

First Look 2026

Medicare Advantage Preview



Offered by HealthSpring or its affiliates

2026 market, plan and benefit information subject to CMS approval. The plans shared are HealthSpring Medicare's featured plans. There may be additional plans available for 2026. Please contact your Broker Sales Manager for details. Confidential, unpublished property of HealthSpring. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved. rev. 08/20/25 | V1



Welcome to this year's First Look from HealthSpring!

Welcome to HealthSpring, where great health is built together.

As part of Health Care Service Corporation, the country's largest customer-owned health insurer with nearly a century of experience, we're committed to driving better health outcomes for our members. However, we're also committed to supporting you and helping you grow your business..

With our refreshed brand, we're excited to move our mission forward: by expanding access to quality care and empowering our members to live vibrant, healthy lives. Our journey together begins with our 2026 Medicare Advantage First Look.

Our Medicare Advantage HMO plans are a core competency and a focus for 2026. Designed with compassion and innovation, these plans support your client's physical, mental, and pharmacy needs through high-quality care, and stable benefits.

In this First Look, you'll find our featured plans and benefits for 2026. Highlights include:

- Medicare Advantage plans in 29 states and the District of Columbia.
- Enhanced incentives and rewards plus a new HealthSpring Flex card.
- Expanded Part B giveback plans, including full giveback plans in select markets.
- Consistent MA/MAPD offerings, including plans with \$0 premium, \$0 PCP visits, and dental,* vision, and hearing included on all plans (**one plan does not include dental*).

Beyond these highlights above, we offer a full product portfolio including Medicare Supplement and Supplemental Health plans, such as Hospital Indemnity, Critical Illness, Short Term Care and Dental, Vision, Hearing (DVH) plans. With this range of plan options, we're ready to be your health partner helping your clients achieve their wellness goals.

As we embrace this year of change, we sincerely thank you for your continued trust. While our name and look are new, our commitment remains unchanged. We continue to be a committed and consistent partner with dedicated teams of broker support and member care professionals that are here to serve and open to your feedback.

Together, we are so much more.SM



Elizabeth Davis

Elizabeth Davis
VP, National Broker Strategy



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About HealthSpring



About HealthSpring

HealthSpring for Brokers

We are your health partner in providing integrated health care solutions that help your clients achieve their wellness goals.

Who Are We?

HealthSpring's foundation is built on relationships that last. We're part of Health Care Service Corporation, the country's largest customer-owned health insurer, which has nearly a century of experience and industry knowledge. At HealthSpring we are dedicated to providing a seamless experience not only for our members, but for you, our broker partner.

Our plans will connect your clients with the right resources, provide dedicated support teams, and offer flexible options that put them first. We will offer meaningful benefits to improve your clients' health and well-being.

Together, we are so much more.





About HealthSpring

Our History

Who is Health Care Service Corporation (HCSC)?

HealthSpring's Parent Company

HCSC is committed to expanding access to quality, cost effective care across the communities we serve. We create pathways to better health by offering a broad spectrum of products and services for individuals and families, employers of all sizes, and those in government programs.



Financial Strength

- \$122.7B medical spend managed for members (2024)
- \$62.8B 2024 revenue (HCSC statutory filings)



Financial Strength Rating & Reports

A.M. Best Company

- A+ (superior)
- Outlook: Stable (10/31/2024)

Standard & Poor's

- A+ (strong)
- Outlook: Stable (3/20/2025)

Moody's Investors Service

- A3 (good)
- Outlook: Stable (3/24/2025)

National Presence, Local Care.



About HealthSpring

Our History

Brand Evolution



HealthSpring expands its operations base by acquiring Bravo Health, another major managed care Medicare program, adding over 100,000 members.



Cigna introduces a new brand name and logo, combining Cigna and HealthSpring, to further unite the companies.



Cigna evolves into The Cigna Group, Cigna Healthcare, and Evernorth Health Services.

2000



Herb Fritch leads investor group to purchase HealthNet, an HMO based in Nashville, TN. HealthNet becomes HealthSpring shortly thereafter. HealthSpring grows to become one of the largest Medicare Advantage coordinated care plans in the U.S.

2010

2011



Cigna agrees to acquire HealthSpring.

2013

2021

The Cigna-HealthSpring Advantage (HMO) plan name changes to CignaFundamental Medicare (HMO).

2023

2025



March: Health Care Service Corporation acquires The Cigna Group's Medicare and related businesses.
July: A new brand is announced.



About HealthSpring

By the Numbers

#1

largest U.S.
customer-owned
health insurer

More than
11k yrs

of combined industry
experience on the
HealthSpring
team

More than
653k
providers

More than
13%
growth YOY
in MAPD

HealthSpring
PDP has
more than
3M
members

HealthSpring has
4.2M
total members

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Why HealthSpring?



Why Medicare Advantage through HealthSpring

This is Why!



We take care of your clients

Customer Service KPIs*

- 99% of calls answered within 30 seconds
- 92% of issues resolved on first call
- 96% call quality score



We take care of our brokers

Agent Resource Center Line KPIs*

- 91% of calls answered within 30 seconds
- 94% of issues resolved on the same day
- Accessible by: phone, email or chat

*Source: HealthSpring Internal Call Center Data, 2025



Why Medicare Advantage through HealthSpring

HMO Plans: The Foundation of MAPD



HMOs are at the heart of Medicare and are a part of our company's DNA.



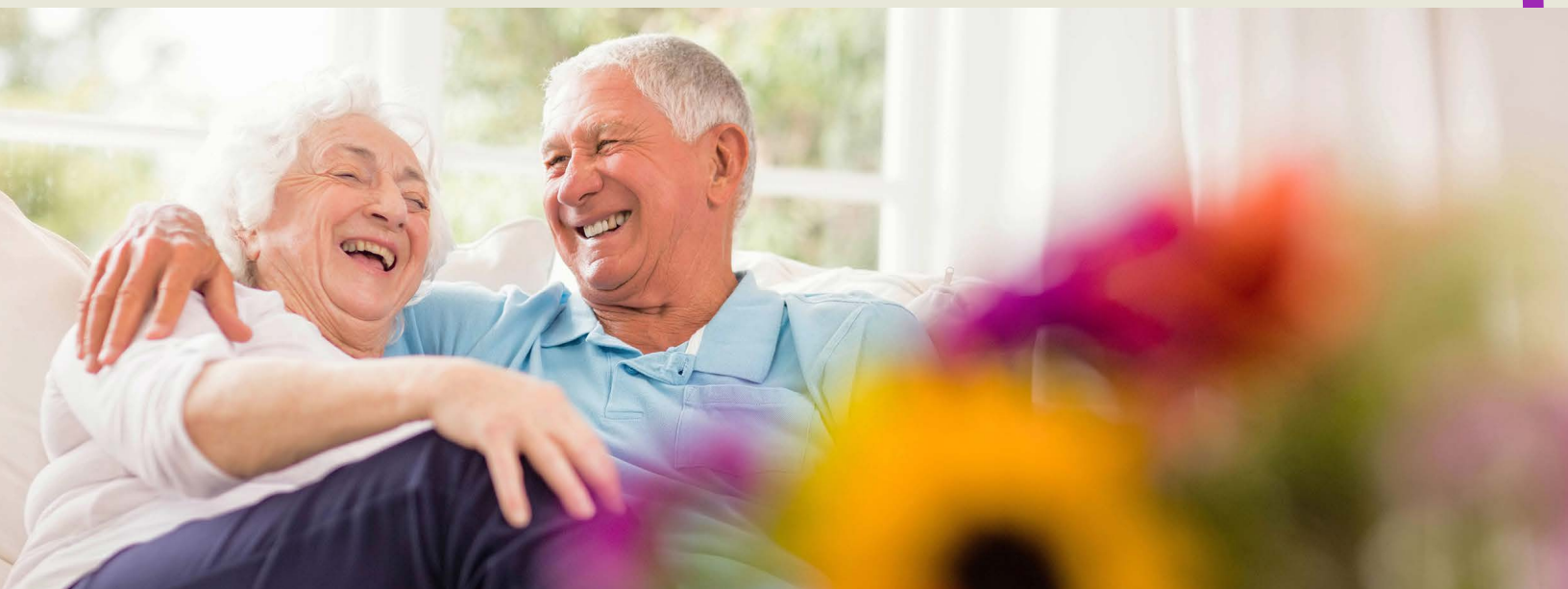
They are simple – all of a member's health needs are rolled into one plan.



Value-based providers focus on the holistic health of the member – collaborating to ensure appropriate and necessary care.



They are more affordable and predictable which helps control costs.





Why Medicare Advantage through HealthSpring

Local and Virtual Broker Managers

Our local and virtual Broker Managers meet you where you are and have one goal: ensuring that you have an excellent experience every time you interact with HealthSpring. Our Broker Manager team can help you in so many ways – they are your Growth Officer. Reach out to your local or virtual Broker Manager for assistance with any of the following:

- Local market knowledge and support related to plans, providers, and benefits.
- Developing lead generation or member retention strategies that help your sales grow.
- Grassroots marketing that helps you build a community presence to drive year-round business.
- Technological support to help you understand and leverage our systems and resources.
- Subject matter experts for industry knowledge, competitive intelligence, and product positioning.
- Training, training, training!



Local Broker Contacts August – 2025

Download a full list of local and national virtual Broker Managers listed by market to find help in your area. You must be logged into Producers' University to be directed to the list.



Download



Why Medicare Advantage through HealthSpring

CignaForBrokers

CignaForBrokers is our broker portal that serves as your one-stop-shop for managing all of your HealthSpring business: HealthSpring Supplemental Benefits, Medicare Advantage and Part-D. **Available 24/7/365**, CignaForBrokers provides access to a wide range of self-service tools and resources, many of which do not require additional login credentials.

- **Salesforce**: is used to track application status, manage leads and events and discover insights into your book of business.
- **ConnectOne Storefront**: for ordering sales kits, event supplies, as well as CMS-approved marketing materials that can be customized or personalized to meet your individual needs.
- **Producers' University**: for annual certification, training materials, job aids and other Medicare Advantage, Supplemental Health Benefits and Part-D resources.

The CignaForBroker portal also includes access to important sales tools such as:

- Provider Directory
- Formulary and Rx Finder
- Medicare Plan Finder¹
- ConnectureDRX Enrollment Platform
- Health Risk Assessment
- Medicare and Medicaid Eligibility Tool²

1. Accessed through Medicare.gov.

2. Available in some states.

HealthSpringForBrokers is
launching soon.





Why Medicare Advantage through HealthSpring

HealthSpring Enrollment Platform

ConnectureDRX

Can be used for Medicare Advantage or Medicare Part D. Access through single sign on at [CignaForBrokers*](#) or log in directly at [ConnectureDRX](#).

Share Information

- Share information on one or more HealthSpring plans that a client can review and compare on their own time, day or night. Available in English and Spanish.

Personalized URL (PURL)

- Available through ConnectureDRX, is an easy way to empower your prospect to shop and compare plans while retaining ownership of the enrollment. This is unique to you and easy to retrieve from your ConnectureDRX profile.

Provide Quotes

- Offer a purely digital way to provide a quote for the plan that best meets your client's needs.

Electronic Sales Kit

- When applications are submitted using ConnectureDRX, electronic sales kits will be emailed to the to your client.

Digital Enrollment

- Easy digital enrollment, including text to enroll, that keeps you assigned as the Agent of Record (AOR) on the sale.
- Virtual Scope of Appointments (vScope)
- Record capabilities
- Health Risk Assessment capabilities
- Sales materials
- **New for 2026:** Preferences Banner now located at the top of every page, with a pop-up on every page that allows you to easily update information such as providers, prescriptions, pharmacies, etc. Each preference tile displays a status once information has been added.



Check out our enrollment kit process on [page 31](#).

*HealthSpringForBrokers is launching soon.



Why Medicare Advantage through HealthSpring

Health Risk Assessment

At HealthSpring, we appreciate the role you play to help our members connect with their HealthSpring Medicare Advantage plan. That's why we partner with you to leverage the point of enrollment to electronically administer a Health Risk Assessment (HRA) for your client and get them on the fast lane to **better healthcare**. What's more, you will be compensated for each HRA you help your clients complete successfully.



By successfully completing an HRA for your clients, you can also earn extra money in your pocket! Here's how:

- **Earn \$50** when you facilitate an HRA for your non-SNP clients.
- **Earn \$100** when you facilitate an HRA for your eligible D-SNP and C-SNP clients.

*The HRA program may be discontinued and payment amounts may change at any time.



Keep in mind that in order to be authorized to facilitate the HRA, you must be the Agent of Record (AOR) who wrote the policy, and you must complete HRA training via Producers' University, and qualify as "Ready to Sell" to complete the enrollment application with the client.

For more information on our HRA program, please review our [HRA Broker Guide](#) or reach out to a member of your Broker Manager team.



Thanks to your help our email & PCP capture rates have improved dramatically, as such beginning with 1/1/2026 enrollments, we will no longer be paying additional fees for these services.



Why Medicare Advantage through HealthSpring

CARL is now Agent Resource Center (ARC)

New name, same great service. ARC is **your** HealthSpring Medicare Advantage and Part D help center staffed by **local** HealthSpring employees.



ARC can be reached via phone, email, or click-to-chat. Find the Live Agent Chat button in Salesforce to chat with a dedicated agent.

ARC Help Center

ARCMAPD@HealthSpring.com

866-442-7516

Other Services

TeleScope (SOA)

866-398-6055

Member plan change

855-649-5105

ARC Hours of Operation

OEP – (01/02/2025 to 03/31/2025)

Monday to Saturday, 8 a.m. to 8 p.m. EST

Lock-In – (04/01/2025 to 09/30/2025)

Monday to Friday, 8 a.m. to 7 p.m. EST

AEP – (10/01/2025 to 11/30/2025)

Monday to Saturday, 8 a.m. to 9 p.m. EST

Sunday, 12 p.m. to 5 p.m. EST

AEP – (12/01/2025 to 12/07/2025)

Monday to Saturday, 8 a.m. to 10 p.m. EST

Sunday, 12 p.m. to 7 p.m. EST

Post AEP – (12/08/2025 to 12/31/2025)

Monday to Friday, 8 a.m. to 7 p.m. EST



Why Medicare Advantage through HealthSpring

Agent Resource Center [cont'd]

The dedicated professionals at ARC can assist you in both Spanish and English with any of the following:

- Request for new member ID cards
- Request for new member Welcome Kit
- Application status
- Medicare and Medicaid eligibility
- Producers' University
- Password resets for Producers' University Salesforce, and CignaForBrokers*
- ConnectOne Storefront assistance
- Commissions, licensing, and appointment questions
- Provider directory and formulary requests
- Phone number and email address updates
- HealthSpring Medicare contacts (local markets, departments, etc.)
- ConnectureDRX platform assistance
- Product and benefit information

*HealthSpringForBrokers is launching soon.





Why Medicare Advantage through HealthSpring

Most Commonly Accessed Tools

We want to make selling HealthSpring Medicare Advantage and Part D products easy for you. CignaForBrokers* is your one stop shop for managing your HealthSpring business virtually. Access it by going to CignaForBrokers.com. While CignaForBrokers is your “go to”, see below for an overview of the HealthSpring resources available to you. Reach out to your local Broker Manager team if you have any questions.

Resources	Description	Link
Salesforce	Customer Relationship Management (CRM) platform – Create sales events, access reporting, manage leads, create and manage retail and sales events, and check status of applications.	CignaForBrokers
HealthSpring Medicare Producers' University	Learning portal – One-stop shop for market insight, sales advice, Medicare information, job aids, training, certification, and more.	Producers' University
Provider Directory	HealthSpring provider lookup tool – Find doctors, specialists, hospitals, etc.	Provider Directory
ConnectureDRX	Enrollment tool – Enroll clients, create client profiles, look up drugs, pharmacies, etc.	ConnectureDRX
ConnectOne Storefront	Portal to order sales kits, event supplies, and marketing materials for agents.	ConnectOne Storefront
Scope of Appointment (SOA) TeleScope 866-398-6055	SOA job aids and reference guides Tip: Search for “Scope of Appointment” on Producers' University to find SOA job aids and reference guides.	Producers' University
Medicare/Medicaid Eligibility	This tool allows you to check the Medicare status of your clients in all states. If your client has LIS, you can also check their Medicaid status.* *Medicaid look up is not available in all states.	Medicare/Medicaid Eligibility

*HealthSpringForBrokers is launching soon.



Why Medicare Advantage through HealthSpring

Broker Communications

Our goal is to deliver timely and relevant information without flooding your inbox. We strive to support you and your business by delivering timely and relevant information to support member satisfaction and retention, keep you up to date with the best business strategies and practices, ensure CMS compliance, and more. We achieve this by sending a bi-weekly newsletter with the business updates you need to know, weekly Special Election Period alerts, a monthly training schedule, CMS regulation updates, and other important messages as needed.

What to expect:

- **Emails:**

You can expect to see emails that are relevant to you and your market from Cigna Healthcare Medicare, Cigna Healthcare Medicare Advantage, or HealthSpring.



Special tip:

Make sure to check your junk email box to ensure you aren't missing important messages!

- **Text messages:**

You can expect to receive text messages from 844-986-5107 with timely and important messages as needed.

- **CignaForBrokers* My Messages:**

Important messages are added to the My Messages center CignaForBrokers as needed. Make sure to check it out periodically, so you don't miss important updates.

- **Social Media:**

Follow us on social media! Stay connected with HealthSpring by following our [Facebook](#) and [LinkedIn](#) pages and on Instagram @HealthSpring. This way, you won't miss important updates, health initiatives, and valuable resources designed to help enhance the well-being of our members!

*HealthSpringForBrokers is launching soon.



Supplemental & Additional Health Benefits



Supplemental & Additional Health Benefits

Our Supplemental Health Benefits

At HealthSpring, part of our commitment to our members' whole health means giving them more **ways to get healthier - and stay healthier**. That is why our Medicare Advantage members will have all the coverage of original Medicare plus a wide range of added benefits.

These added benefits include helpful services and programs designed to **put a spring in our members' step and empower them to live a vibrant, healthy life**.



Supplemental & Additional Health Benefits

Dental



In 2026, we will be offering dental benefits on all but one plan. Dental benefits include: preventive, comprehensive, or an allowance, depending on the market.

- **Dental allowance** offers preventive and comprehensive services. One of three benefit designs are embedded in the MA plan. Full Dental Allowance, Dental Allowance - INN Only, or Dental Allowance - INN/50% OON.
- **Dental HMO** plans include traditional preventive only, and preventive and comprehensive plans. We offer 4 benefit designs, depending on the market, including a plan with \$0 costs.

Vision



We offer a nationwide network for convenient vision service access that includes large retail providers as well as independent doctors.

- 100% of our plans offer routine eye exams in 2026 and most will offer an eyewear allowance.
- We partner with EyeMed Vision to provide access to more than 21,000 providers and online retailers.
- Medicare covered – after cataract surgery glasses (lenses and frames or contacts), from in-network providers.



Supplemental & Additional Health Benefits

Hearing



New for 2026: OTC Hearing Aids

Hearing benefits are available on 100% of our plans in 2026. We partner with TruHearing to provide easy access to routine hearing exams/evaluations, fittings, and distribution of hearing aids devices for our members.



A copay structure will be in place for all markets in 2026.

TruHearing

- Provides a nationwide network access to hearing services
- Fixed pricing for hearing aids based on the level of technology
- Access to a wide selection of major manufacturers and devices
- 4 year supply of batteries are included (up to 64 cells per ear, per year)



Supplemental & Additional Health Benefits

Transportation

Modivcare, an industry recognized transportation manager is our partner for easy access to high quality, non-emergency medical transportation for our members.

- Customers will be able to use an app, a website, or the telephone to schedule their ride
- A concierge-type service will be available to those with special needs

OTC

We partner with Convey Health Solutions to provide easy access and availability of a wide variety of over-the-counter (OTC) products.

- Convenient shopping options include: online, retail through your HealthSpring Flex card, or by phone
- Extensive national retail network includes Walgreens.com, and most large retailers, makes it easy for your clients to access benefits





Supplemental & Additional Health Benefits

Fitness

- Silver&Fit® fitness from American Specialty Health, provides benefit options to help our members focus on well-being and healthy aging
- Fitness center membership & health coaching
- Fitness programs & online classes
- Home Fitness Kit, including a wearable tracker to help our members stay on top of their health



Home Delivered Meals

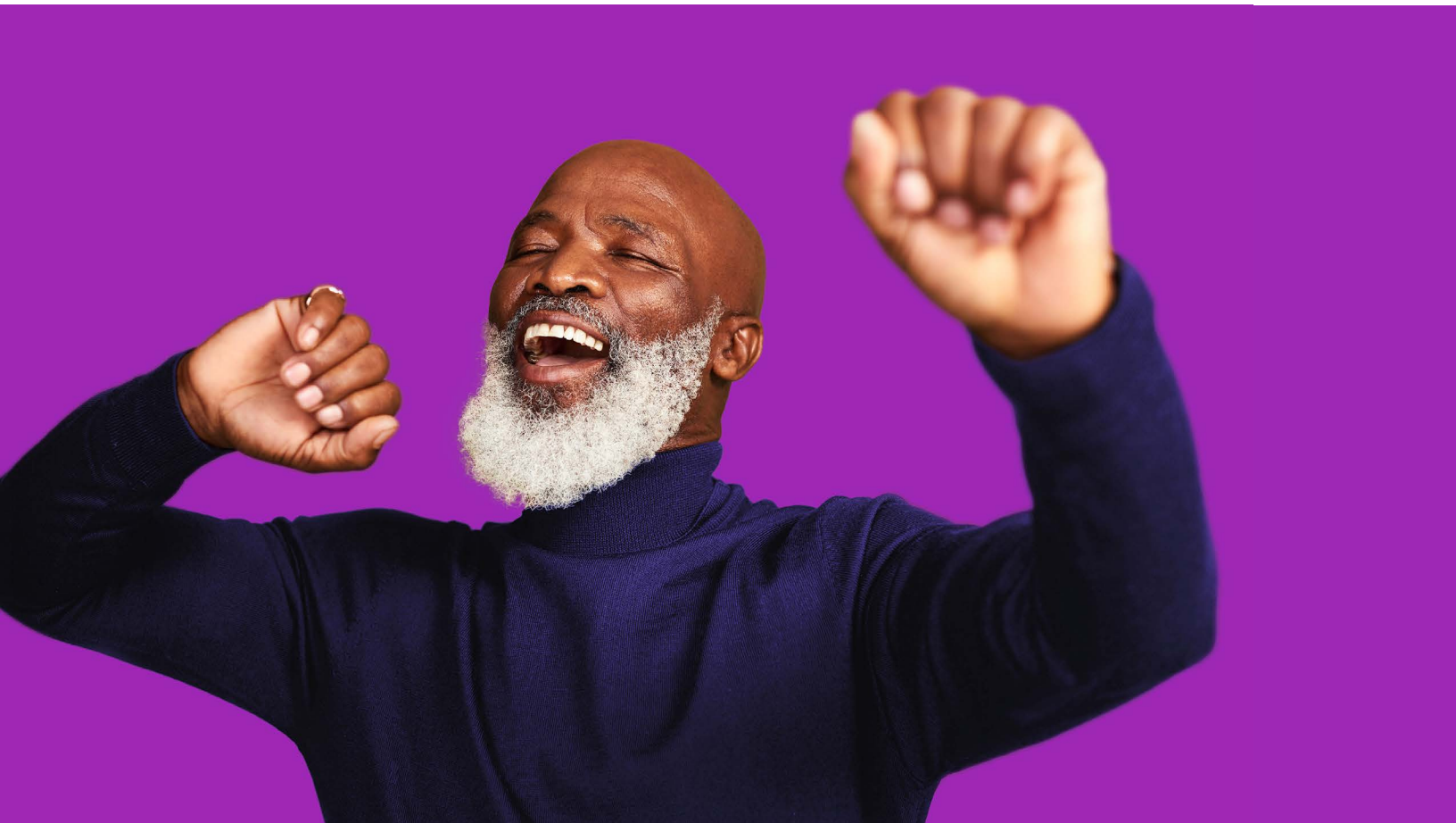
- We partner with GA Foods, a leader in the meal industry, to create and deliver high quality nutritious meals for our members
- Each meal includes a frozen entrée, two vegetables, bread, fruit, juice, or dessert
- Members can receive healthy, medical diet appropriate, frozen meals delivered to their home post-inpatient hospital or skilled nursing facility stay
- Members diagnosed with ESRD and enrolled in ESRD care management program can receive up to 56 meals

Supplemental & Additional Health Benefits

Caregiver Support

It's important that the caregiver have appropriate and timely resources available to help them navigate the health care system and to ease the strain of managing care for their loved one while ensuring they take care of themselves as well in the process.

- Our Caregiver benefit delivers a support system for both our members and their caregivers by providing resources and assistance for everyday issues that arise.
- Support is available through all phases of the caregiving journey.
- Caregivers will work 1-on-1 with a Caregiver Coach, either telephonically and/or digitally, for help to address their caregiving needs.





Supplemental & Additional Health Benefits

HealthSpring Flex card

The HealthSpring Flex card is our one-card solution to utilize multiple plan benefits. **Every member enrolled** in a HealthSpring Medicare Advantage plan will receive a pre-activated Visa® debit card that is loaded with the benefits in their specific plan along with earned incentive rewards.

- All members receive a pre-activated card upon enrollment.
- HealthSpring Flex card benefit funds are loaded on a quarterly basis to the reusable card which can be used similarly to a debit card.
- The card can be used at **over 70,000** in-network retailers, including **Walgreens.com**, making the benefit go further for our members.





Supplemental & Additional Health Benefits

HealthSpring Flex card [cont'd]

- Benefits included (depending on the plan):
 - Healthy Grocery Allowance (for those in C-SNP plans)
 - Over-the-Counter Allowance
 - Member incentive rewards earned for completing health screening and activities



All members will receive a new card for 2026.

The HealthSpring Flex card is designed for ease of access to **Medicare Advantage Rewards** and **supplemental benefits**.



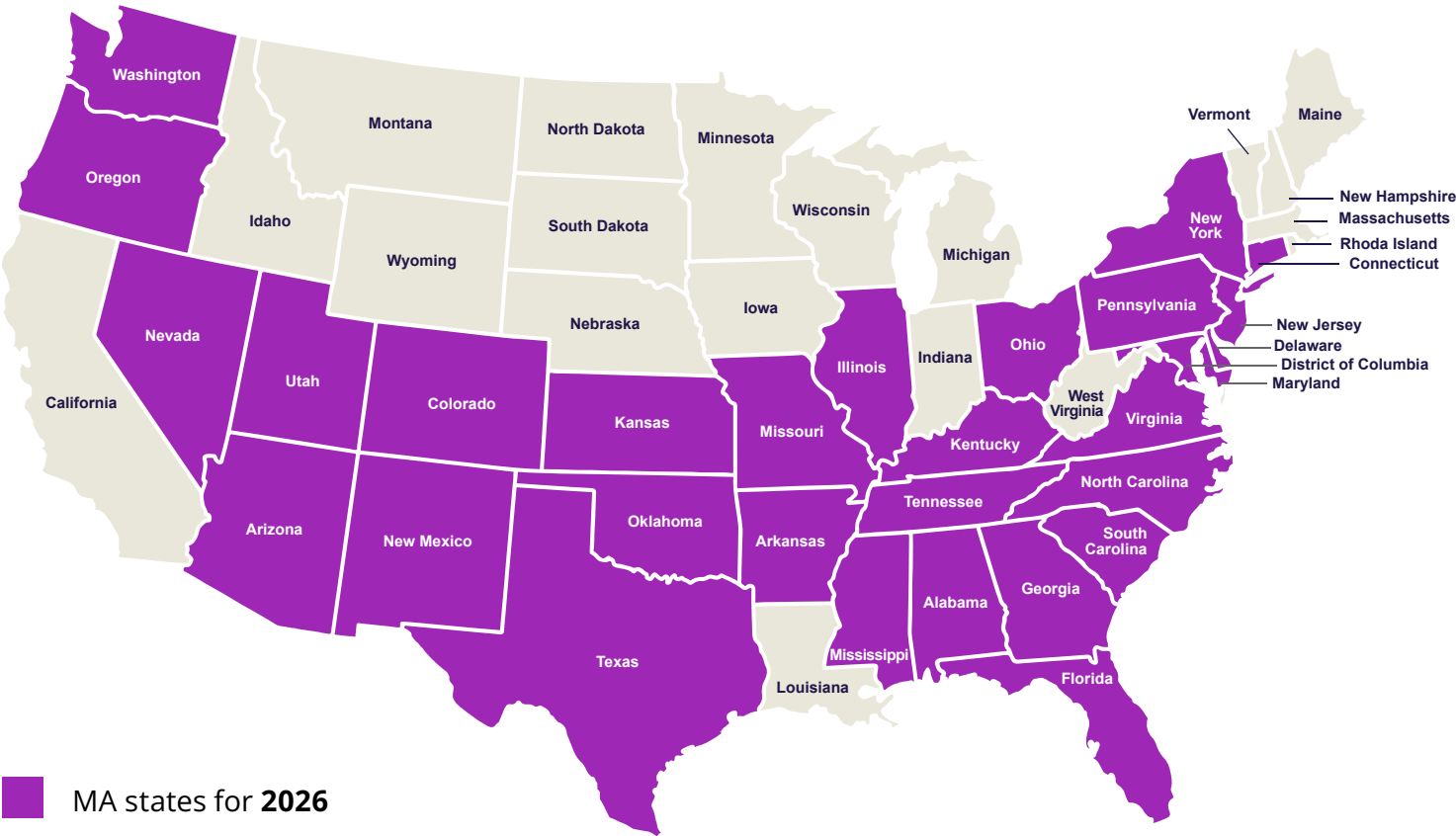
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2026 Updates



2026 Updates

Medicare Advantage 2026 Footprint





2026 Updates

2026 Plan Highlights

2026 Highlights

- Enhanced incentives and rewards
- All plans offer routine vision and hearing
- Most plans offer dental, meals, fitness, caregiver, OTC, transportation
- Part B giveback plans expanded
- Most plans offer \$0 premium
- Most plans have \$0 PCP copay
- All plans have Tier 1 Rx at \$0*

*Exception TN. Please review Summary of Benefits for details.

Simplified Enrollment Kit Process – making it easier for you!

HealthSpring will electronically deliver enrollment materials on your behalf when you complete an application online or over the phone. Simply provide the member's email address on the enrollment application and we'll handle the rest. You do not need to provide a printed kit when you complete these steps. You are required to provide a printed enrollment kit whenever the client completes a paper application. This electronic kit delivery process will eliminate the stress of making sure you have enough kits on hand and reduce the amount of storage space you need for enrollment materials.



2026 Updates

Expanded C-SNP Offerings in 2026

Chronic Special Needs Plans (C-SNP) are tailored for individuals with severe or disabling chronic conditions. These plans offer coordinated care through case managers and care teams, and disease-specific benefits and drug formularies. The proactive care and support through case managers can improve the quality of life for members. C-SNPs allow us to meet the needs of an aging population with increasing chronic disease challenges.



C-SNP disease states on all of our C-SNP plans include: diabetes mellitus, chronic heart failure, and cardiovascular disorders.

All C-SNP plans offer Healthy Grocery allowance.

2026 markets with C-SNPs include:
AZ, DE, MD, PA, AL, MS, TN, TX





2026 Updates

HealthSpring Medicare for Veterans

HealthSpring offers a choice of Medicare Advantage plan options for Veterans. This includes plans with and without prescription drug coverage.

Our Courage plans often compliment a Veteran's earned healthcare as the MA-only plans do not have prescription drug benefits and fit well with TRICARE or the VA health coverages.

There are also times when an MAPD plan might be the right choice. In fact, if a veteran is part of the **65% without TRICARE or access to VA benefits**, then one of our MAPD, D-SNP, C-SNP, or LIS plans can provide coverage to meet their needs.

Courage Plan

HealthSpring Courage plans are MA-only plans focused on the healthcare needs of our Veteran and Federal Retiree Medicare Beneficiaries. While tailored to this population, a client does not have to be a veteran or a retiree to enroll in one of these plans.

In 2026, we will offer Courage HMO plans in **12 states, with 2 new states, Maryland and Virginia and Washington D.C.**

To meet the needs of the Veteran and Federal Retiree population, we enhance certain benefits and add supplemental benefits requested by these beneficiaries, such as Part-B Giveback, Dental Allowance, and Caregiver Support*.

*Benefits vary by plan and state.



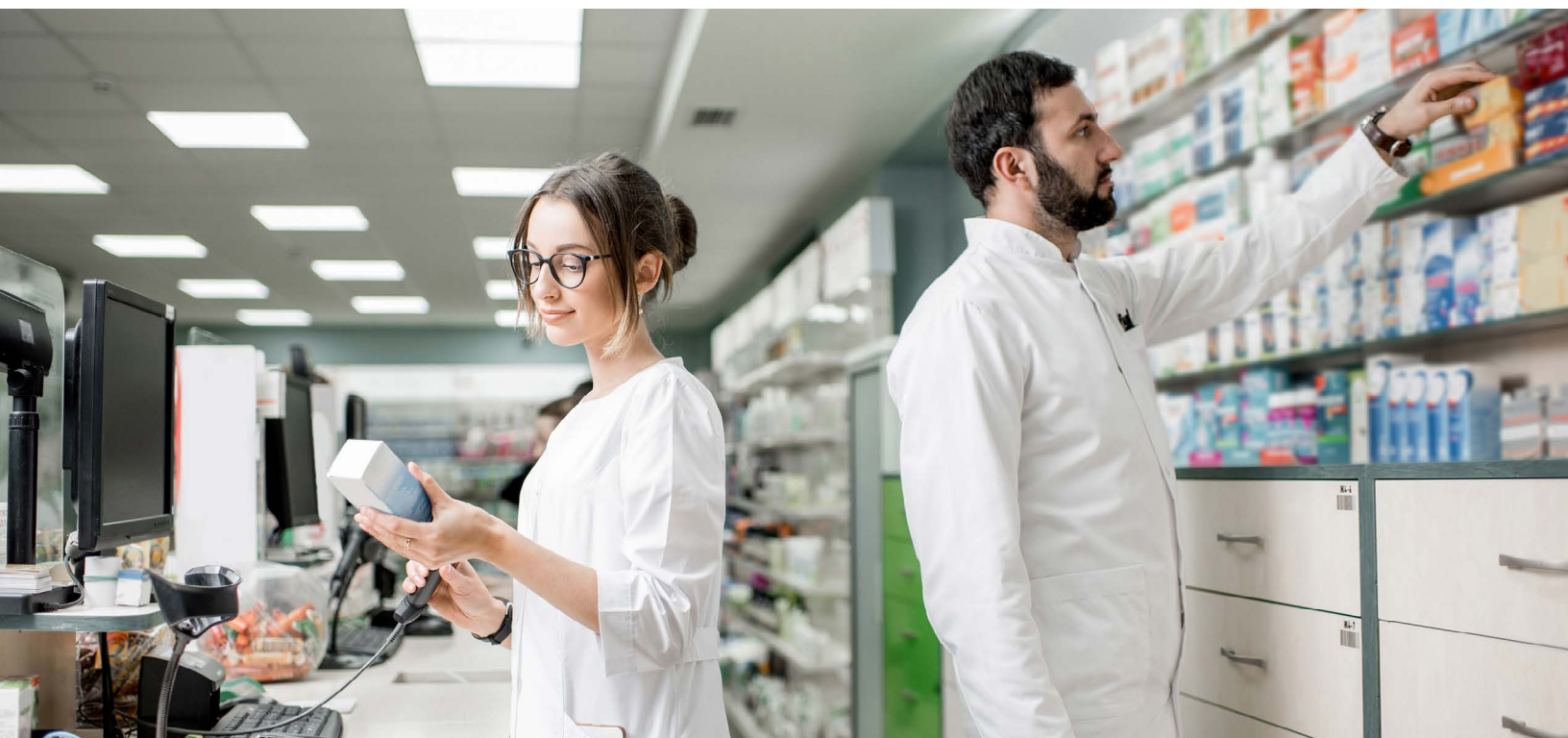
2026 Updates

Pharmacy Benefits

Our benefits are designed to support membership and increase home delivery Rx and cost effectiveness for members. For 2026, our pharmacy benefit highlights include:

- For all non-dual plans an Rx deductible will apply to Tiers 3, 4, 5 or Tiers 3, 4, 5 & 6 in 6-Tier CSNP plans
- All non-dual plans have a \$0 Tier 1 Rx at preferred retail pharmacies and \$0 Tiers 1 and 2 Rx for 100-day supplies at home delivery
- 100% of non-dual plans* include lifestyle drugs
- All non-dual plans* include 100-day supply for Tiers 1 through 4 Rx at 90-day cost-share
- All D-SNP plans have \$0 Tier 1 Rx at preferred retail pharmacies*
- A \$35 cost-share will apply to all covered insulin drugs for a 30-day supply

*Excluding 2 Primary plans in TN





2026 Updates

HealthSpring Incentives Program for 2026



Members can earn incentives on their HealthSpring Flex card by completing healthy activities!

In 2024, our members who engaged in our healthy rewards incentive program had a 50% lower rate of voluntary disenrollment.

What is the Rewards & Incentives Program?

A way to earn money. The R&I program rewards members for completing select healthy activities such as important preventative screenings and non-clinical activities that help them engage in their community and get the most of their plan.

How do members get started with the program?

It's easy! Members simply opt-in to the R&I program at least once during their active tenure with our health plans.

Where can members use their rewards?

At so many places. Members can use the rewards loaded to their HealthSpring Flex card for anything sold by one of our 70,000 participating retailers including groceries, or health and wellness related products. ATFE restrictions apply.

How are reward dollars deducted from the HealthSpring Flex card?

If the member has multiple benefit wallets on their Flex card, approved items are charged to quarterly allowances first. Remaining balance or non-catalogue items will use funds from R&I wallet. Members are responsible for any amount exceeding available funds on card.

Non-SNP
members
can earn
up to **\$200**

SNP
members
can earn
up to **\$500**



2026 Updates

HealthSpring Incentives Program for 2026 [cont'd]

Activity	Details	SNP Plan Reward Max: \$500	Non-SNP Plan Reward Max: \$200
Health Risk Assessment (HRA)	Get the form from Member Service, myHealthSpring.com or your broker	\$100 (1 per year)	N/A
Yearly health check-up	Complete with your primary care provider (PCP) (Also called an annual wellness visit or 360 exam)	\$100 (1 per year)	\$50 (1 per year)
Mammogram	Annual breast cancer screening	\$45 (1 per year)	\$25 (1 per year)
Colorectal screening	Complete a screening as recommended: 1-year FOTB/FIT or 3-year FIT test or 5-year colonography or 10-year colonoscopy	1 reward per year: \$35 (1-yr, 3-yr) or \$45 (5-yr, 10-yr)	1 reward per year: \$15 (1-yr, 3-yr) or \$25 (5-yr, 10-yr)
Diabetes management	Diabetic Eye Exam	\$20 (1 per year)	\$15 (1 per year)
	HbA1c (A1c) blood sugar test	\$15 (1 per year)	\$10 (1 per year)
	Diabetic Kidney Exam	\$10 (1 per year)	\$5 (1 per year)
Preventive vision, hearing and dental care	Routine Vision Exam	\$20 (1 per year)	\$10 (1 per year)
	Routine Hearing Exam	\$20 (1 per year)	\$10 (1 per year)
	Preventive dental care visit (exam, cleaning or x-ray)	 \$20 (1 per year)	\$10 (1 per year)
Fitness monthly challenge	Be active 3 days each week (walking, yoga, fitness class, pickleball, etc.). Confirm activity each month online or by calling Member Service.	 Up to \$120 per year (\$10 per month)	Up to \$60 per year (\$5 per month)
Connecting with others	Attend a social event each month (health talk, club, class, religious gathering, etc.). Confirm activity each month online or by calling Member Service.	 Up to \$60 per year (\$5 per month)	Up to \$60 per year (\$5 per month)
Connecting with HealthSpring	Watch a video about the incentive program online	 \$10 (1 per year)	\$10 (1 per year)
	Register for an account at myHealthSpring.com	 \$10 (1 per year)	\$10 (1 per year)
	Opt in to text communications in your profile at myHealthSpring.com	 \$10 (1 per year)	\$10 (1 per year)

 = New reward activity for 2026

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2026 Plans by State



Plans by State

Products & Naming Convention

	HealthSpring Plan Names	Member Profile
HMO	HealthSpring Alliance (HMO)	Ideally suited for those wanting a plan supported by a dedicated group of providers with no referrals in most markets. Most have dental allowances. Available in select markets.
	HealthSpring Preferred Full Savings (HMO)	Well suited for beneficiaries who prefer a medically focused in-network MAPD plan with full Part B giveback to help offset other monthly expenses.
	HealthSpring Preferred Savings (HMO)	Well suited for beneficiaries who prefer a medically focused in-network MAPD plan with Part B giveback to help offset other monthly expenses.
	HealthSpring Preferred (HMO)	Well suited for beneficiaries who prefer a \$0 premium medically focused in-network MAPD plan. No referrals in most markets.
	HealthSpring Courage (HMO)	Great choice for Veterans and other retirees that get their pharmacy benefits from another source who are looking for an MA-only plan, as well as those seeking a plan with a Part B giveback available in the plan in most markets.
	HealthSpring Preferred Plus (HMO)	Well suited for beneficiaries who prefer a medically focused in-network MAPD plan with a reasonable premium in exchange for lower member cost shares and richer benefits than our Preferred plan.
	HealthSpring Premier (HMO-POS)	For those beneficiaries who desire a medically focused MAPD plan with some OON flexibility and a strong network of in network providers and comprehensive supplemental services.
	HealthSpring Preferred Select (HMO)	Well suited for those looking for a \$0 premium MAPD HMO plan with no referrals required, and comprehensive dental coverage through our DHMO network. Available only in NC markets.
	HealthSpring Primary (HMO)	For those beneficiaries that qualify for "Extra Help"/low income subsidy through Medicare who desire a medically focused MAPD plan, a strong network of in-network providers and comprehensive supplemental services.



Plans by State

Products & Naming Convention [cont'd]

D-SNP	HealthSpring Plan Names	Member Profile
	HealthSpring TotalCare (HMO D-SNP)	Well-suited for beneficiaries who are eligible for Medicare and Medicaid who desire an all-in one medical and prescription drug plan with supplemental benefits including dental, vision, hearing, OTC, and transportation in most markets.
	HealthSpring TotalCare Plus (HMO D-SNP)	Well-suited for beneficiaries who are fully eligible for Medicare and Medicaid who desire an all-in one medical and prescription drug plan with rich supplemental benefits including dental, vision, hearing, OTC, and transportation in most markets.

C-SNP	HealthSpring Plan Names	Member Profile
	HealthSpring Achieve (HMO C-SNP)	Well suited for beneficiaries who are eligible for Medicare and have a qualifying condition who desire an all-in one medical and prescription drug plan with supplemental benefits including dental, vision, hearing, OTC, groceries, and transportation in most markets.

