor visits.
- Lab tests.
- Certain medications.
- Durable medical equipment (DME), such as:
 - Diabetic test strips.
 - Nebulizers.
 - Wheelchairs.

Important

- Many pharmacies cannot bill a medical plan for medications and medical equipment covered under Part B.
- If you need Part B drugs or medical equipment, ask your pharmacy to bill Medicare Part B directly.
- You may also consider using suppliers or service providers who typically bill Medicare Part B directly for items such as:
 - Medical equipment.
 - Specialty pharmacy.
 - Home infusion.
 - Medical specialty service.
 - Home health care.
- The next page has more information on how to find a Part B supplier.



Part D pays for:

- Medications you take regularly to manage conditions, such as:
 - Heart disease.
 - High cholesterol.
 - Asthma.
- Medications you take for a short time, such as antibiotics.

Important

- Part D may not cover certain medications and medical equipment that you can buy in a pharmacy. These may be covered by Part B.
- Coverage for other types of medications depends on how you receive them.

Part B medications, equipment and supplies.

Finding a supplier to fit your needs.

Go to [Medicare.gov/medical-equipment-suppliers](https://www.Medicare.gov/medical-equipment-suppliers) and:

- Enter your ZIP code.
- Select up to five category types for the equipment, drugs or supplies you need.
- View the list of suppliers provided, or revise your search as needed.

For more information about Medicare benefits and services, visit [Medicare.gov](https://www.Medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, (TTY 1-877-486-2048).



Your claims and reimbursements

Submitting a request to get money back.

You can request reimbursement if you believe you've paid more than your share for covered drugs.

To submit a claim for reimbursement of Part D prescription drug costs, follow these steps.

1. Complete the Prescription Drug Reimbursement Claim Form located at [HealthSpring.com/GroupPDP](https://www.healthspring.com/GroupPDP). Submit a separate form for each request.
2. Attach bill(s) and documentation of any payment(s) you have made.
3. Make a copy of any bills and/or receipts for your records.
4. Mail your claim or reimbursement request to:

Express Scripts

Attn: Medicare Part D

PO Box 52023

Phoenix AZ 85082



Tips:

- If you're submitting a claim request for someone other than yourself, include the required Appointment of Representation (AOR), Power of Attorney (POA) or Executor of Estate form. The AOR form can be found at [CMS.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf](https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf).
- Claims that have missing information may be denied.
- You must submit your claim to us within three years of the date you received the service, item or drug.
- Remember to send detailed receipts or an invoice printout. Cash register receipts alone are not accepted.

Help is Here.

Questions? Customer Service is here to help.

1-800-347-2516 (TTY 711)

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7 days a week. April 1 - September 30, 8 a.m. - 8 p.m.
local time, Monday - Friday. Our automated phone
system may answer your call during weekends,
holidays and after hours.

Or visit us online at

myHealthSpring.com



1. Based on internal analysis of HealthSpring nationwide Medicare pharmacy network, July 2026.

2. Express Scripts is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network. Express Scripts Pharmacy does not dispense prescriptions for less than a 35-day supply for most medications. Exceptions may apply based on medication type or state law. For more information, please contact Customer Service at the phone number on the back of your member ID card, October 1 - March 31, 8 a.m. - 8 p.m. local time, 7 days a week. April 1 - September 30, 8 a.m. - 8 p.m. local time, Monday - Friday. Our automated phone system may answer your call during weekends, holidays and after hours.

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Notice of Nondiscrimination

Discrimination is against the law.

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation).

We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids, or language assistance services free of charge, please call the customer service toll-free number listed on the back of your Member ID card.