PPO	HealthSpring Plan Names	Member Profile
	HealthSpring True Choice (PPO)	Well suited for Medicare beneficiaries who want a medically focused MAPD which offers out-of-network coverage for maximum flexibility in seeking care and a flexible dental allowance in nearly all markets. It is a great choice for those who travel.
	HealthSpring True Plus (PPO)	
	HealthSpring True Savings (PPO)	



Plans by State

Click to view a plan by state.

- [Alabama](#)
- [Arizona](#)
- [Arkansas](#)
- [Colorado](#)
- [Connecticut](#)
- [Delaware](#)
- [District of Columbia](#)
- [Florida](#)
- [Georgia](#)
- [Illinois](#)
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- [Washington](#)





2026 Plans by State

Southeast Region

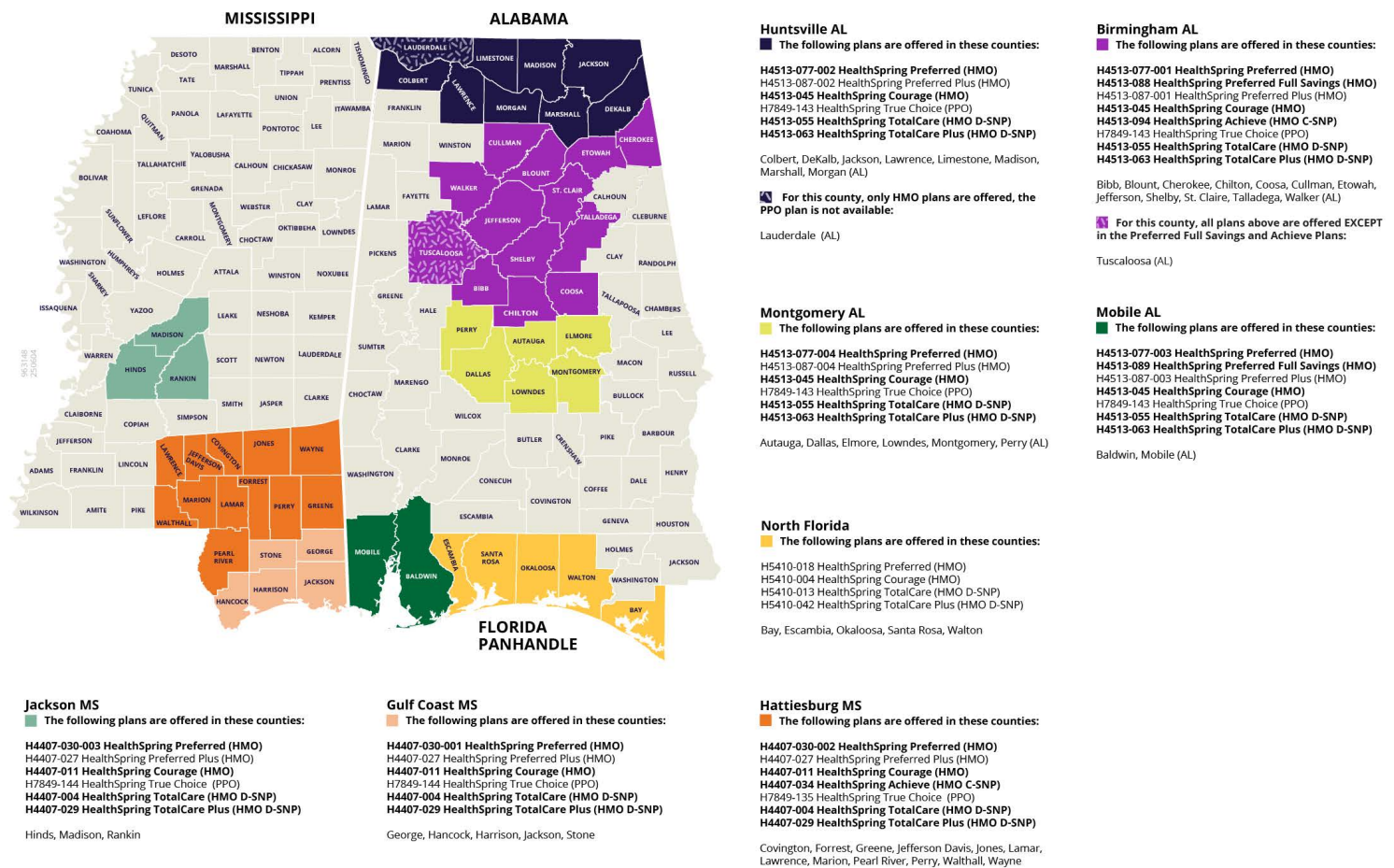


States ↗

Plans by State: Southeast

Alabama, North Florida, and Southern Mississippi

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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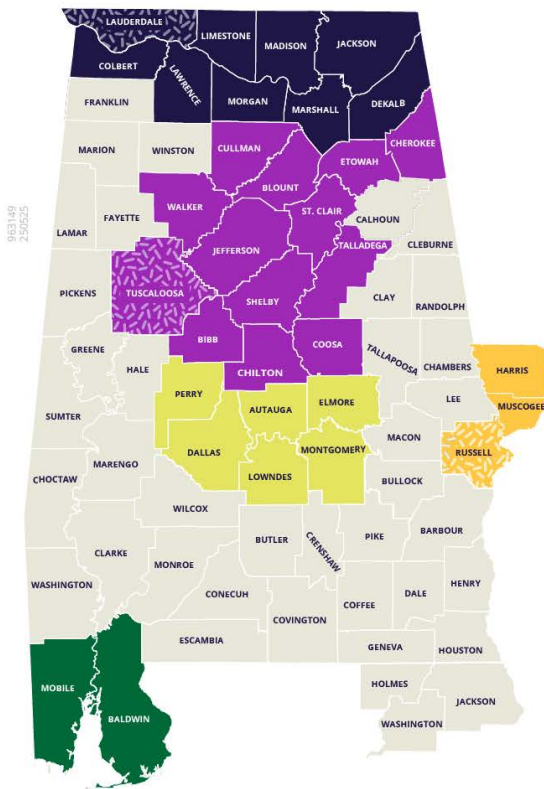


States ↗

Plans by State: Southeast

Alabama

2026 Overview



Huntsville AL

■ The following plans are offered in these counties:

H4513-077-002 HealthSpring Preferred (HMO)
H4513-087-002 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Colbert, DeKalb, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan (AL)

📌 For this county, only HMO plans are offered, the PPO plan is not available:

Lauderdale (AL)

Birmingham AL

■ The following plans are offered in these counties:

H4513-077-001 HealthSpring Preferred (HMO)
H4513-088 HealthSpring Preferred Full Savings (HMO)
H4513-087-001 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H4513-094 HealthSpring Achieve (HMO C-SNP)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Bibb, Blount, Cherokee, Chilton, Coosa, Cullman, Etowah, Jefferson, Shelby, St. Clair, Talladega, Walker (AL)

📌 For this county, all plans above are offered EXCEPT in the Preferred Full Savings and Achieve Plans:

Tuscaloosa (AL)

Montgomery AL

■ The following plans are offered in these counties:

H4513-077-004 HealthSpring Preferred (HMO)
H4513-087-004 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Autauga, Dallas, Elmore, Lowndes, Montgomery, Perry (AL)

Columbus GA

■ The following plans are offered in these counties:

H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Harris, Muscogee (GA)

📌 For this county, only H7849-145 HealthSpring True Choice (PPO) is available:

Russell (AL)

Mobile AL

■ The following plans are offered in these counties:

H4513-077-003 HealthSpring Preferred (HMO)
H4513-089 HealthSpring Preferred Full Savings (HMO)
H4513-087-003 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Baldwin, Mobile (AL)

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States ↗

Plans by State: Southeast

Alabama: Huntsville

2026 Overview



Huntsville AL

■ The following plans are offered in these counties:

H4513-077-002 HealthSpring Preferred (HMO)
H4513-087-002 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Colbert, DeKalb, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan (AL)

■ For this county, only HMO plans are offered, the PPO plan is not available:

Lauderdale (AL)

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Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-077-002
Counties	Colbert, DeKalb, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,900
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$280 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$249
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,650 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-045
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$75.00
Max Out-of-Pocket	\$5,750
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-055
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$3.30
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$150 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$50
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-063
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$6.50
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

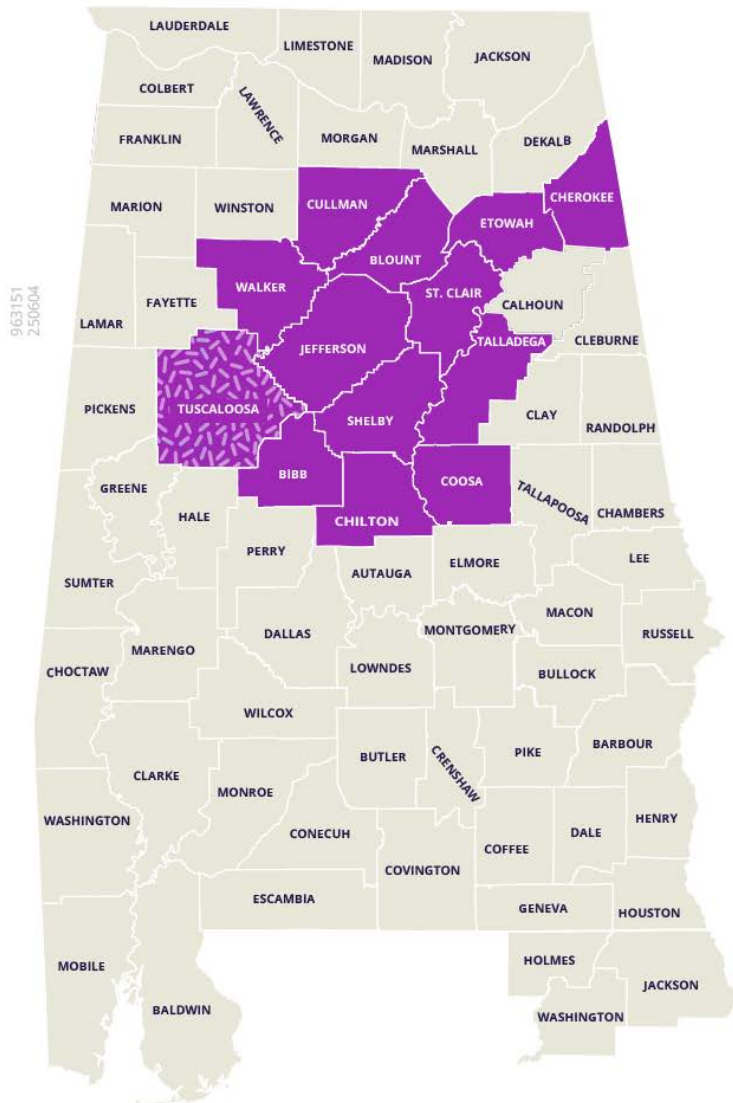


Plans by State: Southeast

States ↗

Alabama: Birmingham

2026 Overview



Birmingham AL

The following plans are offered in these counties:

H4513-077-001 HealthSpring Preferred (HMO)
H4513-088 HealthSpring Preferred Full Savings (HMO)
H4513-087-001 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H4513-094 HealthSpring Achieve (HMO C-SNP)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Bibb, Blount, Cherokee, Chilton, Coosa, Cullman, Etowah, Jefferson, Shelby, St. Claire, Talladega, Walker (AL)

For this county, all plans above are offered EXCEPT in the Preferred Full Savings and Achieve Plans:

Tuscaloosa (AL)

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Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-077-001
Counties	Bibb, Blount, Cherokee, Chilton, Coosa, Cullman, Etowah, Jefferson, St. Clair, Shelby, Talladega, Tuscaloosa, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,750
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$310 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,450 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$75/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H4513-088
Counties	Bibb, Blount, Cherokee, Chilton, Coosa, Cullman, Etowah, Jefferson, St. Clair, Shelby, Talladega, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$5,600
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$400 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	\$500 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/27%

Supplemental Benefits			
Dental	\$1,200 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$25/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-045
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$75.00
Max Out-of-Pocket	\$5,750
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H4513-094	County Expansion
Counties	Bibb, Blount, Cherokee, Chilton, Coosa, Cullman, Etowah, Jefferson, St. Clair, Shelby, Talladega, Walker	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$4,200	
Cost Share – PCP/Specialist	\$0/\$20	
Inpatient Acute Care Hospital	\$220 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$100	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/30%/\$9	

Supplemental Benefits			
Dental	\$1,300 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$20/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-055
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$3.30
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$150 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$50
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-063
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$6.50
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

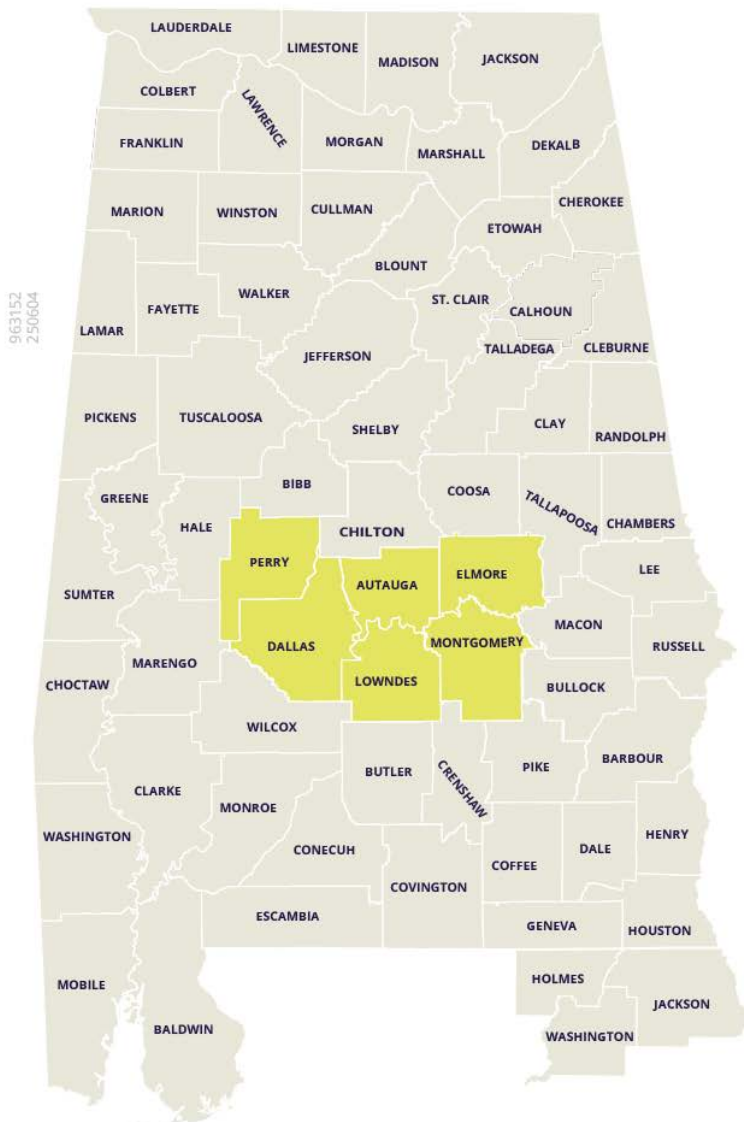


Plans by State: Southeast

States

Alabama: Montgomery

2026 Overview



Montgomery AL

The following plans are offered in these counties:

H4513-077-004 HealthSpring Preferred (HMO)

H4513-087-004 HealthSpring Preferred Plus (HMO)

H4513-045 HealthSpring Courage (HMO)

H7849-143 HealthSpring True Choice (PPO)

H4513-055 HealthSpring TotalCare (HMO D-SNP)

H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Autauga, Dallas, Elmore, Lowndes, Montgomery, Perry (AL)

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[States](#)

Featured Plans: Southeast

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-077-004
Counties	Autauga, Dallas, Elmore, Lowndes, Montgomery, Perry
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,900
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$310 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,150 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$25/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-045
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$75.00
Max Out-of-Pocket	\$5,750
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-063
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$6.50
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-055
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$3.30
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$150 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$50
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included



Plans by State: Southeast

States

Alabama: Mobile

2026 Overview



Mobile AL

The following plans are offered in these counties:

H4513-077-003 HealthSpring Preferred (HMO)
H4513-089 HealthSpring Preferred Full Savings (HMO)
H4513-087-003 HealthSpring Preferred Plus (HMO)
H4513-045 HealthSpring Courage (HMO)
H7849-143 HealthSpring True Choice (PPO)
H4513-055 HealthSpring TotalCare (HMO D-SNP)
H4513-063 HealthSpring TotalCare Plus (HMO D-SNP)

Baldwin, Mobile (AL)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-077-003
Counties	Baldwin, Mobile
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,750
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,250 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$90/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H4513-089
Counties	Baldwin, Mobile
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$5,750
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$380 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	\$500 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/27%

Supplemental Benefits			
Dental	\$1,200 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$15/quarter	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-045
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$75.00
Max Out-of-Pocket	\$5,750
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-055
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$3.30
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$150 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$50
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Alabama

Submarket: Alabama

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-063
Counties	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
Total Premium	\$6.50
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

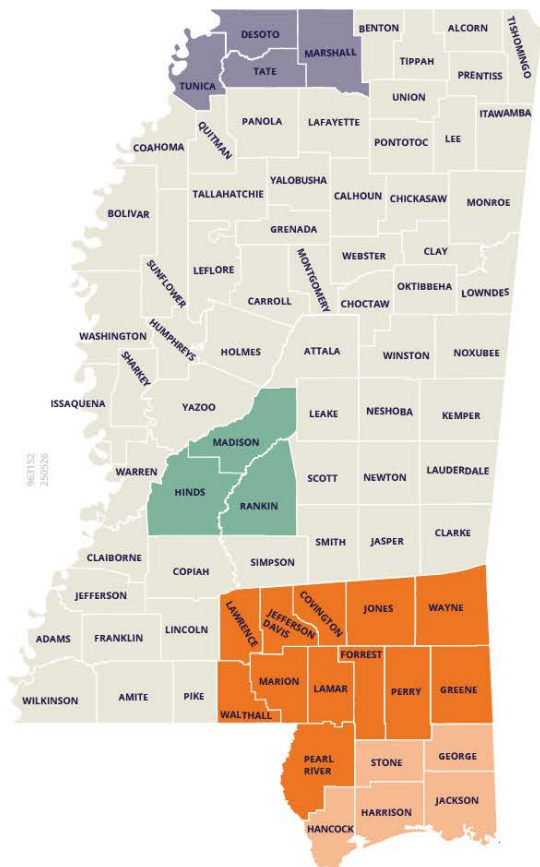


States ↗

Plans by State: Southeast

Mississippi

2026 Overview



Memphis (North MS Counties)

■ The following plans are offered in these counties:

H4513-049-004 HealthSpring Preferred (HMO)
H7849-153 HealthSpring True Choice (PPO)

Desoto, Marshall, Tate, Tunica

Hattiesburg MS

■ The following plans are offered in these counties:

H4407-030-002 HealthSpring Preferred (HMO)
H4407-027 HealthSpring Preferred Plus (HMO)
H4407-011 HealthSpring Courage (HMO)
H4407-034 HealthSpring Achieve (HMO C-SNP)
H7849-135 HealthSpring True Choice (PPO)
H4407-004 HealthSpring TotalCare (HMO D-SNP)
H4407-029 HealthSpring TotalCare Plus (HMO D-SNP)

Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Marion, Pearl River, Perry, Walthall, Wayne

Jackson MS

■ The following plans are offered in these counties:

H4407-030-003 HealthSpring Preferred (HMO)
H4407-027 HealthSpring Preferred Plus (HMO)
H4407-011 HealthSpring Courage (HMO)
H7849-144 HealthSpring True Choice (PPO)
H4407-004 HealthSpring TotalCare (HMO D-SNP)
H4407-029 HealthSpring TotalCare Plus (HMO D-SNP)

Hinds, Madison, Rankin

Gulf Coast MS

■ The following plans are offered in these counties:

H4407-030-001 HealthSpring Preferred (HMO)
H4407-027 HealthSpring Preferred Plus (HMO)
H4407-011 HealthSpring Courage (HMO)
H7849-144 HealthSpring True Choice (PPO)
H4407-004 HealthSpring TotalCare (HMO D-SNP)
H4407-029 HealthSpring TotalCare Plus (HMO D-SNP)

George, Hancock, Harrison, Jackson, Stone

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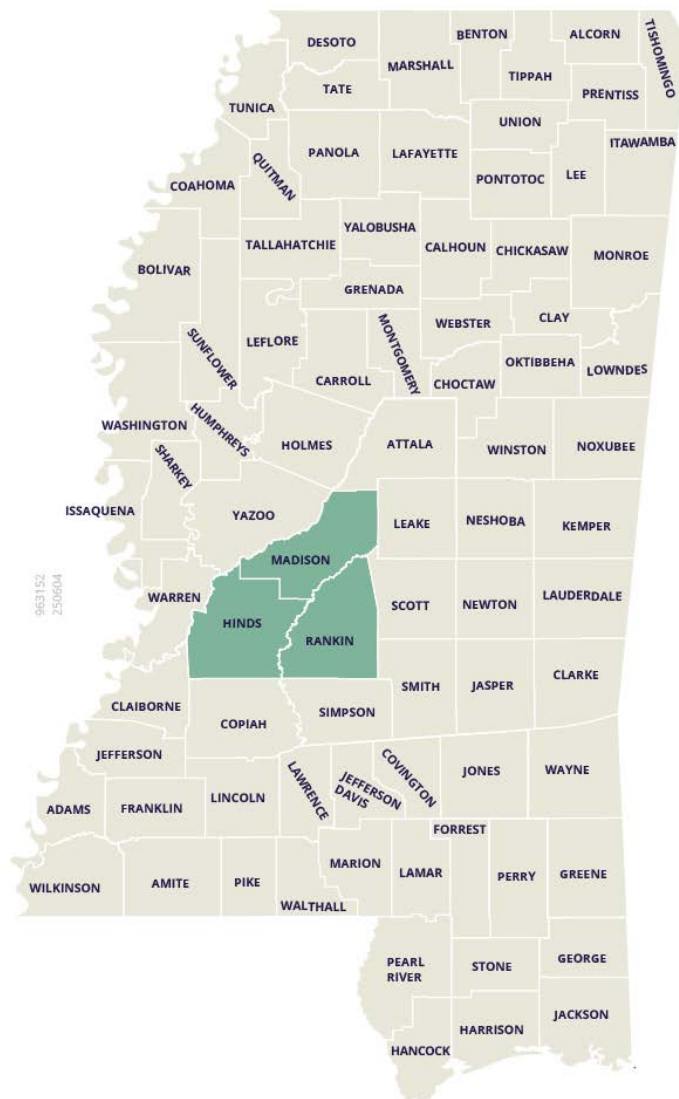


Plans by State: Southeast

States

Mississippi: Jackson

2026 Overview



Jackson MS

The following plans are offered in these counties:

H4407-030-003 HealthSpring Preferred (HMO)
H4407-027 HealthSpring Preferred Plus (HMO)
H4407-011 HealthSpring Courage (HMO)
H7849-144 HealthSpring True Choice (PPO)
H4407-004 HealthSpring TotalCare (HMO D-SNP)
H4407-029 HealthSpring TotalCare Plus (HMO D-SNP)

Hinds, Madison, Rankin

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Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-030-003
Counties	Hinds, Madison, Rankin
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$246 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,900 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$40/quarter	Caregiver Support	Included

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4407-011
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$60.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$295 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,800 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4407-004
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$195 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$375 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$210/quarter	Caregiver Support	Included

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4407-029
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

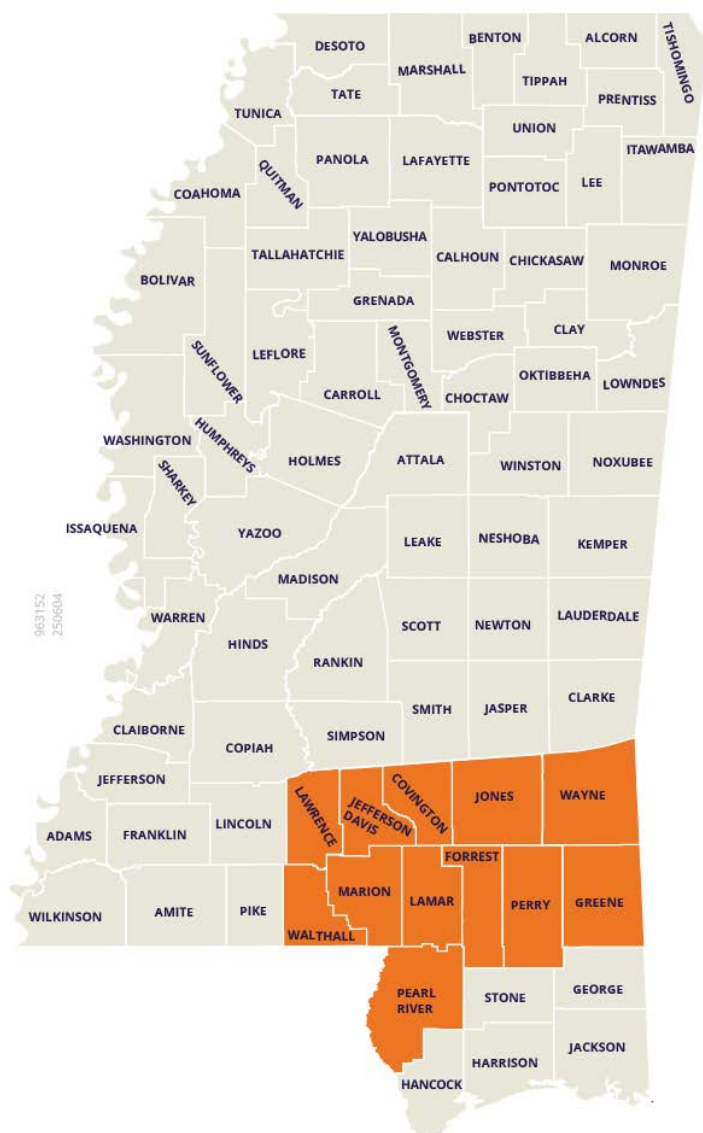


Plans by State: Southeast

States

Mississippi: Hattiesburg

2026 Overview



Hattiesburg MS

The following plans are offered in these counties:

H4407-030-002 HealthSpring Preferred (HMO)

H4407-027 HealthSpring Preferred Plus (HMO)

H4407-011 HealthSpring Courage (HMO)

H4407-034 HealthSpring Achieve (HMO C-SNP)

H7849-135 HealthSpring True Choice (PPO)

H4407-004 HealthSpring TotalCare (HMO D-SNP)

H4407-029 HealthSpring TotalCare Plus (HMO D-SNP)

Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Marion, Pearl River, Perry, Walthall, Wayne

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Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-030-002
Counties	Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Marion, Pearl River, Perry, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,200
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$60/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4407-011
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$60.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$295 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,800 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H4407-034	New Plan
Counties	Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Lawrence, Marion, Pearl River, Perry, Walthall, Wayne	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$3,800	
Cost Share – PCP/Specialist	\$0/\$20	
Inpatient Acute Care Hospital	\$225 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$100	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%/\$9	

Supplemental Benefits			
Dental	\$1,200 allowance	Hearing Aids	Included
Eyewear	\$325 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4407-004
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$195 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$375 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$210/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4407-029
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

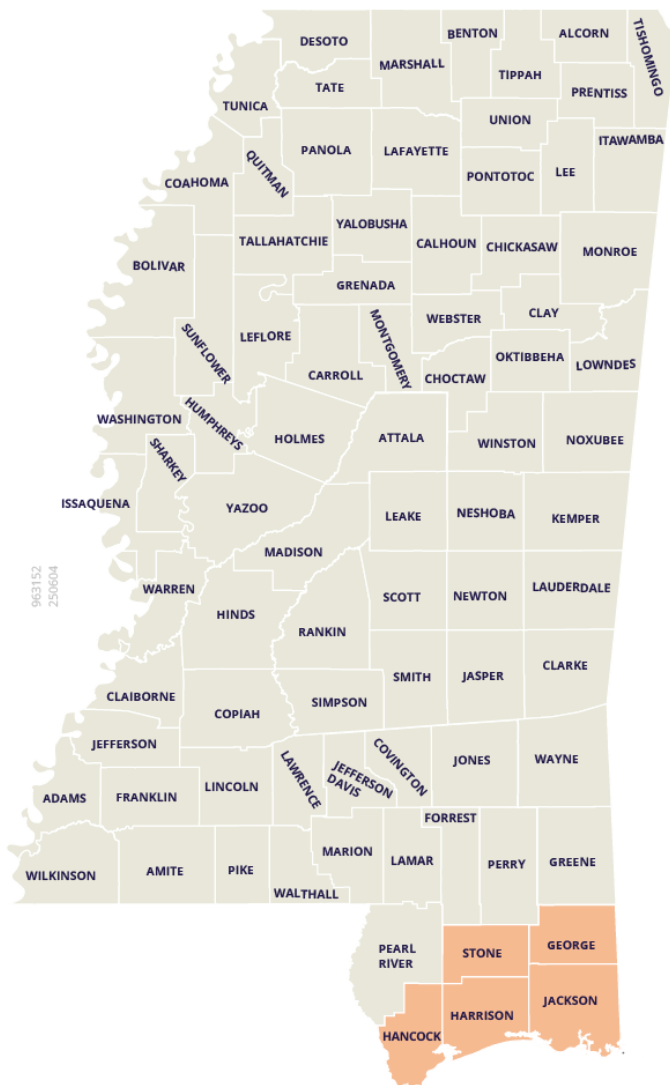


Plans by State: Southeast

States

Mississippi: Gulf Coast

2026 Overview



Gulf Coast MS

The following plans are offered in these counties:

H4407-030-001 HealthSpring Preferred (HMO)
H4407-027 HealthSpring Preferred Plus (HMO)
H4407-011 HealthSpring Courage (HMO)
H7849-144 HealthSpring True Choice (PPO)
H4407-004 HealthSpring TotalCare (HMO D-SNP)
H4407-029 HealthSpring TotalCare Plus (HMO D-SNP)

George, Hancock, Harrison, Jackson, Stone

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[States](#)

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-030-001
Counties	George, Hancock, Harrison, Jackson, Stone
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,250 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4407-011
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$60.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$295 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,800 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4407-004
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$195 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$375 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$210/quarter	Caregiver Support	Included

Market: Alabama

Submarket: South Mississippi

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4407-029
Counties	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

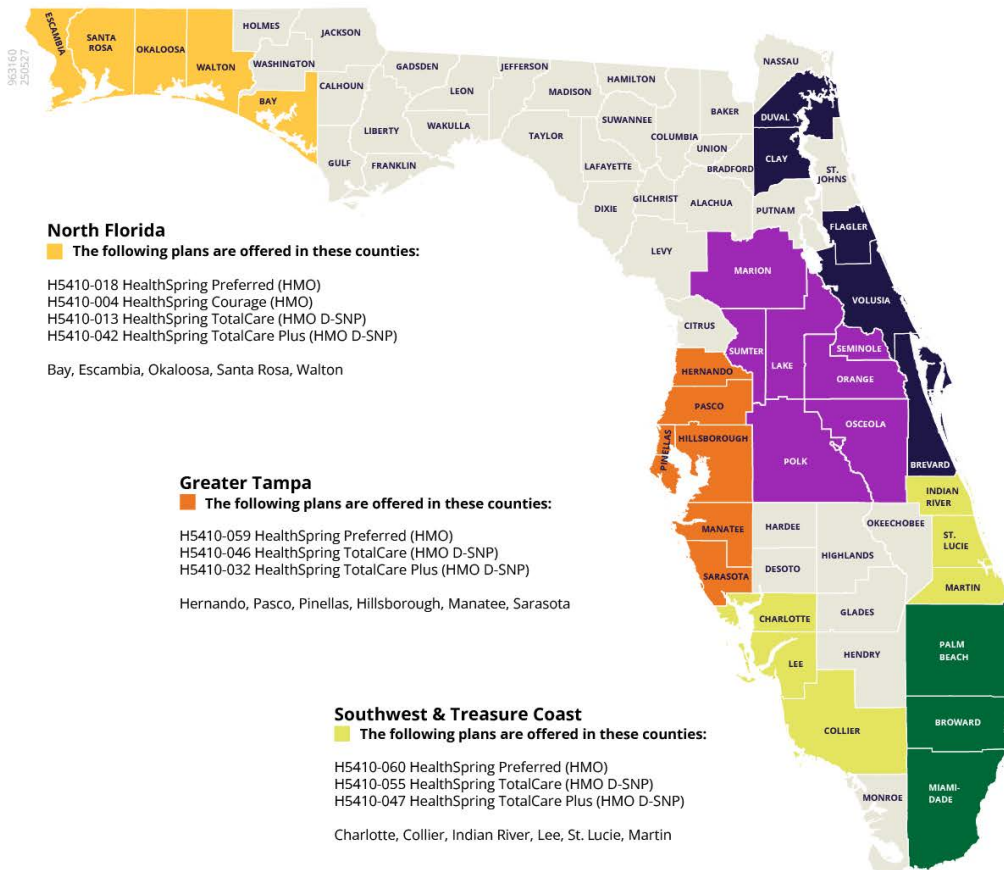


Plans by State: Southeast

States

Florida

2026 Overview



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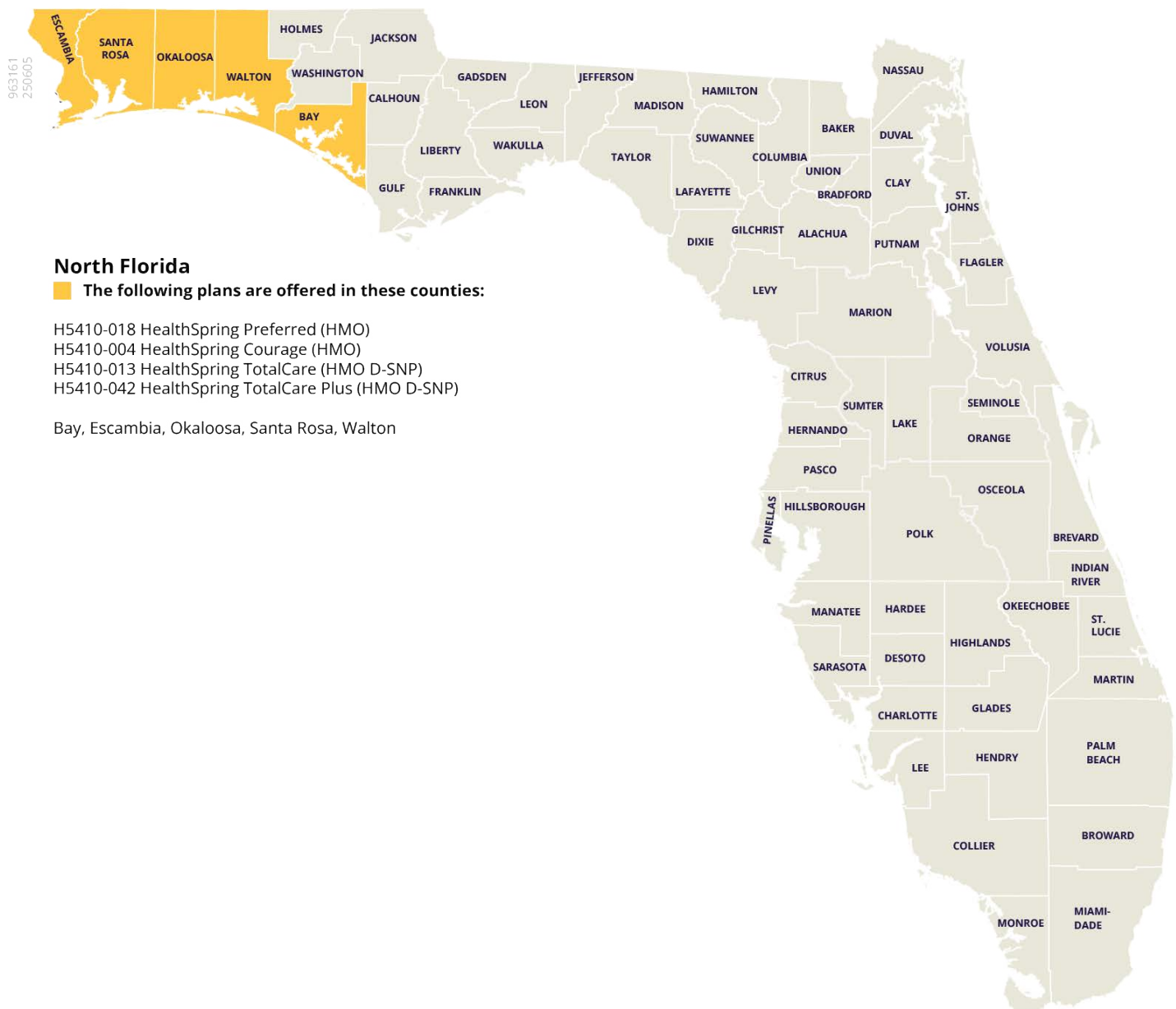


Plans by State: Southeast

States

Florida: North Florida

2026 Overview



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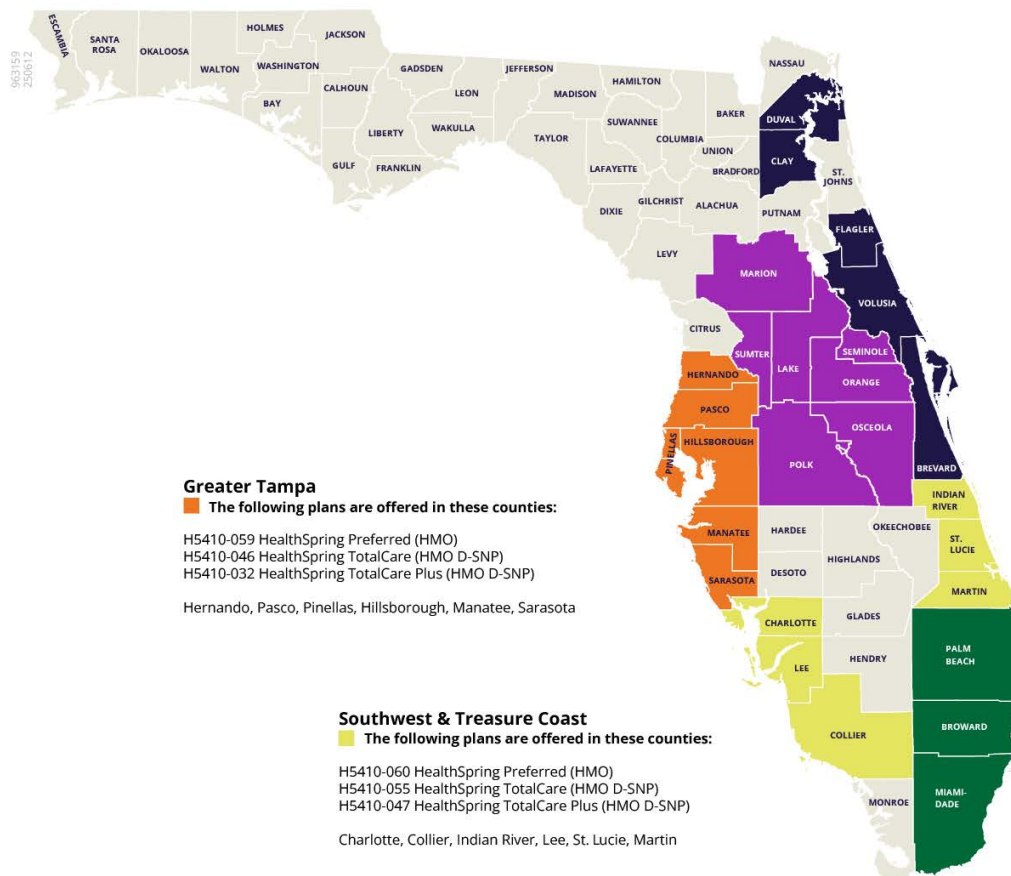


Plans by State: Southeast

States ↗

Florida: Central & South

2026 Overview



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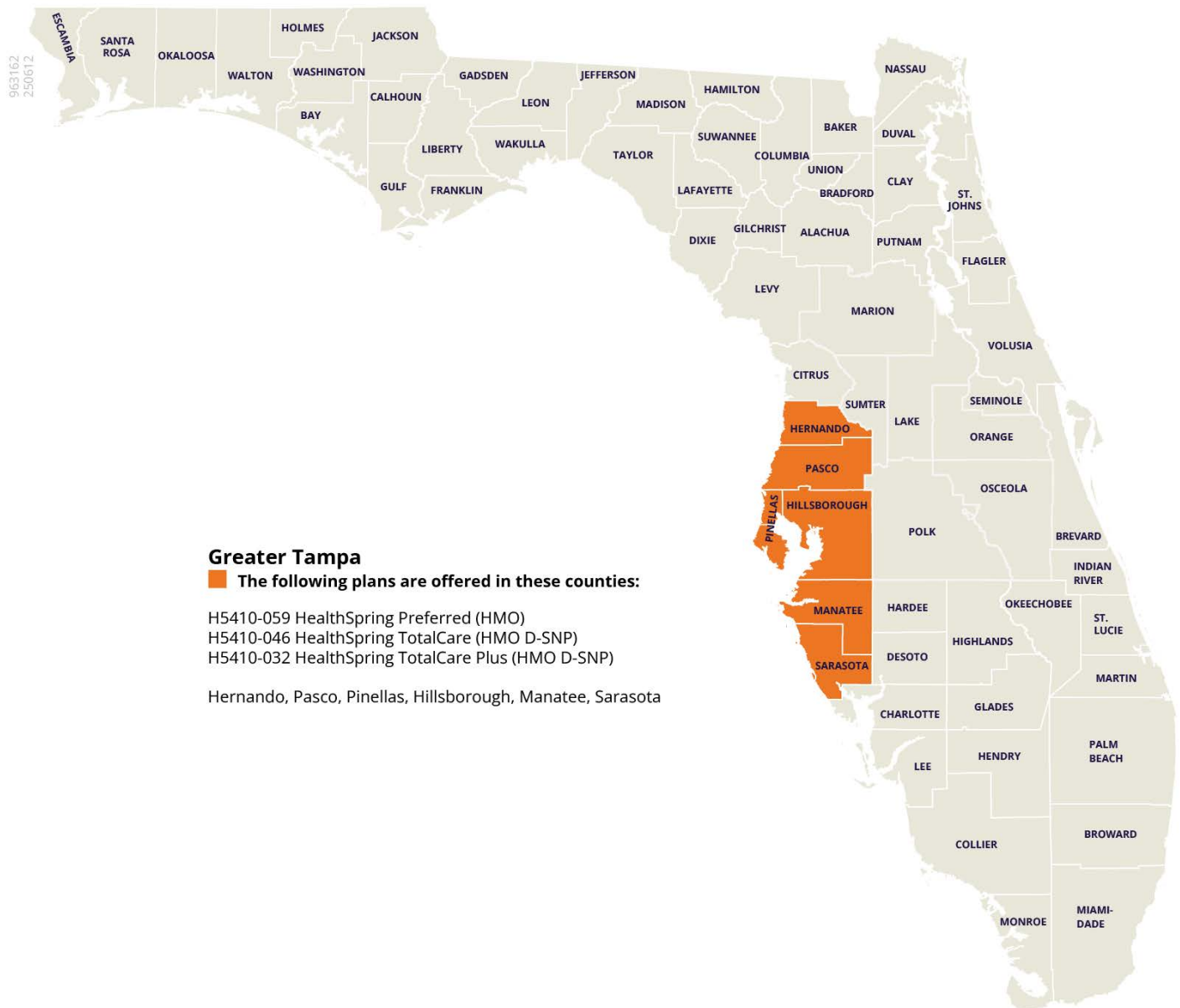


Plans by State: Southeast

States

Florida: Greater Tampa

2026 Overview



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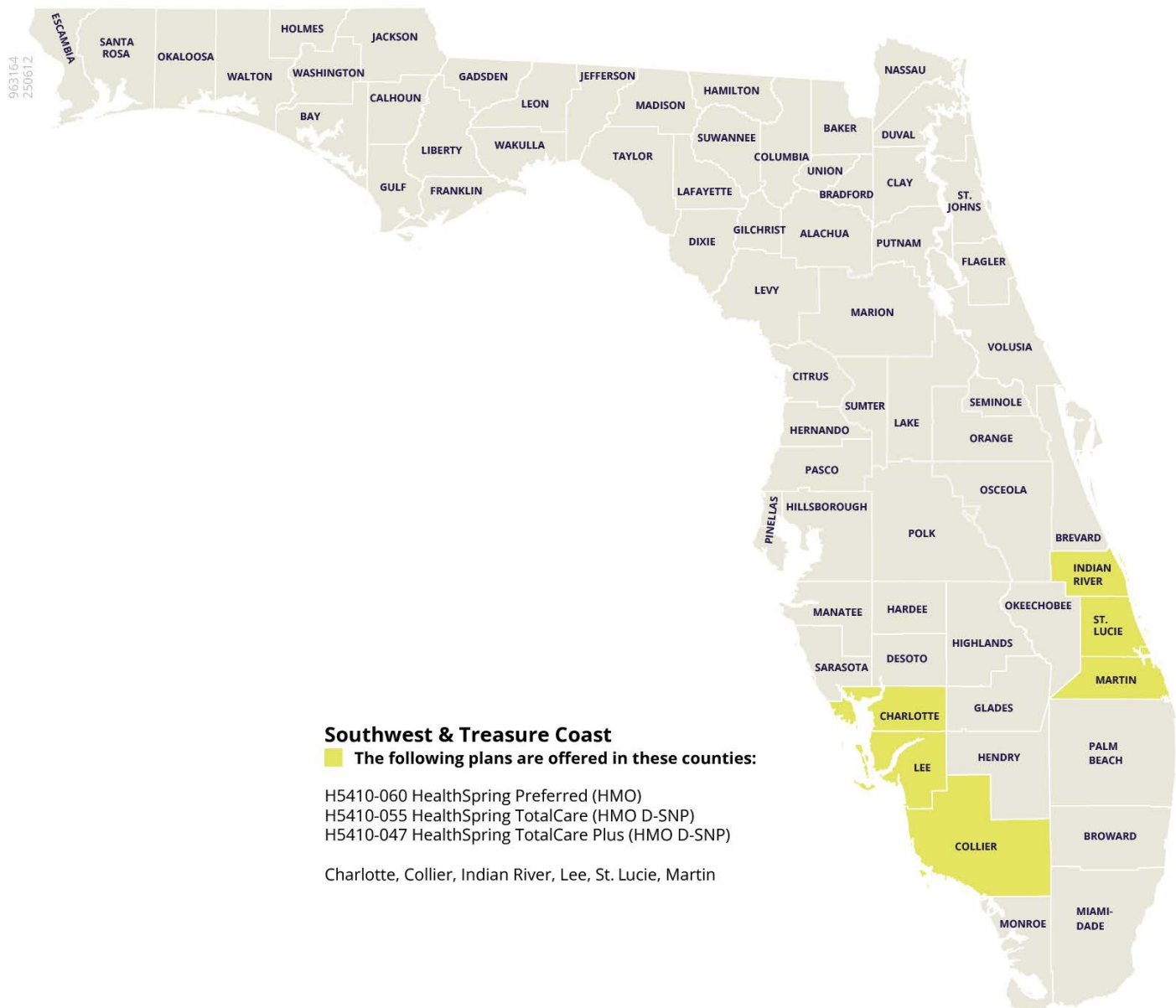


Plans by State: Southeast

States

Florida: Southwest & Treasure Coast

2026 Overview



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Plans by State: Southeast

States

Florida: Southeast

2026 Overview



Southeast

■ The following plans are offered in these counties:

H5410-060 HealthSpring Preferred (HMO)
H5410-056 HealthSpring TotalCare (HMO D-SNP)

Broward, Miami-Dade, Palm Beach

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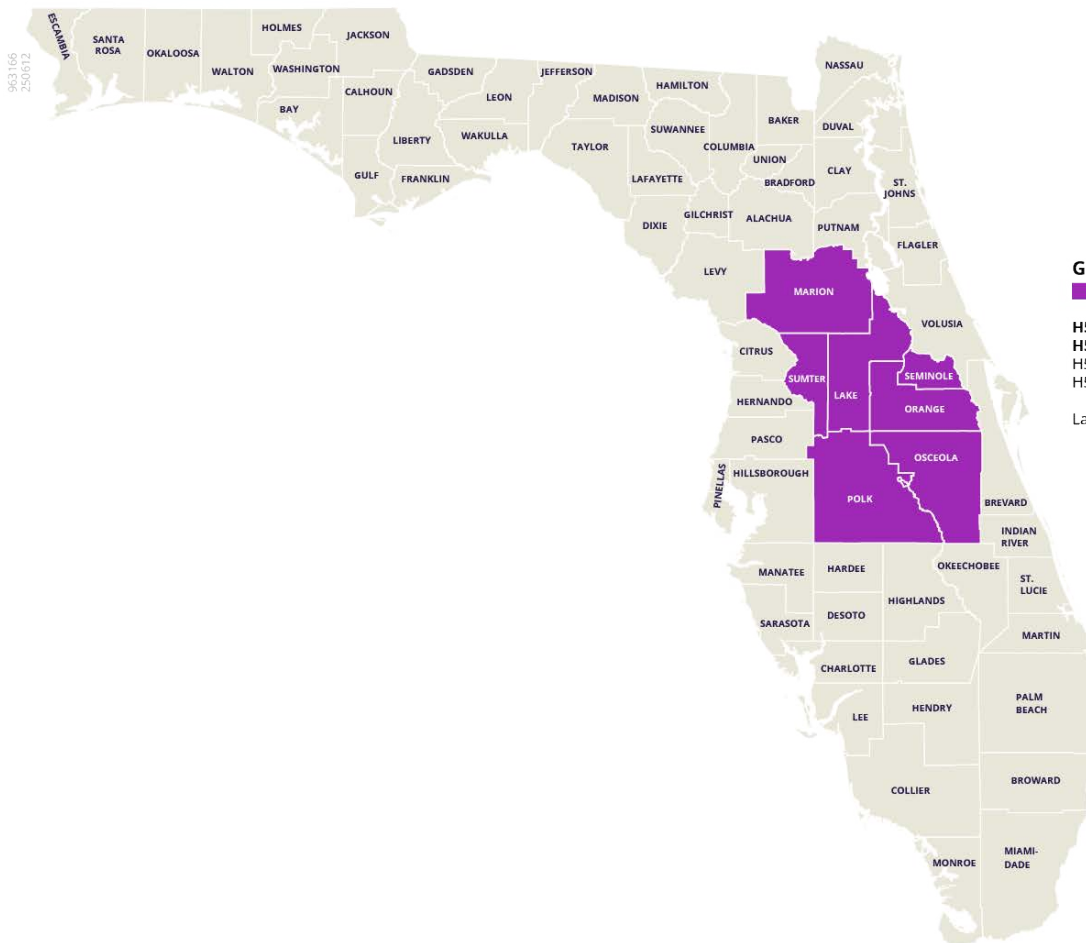


Plans by State: Southeast

States

Florida: Greater Orlando

2026 Overview



Greater Orlando

The following plans are offered in these counties:

H5410-024 HealthSpring Preferred (HMO)
H5410-026 HealthSpring Preferred Savings (HMO)
H5410-046 HealthSpring TotalCare (HMO D-SNP)
H5410-025 HealthSpring TotalCare Plus (HMO D-SNP)

Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter

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Market: Central Florida

Submarket: Orlando

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H5410-024
Counties	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,000
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$75 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$40
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,050 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$205/quarter	Caregiver Support	Not included

[States](#)

Featured Plans: Southeast

Market: Central Florida

Submarket: Orlando

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H5410-026
Counties	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter
Total Premium	\$0.00
Part B Premium Giveback	\$135.00
Max Out-of-Pocket	\$4,800
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$325 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$175
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,650 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$55/quarter	Caregiver Support	Not included

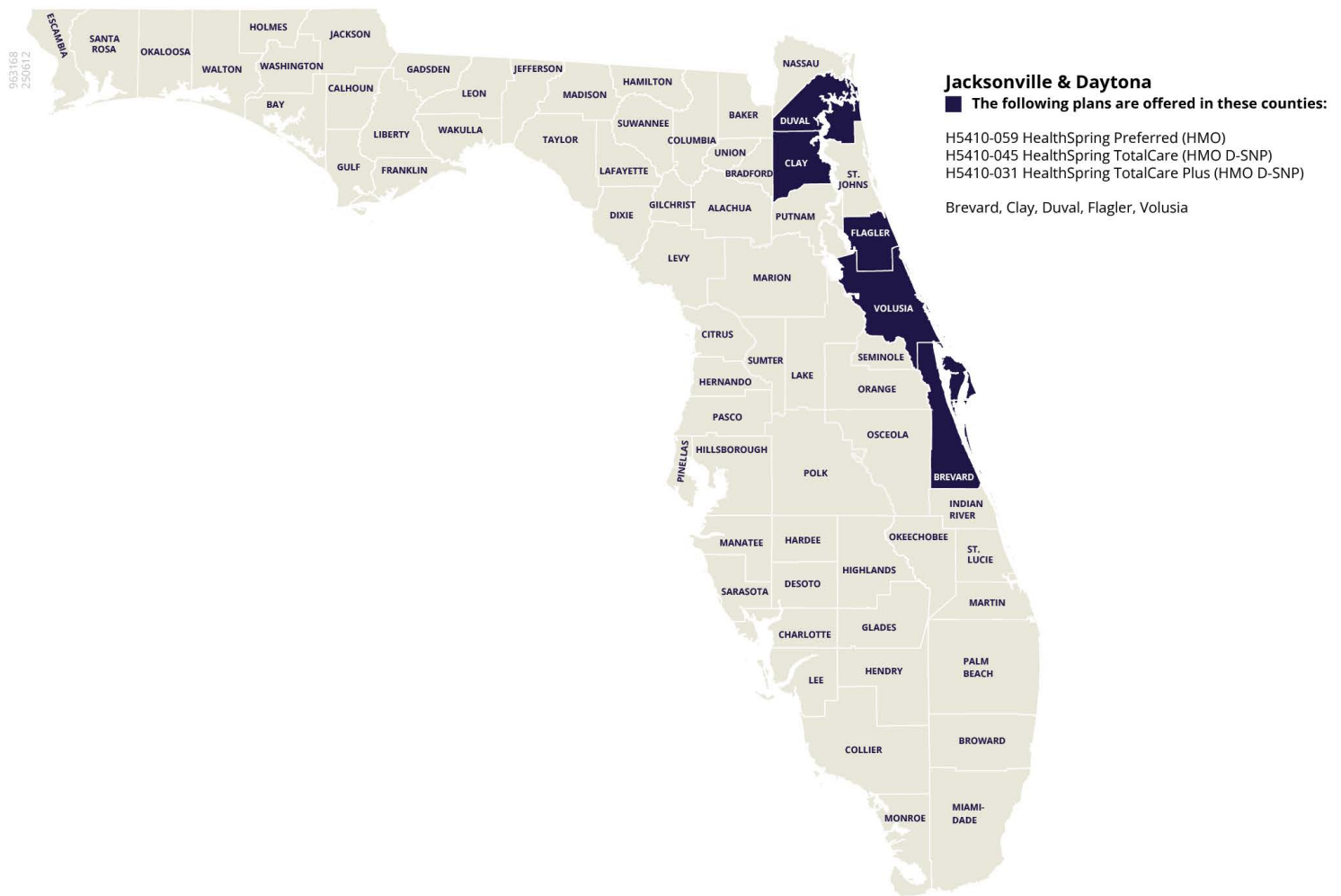


Plans by State: Southeast

States

Florida: Jacksonville & Daytona

2026 Overview



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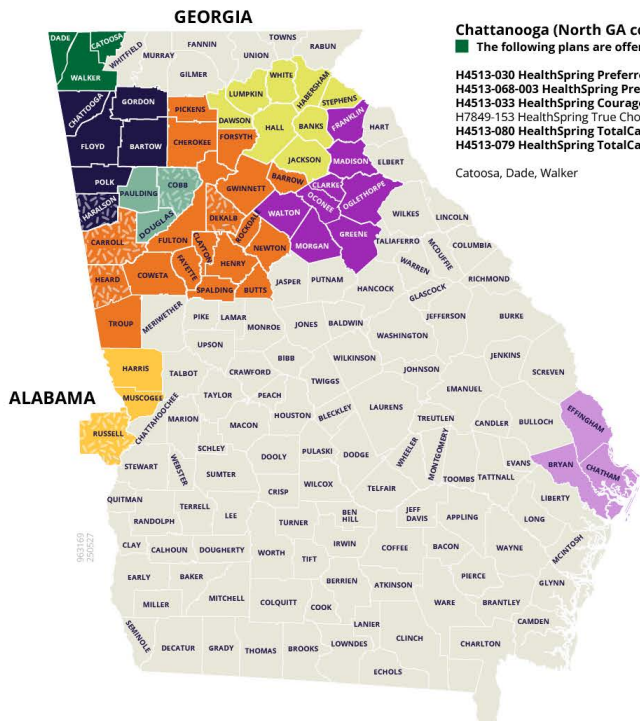


States ↗

Plans by State: Southeast

Georgia

2026 Overview



Northwest GA

■ The following plans are offered in these counties:

H0439-011 HealthSpring Preferred (HMO)
H0439-019 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Bartow, Chattooga, Floyd, Gordon, Polk

■ For this county, all of the above plans are offered
EXCEPT H0439-006 HealthSpring Preferred Plus:

Haralson

West Metro Atlanta GA

■ The following plans are offered in these counties:

H0439-008 HealthSpring Preferred (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Douglas, Paulding

■ For this county, all of the above plans are offered
EXCEPT H0439-006 HealthSpring Preferred Plus:

Cobb

Columbus GA

■ The following plans are offered in these counties:

H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Harris, Muscogee

■ For this county, H7849-145 HealthSpring True Choice (PPO) is available:

Russell (AL)

Savannah GA

■ The following plans are offered in these counties:

H0439-013 HealthSpring Preferred (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Bryan, Chatham, Effingham

Northeast GA

■ The following plans are offered in these counties:

H0439-010 HealthSpring Preferred (HMO)
H0439-018 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White

Athens GA

■ The following plans are offered in these counties:

H0439-009 HealthSpring Preferred (HMO)
H0439-017 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe, Walton

Metro Atlanta GA

■ The following plans are offered in these counties:

H0439-015-001/002 HealthSpring Preferred (HMO)
H0439-016 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

* Counties in bold will be in the segment 002 of the HealthSpring Preferred Medicare (HMO) plan. The rest of the counties will be in segment 001.

Barrow, Butts, **Cherokee**, Clayton, Coweta, **DeKalb**, Fayette, Forsyth, Fulton, **Gwinnett**, Henry, Newton, Pickens, Rockdale, Spalding, Troup

■ For these counties, all of the above plans are offered **EXCEPT** H0439-006 HealthSpring Preferred Plus:

Carroll, Dekalb, Heard

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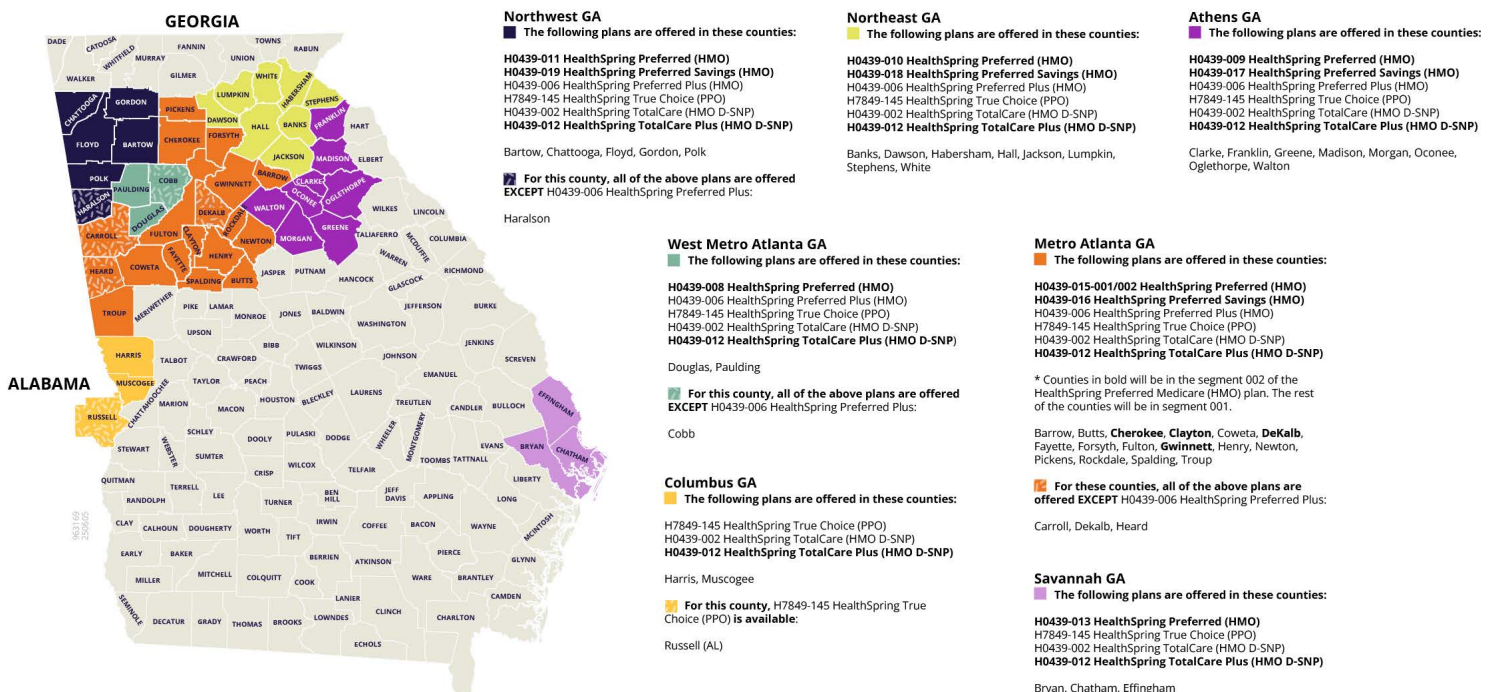


States

Plans by State: Southeast

Georgia: Atlanta, Athens, Columbus, Northeast, Northwest, & Savannah

2026 Overview



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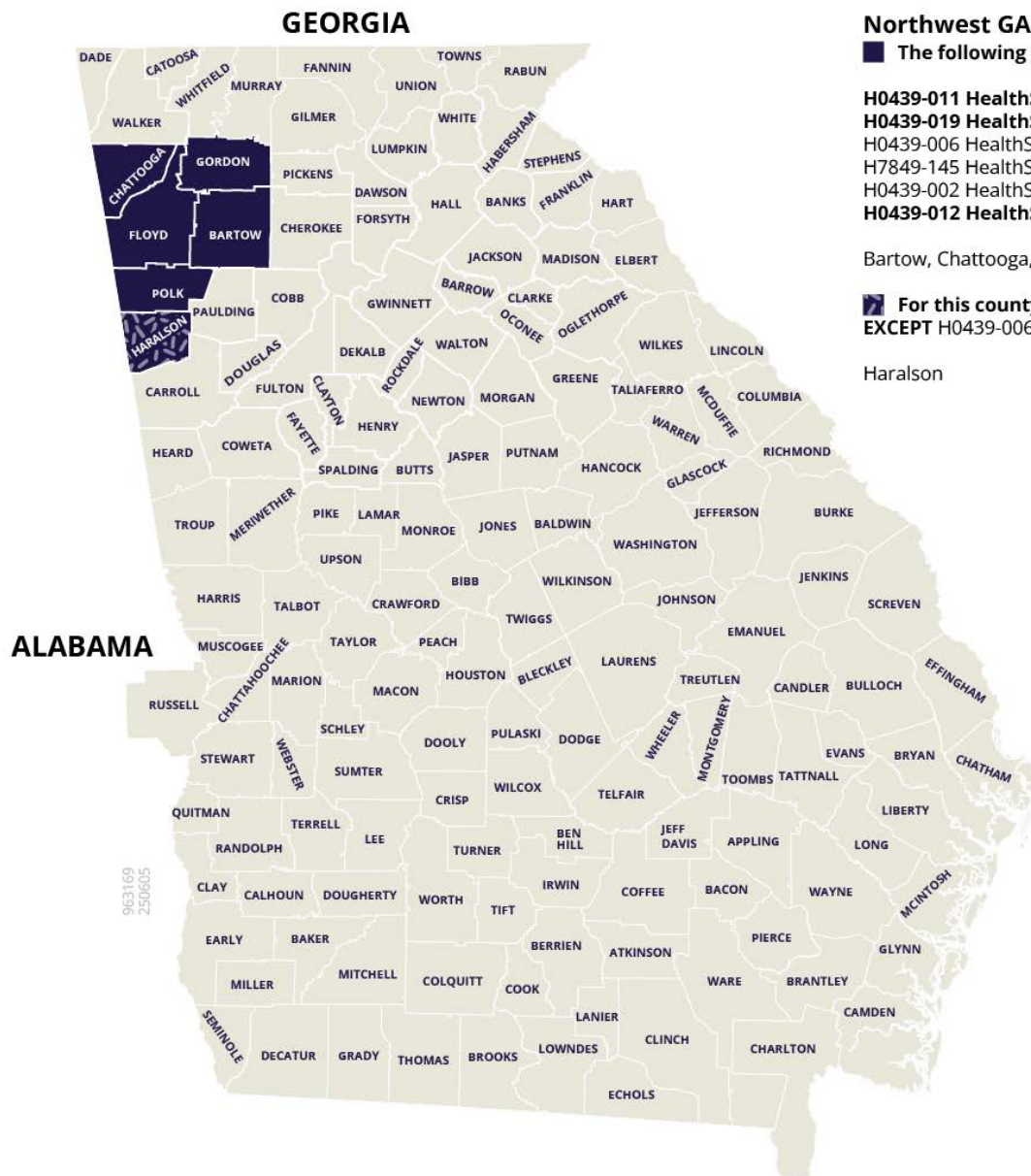


Plans by State: Southeast

States

Georgia: Northwest

2026 Overview



Northwest GA

■ The following plans are offered in these counties:

H0439-011 HealthSpring Preferred (HMO)
H0439-019 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Bartow, Chattooga, Floyd, Gordon, Polk

■ For this county, all of the above plans are offered
EXCEPT H0439-006 HealthSpring Preferred Plus:

Haralson

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Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-011
Counties	Bartow, Chattooga, Floyd, Gordon, Haralson, Polk
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,751
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$285 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$310
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,450 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0439-019	New Plan
Counties	Bartow, Chattooga, Floyd, Gordon, Haralson, Polk	
Total Premium	\$0.00	
Part B Premium Giveback	\$128.00	
Max Out-of-Pocket	\$9,250	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$355 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$345	
Medical Deductible	No deductible	
Part D Deductible	Medicare Part D deductible (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/25%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

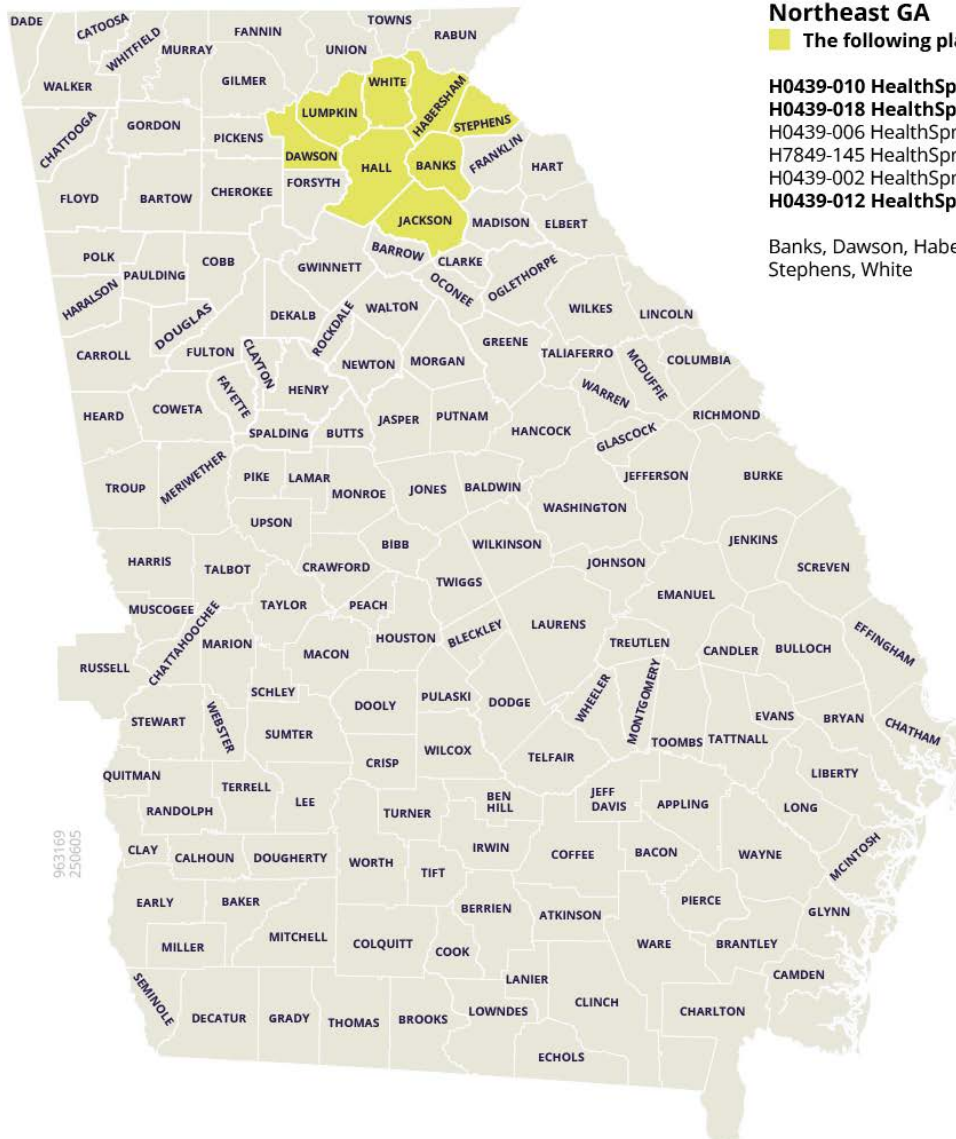


Plans by State: Southeast

States

Georgia: Northeast

2026 Overview



Northeast GA

The following plans are offered in these counties:

H0439-010 HealthSpring Preferred (HMO)
H0439-018 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White

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[States](#)

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-010
Counties	Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,950
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$320 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$315
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,450 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0439-018	New Plan
Counties	Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White	
Total Premium	\$0.00	
Part B Premium Giveback	\$128.00	
Max Out-of-Pocket	\$9,250	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$375 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$365	
Medical Deductible	No deductible	
Part D Deductible	Medicare Part D deductible (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/25%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

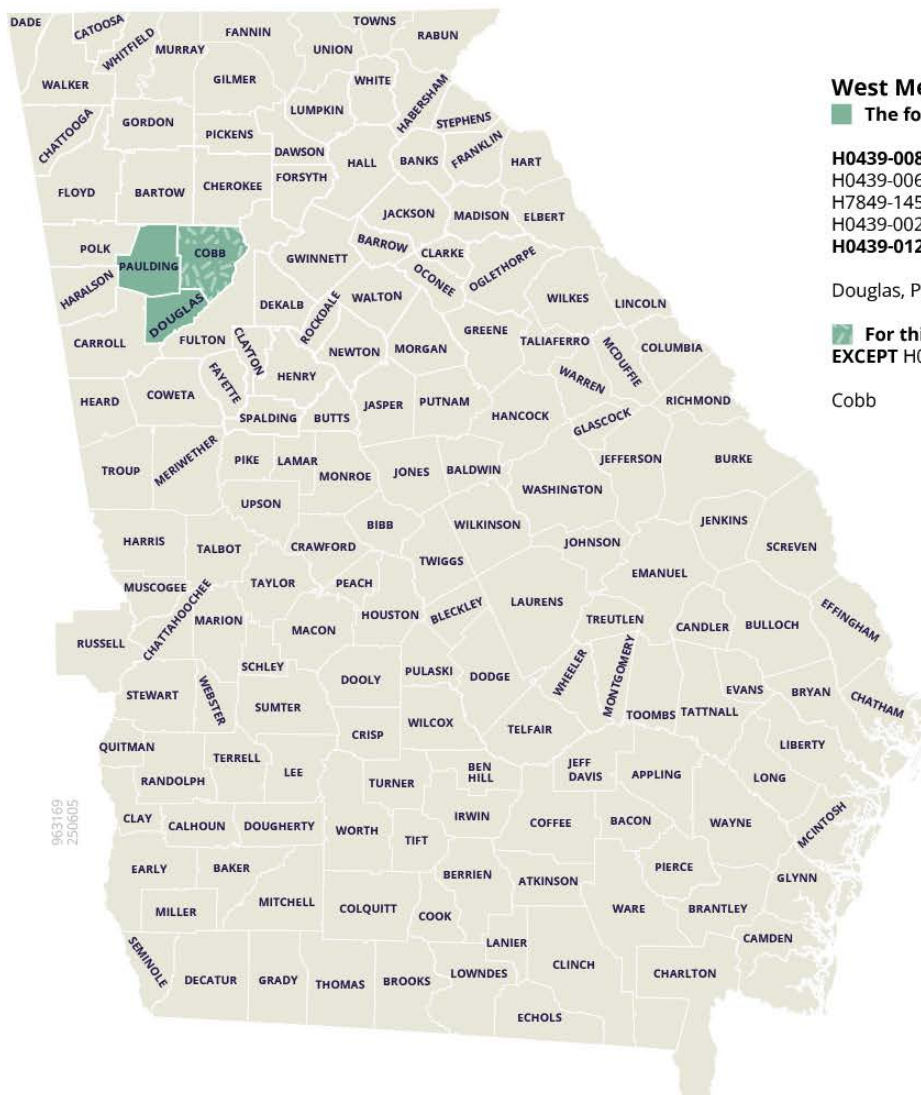


Plans by State: Southeast

States ↗

Georgia: West Metro Atlanta

2026 Overview



West Metro Atlanta GA

The following plans are offered in these counties:

H0439-008 HealthSpring Preferred (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Douglas, Paulding

For this county, all of the above plans are offered
EXCEPT H0439-006 HealthSpring Preferred Plus:

Cobb

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Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-008
Counties	Cobb, Douglas, Paulding
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,950
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$315 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$325
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/25%

Supplemental Benefits			
Dental	\$850 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$35/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

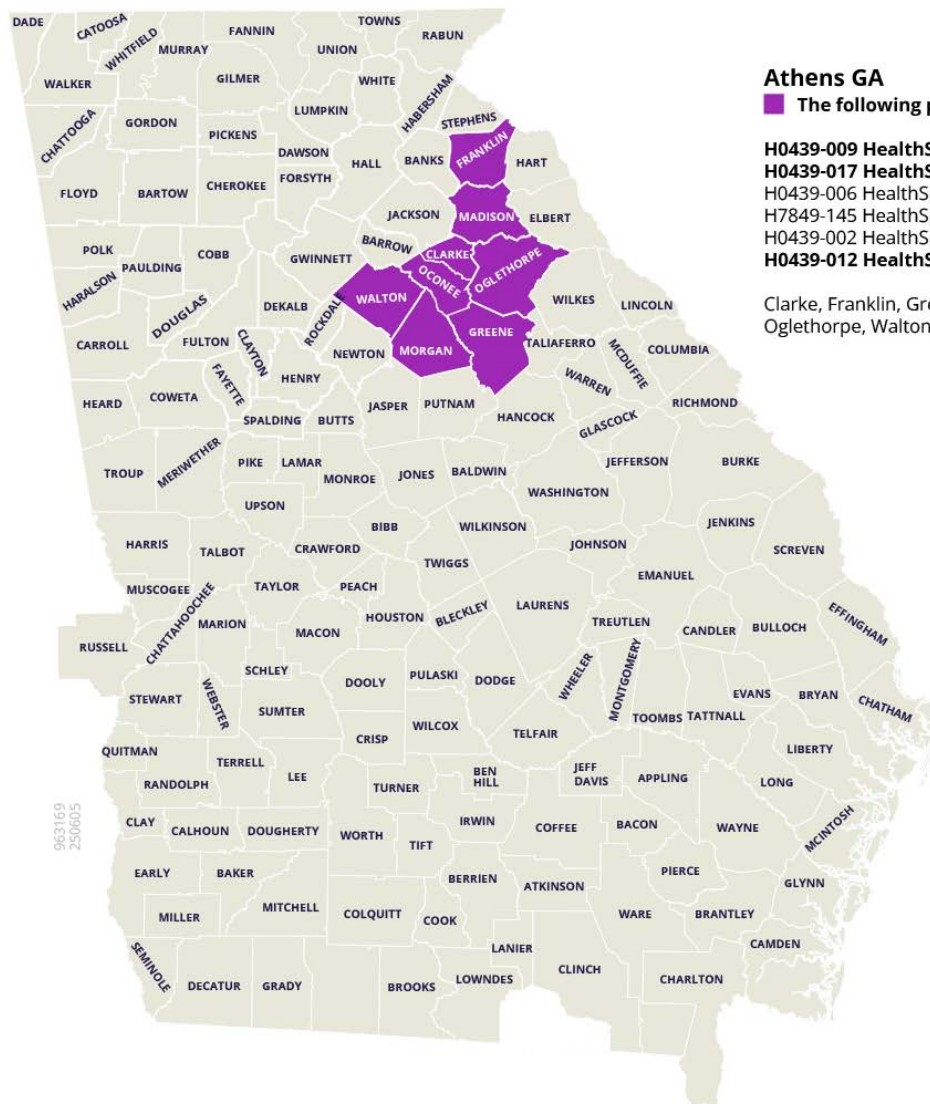


Plans by State: Southeast

States

Georgia: Athens

2026 Overview



Athens GA

The following plans are offered in these counties:

H0439-009 HealthSpring Preferred (HMO)
H0439-017 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe, Walton

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[States](#)

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-009
Counties	Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe, Walton
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,400
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$290
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,450 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0439-017	New Plan
Counties	Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe, Walton	
Total Premium	\$0.00	
Part B Premium Giveback	\$128.00	
Max Out-of-Pocket	\$9,250	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$375 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$365	
Medical Deductible	No deductible	
Part D Deductible	Medicare Part D deductible (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/25%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

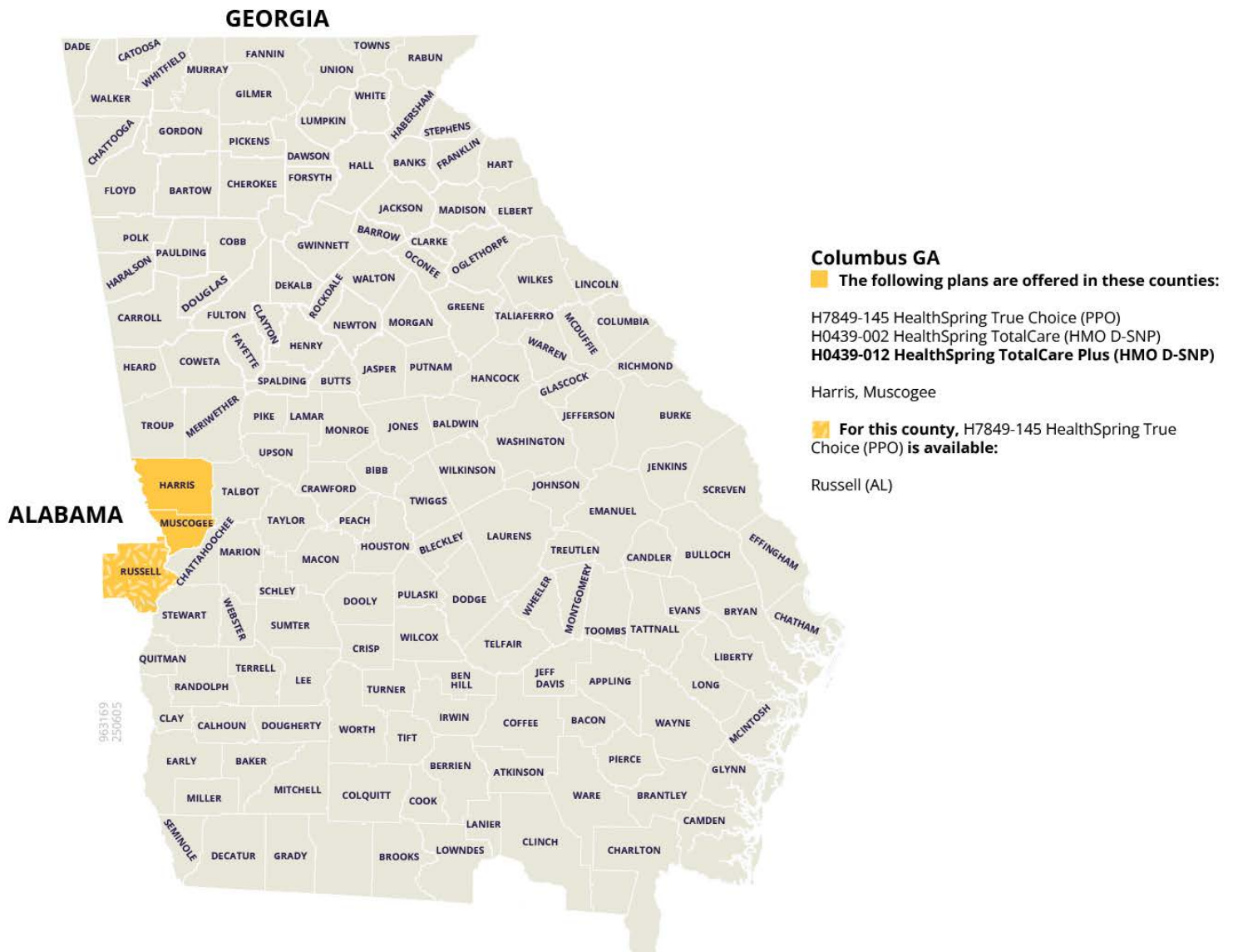


Plans by State: Southeast

States

Georgia: Columbus

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

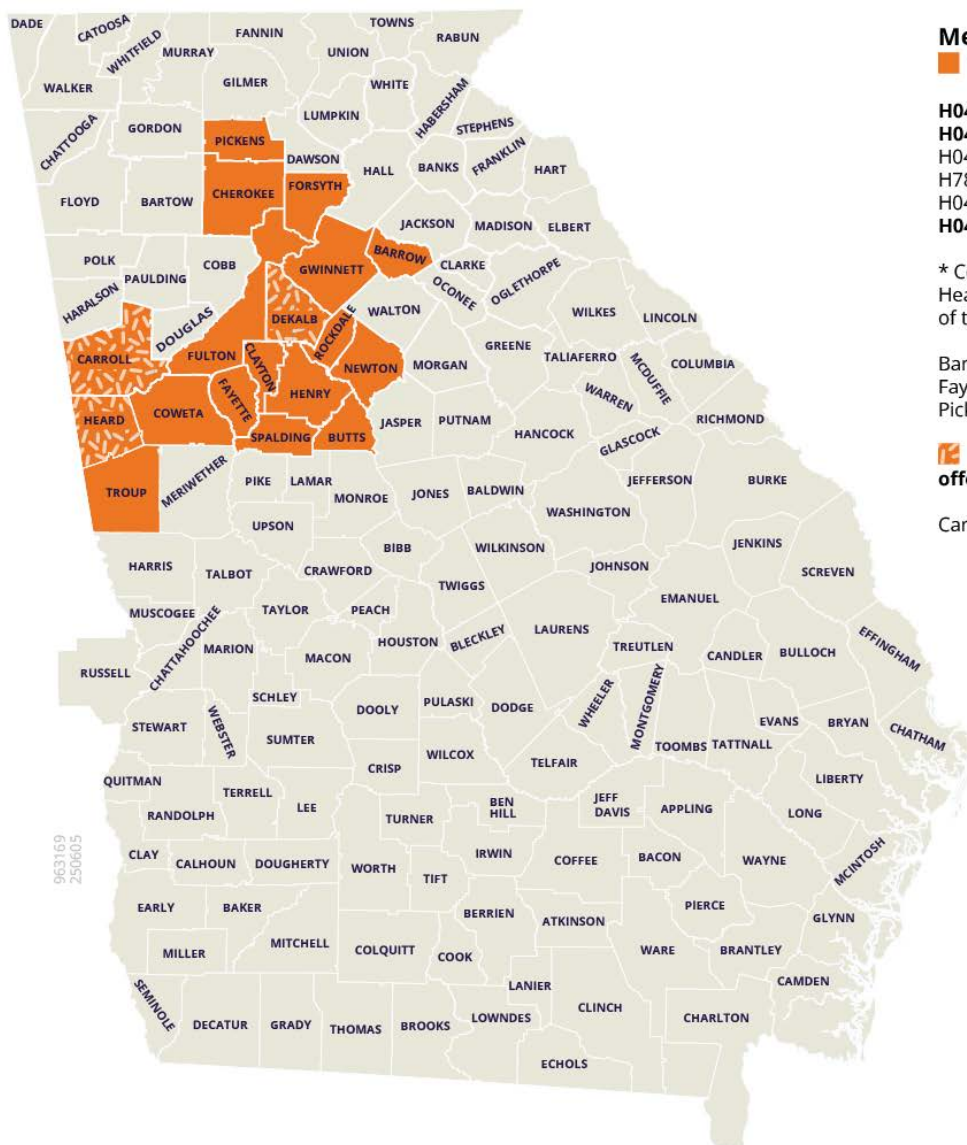


Plans by State: Southeast

States ↗

Georgia: Metro Atlanta

2026 Overview



Metro Atlanta GA

The following plans are offered in these counties:

H0439-015-001/002 HealthSpring Preferred (HMO)
H0439-016 HealthSpring Preferred Savings (HMO)
H0439-006 HealthSpring Preferred Plus (HMO)
H7849-145 HealthSpring True Choice (PPO)
H0439-002 HealthSpring TotalCare (HMO D-SNP)
H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

* Counties in bold will be in the segment 002 of the HealthSpring Preferred Medicare (HMO) plan. The rest of the counties will be in segment 001.