If you believe that HealthSpring has failed to provide any of these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthSpring

Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270 (voicemail)**

TTY/TDD: **1-855-661-6965**

Fax: **1-855-661-6960**

You can file a grievance by phone, mail or fax. If you need help filing a grievance, please call the customer service toll-free number listed on the back of your Member ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW,
Room 509F,
HHH Building
Washington, DC 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at: **<http://www.hhs.gov/ocr/office/file/index.html>**



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English:	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the plan for more information or speak to your provider.
Español (Spanish):	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También puede solicitar, sin costo alguno, servicios o herramientas especiales para acceder a la información en formatos accesibles. Llame al plan para obtener más información o hable con su proveedor.
中文 (Chinese Mandarin):	注意：如果您说中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电计划以获取更多信息或与您的服务提供者联系。
中文 (Chinese Cantonese):	注意：如果您說中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電本計劃查詢更多資訊或諮詢您的醫療服務提供者。
Tagalog (Tagalog):	PAGBIGAY-PANSIN: Kung nagsasalita ka ng wikang tagalog, available para sa iyo ang mga serbisyo ng libreng tulong sa wika. Available din nang walang bayad ang mga wastong dagdag na tulong at serbisyo na makapagbibigay-impormasyon sa mga naa-access na format. Balikan ang plano para sa higit pang impormasyon o makipag-usap sa iyong provider.
Français (French):	ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits peuvent être mis à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez votre régime d'assurance maladie pour obtenir des informations supplémentaires, ou adressez-vous à votre prestataire.
Việt (Vietnamese):	CHÚ Ý: Nếu quý vị nói tiếng việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Hãy gọi cho chương trình để biết thêm thông tin hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.
Deutsch (German):	BITTE BEACHTEN: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Für weitere Informationen wenden Sie sich bitte an den Kundendienst Ihrer Versicherung bzw. an Ihren Versicherungsberater.

한국어 (Korean):	참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 도구 및 서비스도 무료로 제공해 드립니다. 자세한 정보는 플랜에 전화하거나 서비스 제공업체에 문의하십시오.
Русский (Russian):	ВНИМАНИЕ: Если вам удобнее для общения русский язык, вы можете воспользоваться бесплатными услугами языковой поддержки. Также доступны необходимые вспомогательные средства и услуги предоставления информации в доступном формате для людей с ограниченными возможностями. Для получения дополнительной информации позвоните или обратитесь к своему поставщику.
اللغة العربية (Arabic):	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل بالخطة للحصول على مزيد من المعلومات أو للتحدث مع مقدم الخدمة الذي تتعامل معه.
हिंदी (Hindi):	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उचित सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। प्लान के बारे में अधिक जानकारी के लिए कॉल करें या अपने प्रदाता से बात करें।
Italiano (Italian):	ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero corrispondente al Suo piano per ulteriori informazioni o si rivolga al Suo fornitore.
Português (Portuguese):	ATENÇÃO: Se fala português, tem à sua disposição serviços gratuitos de assistência linguística. Também estão disponíveis equipamentos e serviços de assistência adequados que lhe permitem ter acesso às informações em formatos acessíveis, de forma gratuita. Contacte o plano para obter mais informações ou fale com o seu prestador.
Kreyòl Ayisyen (Haitian Creole):	ATANSYON: Si ou pale kreyòl ayisyen, w ap jwenn sèvis asistans lengwistik gratis. Gen èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm ki aksesib, ki disponib gratis tou. Rele plan an pou jwenn plis enfòmasyon oswa pou w pale ak pwofesyonèl swen sante w la.
Polski (Polish):	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie wsparcie i usługi pomocnicze w celu zapewnienia informacji w przystępnych formatach są również dostępne bezpłatnie. Dodatkowe informacje można uzyskać dzwoniąc do planu lub rozmawiając ze świadczeniodawcą.
日本語 (Japanese):	注：お客様が[日本語]を話す場合は、無料の言語アシスタンス・サービスを利用できます。アクセスしやすい形式で情報提供を行うための、適切な補助器具やサービスも無料でご利用いただけます。詳細はプランにお電話いただくか、プロバイダーにご相談ください。