Barrow, Butts, **Cherokee**, **Clayton**, Coweta, **DeKalb**, Fayette, Forsyth, Fulton, **Gwinnett**, Henry, Newton, Pickens, Rockdale, Spalding, Troup

For these counties, all of the above plans are offered EXCEPT H0439-006 HealthSpring Preferred Plus:

Carroll, Dekalb, Heard

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Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-015-001
Counties	Barrow, Butts, Carroll, Coweta, Fayette, Forsyth, Fulton, Heard, Henry, Newton, Pickens, Rockdale, Spalding, Troup
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,800
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$315 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	No deductible
Part D Deductible	\$400 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/28%

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$175 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-015-002
Counties	Cherokee, Clayton, DeKalb, Gwinnett
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,950
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$370 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$360
Medical Deductible	No deductible
Part D Deductible	\$400 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/28%

Supplemental Benefits			
Dental	\$800 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Not included
Transportation	30 one-way	Fitness	Included
OTC	\$15/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0439-016	New Plan
Counties	Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Heard, Henry, Newton, Pickens, Rockdale, Spalding, Troup	
Total Premium	\$0.00	
Part B Premium Giveback	\$128.00	
Max Out-of-Pocket	\$9,250	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$375 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$365	
Medical Deductible	No deductible	
Part D Deductible	Medicare Part D deductible (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/25%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

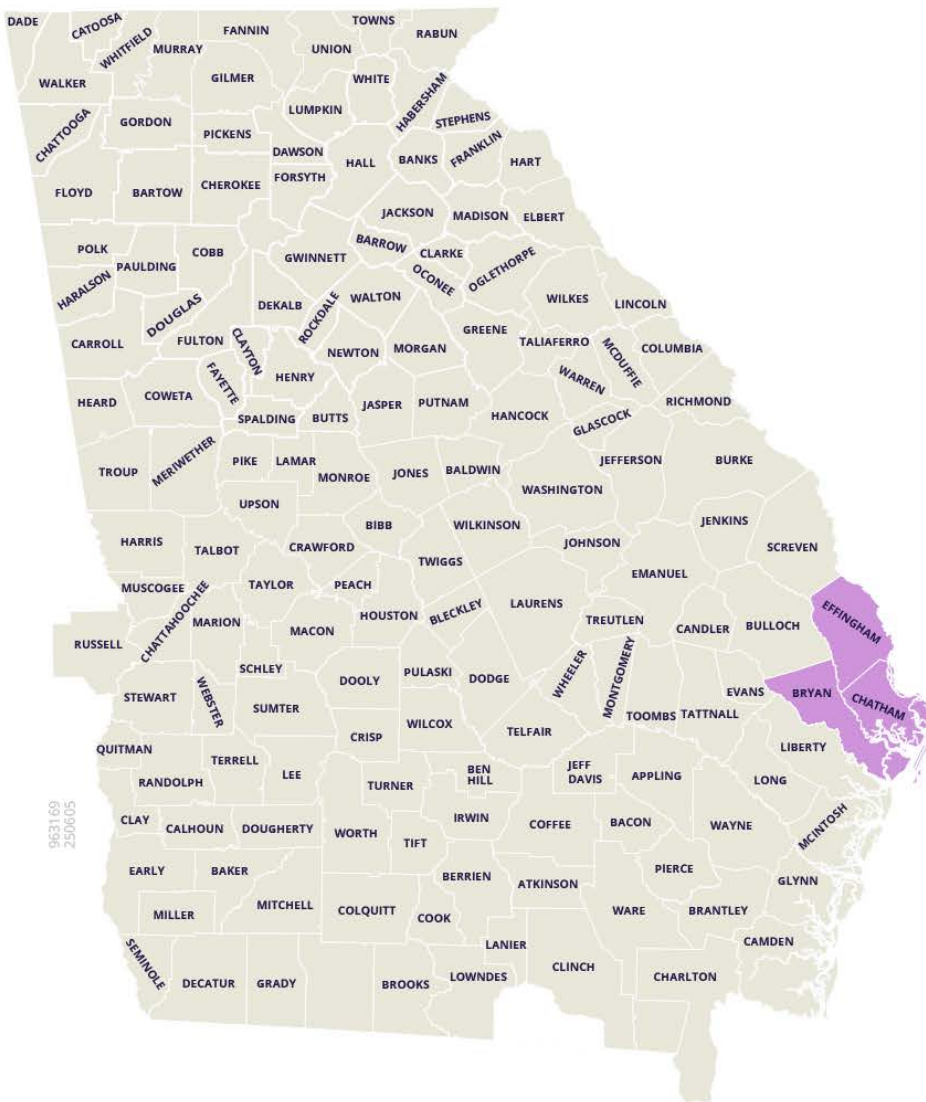


Plans by State: Southeast

States

Georgia: Savannah

2026 Overview



Savannah GA

The following plans are offered in these counties:

H0439-013 HealthSpring Preferred (HMO)

H7849-145 HealthSpring True Choice (PPO)

H0439-002 HealthSpring TotalCare (HMO D-SNP)

H0439-012 HealthSpring TotalCare Plus (HMO D-SNP)

Bryan, Chatham, Effingham

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Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-013
Counties	Bryan, Chatham, Effingham
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,751
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/25%

Supplemental Benefits			
Dental	\$1,250 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Georgia

Submarket: Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0439-012
Counties	Banks, Barrow, Bartow, Bryan, Butts, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
Total Premium	\$3.40
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,250 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

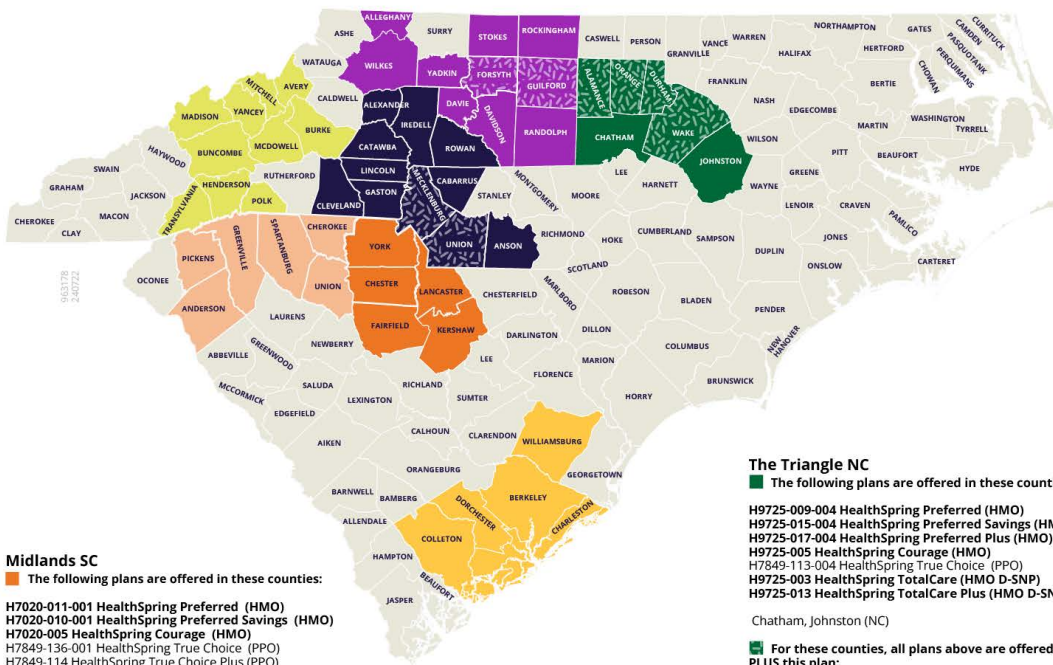


States ↗

Plans by State: Southeast

North Carolina & South Carolina

2026 Overview



Midlands SC

The following plans are offered in these counties:

H7020-011-001 HealthSpring Preferred (HMO)
H7020-010-001 HealthSpring Preferred Savings (HMO)
H7020-005 HealthSpring Courage (HMO)
H7849-136-001 HealthSpring True Choice (PPO)
H7849-114 HealthSpring True Choice Plus (PPO)

Chester, Fairfield, Kershaw, Lancaster, York (SC)

Upstate SC

The following plans are offered in these counties:

H7020-011-002 HealthSpring Preferred (HMO)
H7020-010-002 HealthSpring Preferred Savings (HMO)
H7020-005 HealthSpring Courage (HMO)
H7849-136-002 HealthSpring True Choice (PPO)
H7849-114 HealthSpring True Choice Plus (PPO)

Anderson, Cherokee, Greenville, Pickens, Spartanburg, Union (SC)

Low Country/Pee Dee SC

The following plans are offered in these counties:

H7020-011-003 HealthSpring Preferred (HMO)
H7020-010-003 HealthSpring Preferred Savings (HMO)
H7020-005 HealthSpring Courage (HMO)
H7849-136-003 HealthSpring True Choice (PPO)
H7849-114 HealthSpring True Choice Plus (PPO)

Berkeley, Charleston, Colleton, Dorchester, Williamsburg (SC)

Asheville NC

The following plans are offered in these counties:

H9725-009-002 HealthSpring Preferred (HMO)
H9725-015-002 HealthSpring Preferred Savings (HMO)
H9725-017-002 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-002 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Avery, Buncombe, Burke, Henderson, Madison, McDowell, Mitchell, Polk, Transylvania, Yancey (NC)

Charlotte NC

The following plans are offered in these counties:

H9725-009-001 HealthSpring Preferred (HMO)
H9725-015-001 HealthSpring Preferred Savings (HMO)
H9725-017-001 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-001 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rowan (NC)

For these counties, all plans above are offered PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Mecklenburg, Union (NC)

The Triad NC

The following plans are offered in these counties:

H9725-009-003 HealthSpring Preferred (HMO)
H9725-015-003 HealthSpring Preferred Savings (HMO)
H9725-017-003 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-003 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Alleghany, Davidson, Davie, Randolph, Rockingham, Stokes, Wilkes, Yadkin (NC)

For these counties, all plans above are offered PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Forsyth, Guilford (NC)

The Triangle NC

The following plans are offered in these counties:

H9725-009-004 HealthSpring Preferred (HMO)
H9725-015-004 HealthSpring Preferred Savings (HMO)
H9725-017-004 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-004 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Chatham, Johnston (NC)

For these counties, all plans above are offered PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Alamance, Durham, Orange, Wake (NC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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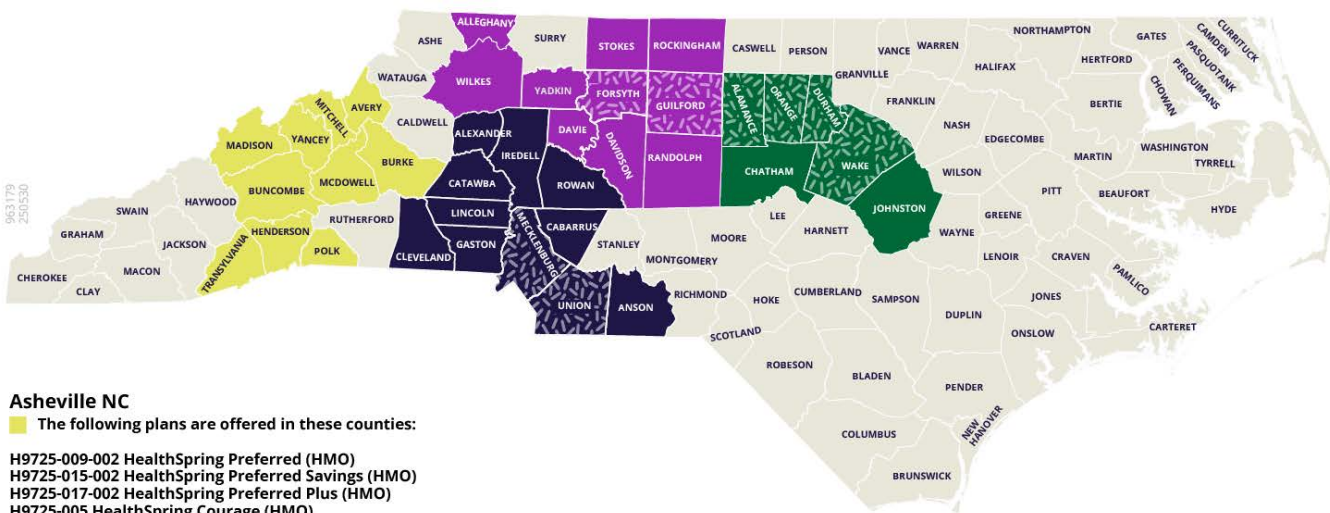


States

Plans by State: Southeast

North Carolina

2026 Overview



Asheville NC

The following plans are offered in these counties:

H9725-009-002 HealthSpring Preferred (HMO)
H9725-015-002 HealthSpring Preferred Savings (HMO)
H9725-017-002 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-002 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Avery, Buncombe, Burke, Henderson, Madison,
McDowell, Mitchell, Polk, Transylvania, Yancey (NC)

Charlotte NC

The following plans are offered in these counties:

H9725-009-001 HealthSpring Preferred (HMO)
H9725-015-001 HealthSpring Preferred Savings (HMO)
H9725-017-001 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-001 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston,
Iredell, Lincoln, Rowan (NC)

For these counties, all plans above are offered
PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Mecklenburg, Union (NC)

The Triad NC

The following plans are offered in these counties:

H9725-009-003 HealthSpring Preferred (HMO)
H9725-015-003 HealthSpring Preferred Savings (HMO)
H9725-017-003 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-003 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Alleghany, Davidson, Davie, Randolph, Rockingham,
Stokes, Wilkes, Yadkin (NC)

For these counties, all plans above are offered
PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Forsyth, Guilford (NC)

The Triangle NC

The following plans are offered in these counties:

H9725-009-004 HealthSpring Preferred (HMO)
H9725-015-004 HealthSpring Preferred Savings (HMO)
H9725-017-004 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-004 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Chatham, Johnston (NC)

For these counties, all plans above are offered
PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Alamance, Durham, Orange, Wake (NC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

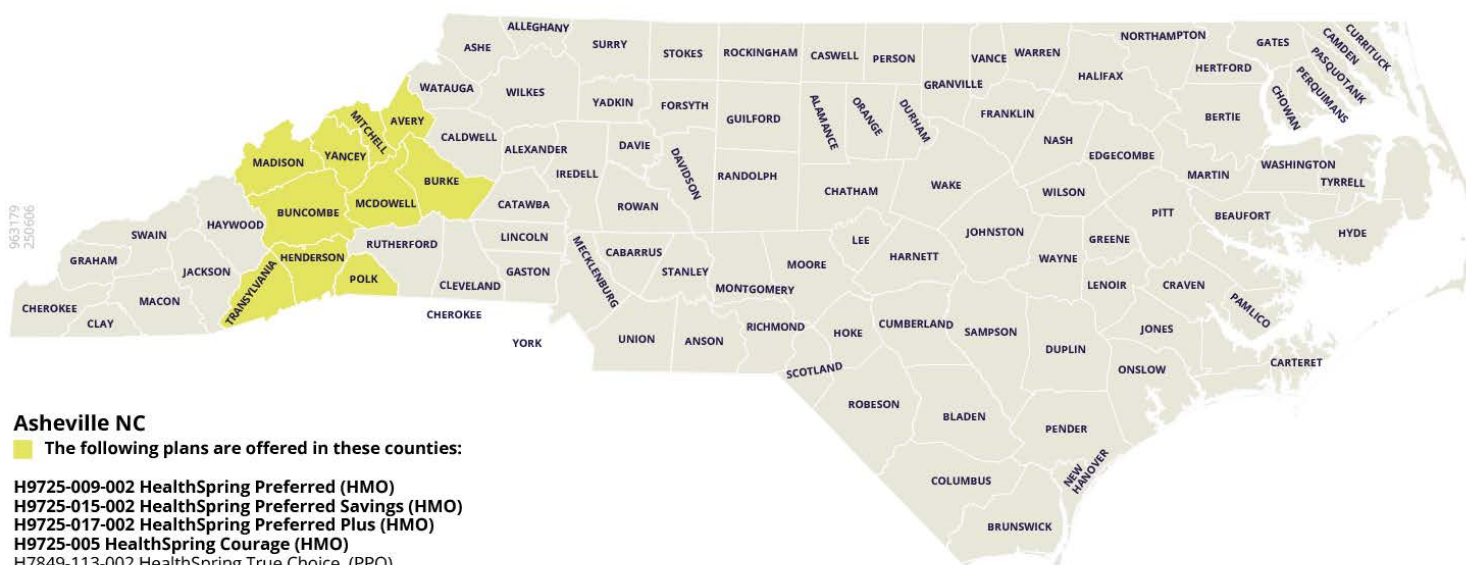
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Plans by State: Southeast

North Carolina: Asheville

2026 Overview



Asheville NC

The following plans are offered in these counties:

H9725-009-002 HealthSpring Preferred (HMO)

H9725-015-002 HealthSpring Preferred Savings (HMO)

H9725-017-002 HealthSpring Preferred Plus (HMO)

H9725-005 HealthSpring Courage (HMO)

H7849-113-002 HealthSpring True Choice (PPO)

H9725-003 HealthSpring TotalCare (HMO D-SNP)

H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Avery, Buncombe, Burke, Henderson, Madison,
McDowell, Mitchell, Polk, Transylvania, Yancey (NC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H9725-009-002
Counties	Avery, Buncombe, Burke, Henderson, McDowell, Madison, Mitchell, Polk, Transylvania, Yancey
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,500
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$265 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$80/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H9725-015-002
Counties	Avery, Buncombe, Burke, Henderson, McDowell, Madison, Mitchell, Polk, Transylvania, Yancey
Total Premium	\$0.00
Part B Premium Giveback	\$120.00
Max Out-of-Pocket	\$6,400
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$425 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	\$425
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included



States

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Plus (HMO)/H9725-017-002	New Plan
Counties	Avery, Buncombe, Burke, Henderson, McDowell, Madison, Mitchell, Polk, Transylvania, Yancey	
Total Premium	\$11.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$3,200	
Cost Share – PCP/Specialist	\$0/\$15	
Inpatient Acute Care Hospital	\$265 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$275	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$2,300 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$20/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H9725-005
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$300 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$280
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H9725-003
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$19.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$1,545 per stay
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$55/quarter	Caregiver Support	Included



States

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H9725-013
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$28.20
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$8,200
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$205/quarter	Caregiver Support	Included

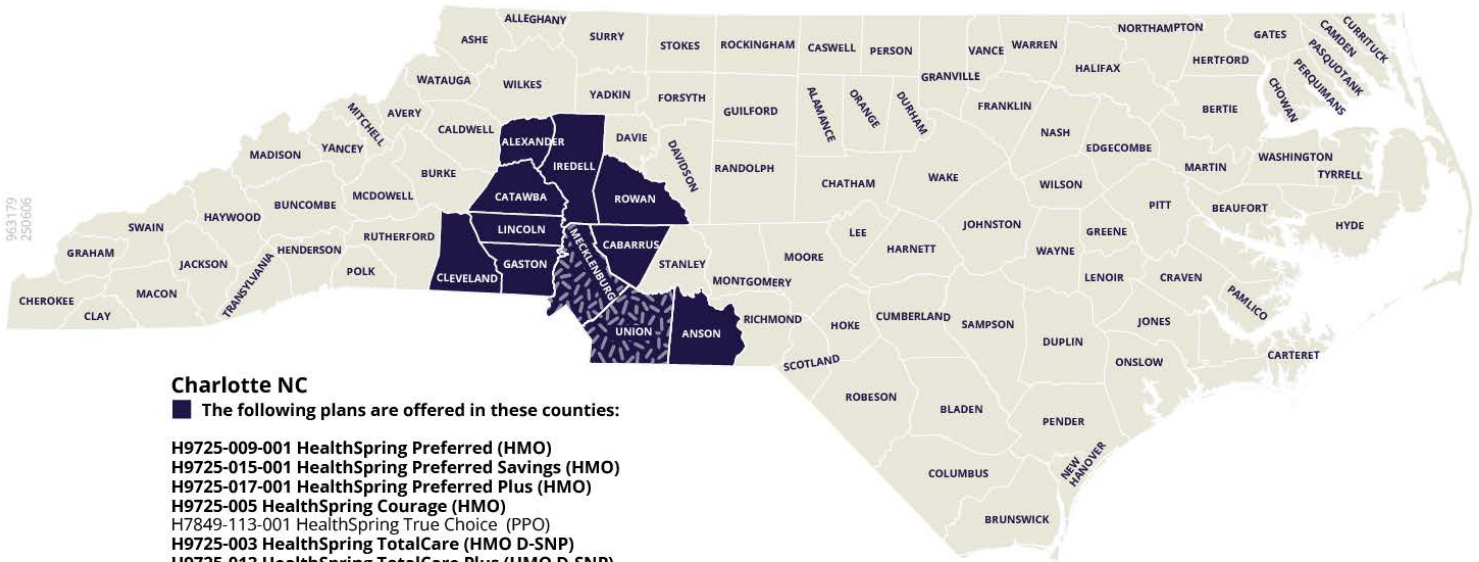


Plans by State: Southeast

States

North Carolina: Charlotte

2026 Overview



Charlotte NC

■ The following plans are offered in these counties:

H9725-009-001 HealthSpring Preferred (HMO)
H9725-015-001 HealthSpring Preferred Savings (HMO)
H9725-017-001 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-001 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rowan (NC)

■ For these counties, all plans above are offered **PLUS** this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Mecklenburg, Union (NC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H9725-009-001
Counties	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union
Total Premium	\$0.00
Part B Premium Giveback	\$5.00
Max Out-of-Pocket	\$3,450
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$290 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,850 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H9725-015-001
Counties	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union
Total Premium	\$0.00
Part B Premium Giveback	\$174.00
Max Out-of-Pocket	\$6,000
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$370 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	\$225
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Plus (HMO)/H9725-017-001	New Plan
Counties	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union	
Total Premium	\$13.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$3,200	
Cost Share – PCP/Specialist	\$0/\$15	
Inpatient Acute Care Hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$275	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$2,300 allowance	Hearing Aids	Included
Eyewear	\$225 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$30/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H9725-005
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$300 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$280
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H9725-003
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$19.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$1,545 per stay
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$55/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H9725-013
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$28.20
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$8,200
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$205/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Select (HMO)/H9725-014
Counties	Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake
Total Premium	\$0.00
Part B Premium Giveback	\$5.00
Max Out-of-Pocket	\$3,200
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$275 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$135/quarter	Caregiver Support	Included

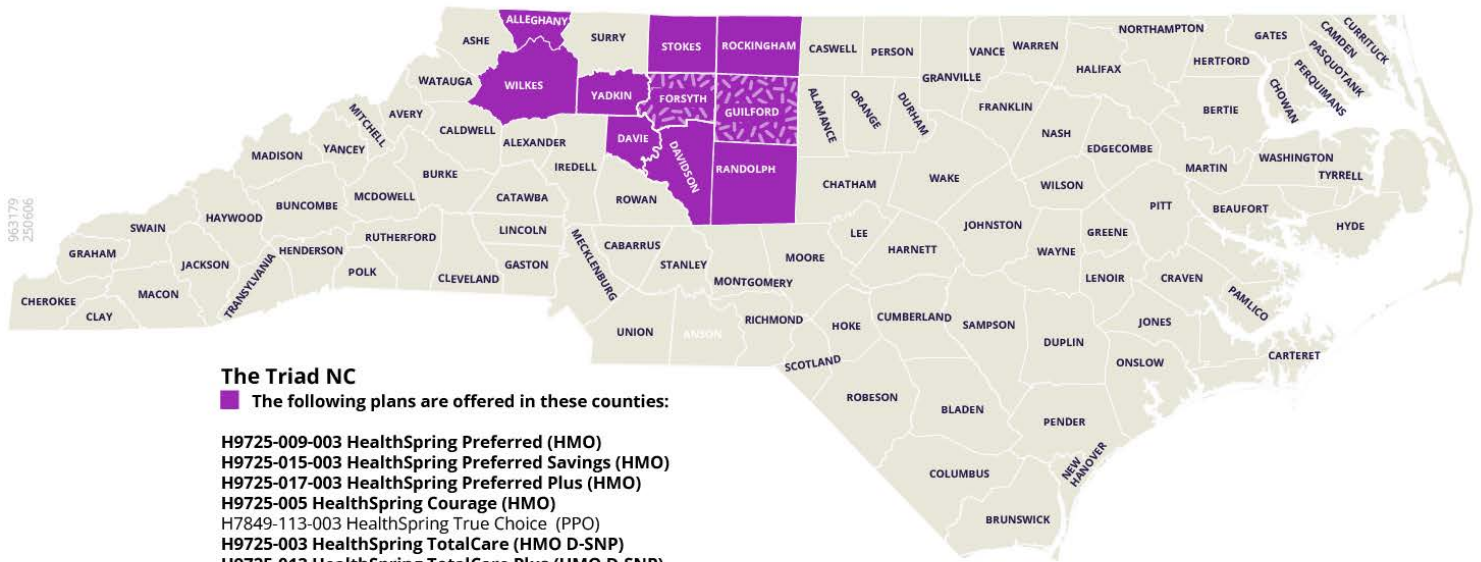


Plans by State: Southeast

States

North Carolina: The Triad

2026 Overview



The Triad NC

The following plans are offered in these counties:

H9725-009-003 HealthSpring Preferred (HMO)
H9725-015-003 HealthSpring Preferred Savings (HMO)
H9725-017-003 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-003 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Alleghany, Davidson, Davie, Randolph, Rockingham,
Stokes, Wilkes, Yadkin (NC)

For these counties, all plans above are offered
PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Forsyth, Guilford (NC)

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Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H9725-009-003
Counties	Alleghany, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Wilkes, Yadkin
Total Premium	\$0.00
Part B Premium Giveback	\$5.00
Max Out-of-Pocket	\$3,500
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$195 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,650 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$85/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H9725-015-003
Counties	Alleghany, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Wilkes, Yadkin
Total Premium	\$0.00
Part B Premium Giveback	\$163.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$300 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	\$325
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$600 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Plus (HMO)/H9725-017-003	New Plan
Counties	Alleghany, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Wilkes, Yadkin	
Total Premium	\$14.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$3,250	
Cost Share – PCP/Specialist	\$0/\$15	
Inpatient Acute Care Hospital	\$280 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$275	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H9725-005
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$300 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$280
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H9725-003
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$19.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$1,545 per stay
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$55/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H9725-013
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$28.20
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$8,200
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$205/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Select (HMO)/H9725-014
Counties	Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake
Total Premium	\$0.00
Part B Premium Giveback	\$5.00
Max Out-of-Pocket	\$3,200
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$275 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$135/quarter	Caregiver Support	Included

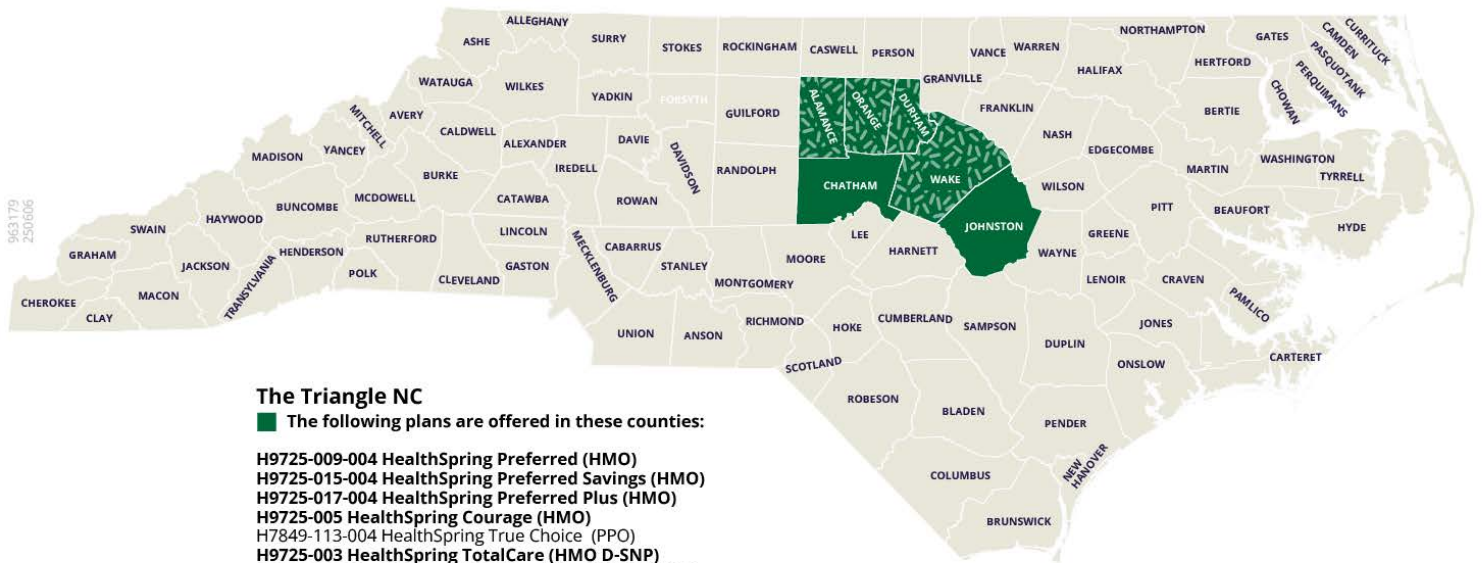


Plans by State: Southeast

States

North Carolina: The Triangle

2026 Overview



The Triangle NC

The following plans are offered in these counties:

H9725-009-004 HealthSpring Preferred (HMO)
H9725-015-004 HealthSpring Preferred Savings (HMO)
H9725-017-004 HealthSpring Preferred Plus (HMO)
H9725-005 HealthSpring Courage (HMO)
H7849-113-004 HealthSpring True Choice (PPO)
H9725-003 HealthSpring TotalCare (HMO D-SNP)
H9725-013 HealthSpring TotalCare Plus (HMO D-SNP)

Chatham, Johnston (NC)

For these counties, all plans above are offered
PLUS this plan:

H9725-014 HealthSpring Preferred Select (HMO)

Alamance, Durham, Orange, Wake (NC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H9725-009-004
Counties	Alamance, Chatham, Durham, Johnston, Orange, Wake
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,550
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$250 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,600 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$40/quarter	Caregiver Support	Included

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H9725-015-004
Counties	Alamance, Chatham, Durham, Johnston, Orange, Wake
Total Premium	\$0.00
Part B Premium Giveback	\$122.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$375 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	\$365
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Plus (HMO)/H9725-017-004	New Plan
Counties	Alamance, Chatham, Durham, Johnston, Orange, Wake	
Total Premium	\$14.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$3,300	
Cost Share – PCP/Specialist	\$0/\$15	
Inpatient Acute Care Hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$275	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$2,300 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$30/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H9725-005
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$300 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$280
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H9725-003
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$19.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$1,545 per stay
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$55/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H9725-013
Counties	Alamance, Alexander, Alleghany, Anson, Avery, Buncombe, Burke, Cabarrus, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, McDowell, Madison, Mecklenburg, Mitchell, Orange, Polk, Randolph, Rockingham, Rowan, Stokes, Transylvania, Union, Wake, Wilkes, Yadkin, Yancey
Total Premium	\$28.20
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$8,200
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$205/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: North Carolina

Plan Name/Plan ID	HealthSpring Preferred Select (HMO)/H9725-014
Counties	Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake
Total Premium	\$0.00
Part B Premium Giveback	\$5.00
Max Out-of-Pocket	\$3,200
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$275 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$295 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$135/quarter	Caregiver Support	Included

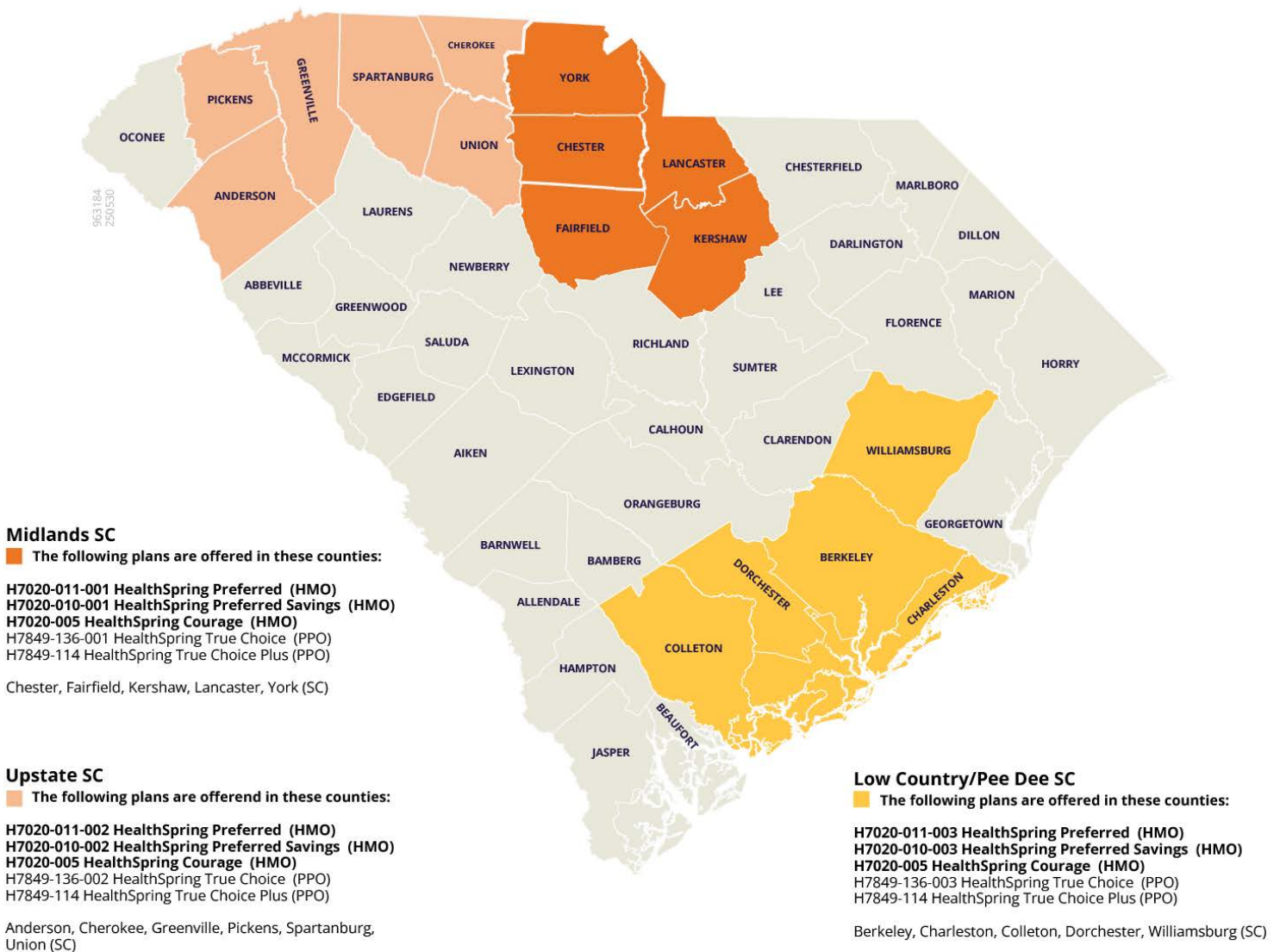


States

Plans by State: Southeast

South Carolina

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

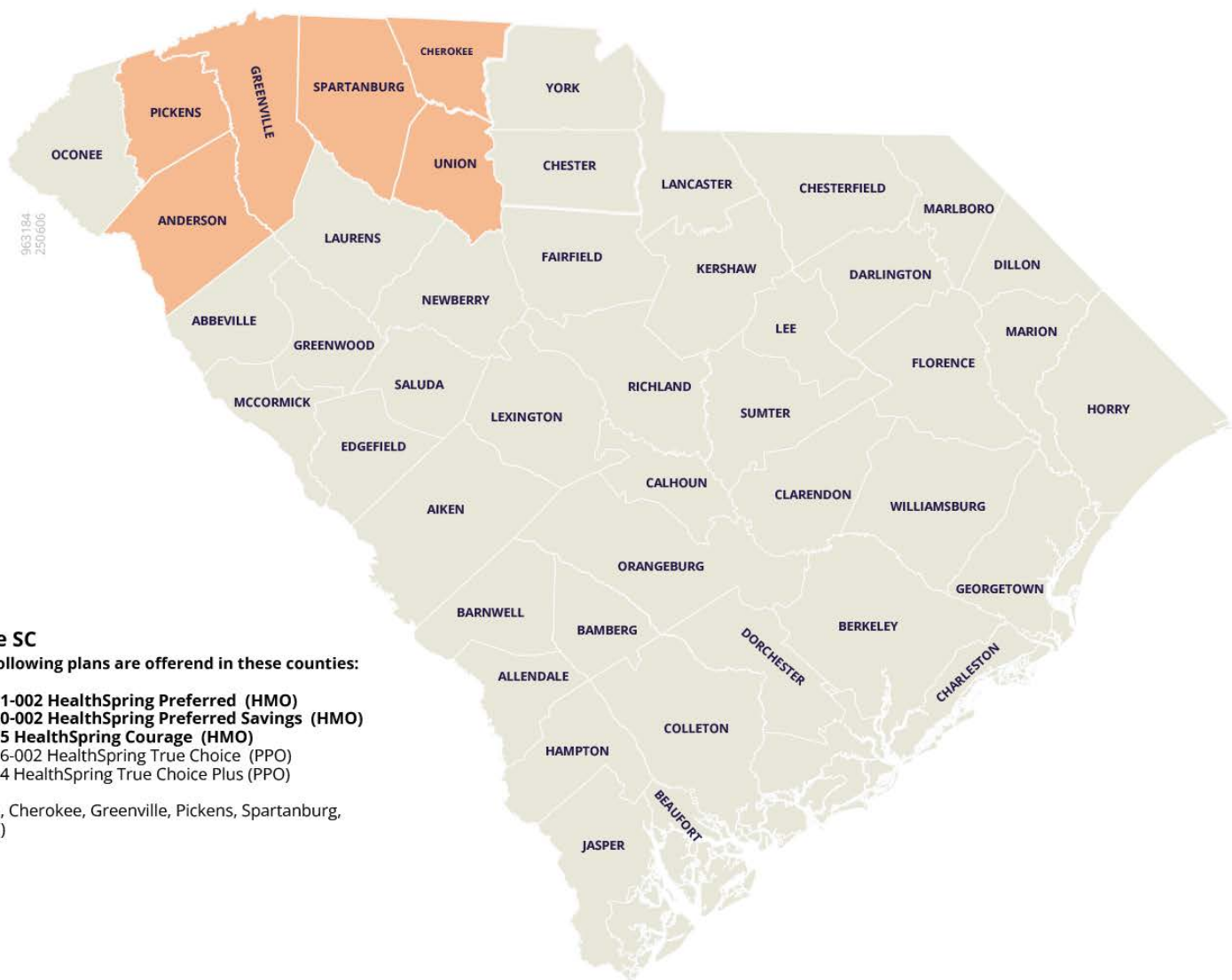


States

Plans by State: Southeast

South Carolina: Upstate

2026 Overview



Upstate SC

The following plans are offered in these counties:

H7020-011-002 HealthSpring Preferred (HMO)
H7020-010-002 HealthSpring Preferred Savings (HMO)
H7020-005 HealthSpring Courage (HMO)
H7849-136-002 HealthSpring True Choice (PPO)
H7849-114 HealthSpring True Choice Plus (PPO)

Anderson, Cherokee, Greenville, Pickens, Spartanburg, Union (SC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H7020-011-002
Counties	Anderson, Cherokee, Greenville, Pickens, Spartanburg, Union
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,250
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$250 per day for days 1-4; \$0 per day for days 5-90
Ambulatory Surgical Center	\$0 - \$195
Medical Deductible	No deductible
Part D Deductible	\$395 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/28%

Supplemental Benefits			
Dental	\$1,750 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$40/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H7020-010-002
Counties	Anderson, Cherokee, Greenville, Pickens, Spartanburg, Union
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$360 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$295
Medical Deductible	\$375
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$650 allowance	Hearing Aids	Included
Eyewear	\$225 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H7020-005
Counties	Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, Williamsburg, York
Total Premium	\$0.00
Part B Premium Giveback	\$150.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$225
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$175 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

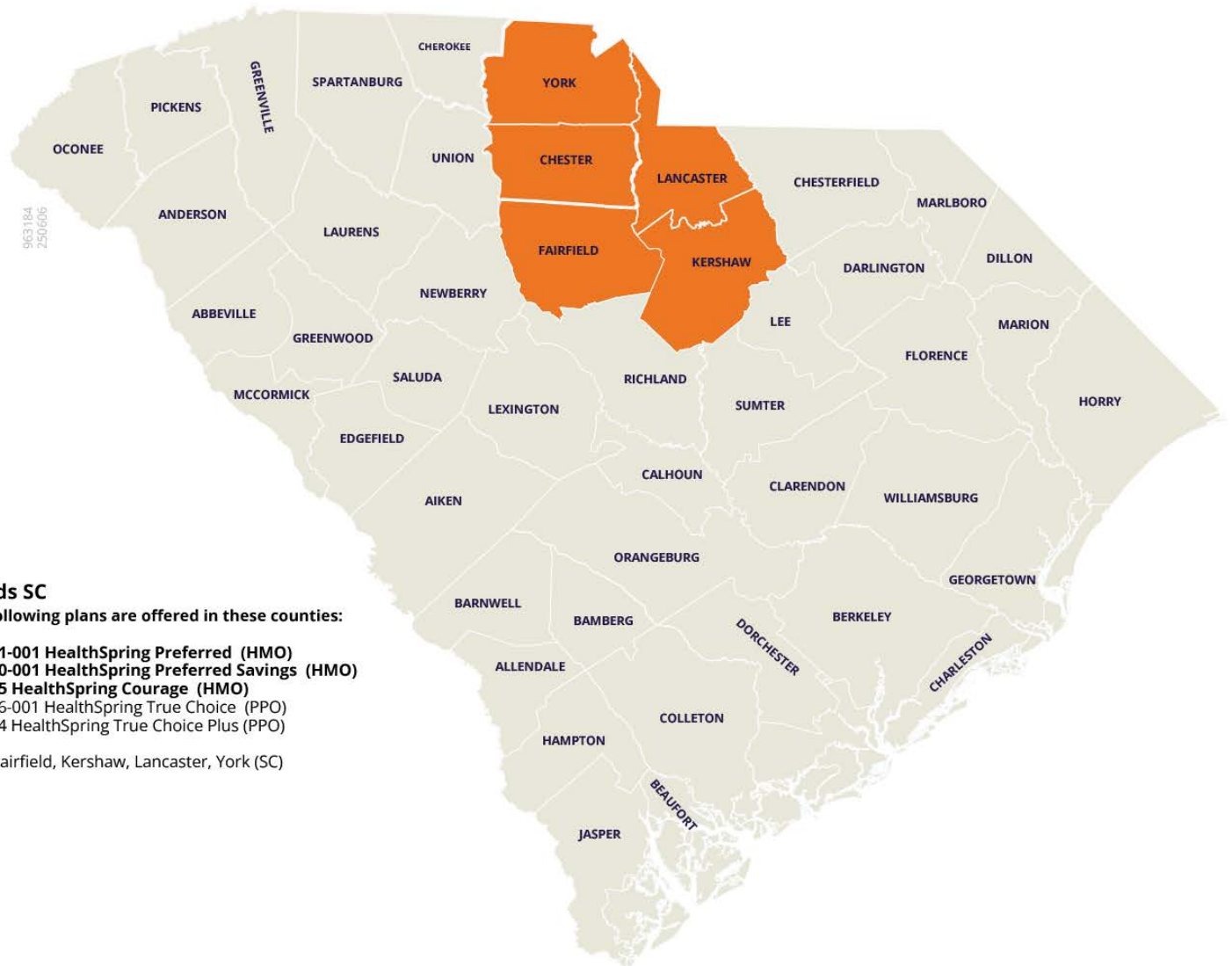


Plans by State: Southeast

States

South Carolina: Midlands

2026 Overview



Midlands SC

The following plans are offered in these counties:

H7020-011-001 HealthSpring Preferred (HMO)
H7020-010-001 HealthSpring Preferred Savings (HMO)
H7020-005 HealthSpring Courage (HMO)
H7849-136-001 HealthSpring True Choice (PPO)
H7849-114 HealthSpring True Choice Plus (PPO)

Chester, Fairfield, Kershaw, Lancaster, York (SC)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H7020-011-001
Counties	Chester, Fairfield, Kershaw, Lancaster, York
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,250
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$260 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$195
Medical Deductible	No deductible
Part D Deductible	\$395 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/28%

Supplemental Benefits			
Dental	\$1,550 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$20/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H7020-010-001
Counties	Chester, Fairfield, Kershaw, Lancaster, York
Total Premium	\$0.00
Part B Premium Giveback	\$128.00
Max Out-of-Pocket	\$6,500
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$385 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$295
Medical Deductible	\$350
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$600 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H7020-005
Counties	Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, Williamsburg, York
Total Premium	\$0.00
Part B Premium Giveback	\$150.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$225
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$175 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

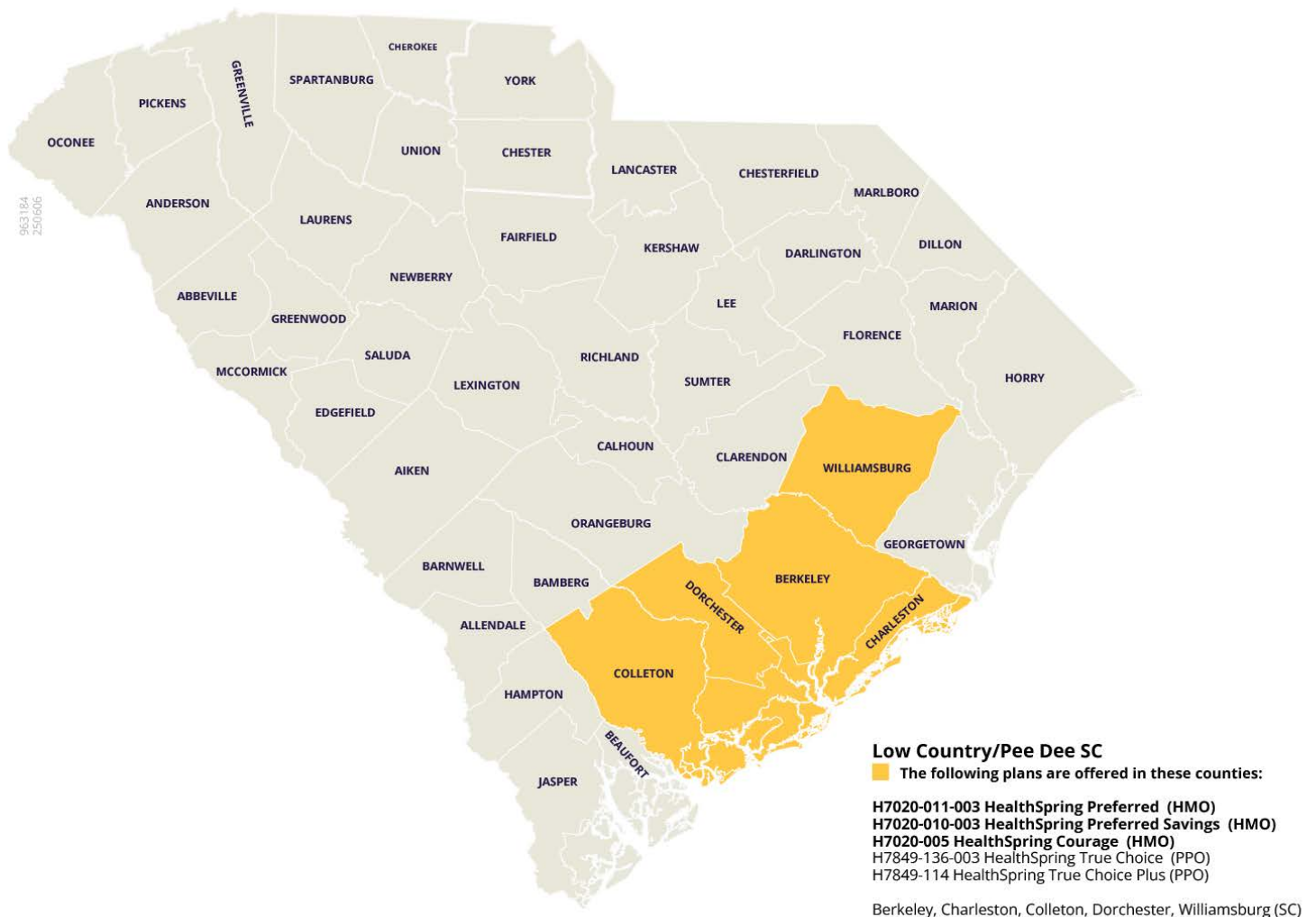


Plans by State: Southeast

States

South Carolina: Low Country/Pee Dee

2026 Overview



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[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H7020-011-003
Counties	Berkeley, Charleston, Colleton, Dorchester, Williamsburg
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,250
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$255 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$395 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/28%

Supplemental Benefits			
Dental	\$1,300 allowance	Hearing Aids	Included
Eyewear	\$225 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$35/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H7020-010-003
Counties	Berkeley, Charleston, Colleton, Dorchester, Williamsburg
Total Premium	\$0.00
Part B Premium Giveback	\$128.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	\$550
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$250 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Carolinas

Submarket: South Carolina

Plan Name/Plan ID	HealthSpring Courage (HMO)/H7020-005
Counties	Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, Williamsburg, York
Total Premium	\$0.00
Part B Premium Giveback	\$150.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$225
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$175 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

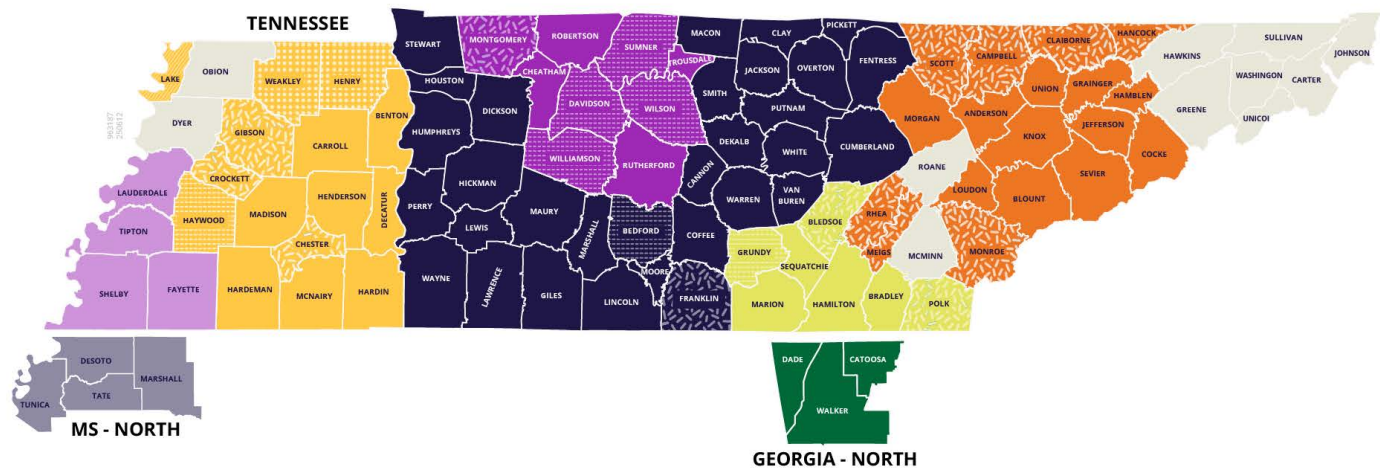


States ↗

Plans by State: Southeast

Tennessee, Northern MS, & North GA

2026 Overview



West TN

■ The following plans are offered in these counties:

H4513-049-005 HealthSpring Preferred (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-033 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Benton, Carroll, Decatur, Hardeman, Hardin, Henderson, Madison, McNairy (TN)

■ For this county, all plans above are offered EXCEPT for the Premier plan:

Haywood (TN)

■ For these counties, only the Preferred, Courage and PPO plans are offered:

Henry, Weakley (TN)

■ For these counties, only HMO plans are offered, PPO plan is not available:

Chester, Crockett, Gibson (TN)

■ For this county, only the PPO plan is offered, HMO plans are not available:

Lake (TN)

Memphis (North MS counties)

■ The following plans are offered in these counties:

H4513-049-004 HealthSpring Preferred (HMO)
H7849-153 HealthSpring True Choice (PPO)

Desoto, Marshall, Tate, Tunica (MS)

Middle TN

■ The following plans are offered in these counties:

H4513-049-002 HealthSpring Preferred (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Cannon, Clay, Coffee, Cumberland, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Smith, Stewart, Van Buren, Warren, Wayne, White (TN)

■ For this county, all plans above are offered EXCEPT the Premier plan:

Bedford (TN)

■ For this county, only these plans are offered:

H4513-049-002 HealthSpring Preferred (HMO)
H4513-033 HealthSpring Courage (HMO)

Franklin (TN)

Memphis (TN counties)

■ The following plans are offered in these counties:

H4513-049-004 HealthSpring Preferred (HMO)
H4513-068-002 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Fayette, Lauderdale, Shelby, Tipton (TN)

Nashville

■ The following plans are offered in these counties:

H4513-049-001 HealthSpring Preferred (HMO)
H4513-090 HealthSpring Preferred Full Savings (HMO)
H4513-068-001 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Cheatham, Robertson, Rutherford, Trousdale (TN)

■ For these counties, all plans above are offered PLUS this plan:

H4513-097 HealthSpring Achieve (HMO C-SNP)

Davidson, Sumner, Williamson, Wilson (TN)

■ For this county, only HMO plans are offered, PPO plan is not available:

Montgomery (TN)

Knoxville

■ The following plans are offered in these counties:

H4513-037 HealthSpring Preferred (HMO)
H4513-035 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)

Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Sevier, Union (TN)

■ For these counties, all plans above are offered EXCEPT the Primary plan:

Campbell, Claiborne, Hancock, Meigs, Monroe, Rhea, Scott (TN)

Chattanooga (TN Counties)

■ The following plans are offered in these counties:

H4513-049-003 HealthSpring Preferred (HMO)
H4513-068-003 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-035 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Bradley, Hamilton, Marion, Sequatchie (TN)

■ For these counties, all plans above are offered EXCEPT the Primary plan:

Bledsoe, Polk (TN)

■ For this county, all plans above are offered EXCEPT the Premier plan:

Grundey (TN)

Chattanooga (North GA counties)

■ The following plans are offered in these counties:

H4513-030 HealthSpring Preferred (HMO)
H4513-068-003 HealthSpring Preferred Savings (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-080 HealthSpring TotalCare (HMO D-SNP)
H4513-079 HealthSpring TotalCare Plus (HMO D-SNP)

Catoosa, Dade, Walker (GA)

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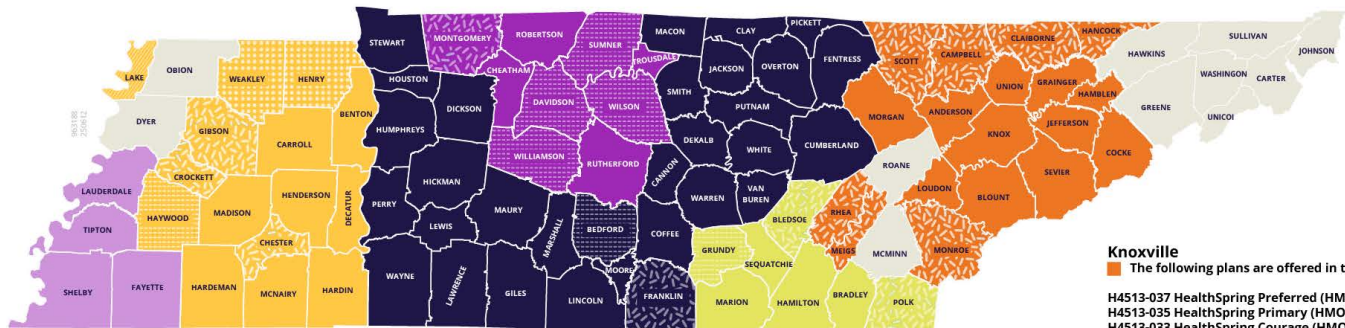


States ↗

Plans by State: Southeast

Tennessee

2026 Overview



West TN

■ The following plans are offered in these counties:

H4513-049-005 HealthSpring Preferred (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

■ For this county, all plans above are offered EXCEPT for the Premier plan:

Haywood (TN)

■ For these counties, only the Preferred, Courage and PPO plans are offered:

Henry, Weakley (TN)

■ For these counties, only HMO plans are offered, PPO plan is not available:

Chester, Crockett, Gibson (TN)

■ For this county, only the PPO plan is offered, HMO plans are not available:

Lake (TN)

Middle TN

■ The following plans are offered in these counties:

H4513-049-002 HealthSpring Preferred (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Cannon, Clay, Coffee, Cumberland, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Smith, Stewart, Van Buren, Warren, Wayne, White (TN)

■ For this county, all plans above are offered EXCEPT the Premier plan:

Bedford (TN)

■ For this county, only these plans are offered:

H4513-049-002 HealthSpring Preferred (HMO)
H4513-033 HealthSpring Courage (HMO)

Franklin (TN)

Nashville

■ The following plans are offered in these counties:

H4513-049-001 HealthSpring Preferred (HMO)
H4513-090 HealthSpring Preferred Full Savings (HMO)
H4513-068-001 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Cheatham, Robertson, Rutherford, Trousdale (TN)

■ For these counties, all plans above are offered PLUS this plan:

H4513-097 HealthSpring Achieve (HMO C-SNP)

Davidson, Sumner, Williamson, Wilson (TN)

■ For this county, only HMO plans are offered, PPO plan is not available:

Montgomery (TN)

Memphis (TN counties)

■ The following plans are offered in these counties:

H4513-049-004 HealthSpring Preferred (HMO)
H4513-068-002 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Fayette, Lauderdale, Shelby, Tipton (TN)

Knoxville

■ The following plans are offered in these counties:

H4513-037 HealthSpring Preferred (HMO)
H4513-035 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)

Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Sevier, Union (TN)

■ For these counties, all plans above are offered EXCEPT the Primary plan:

Campbell, Claiborne, Hancock, Meigs, Monroe, Rhea, Scott (TN)

Chattanooga (TN Counties)

■ The following plans are offered in these counties:

H4513-049-003 HealthSpring Preferred (HMO)
H4513-068-003 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-035 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Bradley, Hamilton, Marion, Sequatchie (TN)

■ For these counties, all plans above are offered EXCEPT the Primary plan:

Bledsoe, Polk (TN)

■ For this county, all plans above are offered EXCEPT the Premier plan:

Grundey (TN)

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Tennessee: West

2026 Overview



- West TN**
- The following plans are offered in these counties:
H4513-049-005 HealthSpring Preferred (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)
 Benton, Carroll, Decatur, Hardeman, Hardin, Henderson, Madison, McNairy (TN)
 - For this county, all plans above are offered EXCEPT for the Premier plan:
 Haywood (TN)
 - For these counties, only the Preferred, Courage and PPO plans are offered:
 Henry, Weakley (TN)
 - For these counties, only HMO plans are offered, PPO plan is not available:
 Chester, Crockett, Gibson (TN)
 - For this county, only the PPO plan is offered, HMO plans are not available:
 Lake (TN)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-049-005
Counties	Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Madison, McNairy, Weakley
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,900
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$280 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,300 allowance	Hearing Aids	Included
Eyewear	\$225 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$75/quarter	Caregiver Support	Included

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-036	
Counties	Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman, Hardin, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
Network	In-Network	Out-of-Network
Total Premium	\$45.00	
Part B Premium Giveback	\$0	
Max Out-of-Pocket	\$6,150	There is no maximum out of pocket cost for out-of-network benefits
Cost Share – PCP/Specialist	\$0/\$25	40%/40%
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	40% per stay
Ambulatory Surgical Center	\$0 - \$275	40%
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$2,000 allowance		Hearing Aids	Included	Not included
Eyewear	\$300 allow.	Not included	Meals	Included	Not included
Transport.	10 one-way	Not included	Fitness	Included	Not included
OTC	\$65/quarter	Not included	Caregiver	Included	Not included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Primary (HMO)/H4513-053
Counties	Benton, Carroll, Cheatham, Chester, Crockett, Davidson, Decatur, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Montgomery, Robertson, Rutherford, Shelby, Sumner, Tipton, Trousdale, Williamson, Wilson
Total Premium	\$17.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$285 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,650 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$120/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-034
Counties	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

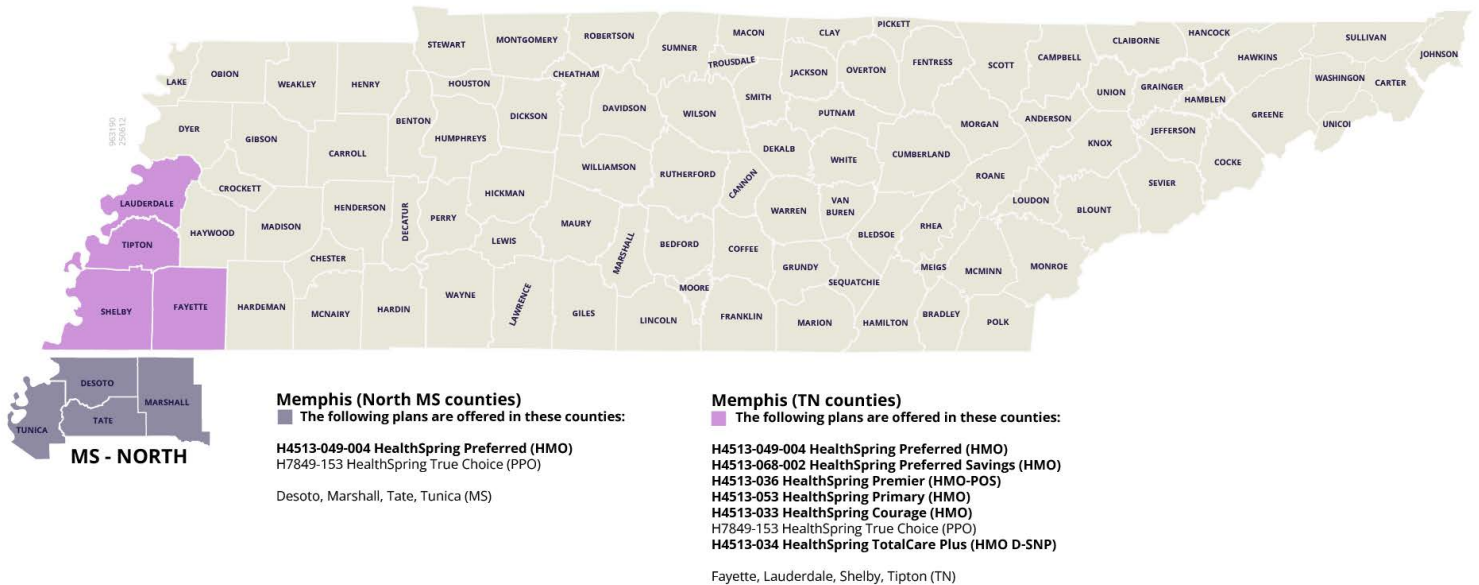


Plans by State: Southeast

States

Tennessee & Mississippi: Memphis Area

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

2026 market, plan and benefit information subject to CMS approval. The plans shared are HealthSpring Medicare's featured plans. There may be additional plans available for 2026. Please contact your Broker Sales Manager for details. Confidential, unpublished property of HealthSpring. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-049-004	County Expansion
Counties	MS: Desoto, Marshall, Tate, Tunica TN: Fayette, Lauderdale, Shelby, Tipton	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$5,100	
Cost Share – PCP/Specialist	\$0/\$15	
Inpatient Acute Care Hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$250	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$2,300 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$90/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-068-002
Counties	Fayette, Lauderdale, Shelby, Tipton
Total Premium	\$0.00
Part B Premium Giveback	\$100.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$325
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/29%

Supplemental Benefits			
Dental	\$800 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

States 

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-036	
Counties	Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman, Hardin, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
Network	In-Network	Out-of-Network
Total Premium	\$45.00	
Part B Premium Giveback	\$0	
Max Out-of-Pocket	\$6,150	There is no maximum out of pocket cost for out-of-network benefits
Cost Share – PCP/Specialist	\$0/\$25	40%/40%
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	40% per stay
Ambulatory Surgical Center	\$0 - \$275	40%
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$2,000 allowance		Hearing Aids	Included	Not included
Eyewear	\$300 allow.	Not included	Meals	Included	Not included
Transport.	10 one-way	Not included	Fitness	Included	Not included
OTC	\$65/quarter	Not included	Caregiver	Included	Not included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Primary (HMO)/H4513-053
Counties	Benton, Carroll, Cheatham, Chester, Crockett, Davidson, Decatur, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Montgomery, Robertson, Rutherford, Shelby, Sumner, Tipton, Trousdale, Williamson, Wilson
Total Premium	\$17.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$285 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,650 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$120/quarter	Caregiver Support	Included

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Market: Tennessee

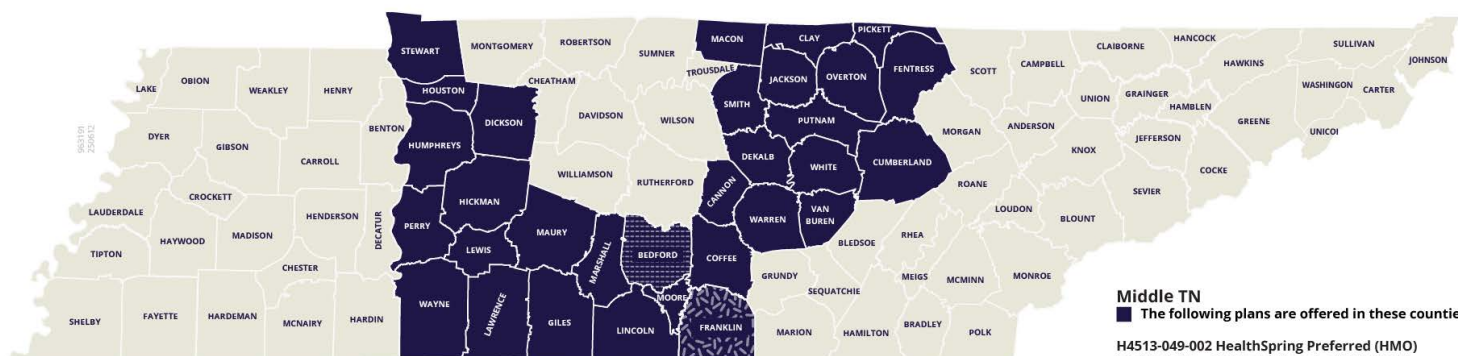
Submarket: Tennessee

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-034
Counties	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

Tennessee: Middle

2026 Overview



Middle TN

■ The following plans are offered in these counties:

H4513-049-002 HealthSpring Preferred (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Cannon, Clay, Coffee, Cumberland, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Smith, Stewart, Van Buren, Warren, Wayne, White (TN)

■ For this county, all plans above are offered EXCEPT the Premier plan:

Bedford (TN)

■ For this county, only these plans are offered:

H4513-049-002 HealthSpring Preferred (HMO)
H4513-033 HealthSpring Courage (HMO)

Franklin (TN)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-049-002
Counties	Bedford, Cannon, Clay, Coffee, Cumberland, DeKalb, Dickson, Fentress, Franklin, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Smith, Stewart, Van Buren, Warren, Wayne, White
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,900
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$280 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$225 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: Southeast

States 

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-036	
Counties	Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman, Hardin, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
Network	In-Network	Out-of-Network
Total Premium	\$45.00	
Part B Premium Giveback	\$0	
Max Out-of-Pocket	\$6,150	There is no maximum out of pocket cost for out-of-network benefits
Cost Share – PCP/Specialist	\$0/\$25	40%/40%
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	40% per stay
Ambulatory Surgical Center	\$0 - \$275	40%
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$2,000 allowance		Hearing Aids	Included	Not included
Eyewear	\$300 allow.	Not included	Meals	Included	Not included
Transport.	10 one-way	Not included	Fitness	Included	Not included
OTC	\$65/quarter	Not included	Caregiver	Included	Not included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-034
Counties	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

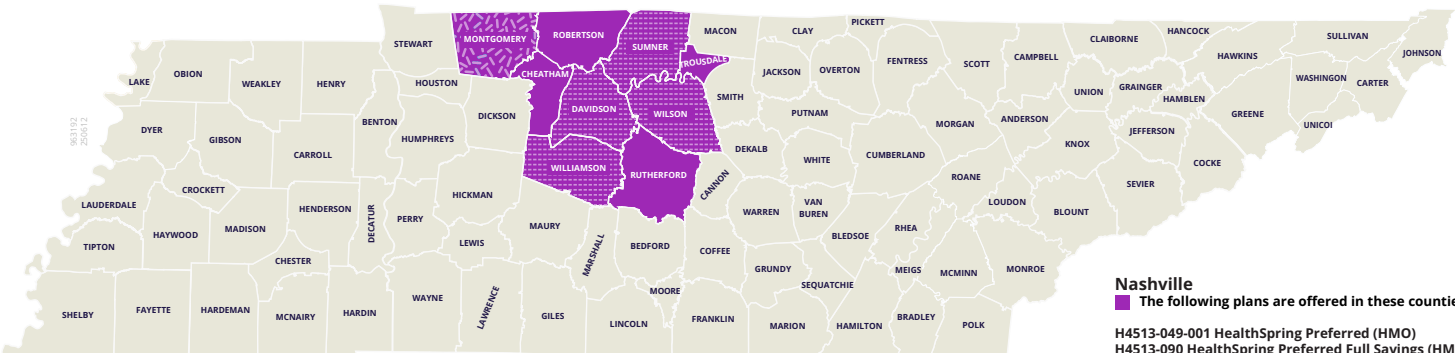


Plans by State: Southeast

States ↗

Tennessee: Nashville Area

2026 Overview



- Nashville**
- The following plans are offered in these counties:
H4513-049-001 HealthSpring Preferred (HMO)
H4513-090 HealthSpring Preferred Full Savings (HMO)
H4513-068-001 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-053 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)
Cheatham, Robertson, Rutherford, Trousdale (TN)
 - For these counties, all plans above are offered PLUS this plan:
H4513-097 HealthSpring Achieve (HMO C-SNP)
Davidson, Sumner, Williamson, Wilson (TN)
 - For this county, only HMO plans are offered, PPO plan is not available:
Montgomery (TN)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-049-001
Counties	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,100
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,550 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$110/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H4513-090
Counties	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$380 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$350
Medical Deductible	No deductible
Part D Deductible	\$400 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/28%

Supplemental Benefits			
Dental	\$950 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-068-001
Counties	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$85.00
Max Out-of-Pocket	\$6,200
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,300 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-036	
Counties	Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman, Hardin, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
Network	In-Network	Out-of-Network
Total Premium	\$45.00	
Part B Premium Giveback	\$0	
Max Out-of-Pocket	\$6,150	There is no maximum out of pocket cost for out-of-network benefits
Cost Share – PCP/Specialist	\$0/\$25	40%/40%
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	40% per stay
Ambulatory Surgical Center	\$0 - \$275	40%
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$2,000 allowance		Hearing Aids	Included	Not included
Eyewear	\$300 allow.	Not included	Meals	Included	Not included
Transport.	10 one-way	Not included	Fitness	Included	Not included
OTC	\$65/quarter	Not included	Caregiver	Included	Not included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Primary (HMO)/H4513-053
Counties	Benton, Carroll, Cheatham, Chester, Crockett, Davidson, Decatur, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Montgomery, Robertson, Rutherford, Shelby, Sumner, Tipton, Trousdale, Williamson, Wilson
Total Premium	\$17.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$285 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$1,650 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$120/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-034
Counties	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H4513-097	New Plan
Counties	Davidson, Sumner, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$6,700	
Cost Share – PCP/Specialist	\$0/\$20	
Inpatient Acute Care Hospital	\$350 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$300	
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%/\$9	

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included



Tennessee: Knoxville Area

2026 Overview



Knoxville
The following plans are offered in these counties:
H4513-037 HealthSpring Preferred (HMO)
H4513-035 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Sevier, Union (TN)
 For these counties, all plans above are offered EXCEPT the Primary plan:
Campbell, Claiborne, Hancock, Meigs, Monroe, Rhea, Scott (TN)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-037
Counties	Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Jefferson, Knox, Loudon, Meigs, Monroe, Morgan, Rhea, Scott, Sevier, Union
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,650
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$340 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$325
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/29%

Supplemental Benefits			
Dental	\$2,900 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Primary (HMO)/H4513-035
Counties	Anderson, Blount, Bradley, Cocke, Grainger, Grundy, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, Morgan, Sequatchie, Sevier, Union
Total Premium	\$23.90
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$130/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included



Plans by State: Southeast

States

Tennessee & Georgia: Chattanooga Area

2026 Overview



Chattanooga (North GA counties)

The following plans are offered in these counties:

H4513-030 HealthSpring Preferred (HMO)
H4513-068-003 HealthSpring Preferred Savings (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-080 HealthSpring TotalCare (HMO D-SNP)
H4513-079 HealthSpring TotalCare Plus (HMO D-SNP)

Catoosa, Dade, Walker (GA)

GEORGIA - NORTH

Chattanooga (TN Counties)

The following plans are offered in these counties:

H4513-049-003 HealthSpring Preferred (HMO)
H4513-068-003 HealthSpring Preferred Savings (HMO)
H4513-036 HealthSpring Premier (HMO-POS)
H4513-035 HealthSpring Primary (HMO)
H4513-033 HealthSpring Courage (HMO)
H7849-153 HealthSpring True Choice (PPO)
H4513-034 HealthSpring TotalCare Plus (HMO D-SNP)

Bradley, Hamilton, Marion, Sequatchie (TN)

For these counties, all plans above are offered EXCEPT the Primary plan:

Bledsoe, Polk (TN)

For this county, all plans above are offered EXCEPT the Premier plan:

Grundy (TN)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-049-003
Counties	Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,800
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,400 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-068-003
Counties	GA: Catoosa, Dade, Walker TN: Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$6,500
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$370 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$325
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,100 allowance	Hearing Aids	Included
Eyewear	\$125 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-036	
Counties	Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman, Hardin, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
Network	In-Network	Out-of-Network
Total Premium	\$45.00	
Part B Premium Giveback	\$0	
Max Out-of-Pocket	\$6,150	There is no maximum out of pocket cost for out-of-network benefits
Cost Share – PCP/Specialist	\$0/\$25	40%/40%
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	40% per stay
Ambulatory Surgical Center	\$0 - \$275	40%
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$2,000 allowance		Hearing Aids	Included	Not included
Eyewear	\$300 allow.	Not included	Meals	Included	Not included
Transport.	10 one-way	Not included	Fitness	Included	Not included
OTC	\$65/quarter	Not included	Caregiver	Included	Not included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Primary (HMO)/H4513-035
Counties	Anderson, Blount, Bradley, Cocke, Grainger, Grundy, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, Morgan, Sequatchie, Sevier, Union
Total Premium	\$23.90
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$130/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-034
Counties	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$4,000 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$225/quarter	Caregiver Support	Included



States

Featured Plans: Southeast

Market: Tennessee

Submarket: North Georgia

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-030
Counties	Catoosa, Dade, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,700
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/29%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-068-003
Counties	GA: Catoosa, Dade, Walker TN: Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$6,500
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$370 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$325
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,100 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Tennessee

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-033	County Expansion
Counties	GA: Catoosa, Dade, Walker TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, Weakley, White, Williamson, Wilson	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$3,900	
Cost Share – PCP/Specialist	\$0/\$30	
Inpatient Acute Care Hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$150	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: North Georgia

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-080
Counties	Catoosa, Dade, Walker
Total Premium	\$24.30
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$280 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$2,350 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	30 one-way	Fitness	Included
OTC	\$175/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

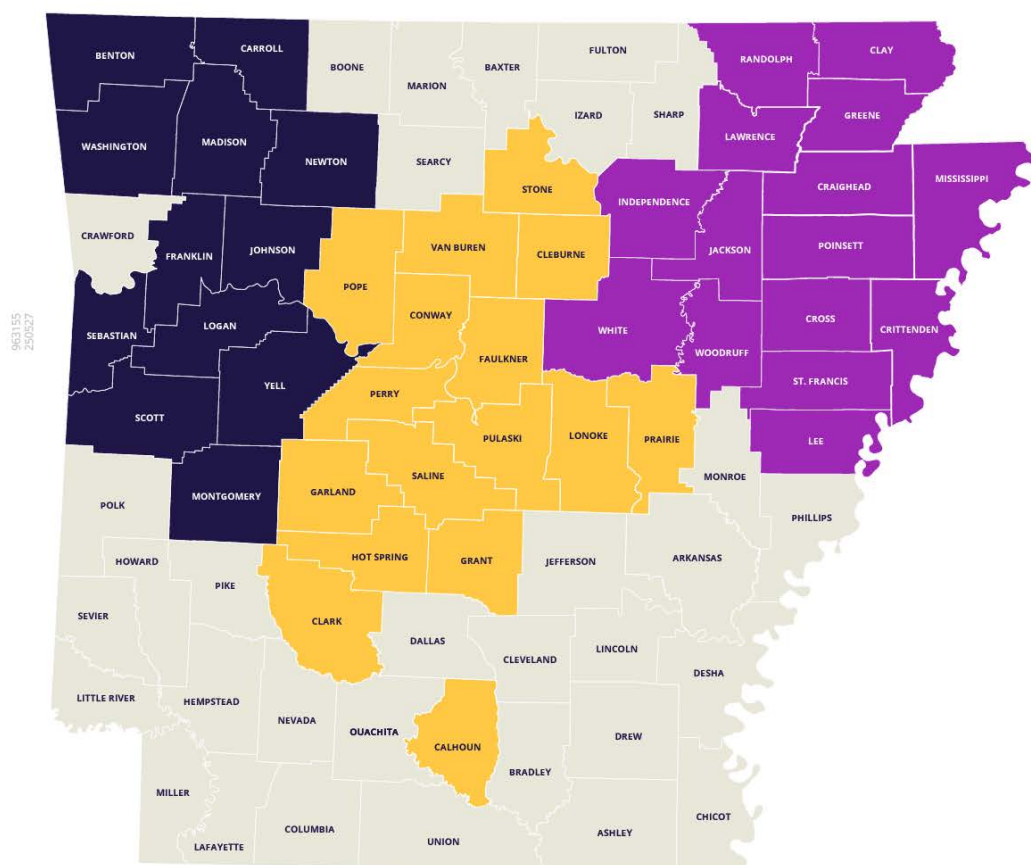
Submarket: North Georgia

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-079
Counties	Catoosa, Dade, Walker
Total Premium	\$8.60
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,300 allowance	Hearing Aids	Included
Eyewear	\$425 allowance	Meals	Included
Transportation	40 one-way	Fitness	Included
OTC	\$230/quarter	Caregiver Support	Included

Arkansas

2026 Overview



Northwest AR

The following plans are offered in these counties:

H4513-052 HealthSpring Preferred (HMO)
H4513-078 HealthSpring Courage (HMO)
H7849-102-003 HealthSpring True Choice (PPO)
H4513-081 HealthSpring TotalCare (HMO D-SNP)
H4513-039 HealthSpring TotalCare Plus (HMO D-SNP)

Benton, Carroll, Franklin, Johnson, Logan, Madison,
Montgomery, Newton, Scott, Sebastian, Washington, Yell

Central AR

Central AK

 The following plans are offered in these counties:

H4513-050 HealthSpring Preferred (HMO)
H4513-078 HealthSpring Courage (HMO)
H7849-102-002 HealthSpring True Choice (PPO)
H4513-081 HealthSpring TotalCare (HMO D-SNP)
H4513-039 HealthSpring TotalCare Plus (HMO D-SNP)

Calhoun, Clark, Cleburne, Conway, Faulkner, Garland,
Grant, Hot Spring, Lonoke, Perry, Pope, Prairie, Pulaski,
Saline, Stone, Van Buren

Jonesboro

The following plans are offered in these counties:

H4513-038 HealthSpring Preferred (HMO)
H4513-078 HealthSpring Courage (HMO)
H7849-102-001 HealthSpring TrueChoice (PPO)
H4513-081 HealthSpring TotalCare (HMO D-SNP)
H4513-039 HealthSpring TotalCare Plus (HMO D-SNP)

Clay, Craighead, Crittenden, Cross, Greene, Independence,
Jackson, Lawrence, Lee, Mississippi, Poinsett, Randolph,
St. Francis, White, Woodruff

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

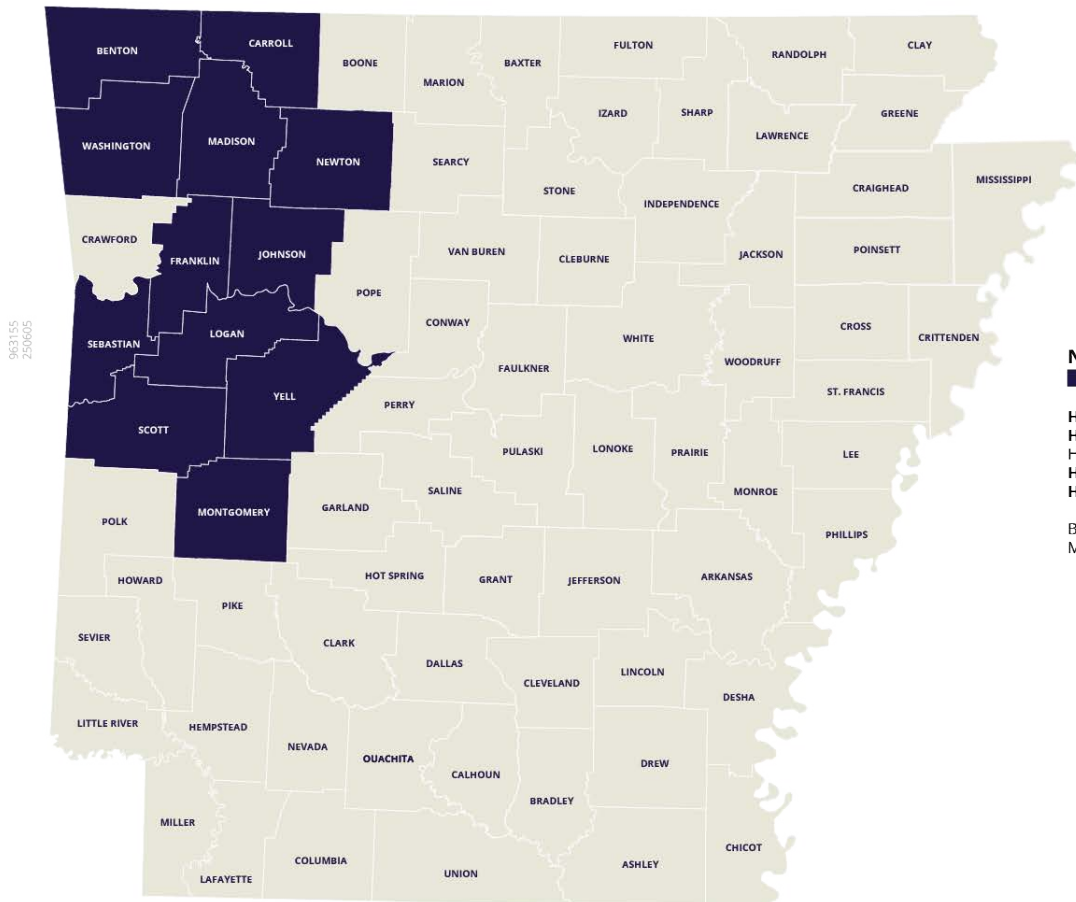


Plans by State: Southeast

States

Arkansas: Northwest

2026 Overview



Northwest AR

■ The following plans are offered in these counties:

H4513-052 HealthSpring Preferred (HMO)
H4513-078 HealthSpring Courage (HMO)
H7849-102-003 HealthSpring True Choice (PPO)
H4513-081 HealthSpring TotalCare (HMO D-SNP)
H4513-039 HealthSpring TotalCare Plus (HMO D-SNP)

Benton, Carroll, Franklin, Johnson, Logan, Madison, Montgomery, Newton, Scott, Sebastian, Washington, Yell

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-052
Counties	Benton, Carroll, Franklin, Johnson, Logan, Madison, Montgomery, Newton, Scott, Sebastian, Washington, Yell
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,850
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,300 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$70/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-078
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$4,500
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$2,200 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-081
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$8.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$7,400
Cost Share – PCP/Specialist	\$020%
Inpatient Acute Care Hospital	\$187 per day for days 1-10; \$0 per day for days 11-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,200 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$160/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-039
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$2.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,500 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$160/quarter	Caregiver Support	Included

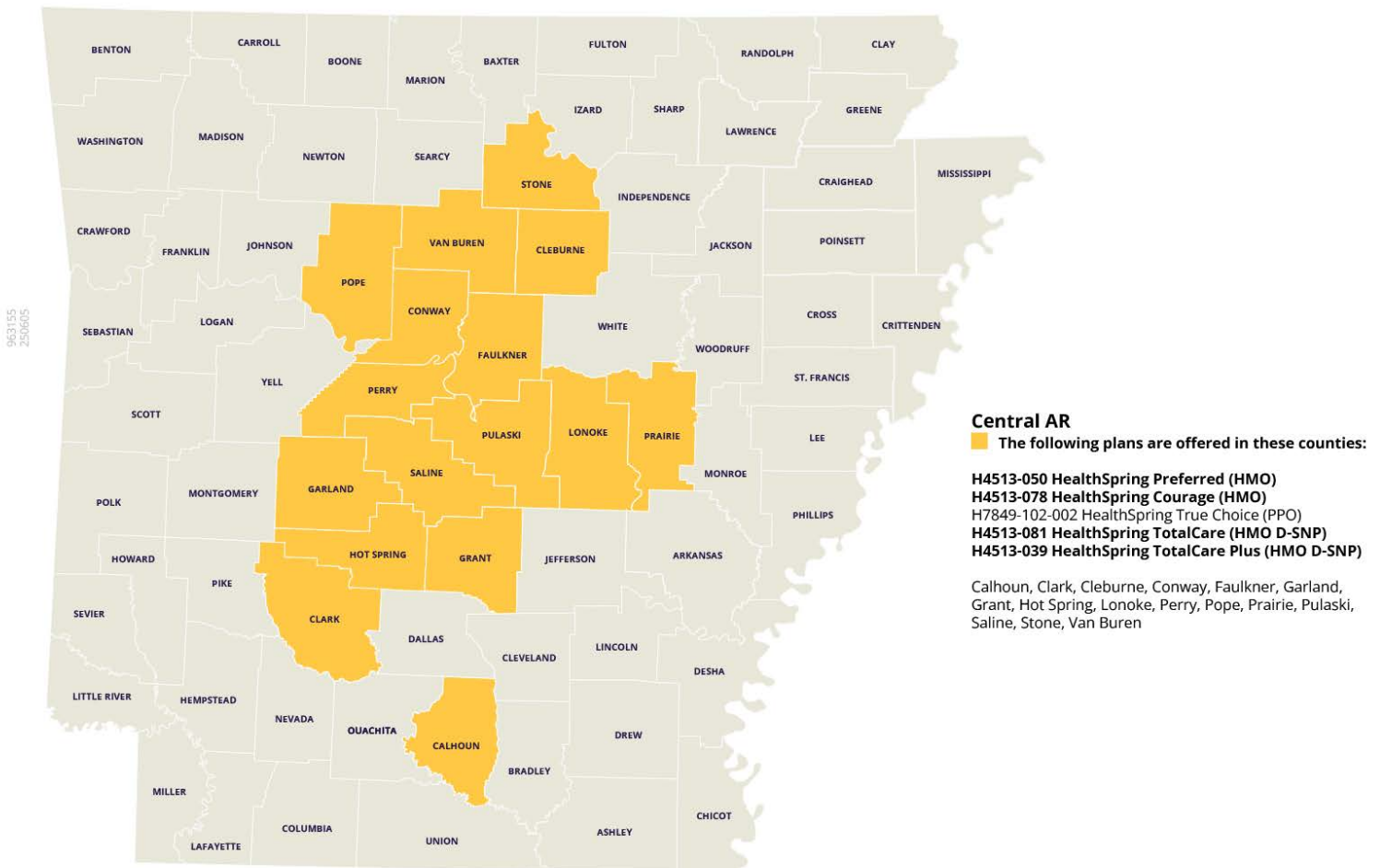


Plans by State: Southeast

States

Arkansas: Central

2026 Overview



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Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-050
Counties	Calhoun, Clark, Cleburne, Conway, Faulkner, Garland, Grant, Hot Spring, Lonoke, Perry, Pope, Prairie, Pulaski, Saline, Stone, Van Buren
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,750
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$80/quarter	Caregiver Support	Included

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-078
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$4,500
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$2,200 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-081
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$8.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$7,400
Cost Share – PCP/Specialist	\$020%
Inpatient Acute Care Hospital	\$187 per day for days 1-10; \$0 per day for days 11-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,200 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$160/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-039
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$2.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,500 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$160/quarter	Caregiver Support	Included

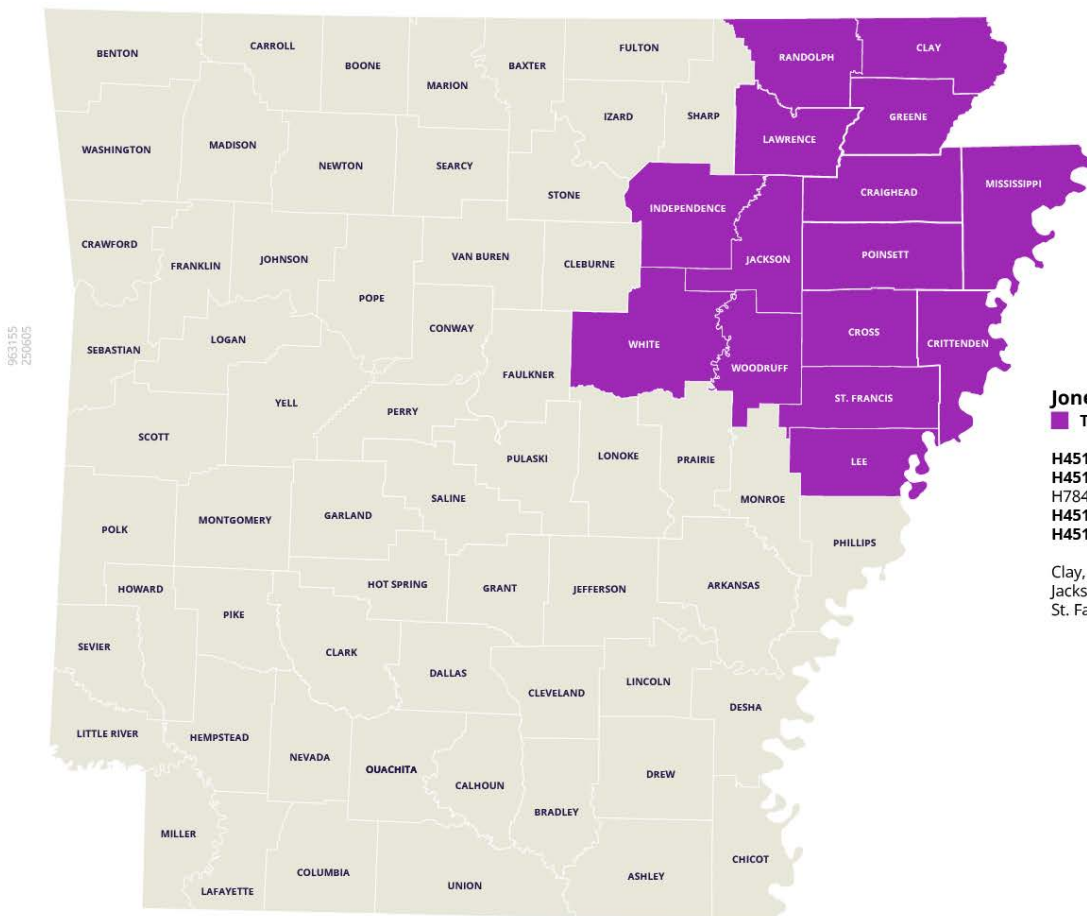


Plans by State: Southeast

States

Arkansas: Jonesboro

2026 Overview



Jonesboro

The following plans are offered in these counties:

H4513-038 HealthSpring Preferred (HMO)
H4513-078 HealthSpring Courage (HMO)
H7849-102-001 HealthSpring True Choice (PPO)
H4513-081 HealthSpring TotalCare (HMO D-SNP)
H4513-039 HealthSpring TotalCare Plus (HMO D-SNP)

Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Lee, Mississippi, Poinsett, Randolph, St. Francis, White, Woodruff

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Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-038
Counties	Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Lee, Mississippi, Poinsett, Randolph, St. Francis, White, Woodruff
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,750
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$285 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$250 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$5/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,000 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$75/quarter	Caregiver Support	Included

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-078
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$0.00
Part B Premium Giveback	\$115.00
Max Out-of-Pocket	\$4,500
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	N/A
Rx 1 Month Preferred Copays	N/A

Supplemental Benefits			
Dental	\$2,200 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$50/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Southeast

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-081
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$8.70
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$7,400
Cost Share – PCP/Specialist	\$020%
Inpatient Acute Care Hospital	\$187 per day for days 1-10; \$0 per day for days 11-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/24%/25%/25%

Supplemental Benefits			
Dental	\$3,200 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$160/quarter	Caregiver Support	Included



Featured Plans: Southeast

States

Market: Tennessee

Submarket: Arkansas

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H4513-039
Counties	Benton, Calhoun, Carroll, Clark, Clay, Cleburne, Conway, Craighead, Crittenden, Cross, Faulkner, Franklin, Garland, Grant, Greene, Hot Spring, Independence, Jackson, Johnson, Lawrence, Lee, Logan, Lonoke, Madison, Mississippi, Montgomery, Newton, Perry, Poinsett, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Sebastian, St. Francis, Stone, Van Buren, Washington, White, Woodruff, Yell
Total Premium	\$2.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$20/23%/25%/25%

Supplemental Benefits			
Dental	\$3,500 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$160/quarter	Caregiver Support	Included

MidAtlantic

2026 Overview

DELAWARE

■ The following plans are offered in these counties:

H2108-042-001 HealthSpring Preferred (HMO)
H2108-029 HealthSpring Achieve (HMO C-SNP)
H7849-146 HealthSpring True Choice (PPO)

New Castle, Sussex

RICHMOND (VA)

■ The following plans are offered in these counties:

H9725-016 HealthSpring Preferred Savings (HMO)
H9725-018 HealthSpring Premier (HMO)
H9725-019 HealthSpring Courage (HMO)
H7849-070 HealthSpring True Choice (PPO)

Amelia, Charles City, Chesterfield, Colonial Heights City,
Dinwiddie, Goochland, Hanover, Henrico, Petersburg City,
Powhatan, Richmond City

WASHINGTON DC

■ The following plans are offered in DC:

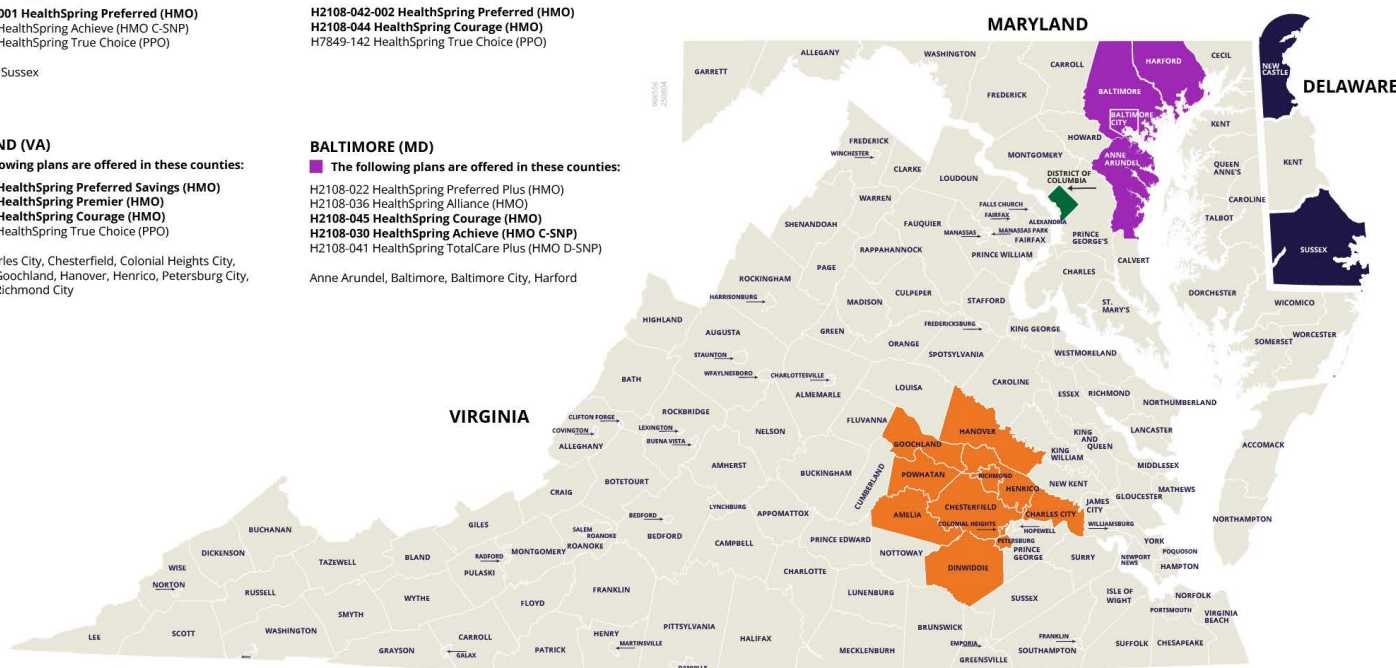
H2108-042-002 HealthSpring Preferred (HMO)
H2108-044 HealthSpring Courage (HMO)
H7849-142 HealthSpring True Choice (PPO)

BALTIMORE (MD)

The following plans are offered in these counties:

H2108-022 HealthSpring Preferred Plus (HMO)
H2108-036 HealthSpring Alliance (HMO)
H2108-045 HealthSpring Courage (HMO)
H2108-030 HealthSpring Achieve (HMO C-SNP)
H2108-041 HealthSpring TotalCare Plus (HMO D-SNP)

Anne Arundel, Baltimore, Baltimore City, Harford



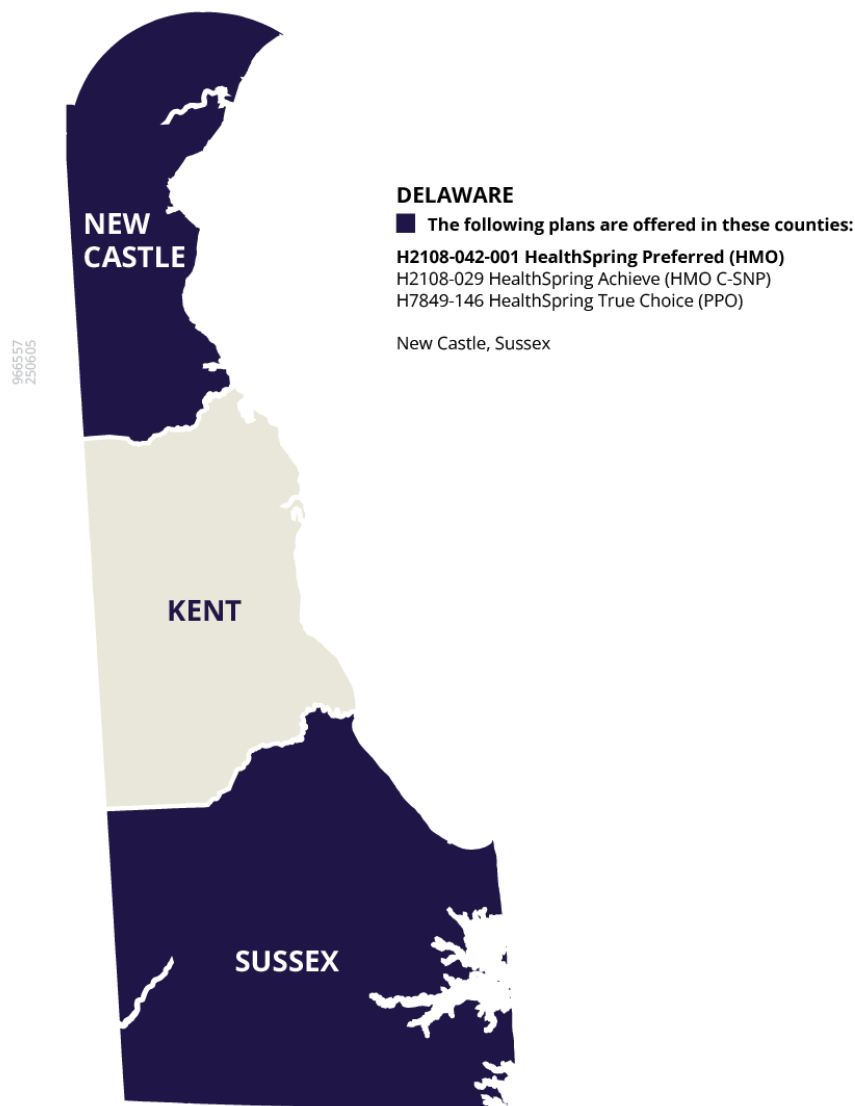
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Delaware

2026 Overview



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Featured Plans: Southeast

Market: MidAtlantic

Submarket: Delaware

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H2108-042-001
Counties	New Castle, Sussex
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$7,500
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	\$200
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$1,350 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

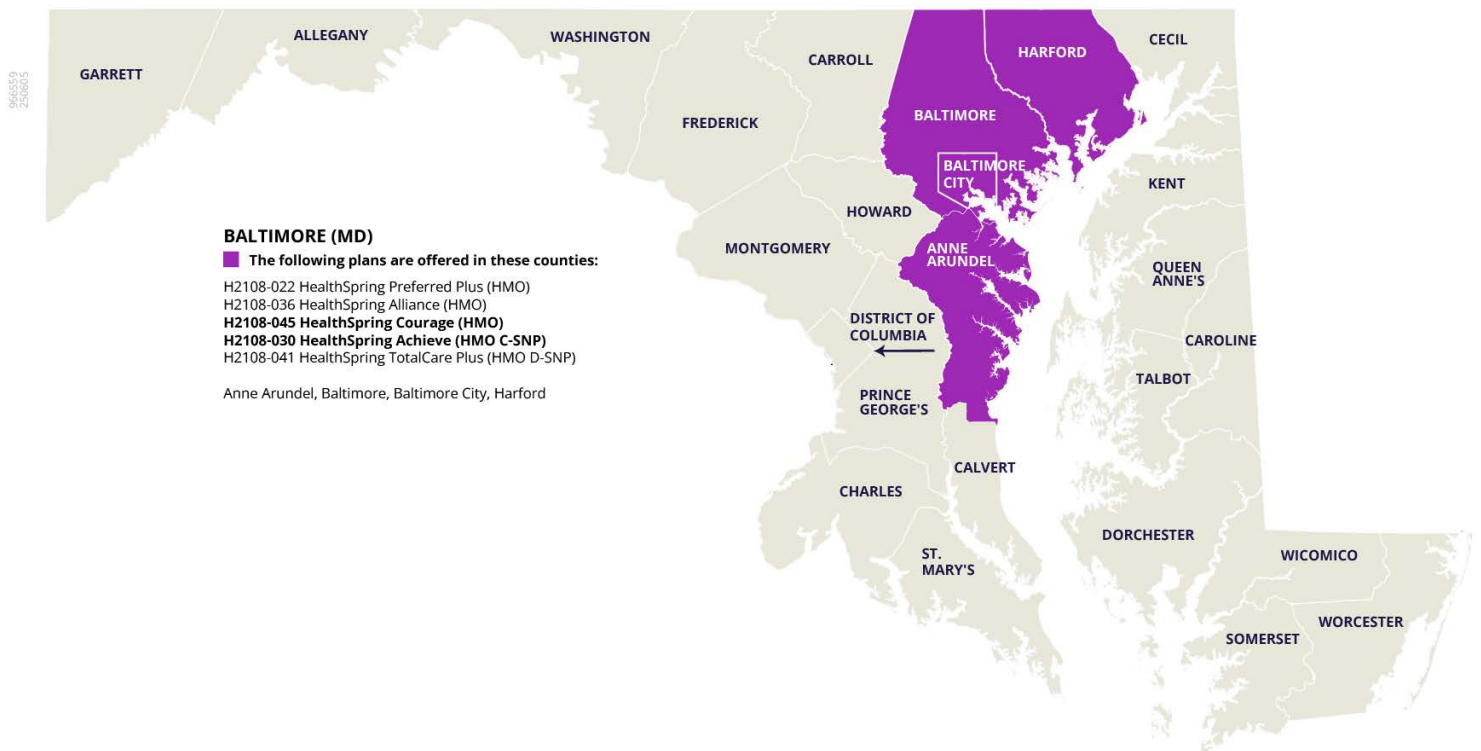


Plans by State: Southeast

States

Maryland: Baltimore

2026 Overview



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Featured Plans: Southeast

Market: MidAtlantic

Submarket: Maryland

Plan Name/Plan ID	HealthSpring Courage (HMO)/H2108-045	New Plan
Counties	Anne Arundel, Baltimore, Baltimore City, Harford	
Total Premium	\$0.00	
Part B Premium Giveback	\$90.00	
Max Out-of-Pocket	\$6,750	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$300 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$280	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$1,150 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: MidAtlantic

Submarket: Maryland

Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H2108-030
Counties	Anne Arundel, Baltimore, Baltimore City, Harford
Total Premium	\$51.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$7,950
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$305 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$250 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%/\$9

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included



Plans by State: Southeast

District of Columbia (DC)

2026 Overview



WASHINGTON DC
■ The following plans are offered in DC:
H2108-042-002 HealthSpring Preferred (HMO)
H2108-044 HealthSpring Courage (HMO)
H7849-142 HealthSpring True Choice (PPO)

966558
250612

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Market: MidAtlantic

Submarket: Washington DC

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H2108-042-002
Counties	District of Columbia
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,250
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$240 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$290
Medical Deductible	\$150
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$3,600 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$30/quarter	Caregiver Support	Included

Featured Plans: Southeast

Market: MidAtlantic

Submarket: Washington DC

Plan Name/Plan ID	HealthSpring Courage (HMO)/H2108-044	New Plan
Counties	District of Columbia	
Total Premium	\$0.00	
Part B Premium Giveback	\$90.00	
Max Out-of-Pocket	\$6,750	
Cost Share – PCP/Specialist	\$0/\$40	
Inpatient Acute Care Hospital	\$320 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$280	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$1,150 allowance	Hearing Aids	Included
Eyewear	\$125 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

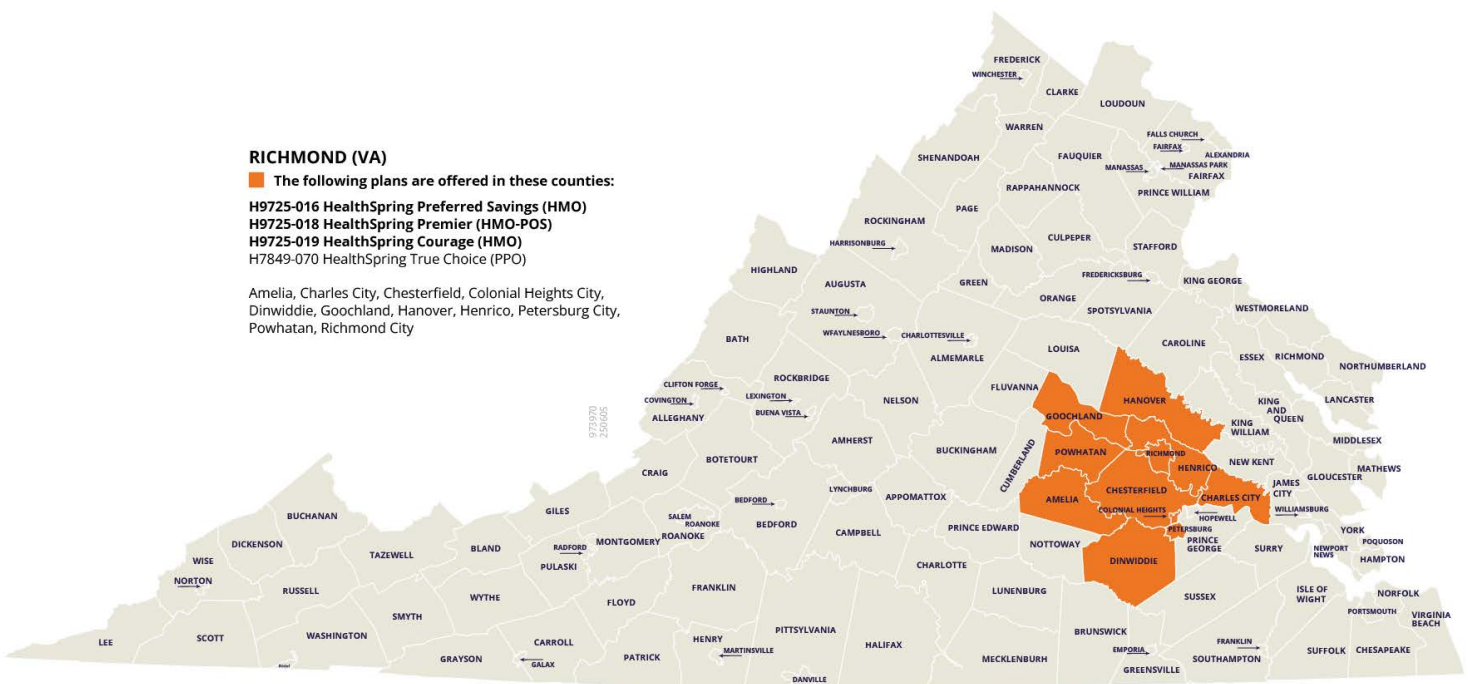


Plans by State: Southeast

States ↗

Virginia: Richmond

2026 Overview



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Featured Plans: Southeast

Market: MidAtlantic

Submarket: Virginia

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H9725-016
Counties	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City
Total Premium	\$0.00
Part B Premium Giveback	\$135.00
Max Out-of-Pocket	\$6,250
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$320 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	\$200
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%

Supplemental Benefits			
Dental	\$1,150 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Southeast

Market: MidAtlantic

Submarket: Virginia

Plan Name/Plan ID		HealthSpring Premier (HMO-POS)/H9725-018	New Plan
Counties	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City		
Network	In-Network	Out-of-Network	
Total Premium	\$22.00		
Part B Premium Giveback	\$0		
Max Out-of-Pocket	\$3,850	There is no maximum out of pocket cost for out-of-network benefits	
Cost Share – PCP/Specialist	\$0/\$25	40%/40%	
Inpatient Acute Care Hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	40% per stay	
Ambulatory Surgical Center	\$0 - \$275	40%	
Medical Deductible	No deductible		
Part D Deductible	\$250 (does not apply to tier 1 or 2)	N/A	
Rx 1 Month Preferred Copays	\$0/\$8/\$47/50%/30%	N/A	

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$1,000 allowance		Hearing Aids	Included	Not included
Eyewear	\$175 allow.	Not included	Meals	Included	Not included
Transport.	Not included	Not included	Fitness	Included	Not included
OTC	Not included	Not included	Caregiver	Included	Not included

Featured Plans: Southeast

Market: MidAtlantic

Submarket: Virginia

Plan Name/Plan ID	HealthSpring Courage (HMO)/H9725-019	New Plan
Counties	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City	
Total Premium	\$0.00	
Part B Premium Giveback	\$60.00	
Max Out-of-Pocket	\$6,750	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$315 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$280	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$1,150 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included



2026 Plans by State

Northeast Region

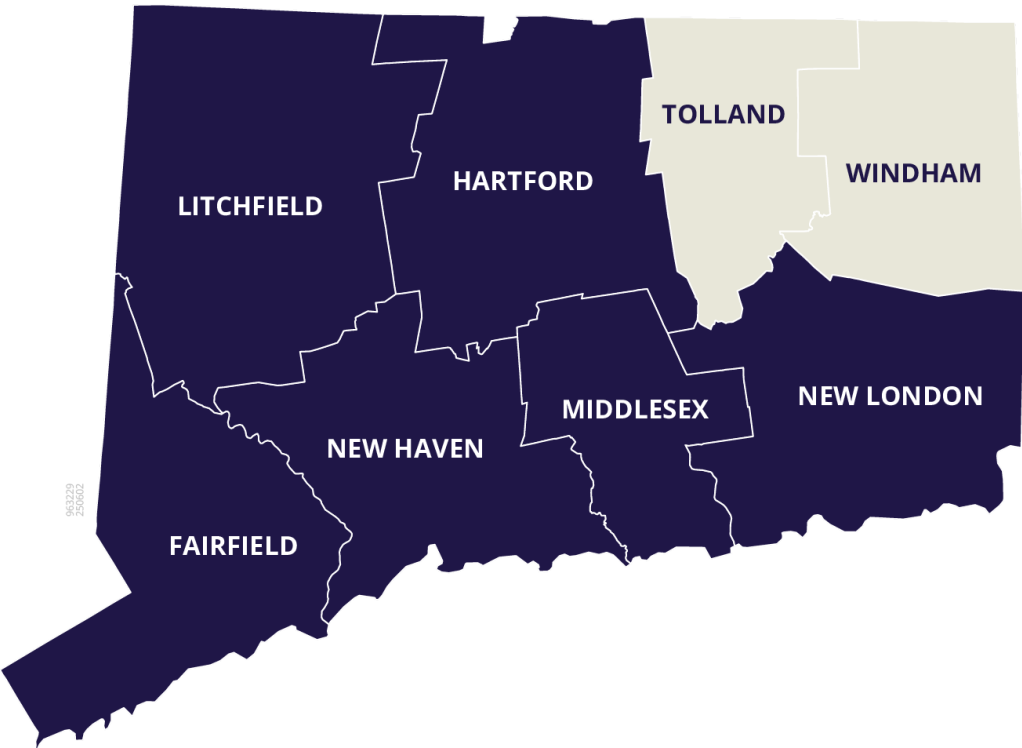


Plans by State: Northeast

States

Connecticut

2026 Overview



CONNECTICUT
■ The following plans are offered in these counties:
H7849-148 **HealthSpring True Choice (PPO)**
H2752-003 **HealthSpring TotalCare Plus (HMO D-SNP)**
Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: Northeast

Market: New England

Submarket: Connecticut

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H2752-003
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$7/23%/25%/25%

Supplemental Benefits			
Dental	\$750 allowance	Hearing Aids	Included
Eyewear	\$175 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

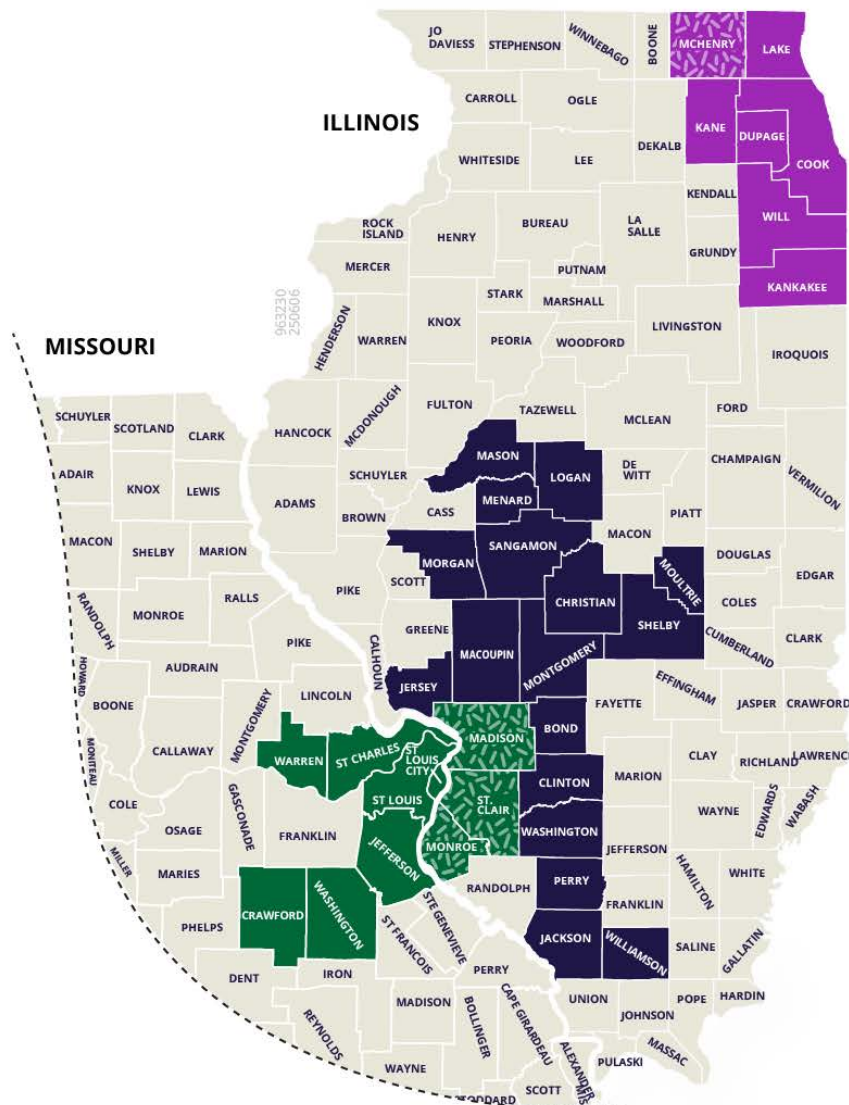


States ↗

Plans by State: Northeast

Illinois & St. Louis

2026 Overview



CHICAGO

■ The following plans are offered in these counties:

H4513-085 HealthSpring Preferred (HMO)
H4513-086 HealthSpring Preferred Savings (HMO)
H4513-084 HealthSpring Premier (HMO-POS)
H7849-002 HealthSpring True Choice (PPO)
H7849-080 HealthSpring True Choice Savings (PPO)

Cook, DuPage, Kane, Kankakee, Lake, Will (IL)

■ This county includes all plans EXCEPT HealthSpring Premier (HMO-POS)

McHenry (IL)

ST. LOUIS

■ The following plans are offered in these counties:

H0439-020 HealthSpring Preferred (HMO)
H0439-021 HealthSpring Preferred Savings (HMO)
H7849-077 HealthSpring True Choice Savings (PPO)
H0439-022 HealthSpring TotalCare (HMO D-SNP)
H0439-023 HealthSpring TotalCare Plus (HMO D-SNP)

Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington (MO)

■ For the following counties, only H7849-077 HealthSpring True Choice Savings (PPO) plan is available:

Madison, Monroe, St. Clair (IL)

SOUTHERN ILLINOIS

■ The following plans are offered in these counties:

H7849-059 HealthSpring True Choice (PPO)

Bond, Christian, Clinton, Jackson, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Washington, Williamson (IL)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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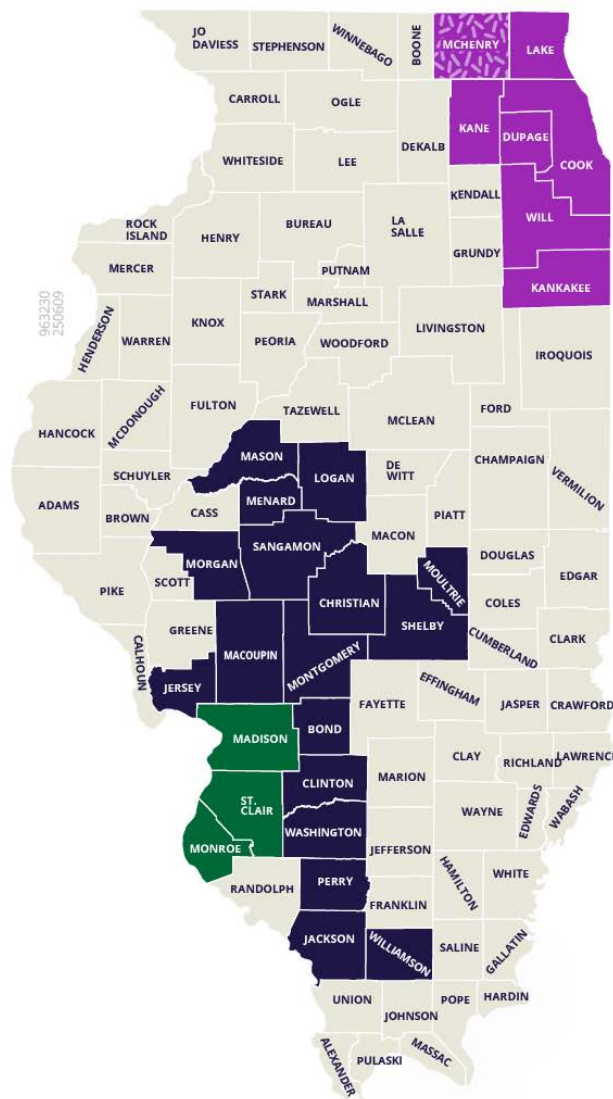


Plans by State: Northeast

States ↗

Illinois

2026 Overview



CHICAGO

■ The following plans are offered in these counties:

H4513-085 HealthSpring Preferred (HMO)
H4513-086 HealthSpring Preferred Savings (HMO)
H4513-084 HealthSpring Premier (HMO-POS)
H7849-002 HealthSpring True Choice (PPO)
H7849-080 HealthSpring True Choice Savings (PPO)

Cook, DuPage, Kane, Kankakee, Lake, Will (IL)

■ This county includes all plans EXCEPT HealthSpring Premier (HMO-POS)

McHenry (IL)

SOUTHERN ILLINOIS

■ The following plans are offered in these counties:

H7849-059 HealthSpring True Choice (PPO)

Bond, Christian, Clinton, Jackson, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Washington, Williamson (IL)

ST. LOUIS

■ The following plan is offered in these counties:

H7849-077 HealthSpring True Choice Savings (PPO)

Madison, Monroe, St. Clair (IL)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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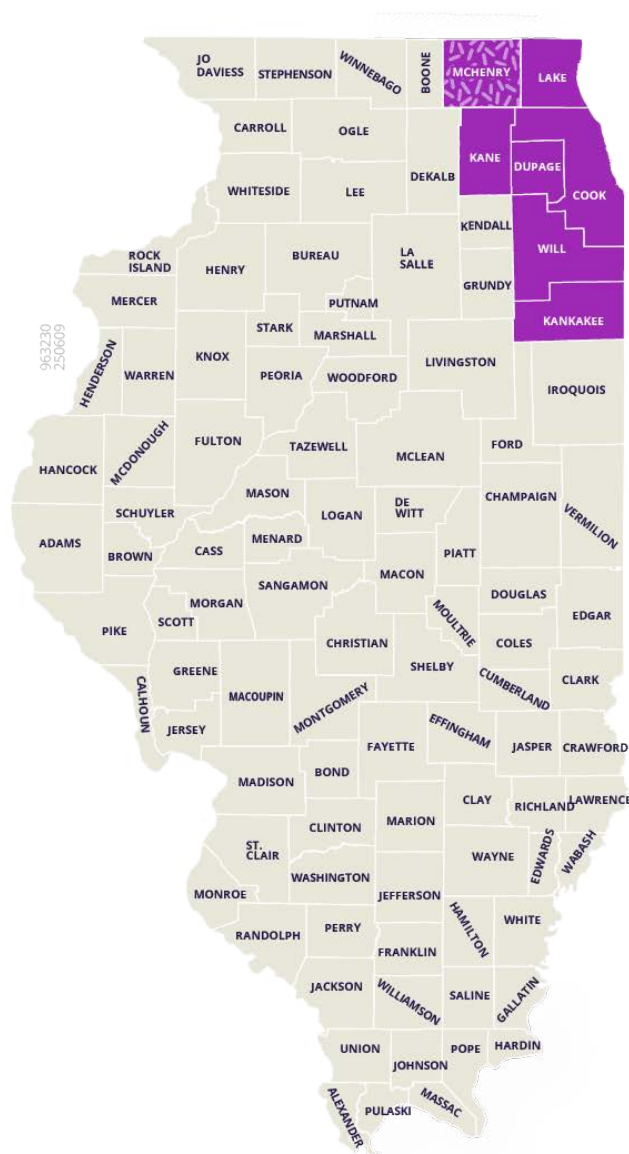


Plans by State: Northeast

States

Illinois: Chicago

2026 Overview



CHICAGO

The following plans are offered in these counties:

H4513-085 HealthSpring Preferred (HMO)
H4513-086 HealthSpring Preferred Savings (HMO)
H4513-084 HealthSpring Premier (HMO-POS)
H7849-002 HealthSpring True Choice (PPO)
H7849-080 HealthSpring True Choice Savings (PPO)

Cook, DuPage, Kane, Kankakee, Lake, Will (IL)

This county includes all plans EXCEPT HealthSpring Premier (HMO-POS)

McHenry (IL)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Market: MidWest

Submarket: Illinois

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-085
Counties	Cook, DuPage, Kane, Kankakee, Lake, McHenry, Will
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,000
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$125 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$125
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$185/quarter	Caregiver Support	Included

Featured Plans: Northeast

Market: MidWest

Submarket: Illinois

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-086
Counties	Cook, DuPage, Kane, Kankakee, Lake, McHenry, Will
Total Premium	\$0.00
Part B Premium Giveback	\$135.00
Max Out-of-Pocket	\$4,000
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$345 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$150
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$140/quarter	Caregiver Support	Included

Featured Plans: Northeast

Market: MidWest

Submarket: Illinois

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-084	
Counties	Cook, DuPage, Kane, Kankakee, Lake, Will	
Network	In-Network	Out-of-Network
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$2,900	There is no maximum out of pocket cost for out-of-network benefits
Cost Share – PCP/Specialist	\$0/\$20	40%/40%
Inpatient Acute Care Hospital	\$165 per day for days 1-7; \$0 per day for days 8-90	40% per stay
Ambulatory Surgical Center	\$0 - \$160	40%
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	N/A
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	N/A

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	DHMO	Not included	Hearing Aids	Included	Not included
Eyewear	\$225 allow.	Not included	Meals	Included	Not included
Transport.	30 one-way	Not included	Fitness	Included	Not included
OTC	\$95/quarter	Not included	Caregiver	Included	Not included

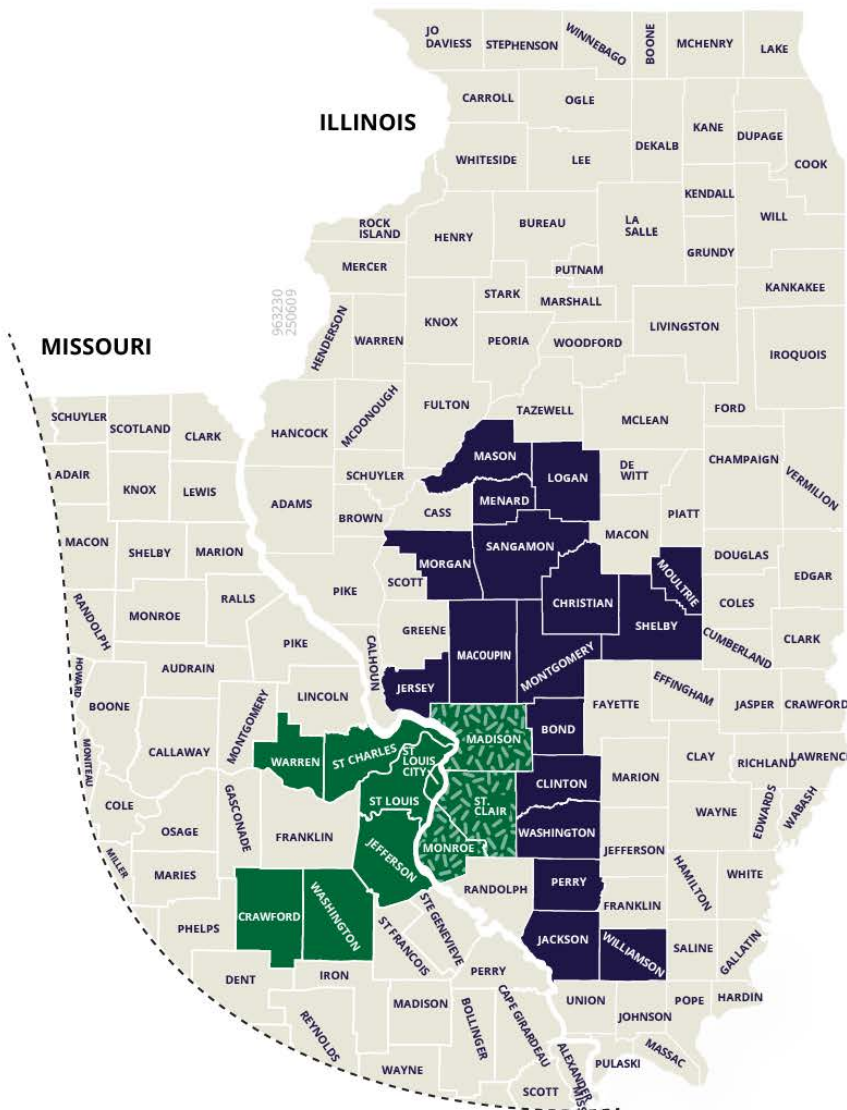


Plans by State: Northeast

States

Southern Illinois & St. Louis

2026 Overview



SOUTHERN ILLINOIS

The following plans are offered in these counties:

H7849-059 HealthSpring True Choice (PPO)

Bond, Christian, Clinton, Jackson, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Washington, Williamson (IL)

ST. LOUIS

The following plans are offered in these counties:

H0439-020 HealthSpring Preferred (HMO)

H0439-021 HealthSpring Preferred Savings (HMO)

H7849-077 HealthSpring True Choice Savings (PPO)

H0439-022 HealthSpring TotalCare (HMO D-SNP)

H0439-023 HealthSpring TotalCare Plus (HMO D-SNP)

Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington (MO)

For the following counties, only H7849-077 HealthSpring True Choice Savings (PPO) plan is available:

Madison, Monroe, St. Clair (IL)

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Featured Plans: Northeast

Market: MidAmerica

Submarket: St. Louis

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-020	New Plan
Counties	Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$2,300	
Cost Share – PCP/Specialist	\$0/\$20	
Inpatient Acute Care Hospital	\$190 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$175	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$3,300 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$115/quarter	Caregiver Support	Included

Featured Plans: Northeast

Market: MidAmerica

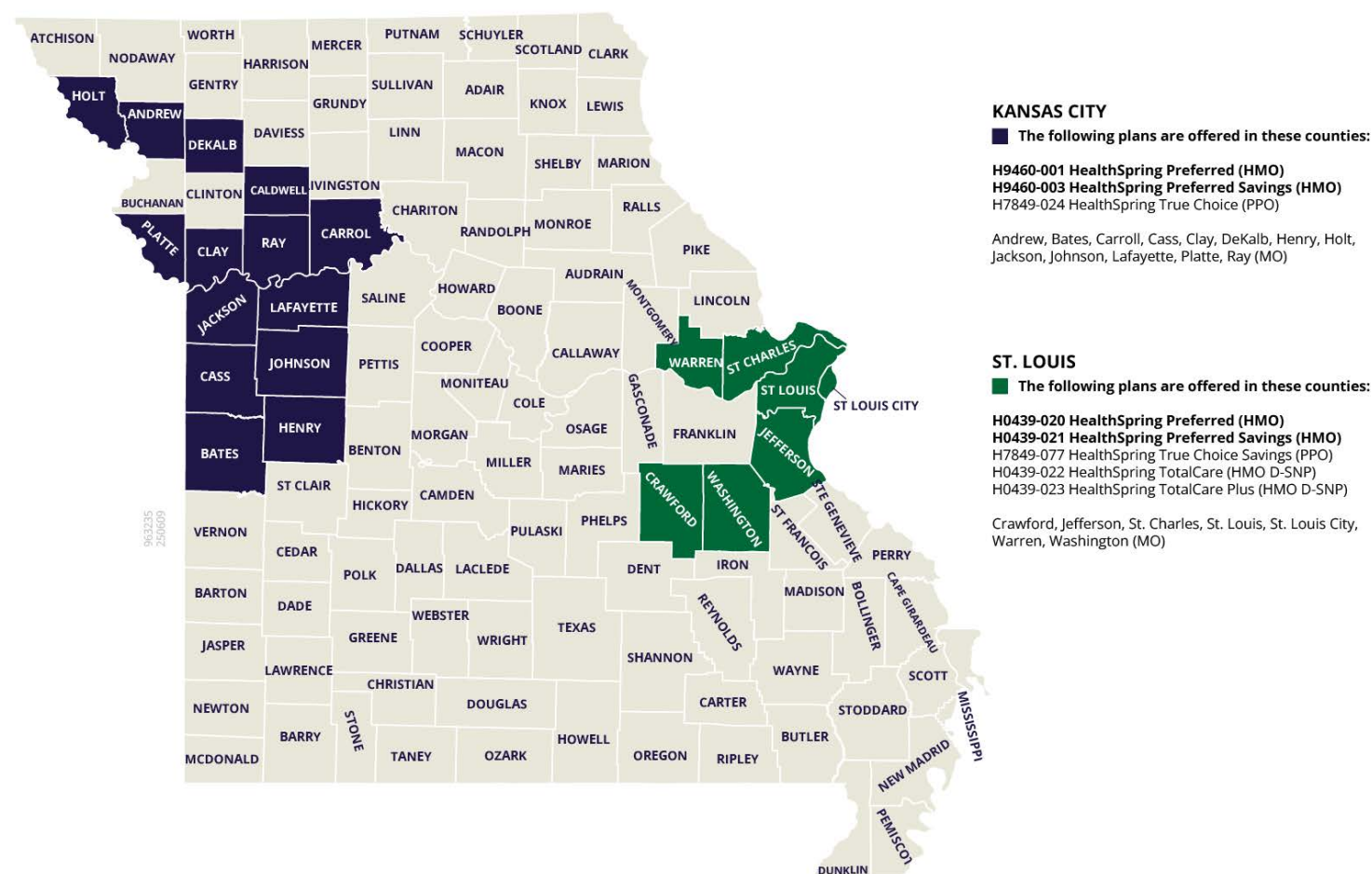
Submarket: St. Louis

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0439-021	New Plan
Counties	Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington	
Total Premium	\$0.00	
Part B Premium Giveback	\$105.00	
Max Out-of-Pocket	\$6,750	
Cost Share – PCP/Specialist	\$0/\$40	
Inpatient Acute Care Hospital	\$420 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$375	
Medical Deductible	\$250	
Part D Deductible	\$0	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Missouri

2026 Overview



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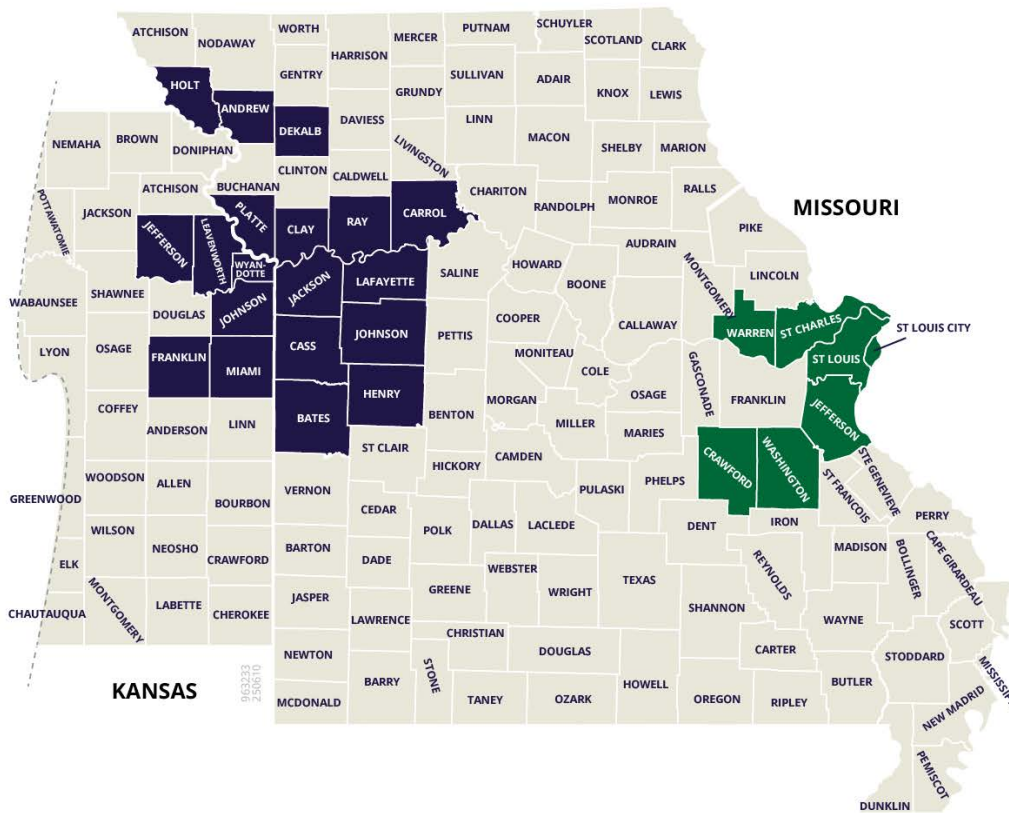


Plans by State: Northeast

States ↗

Kansas City & St. Louis

2026 Overview



KANSAS CITY

■ The following plans are offered in these counties:

H9460-001 HealthSpring Preferred (HMO)
H9460-003 HealthSpring Preferred Savings (HMO)
H7849-024 HealthSpring True Choice (PPO)

Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte (KS)

Andrew, Bates, Carroll, Cass, Clay, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray (MO)

ST. LOUIS

■ The following plans are offered in these counties:

H0439-020 HealthSpring Preferred (HMO)
H0439-021 HealthSpring Preferred Savings (HMO)
H7849-077 HealthSpring True Choice Savings (PPO)
H0439-022 HealthSpring TotalCare (HMO D-SNP)
H0439-023 HealthSpring TotalCare Plus (HMO D-SNP)

Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington (MO)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Northeast

States 

Market: MidAmerica

Submarket: St. Louis

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0439-020	New Plan
Counties	Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$2,300	
Cost Share – PCP/Specialist	\$0/\$20	
Inpatient Acute Care Hospital	\$190 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$175	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$3,300 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$115/quarter	Caregiver Support	Included

Market: MidAmerica

Submarket: St. Louis

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0439-021	New Plan
Counties	Crawford, Jefferson, St. Charles, St. Louis, St. Louis City, Warren, Washington	
Total Premium	\$0.00	
Part B Premium Giveback	\$105.00	
Max Out-of-Pocket	\$6,750	
Cost Share – PCP/Specialist	\$0/\$40	
Inpatient Acute Care Hospital	\$420 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$375	
Medical Deductible	\$250	
Part D Deductible	\$0	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

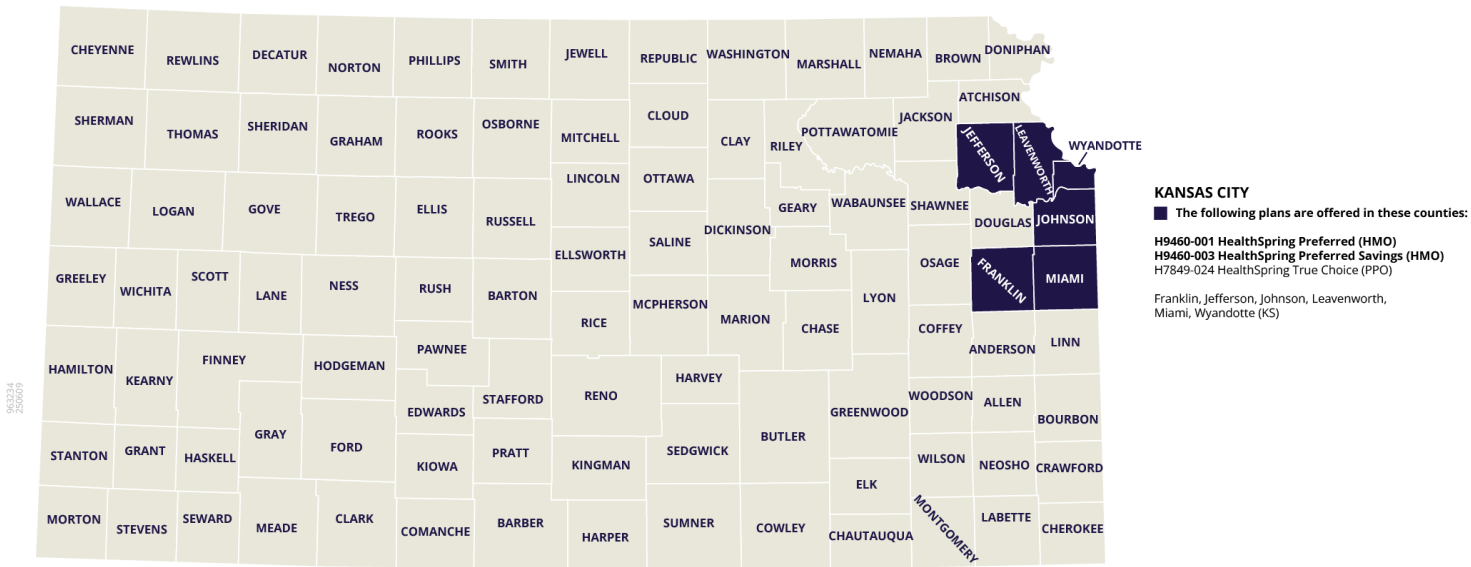


Plans by State: Northeast

States ↗

Kansas: Kansas City

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: Northeast

Market: MidAmerica

Submarket: Kansas City

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H9460-001
Counties	KS: Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte MO: Andrew, Bates, Carroll, Cass, Clay, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,250
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$230 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$20/quarter	Caregiver Support	Included

Featured Plans: Northeast

Market: MidAmerica

Submarket: Kansas City

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H9460-003	New Plan
Counties	KS: Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte MO: Andrew, Bates, Carroll, Cass, Clay, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	
Total Premium	\$0.00	
Part B Premium Giveback	\$108.00	
Max Out-of-Pocket	\$6,750	
Cost Share – PCP/Specialist	\$0/\$45	
Inpatient Acute Care Hospital	\$440 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$375	
Medical Deductible	\$500	
Part D Deductible	\$0	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/33%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$175 allowance	Meals	Not included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

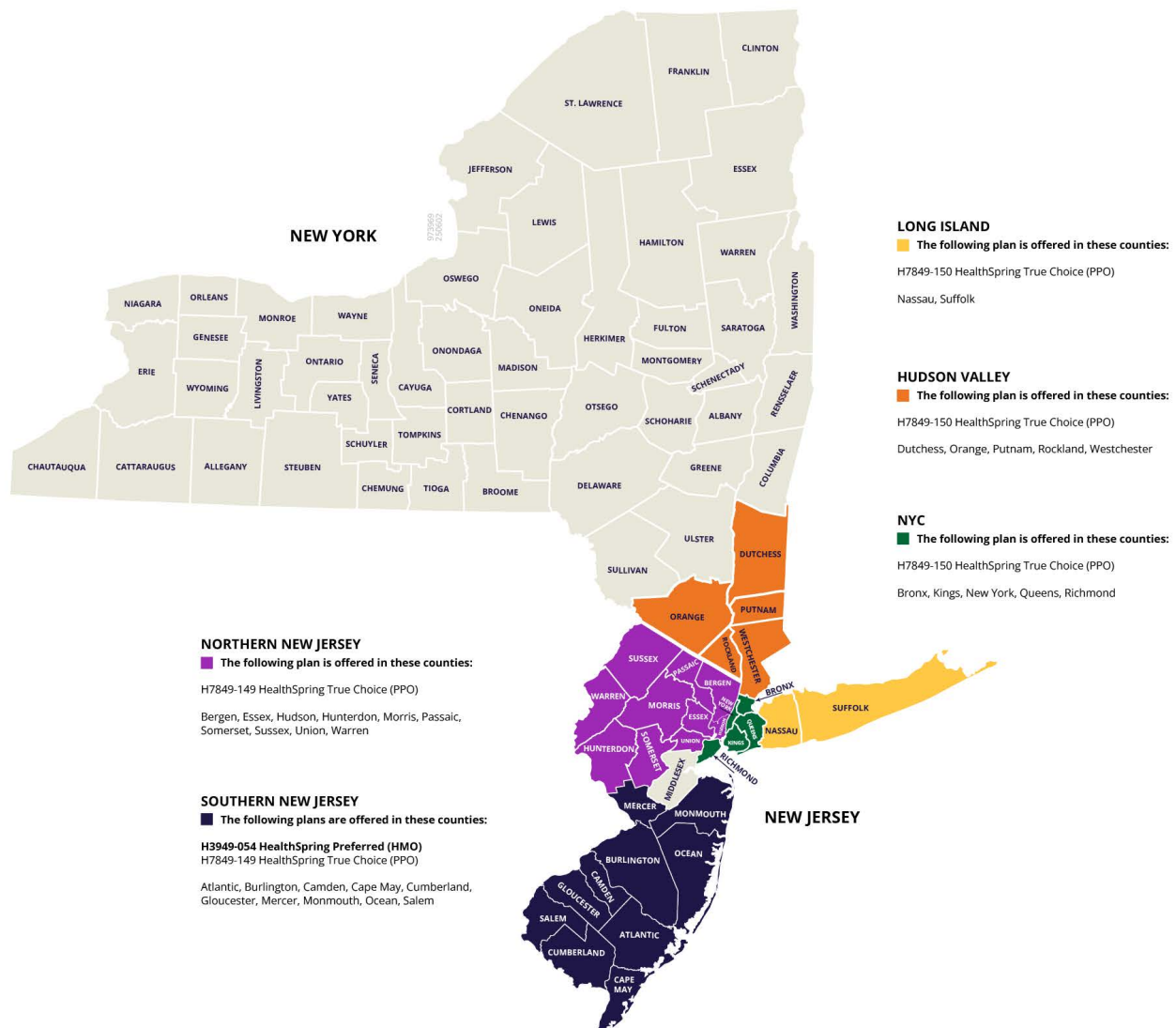


Plans by State: Northeast

States

New York/New Jersey

2026 Overview



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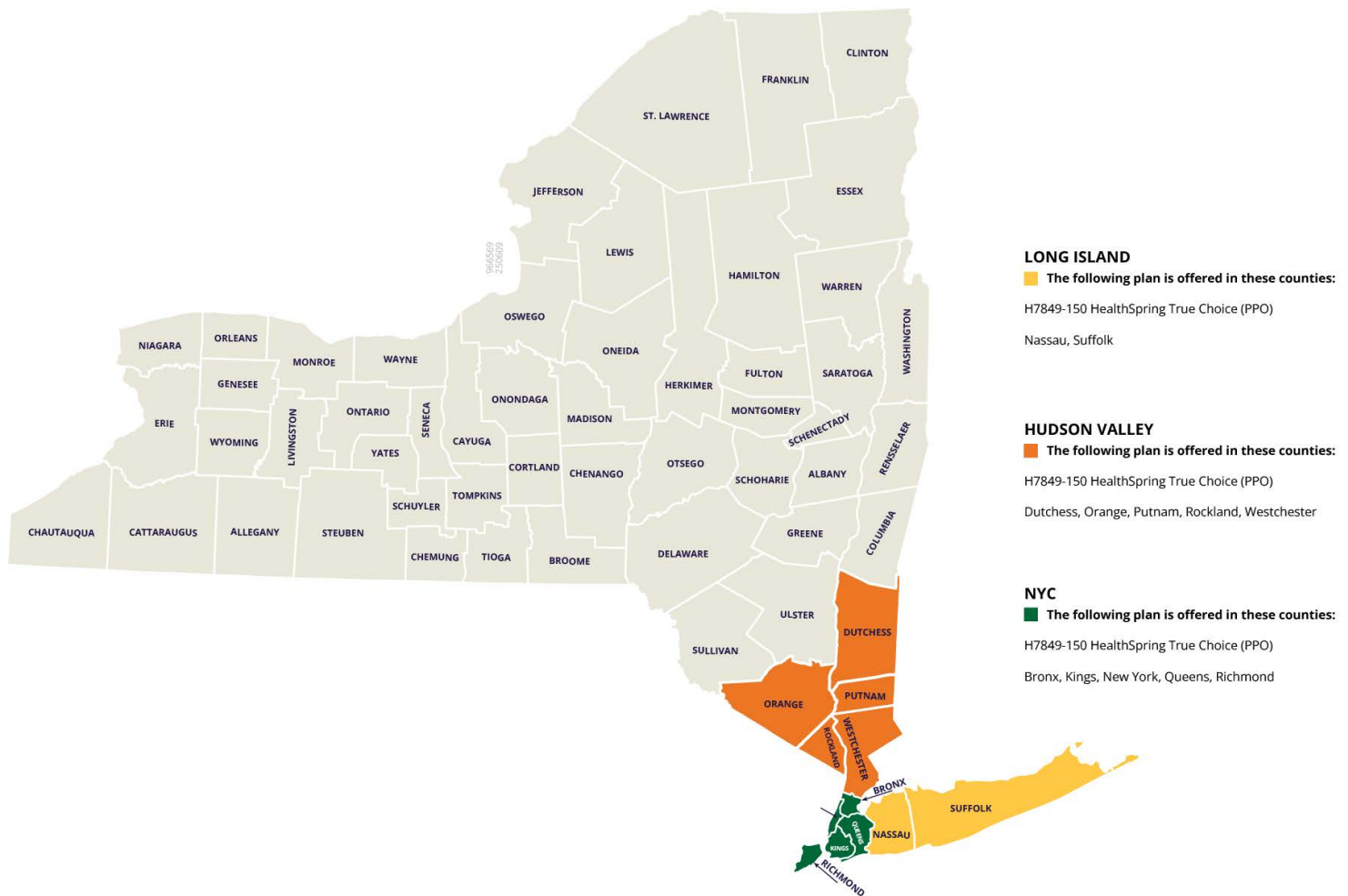


Plans by State: Northeast

States ↗

New York

2026 Overview



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Plans by State: Northeast

States

New Jersey

2026 Overview

NORTHERN NEW JERSEY

The following plan is offered in these counties:

H7849-149 HealthSpring True Choice (PPO)

Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, Warren

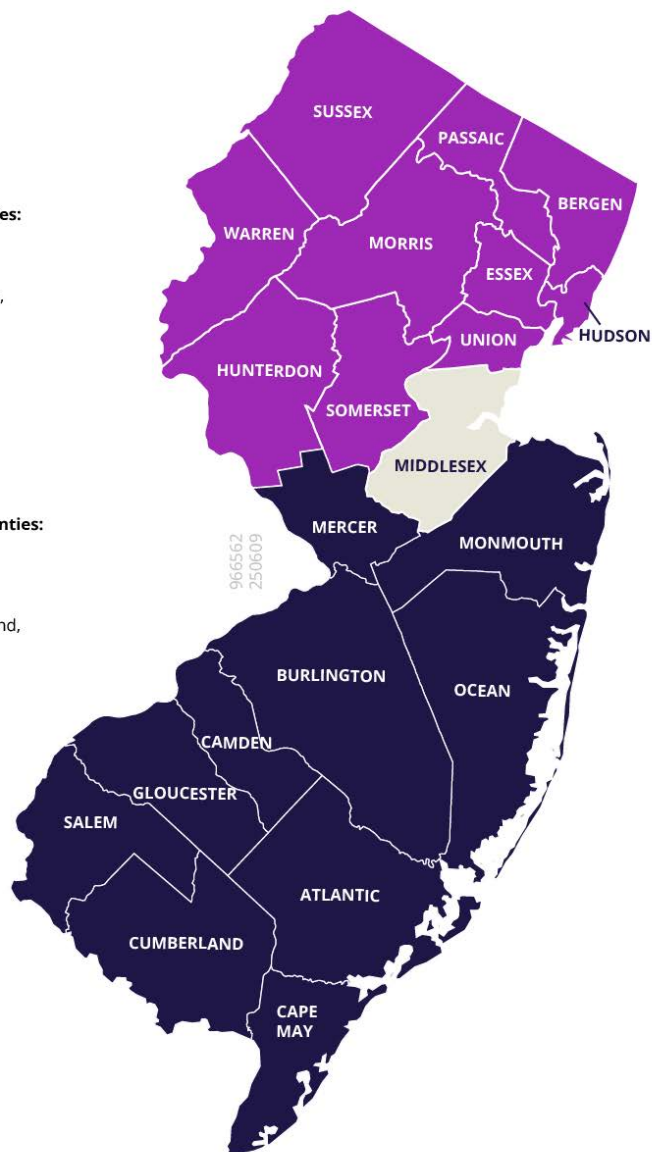
SOUTHERN NEW JERSEY

The following plans are offered in these counties:

H3949-054 HealthSpring Preferred (HMO)

H7849-149 HealthSpring True Choice (PPO)

Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

2026 market, plan and benefit information subject to CMS approval. The plans shared are HealthSpring Medicare's featured plans. There may be additional plans available for 2026. Please contact your Broker Sales Manager for details. Confidential, unpublished property of HealthSpring. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.



Plans by State: Northeast

States

New Jersey: Northern New Jersey

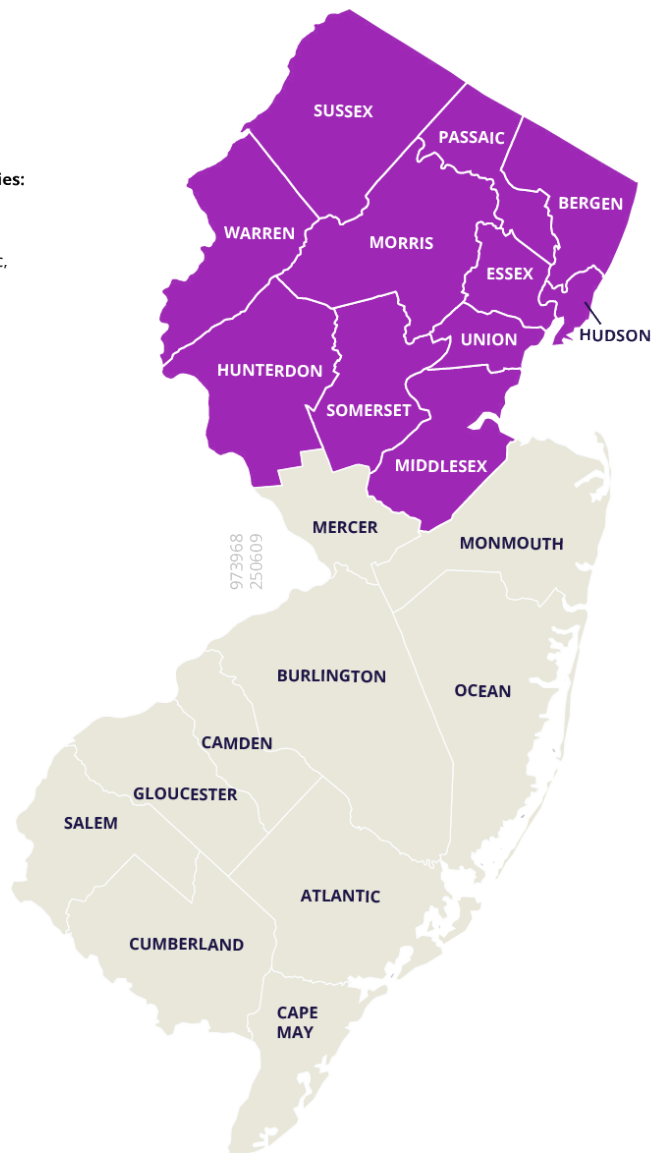
2026 Overview

NORTHERN NEW JERSEY

The following plan is offered in these counties:

H7849-149 HealthSpring True Choice (PPO)

Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, Warren



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

2026 market, plan and benefit information subject to CMS approval. The plans shared are HealthSpring Medicare's featured plans. There may be additional plans available for 2026. Please contact your Broker Sales Manager for details. Confidential, unpublished property of HealthSpring. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.



Plans by State: Northeast

States

New Jersey: Southern New Jersey

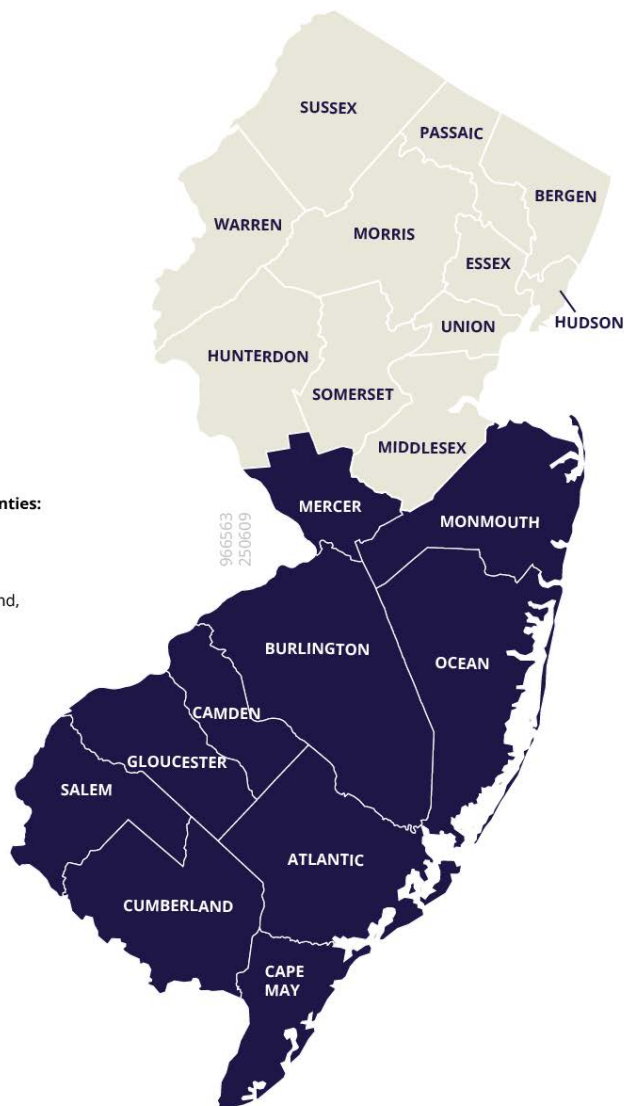
2026 Overview

SOUTHERN NEW JERSEY

■ The following plans are offered in these counties:

H3949-054 HealthSpring Preferred (HMO)
H7849-149 HealthSpring True Choice (PPO)

Atlantic, Burlington, Camden, Cape May, Cumberland,
Gloucester, Mercer, Monmouth, Ocean, Salem



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

2026 market, plan and benefit information subject to CMS approval. The plans shared are HealthSpring Medicare's featured plans. There may be additional plans available for 2026. Please contact your Broker Sales Manager for details. Confidential, unpublished property of HealthSpring. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.



States

Featured Plans: Northeast

Market: NY/NJ

Submarket: New Jersey

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H3949-054	New Plan
Counties	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$7,500	
Cost Share – PCP/Specialist	\$0/\$40	
Inpatient Acute Care Hospital	\$320 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$300	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$950 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Not included
OTC	\$20/quarter	Caregiver Support	Included

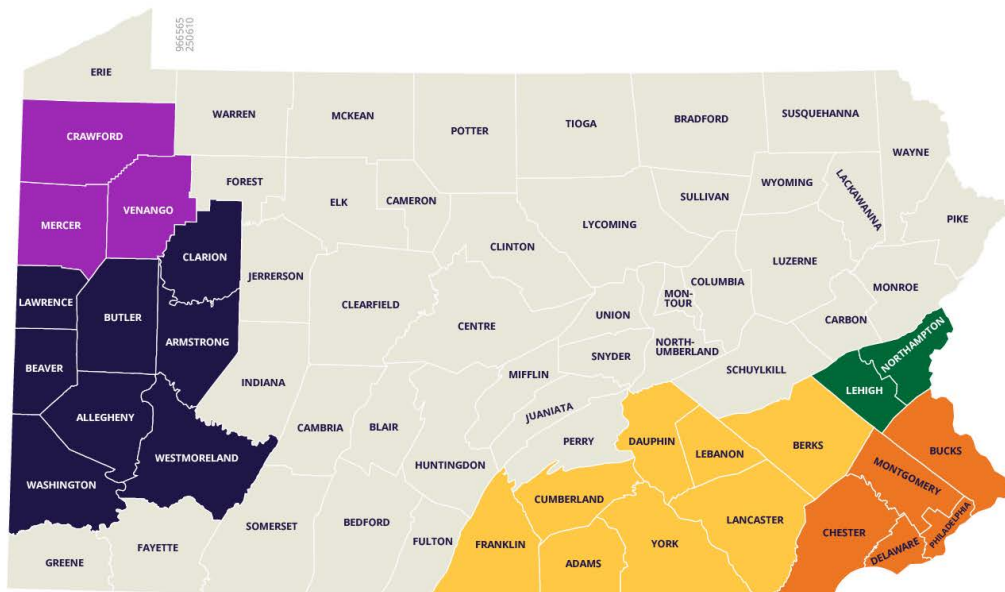


Plans by State: Northeast

States

Pennsylvania

2026 Overview



NORTHWEST PENNSYLVANIA

The following plans are offered in these counties:

H3949-049 HealthSpring Preferred (HMO)
H7849-106 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Crawford, Mercer, Venango

WESTERN PENNSYLVANIA

The following plans are offered in these counties:

H3949-047 HealthSpring Preferred (HMO)
H3949-048 HealthSpring Preferred Plus (HMO)
H7849-106 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland

PHILADELPHIA

The following plans are offered in these counties:

H3949-052 HealthSpring Preferred (HMO)
H3949-053 HealthSpring Preferred Savings (HMO)
H3949-031 HealthSpring Preferred PA (HMO)
H3949-030 HealthSpring Preferred Plus (HMO)
H7849-151 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)
H3949-024 HealthSpring Achieve (HMO C-SNP)

Bucks, Chester, Delaware, Montgomery, Philadelphia

CENTRAL PENNSYLVANIA

The following plans are offered in these counties:

H3949-035 HealthSpring Preferred (HMO)
H7849-106 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York

LEHIGH VALLEY

The following plans are offered in these counties:

H3949-045 HealthSpring Preferred (HMO)
H7849-151 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Lehigh, Northampton

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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States ↗

Plans by State: Northeast

Pennsylvania: Philadelphia

2026 Overview



PHILADELPHIA

■ The following plans are offered in these counties:

H3949-052 HealthSpring Preferred (HMO)
H3949-053 HealthSpring Preferred Savings (HMO)
H3949-031 HealthSpring Preferred PA (HMO)
H3949-030 HealthSpring Preferred Plus (HMO)
H7849-151 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)
H3949-024 HealthSpring Achieve (HMO C-SNP)

Bucks, Chester, Delaware, Montgomery, Philadelphia

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H3949-052
Counties	Bucks, Chester, Delaware, Montgomery, Philadelphia
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,500
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$285 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$195
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,700 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$60/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H3949-053
Counties	Bucks, Chester, Delaware, Montgomery, Philadelphia
Total Premium	\$0.00
Part B Premium Giveback	\$175.00
Max Out-of-Pocket	\$9,000
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$390 per day for days 1-4; \$0 per day for days 5-90
Ambulatory Surgical Center	\$0 - \$375
Medical Deductible	No deductible
Part D Deductible	\$590 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/26%

Supplemental Benefits			
Dental	\$700 allowance	Hearing Aids	Included
Eyewear	Not included	Meals	Not included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Included

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred Plus (HMO)/H3949-030
Counties	Bucks, Chester, Delaware, Montgomery, Philadelphia
Total Premium	\$31.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$275 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$250 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,250 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Not included
OTC	\$80/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H3949-009
Counties	Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, York
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$8/23%/25%/25%

Supplemental Benefits			
Dental	\$2,600 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H3949-024
Counties	Bucks, Chester, Delaware, Montgomery, Philadelphia
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,900
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$225 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$195
Medical Deductible	No deductible
Part D Deductible	\$275 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/29%/\$9

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$35/quarter	Caregiver Support	Included

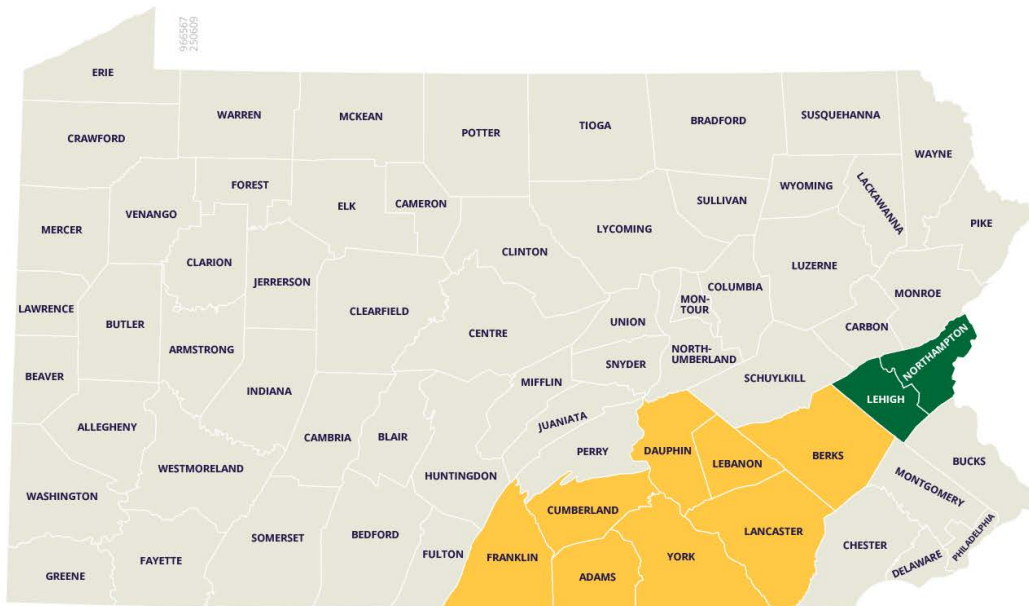


Plans by State: Northeast

States

Pennsylvania: Central

2026 Overview



CENTRAL PENNSYLVANIA

The following plans are offered in these counties:

H3949-035 HealthSpring Preferred (HMO)
H7849-106 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York

LEHIGH VALLEY

The following plans are offered in these counties:

H3949-045 HealthSpring Preferred (HMO)
H7849-151 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Lehigh, Northampton

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Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H3949-035
Counties	Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,600
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$210 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$75/quarter	Caregiver Support	Included

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H3949-009
Counties	Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, York
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$8/23%/25%/25%

Supplemental Benefits			
Dental	\$2,600 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

[States](#)

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H3949-045
Counties	Lehigh, Northampton
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$5,000
Cost Share – PCP/Specialist	\$0/\$25
Inpatient Acute Care Hospital	\$135 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$325 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$125/quarter	Caregiver Support	Included

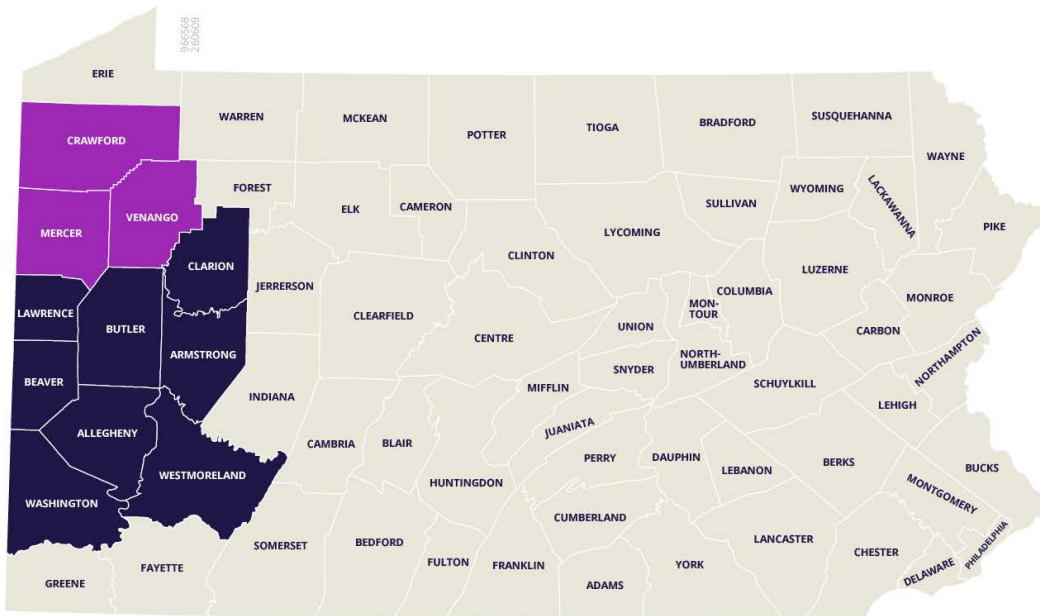


Plans by State: Northeast

States ↗

Pennsylvania: Western

2026 Overview



NORTHWEST PENNSYLVANIA

■ The following plans are offered in these counties:

H3949-049 HealthSpring Preferred (HMO)
H7849-106 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Crawford, Mercer, Venango

WESTERN PENNSYLVANIA

■ The following plans are offered in these counties:

H3949-047 HealthSpring Preferred (HMO)
H3949-048 HealthSpring Preferred Plus (HMO)
H7849-106 HealthSpring True Choice (PPO)
H3949-009 HealthSpring TotalCare Plus (HMO D-SNP)

Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland

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Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H3949-047
Counties	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,000
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$140 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$135
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$120/quarter	Caregiver Support	Included

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring Preferred Plus (HMO)/H3949-048
Counties	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland
Total Premium	\$21.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,000
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$250 per stay
Ambulatory Surgical Center	\$0 - \$125
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$450 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	\$140/quarter	Caregiver Support	Included

Featured Plans: Northeast

Market: Pennsylvania

Submarket: Pennsylvania

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H3949-009
Counties	Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, York
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$8/23%/25%/25%

Supplemental Benefits			
Dental	\$2,600 allowance	Hearing Aids	Included
Eyewear	\$500 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

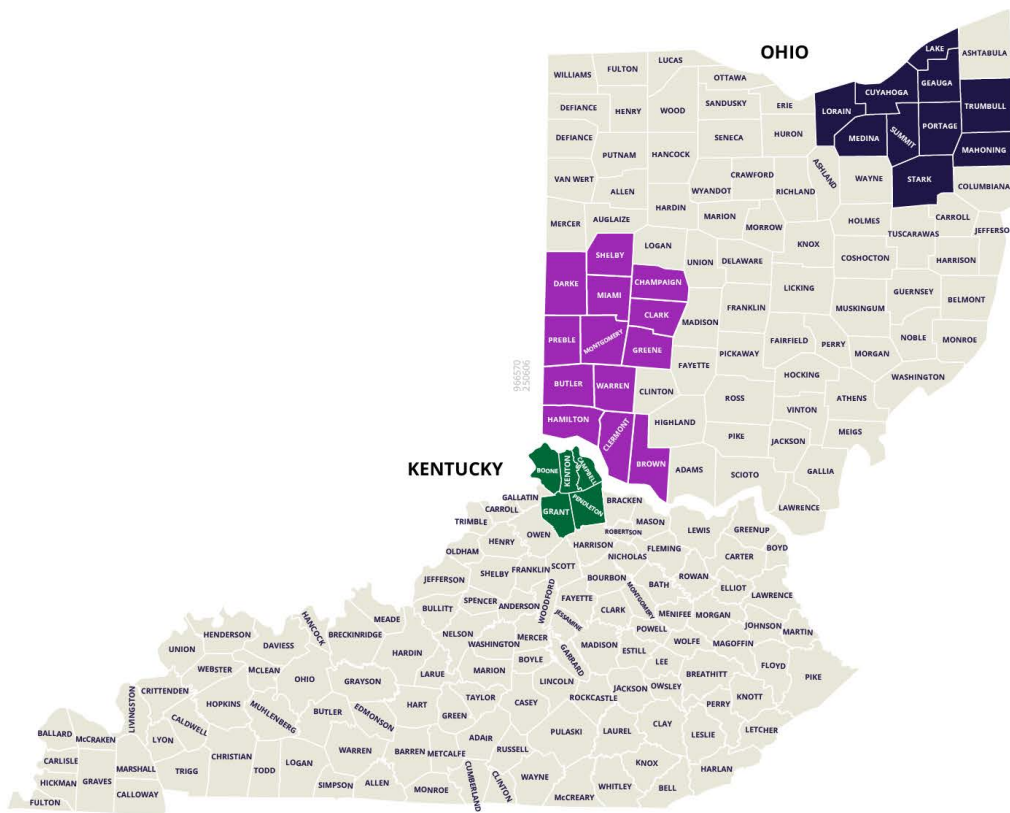


Plans by State: Northeast

States

Ohio & Northern Kentucky

2026 Overview



NORTHEAST OHIO

The following plans are offered in these counties:

H0672-006 HealthSpring Preferred (HMO)
H0672-016 HealthSpring Preferred Savings (HMO)
H7849-015 HealthSpring True Choice (PPO)
H0672-015 HealthSpring TotalCare (HMO D-SNP)
H0672-018 HealthSpring TotalCare Plus (HMO D-SNP)

Cuyahoga, Geauga, Lake, Lorain, Medina, Mahoning, Portage, Stark, Summit, Trumbull (OH)

SOUTHWEST OHIO

The following plans are offered in these counties:

H0672-013 HealthSpring Preferred (HMO)
H0672-017 HealthSpring Preferred Savings (HMO)
H7849-088 HealthSpring True Choice (PPO)
H0672-015 HealthSpring TotalCare (HMO D-SNP)
H0672-018 HealthSpring TotalCare Plus (HMO D-SNP)

Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren (OH)

NORTHERN KENTUCKY

The following plans are offered in these counties:

H0672-013 HealthSpring Preferred (HMO)
H0672-017 HealthSpring Preferred Savings (HMO)
H7849-088 HealthSpring True Choice (PPO)

Boone, Campbell, Grant, Kenton, Pendleton (KY)

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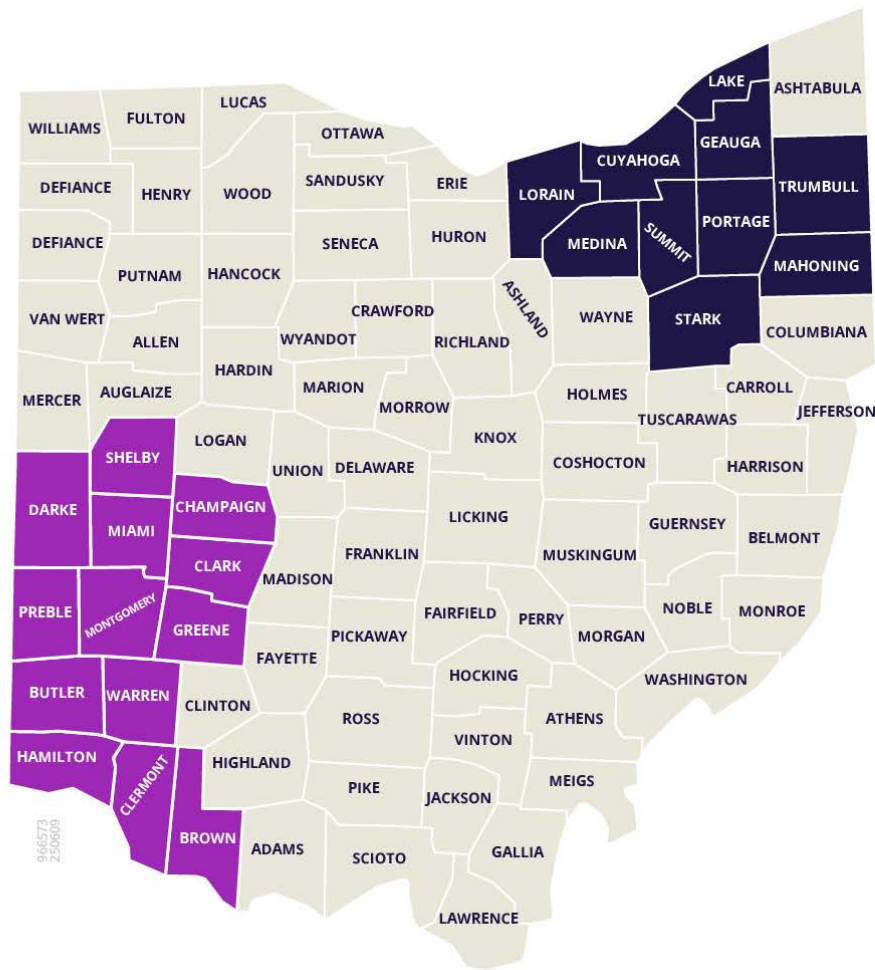


Plans by State: Northeast

States

Ohio

2026 Overview



NORTHEAST OHIO

The following plans are offered in these counties:

H0672-006 HealthSpring Preferred (HMO)
H0672-016 HealthSpring Preferred Savings (HMO)
H7849-015 HealthSpring True Choice (PPO)
H0672-015 HealthSpring TotalCare (HMO D-SNP)
H0672-018 HealthSpring TotalCare Plus (HMO D-SNP)

Cuyahoga, Geauga, Lake, Lorain, Medina, Mahoning, Portage, Stark, Summit, Trumbull (OH)

SOUTHWEST OHIO

The following plans are offered in these counties:

H0672-013 HealthSpring Preferred (HMO)
H0672-017 HealthSpring Preferred Savings (HMO)
H7849-088 HealthSpring True Choice (PPO)
H0672-015 HealthSpring TotalCare (HMO D-SNP)
H0672-018 HealthSpring TotalCare Plus (HMO D-SNP)

Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren (OH)

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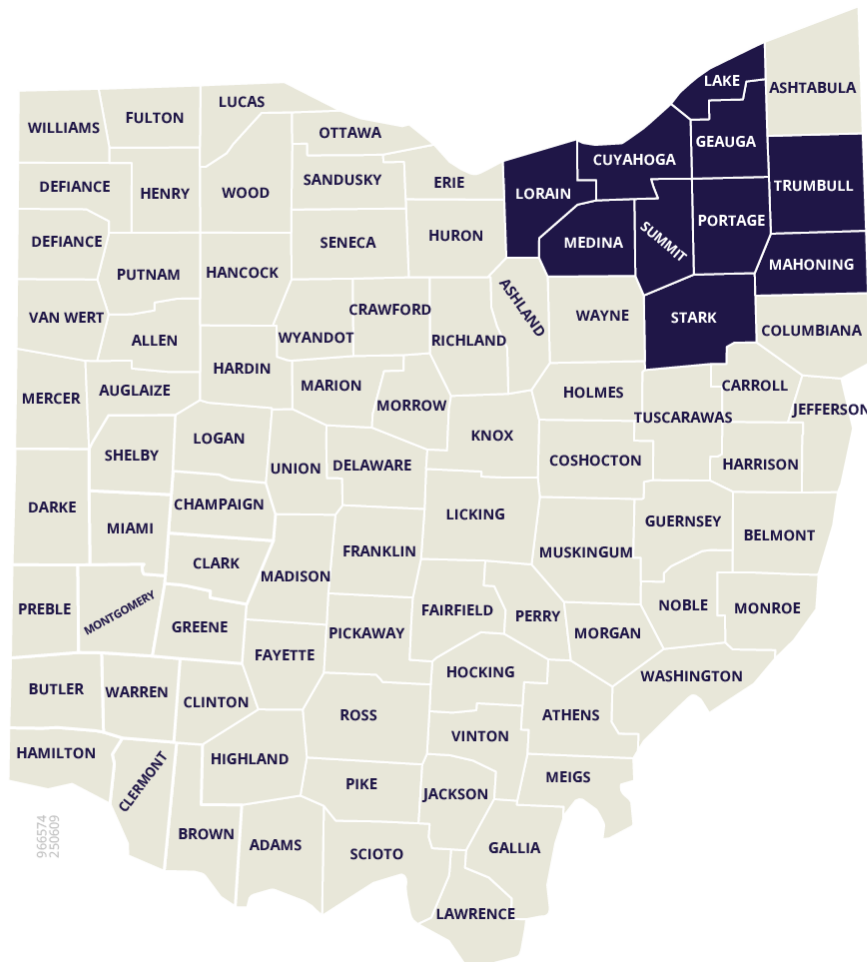


Plans by State: Northeast

States

Ohio: Northeast

2026 Overview



NORTHEAST OHIO

■ The following plans are offered in these counties:

H0672-006 HealthSpring Preferred (HMO)
H0672-016 HealthSpring Preferred Savings (HMO)
H7849-015 HealthSpring True Choice (PPO)
H0672-015 HealthSpring TotalCare (HMO D-SNP)
H0672-018 HealthSpring TotalCare Plus (HMO D-SNP)

Cuyahoga, Geauga, Lake, Lorain, Medina, Mahoning, Portage, Stark, Summit, Trumbull (OH)

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Market: Ohio

Submarket: Northeast Ohio

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0672-006
Counties	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$365 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$310
Medical Deductible	No deductible
Part D Deductible	\$400 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/28%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	Not included	Meals	Not included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Not included

Market: Ohio

Submarket: Northeast Ohio

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0672-016
Counties	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull
Total Premium	\$0.00
Part B Premium Giveback	\$95.00
Max Out-of-Pocket	\$6,750
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$380 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$290
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	Not included	Caregiver Support	Not included

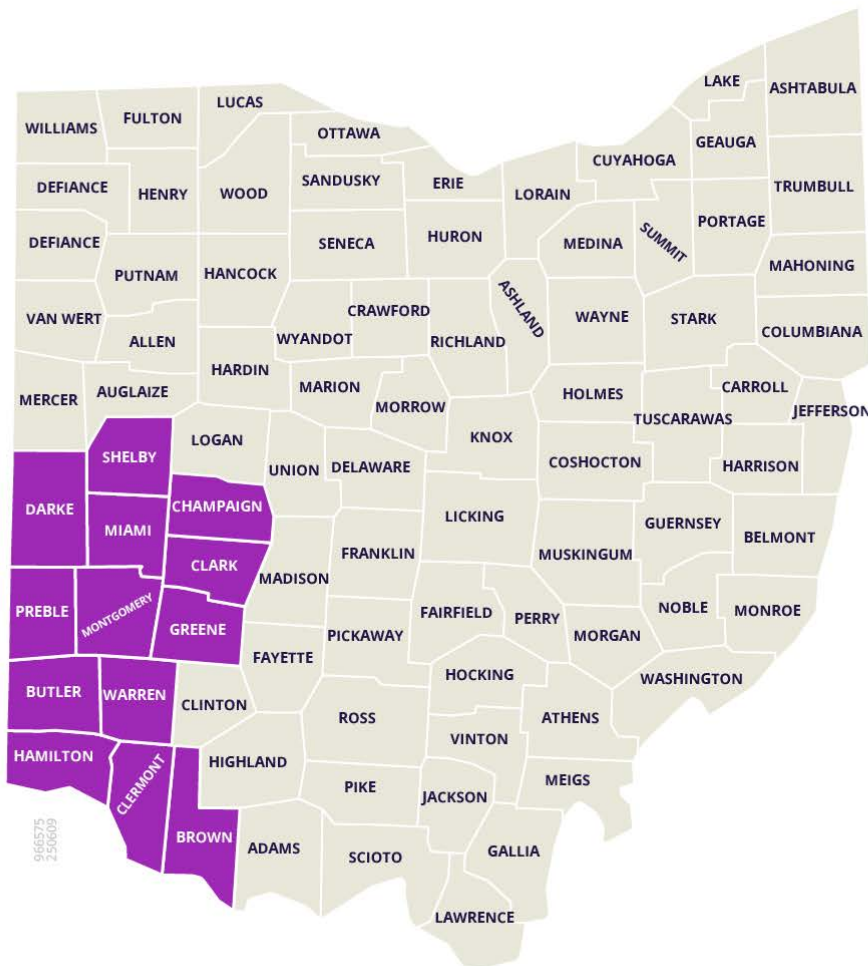


Plans by State: Northeast

States

Ohio: Southwest

2026 Overview



SOUTHWEST OHIO

The following plans are offered in these counties:

H0672-013 HealthSpring Preferred (HMO)
H0672-017 HealthSpring Preferred Savings (HMO)
H7849-088 HealthSpring True Choice (PPO)
H0672-015 HealthSpring TotalCare (HMO D-SNP)
H0672-018 HealthSpring TotalCare Plus (HMO D-SNP)

Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren (OH)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: Northeast

Market: Ohio

Submarket: Southwest Ohio/North Kentucky

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0672-013
Counties	KY: Boone, Campbell, Grant, Kenton, Pendleton OH: Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,875
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$245
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$110/quarter	Caregiver Support	Not included

Featured Plans: Northeast

Market: Ohio

Submarket: Southwest Ohio/North Kentucky

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0672-017
Counties	KY: Boone, Campbell, Grant, Kenton, Pendleton OH: Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
Total Premium	\$0.00
Part B Premium Giveback	\$95.00
Max Out-of-Pocket	\$5,825
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$360 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$290
Medical Deductible	\$200
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/33%

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	Not included	Caregiver Support	Not included

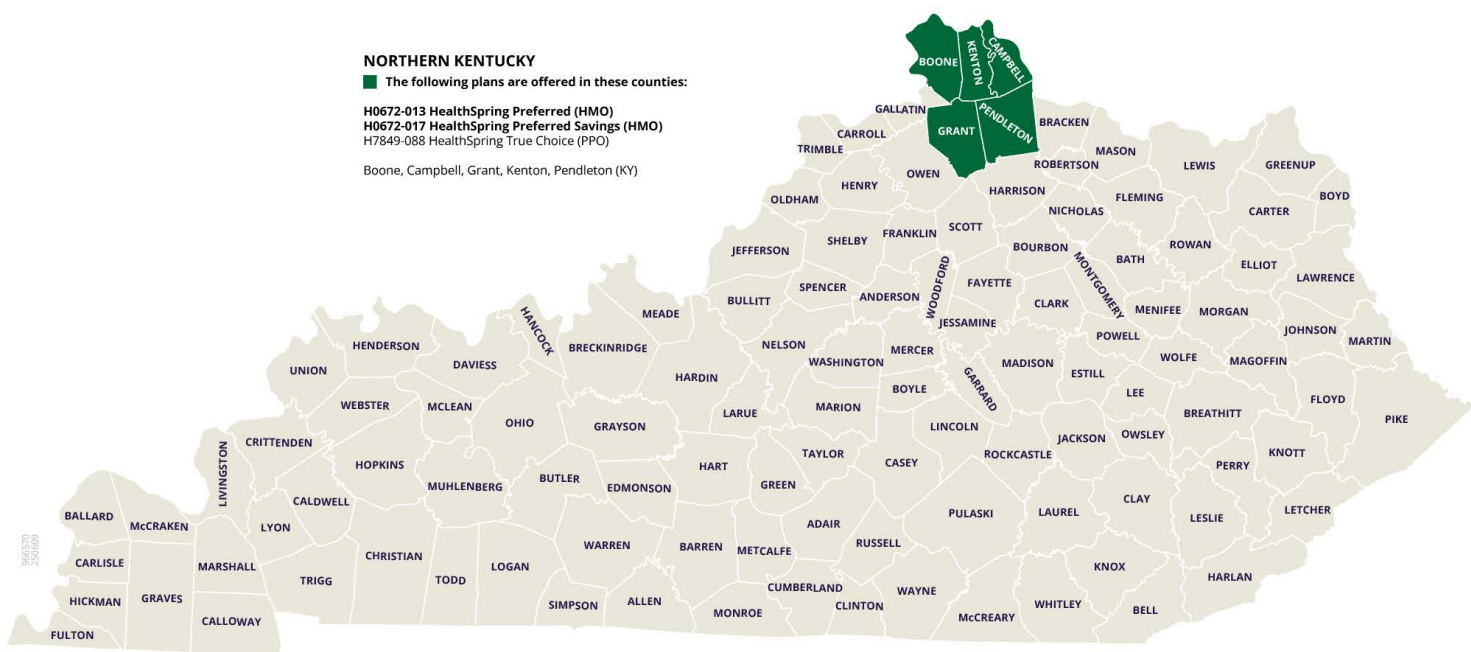


Plans by State: Northeast

States

Kentucky: Northern

2026 Overview



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Featured Plans: Northeast

Market: Ohio

Submarket: Southwest Ohio/North Kentucky

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0672-013
Counties	KY: Boone, Campbell, Grant, Kenton, Pendleton OH: Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,875
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$245
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$110/quarter	Caregiver Support	Not included

Featured Plans: Northeast

Market: Ohio

Submarket: Southwest Ohio/North Kentucky

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0672-017
Counties	KY: Boone, Campbell, Grant, Kenton, Pendleton OH: Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
Total Premium	\$0.00
Part B Premium Giveback	\$95.00
Max Out-of-Pocket	\$5,825
Cost Share – PCP/Specialist	\$0/\$40
Inpatient Acute Care Hospital	\$360 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$290
Medical Deductible	\$200
Part D Deductible	\$0
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/33%

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	20 one-way	Fitness	Included
OTC	Not included	Caregiver Support	Not included



2026 Plans by State

West Region



Plans by State: West

States

Pacific Northwest: Washington & Oregon

2026 Overview



SPOKANE WA

The following plan is offered in this county:

H4407-033 HealthSpring Preferred (HMO)

Spokane

PORTLAND OR

The following plans are offered in these counties:

H4407-035 HealthSpring Preferred (HMO)

H7849-152 HealthSpring True Choice (PPO)

Columbia, Clackamas, Multnomah, Washington (OR)
Clark, Cowlitz (WA)

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Washington

2026 Overview



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Featured Plans: West

Market: Pacific Northwest

Submarket: Washington

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-033	New Plan
Counties	Spokane	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$4,200	
Cost Share – PCP/Specialist	\$0/\$10	
Inpatient Acute Care Hospital	\$305 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$200	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$1,100 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Not included
Transportation	10 one-way	Fitness	Included
OTC	\$30/quarter	Caregiver Support	Included

Featured Plans: West

Market: Pacific Northwest

Submarket: Oregon

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-035	New Plan
Counties	OR: Clackamas, Columbia, Multnomah, Washington WA: Clark, Cowlitz	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$5,000	
Cost Share – PCP/Specialist	\$0/\$10	
Inpatient Acute Care Hospital	\$350 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$295	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$1,800 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Not included
Transportation	20 one-way	Fitness	Included
OTC	\$25/quarter	Caregiver Support	Included

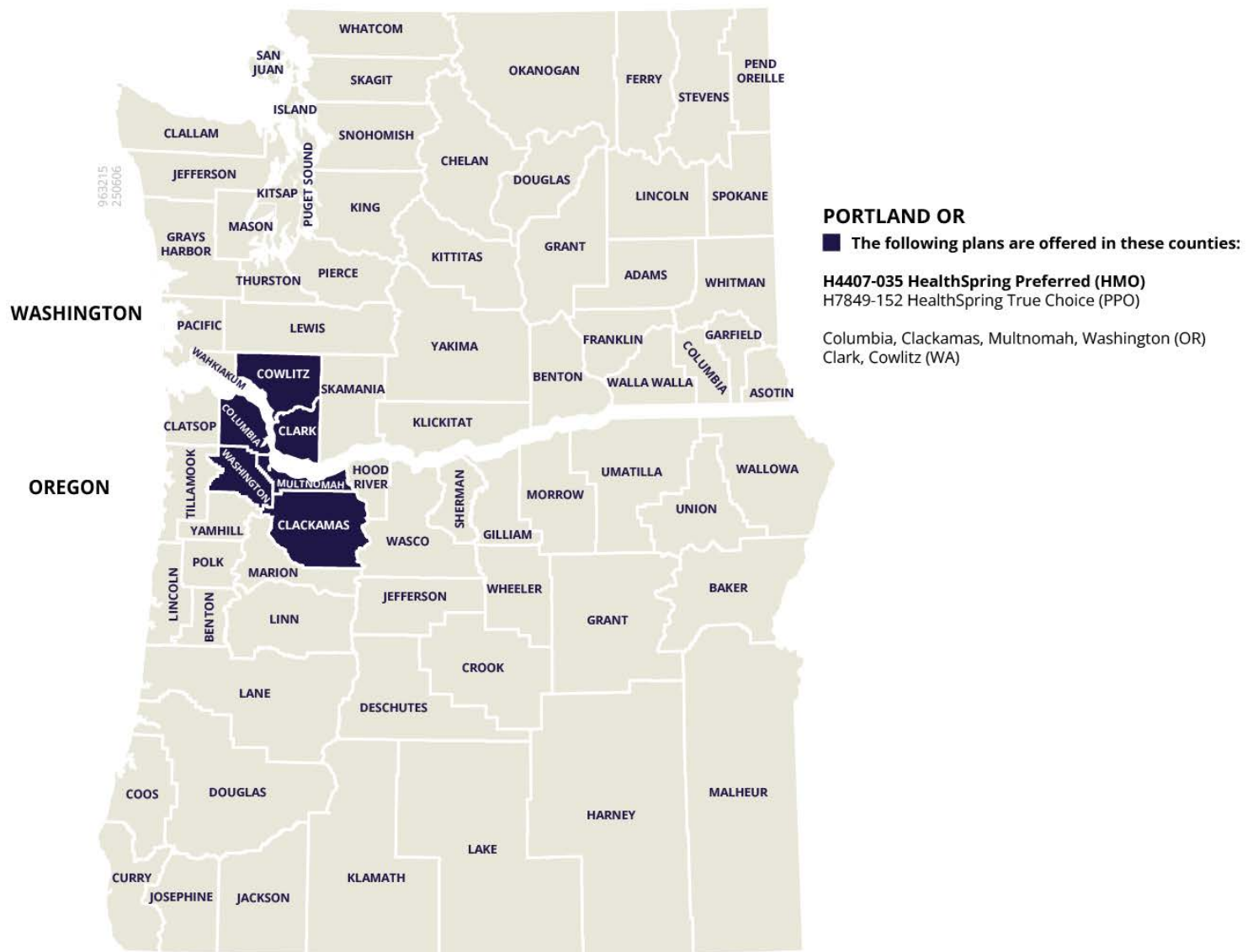


Plans by State: West

States ↗

Pacific Northwest: Portland Area

2026 Overview



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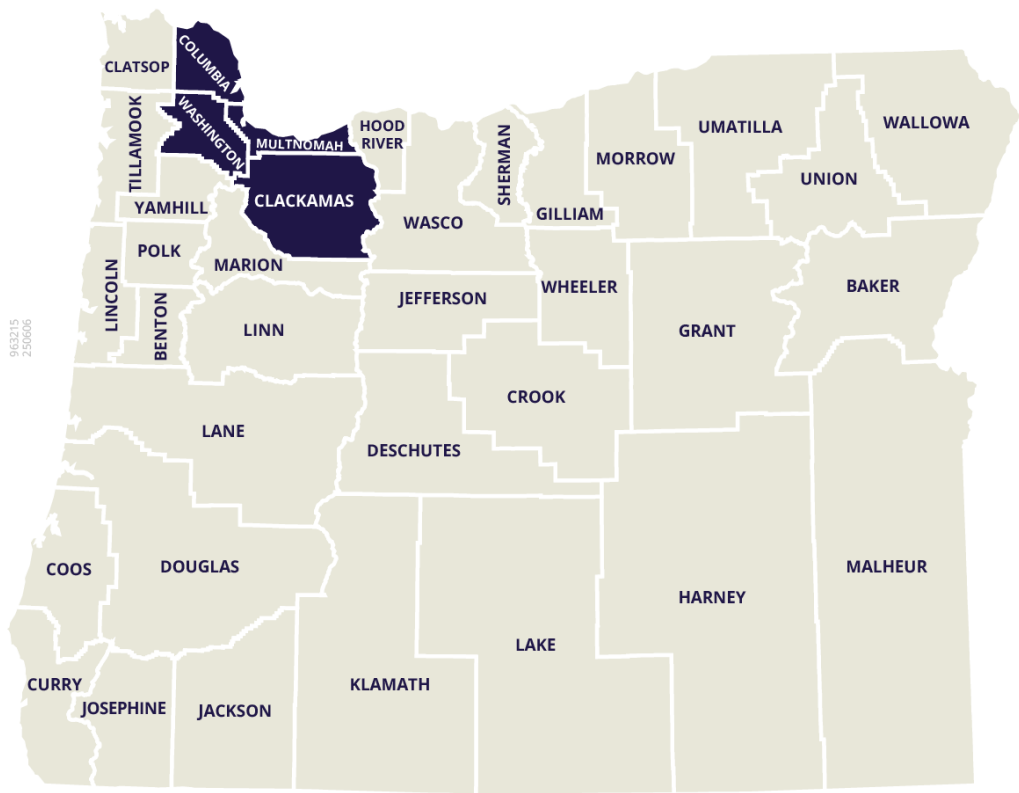


Plans by State: West

States

Oregon

2026 Overview



PORTLAND OR (OR COUNTIES)
■ The following plans are offered in these counties:
H4407-035 HealthSpring Preferred (HMO)
H7849-152 HealthSpring True Choice (PPO)
Columbia, Clackamas, Multnomah, Washington

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Market: Pacific Northwest

Submarket: Oregon

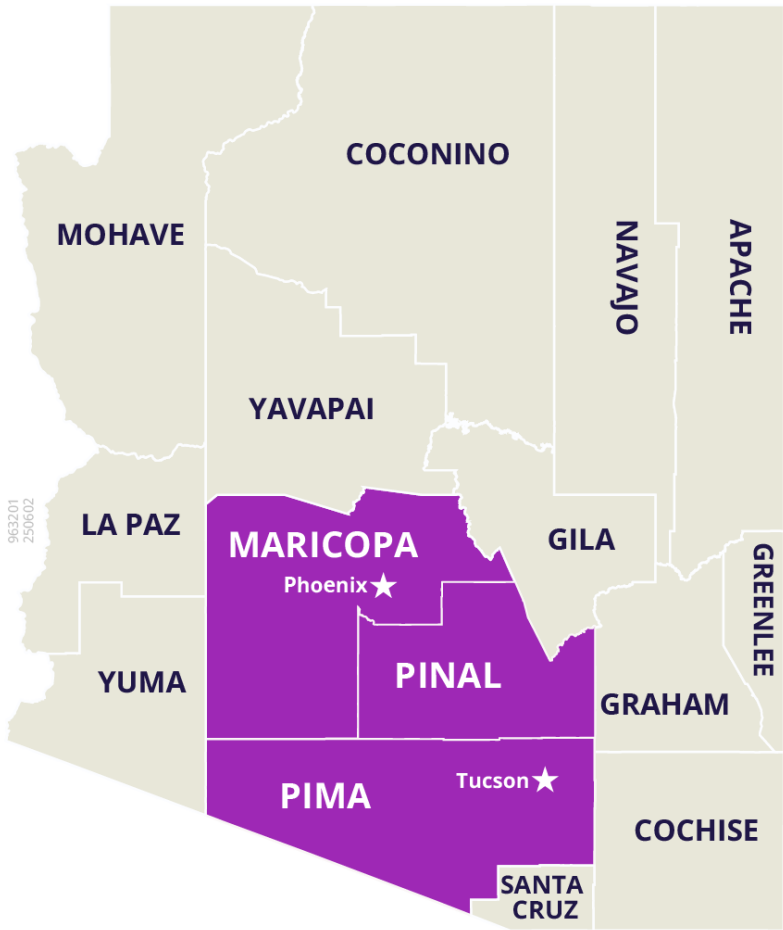
Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-035	New Plan
Counties	OR: Clackamas, Columbia, Multnomah, Washington WA: Clark, Cowlitz	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$5,000	
Cost Share – PCP/Specialist	\$0/\$10	
Inpatient Acute Care Hospital	\$350 per day for days 1-5; \$0 per day for days 6-90	
Ambulatory Surgical Center	\$0 - \$295	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$1,800 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Not included
Transportation	20 one-way	Fitness	Included
OTC	\$25/quarter	Caregiver Support	Included



Arizona

2026 Overview



CENTRAL ARIZONA

The following plans are offered in these counties:

- H0354-028 HealthSpring Alliance (HMO)
- H0354-029 HealthSpring Preferred Savings (HMO)
- H0354-030 HealthSpring Preferred Full Savings (HMO)
- H0354-001 HealthSpring Preferred (HMO)
- H0354-027 HealthSpring Achieve (HMO C-SNP)
- H7849-065 HealthSpring True Choice (PPO)

Maricopa, Pima, Pinal

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: West

Market: Desert States

Submarket: Arizona

Plan Name/Plan ID	HealthSpring Alliance (HMO)/H0354-028
Counties	Maricopa, Pima, Pinal
Total Premium	\$0.00
Part B Premium Giveback	\$10.00
Max Out-of-Pocket	\$2,300
Cost Share – PCP/Specialist	\$0/\$5
Inpatient Acute Care Hospital	\$130 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$75
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,900 allowance	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: West

Market: Desert States

Submarket: Arizona

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H0354-029
Counties	Maricopa, Pima, Pinal
Total Premium	\$0.00
Part B Premium Giveback	\$110.00
Max Out-of-Pocket	\$3,500
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$325 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,600 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: West

Market: Desert States

Submarket: Arizona

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H0354-030
Counties	Maricopa, Pima, Pinal
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$6,250
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$450 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$300
Medical Deductible	No deductible
Part D Deductible	\$500 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/27%

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Not included
Transportation	Not included	Fitness	Not included
OTC	Not included	Caregiver Support	Included

[States](#)

Featured Plans: West

Market: Desert States

Submarket: Arizona

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0354-001
Counties	Maricopa, Pima, Pinal
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,750
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$180 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$100
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: West

Market: Desert States

Submarket: Arizona

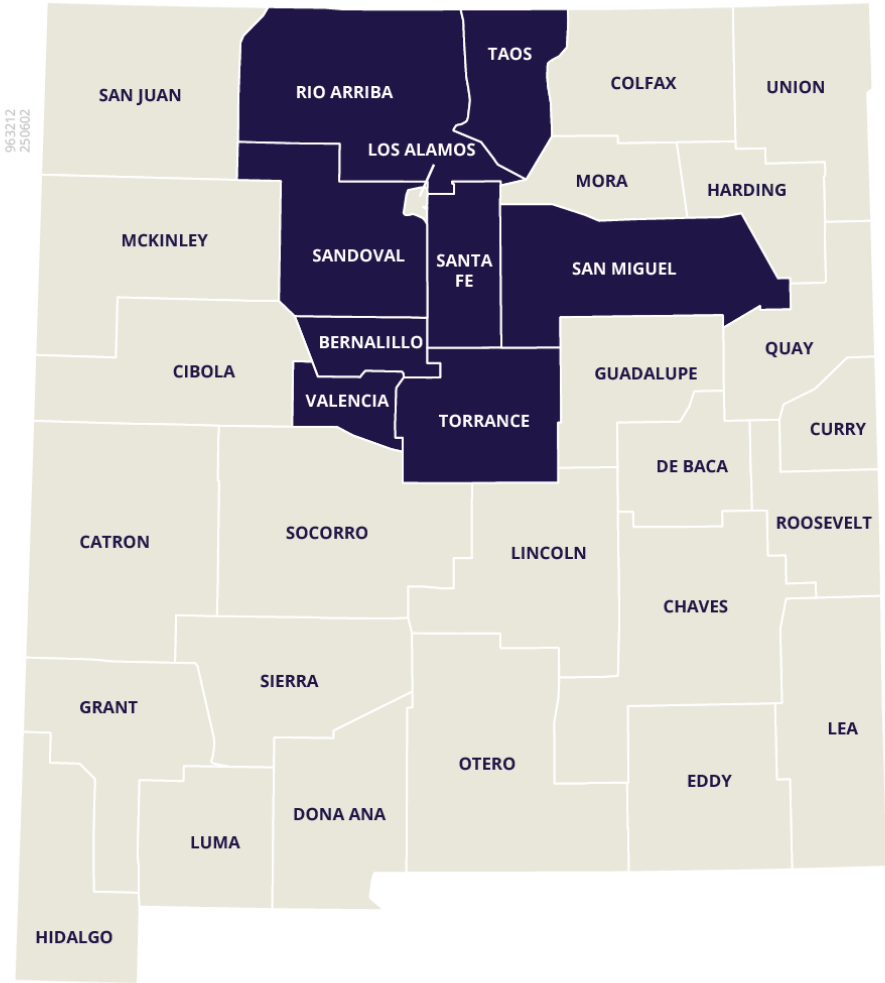
Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H0354-027
Counties	Maricopa, Pima, Pinal
Total Premium	\$0.00
Part B Premium Giveback	\$7.00
Max Out-of-Pocket	\$2,500
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$165 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$100
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%/\$9

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	40 one-way	Fitness	Included
OTC	\$80/quarter	Caregiver Support	Included



New Mexico

2026 Overview



ALBUQUERQUE

■ The following plan is offered in these counties:

H0672-005 HealthSpring Preferred (HMO)

Bernalillo, Rio Arriba, San Miguel, Sandoval, Santa Fe, Taos, Torrance, Valencia

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: West

Market: Desert States

Submarket: New Mexico

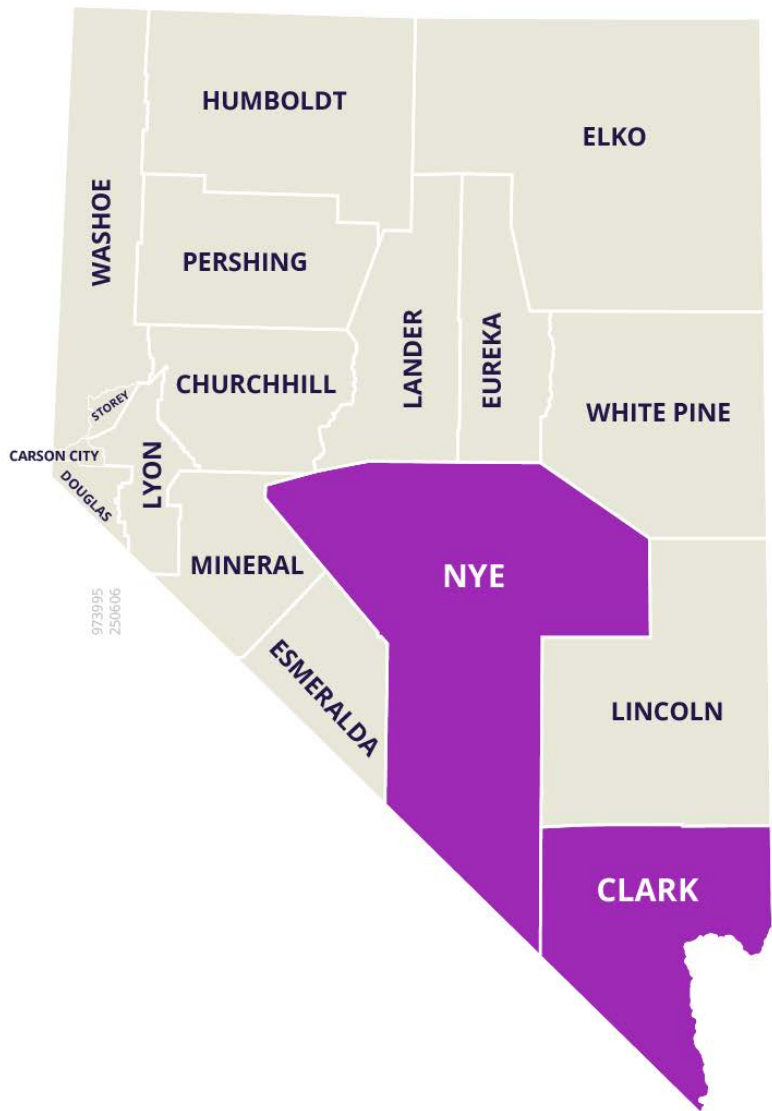
Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0672-005
Counties	Bernalillo, Rio Arriba, San Miguel, Sandoval, Santa Fe, Taos, Torrance, Valencia
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,201
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$295 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$250
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,200 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	40 one-way	Fitness	Included
OTC	\$85/quarter	Caregiver Support	Not included



Nevada

2026 Overview



LAS VEGAS
The following plan are offered in these counties:
H4513-095 HealthSpring Preferred Savings (HMO)
H4513-096 HealthSpring Premier (HMO-POS)
Clark, Nye

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: West

Market: Mountain States

Submarket: Nevada

Plan Name/Plan ID		HealthSpring Preferred Savings (HMO)/H4513-095		New Plan
Counties	Clark, Nye			
Total Premium	\$0.00			
Part B Premium Giveback	\$110.00			
Max Out-of-Pocket	\$3,700			
Cost Share – PCP/Specialist	\$0/\$15			
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90			
Ambulatory Surgical Center	\$0 - \$75			
Medical Deductible	No deductible			
Part D Deductible	\$250 (does not apply to tier 1 or 2)			
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%			
Supplemental Benefits				
Dental	\$1,000 allowance		Hearing Aids	Included
Eyewear	\$100 allowance		Meals	Not included
Transportation	Not included		Fitness	Included
OTC	\$45/quarter		Caregiver Support	Included

[States](#)

Featured Plans: West

Market: Mountain States

Submarket: Nevada

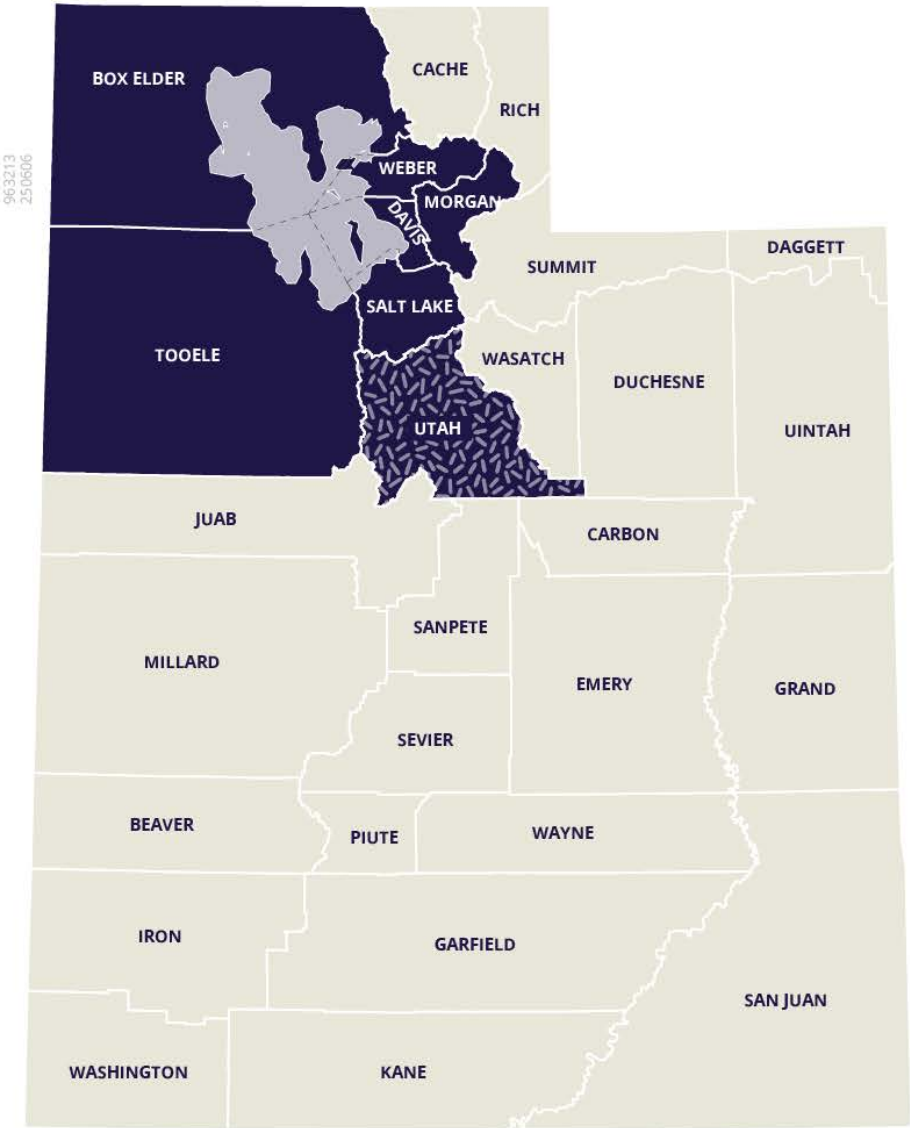
Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H4513-096		New Plan
Counties	Clark, Nye		
Network	In-Network	Out-of-Network	
Total Premium	\$0.00		
Part B Premium Giveback	\$0.00		
Max Out-of-Pocket	\$2,000	There is no maximum out of pocket cost for out-of-network benefits	
Cost Share – PCP/Specialist	\$0/\$0	Not included/40%	
Inpatient Acute Care Hospital	\$75 per day for days 1-4; \$0 per day for days 5-90	Not included	
Ambulatory Surgical Center	\$0	Not included	
Medical Deductible	No deductible		
Part D Deductible	\$200 (does not apply to tier 1 or 2)	N/A	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	N/A	

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$3,500 allowance		Hearing Aids	Included	Not included
Eyewear	\$350 allow.	Not included	Meals	Included	Not included
Transport.	30 one-way	Not included	Fitness	Included	Not included
OTC	\$110/quarter	Not included	Caregiver	Included	Not included



Utah

2026 Overview



SALT LAKE CITY

The following plan is offered in these counties:

H0439-024 HealthSpring Premier (HMO-POS)

Box Elder, Davis, Morgan, Salt Lake, Tooele, Weber

For this county, the plan above is offered **PLUS** this plan:

H7849-029 HealthSpring True Choice (PPO)

Utah

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Market: Mountain States

Submarket: Utah

Plan Name/Plan ID	HealthSpring Premier (HMO-POS)/H0439-024		New Plan
Counties	Box Elder, Davis, Morgan, Salt Lake, Tooele, Weber		
Network	In-Network	Out-of-Network	
Total Premium	\$0.00		
Part B Premium Giveback	\$0.00		
Max Out-of-Pocket	\$3,500	There is no maximum out of pocket cost for out-of-network benefits	
Cost Share – PCP/Specialist	\$0/\$10	Not included/40%	
Inpatient Acute Care Hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	Not included	
Ambulatory Surgical Center	\$0 - \$150	Not included	
Medical Deductible	No deductible		
Part D Deductible	\$200 (does not apply to tier 1 or 2)	N/A	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	N/A	

Supplemental Benefits					
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Dental	\$2,500 allowance		Hearing Aids	Included	Not included
Eyewear	\$300 allow.	Not included	Meals	Included	Not included
Transport.	30 one-way	Not included	Fitness	Included	Not included
OTC	\$100/quarter	Not included	Caregiver	Included	Not included

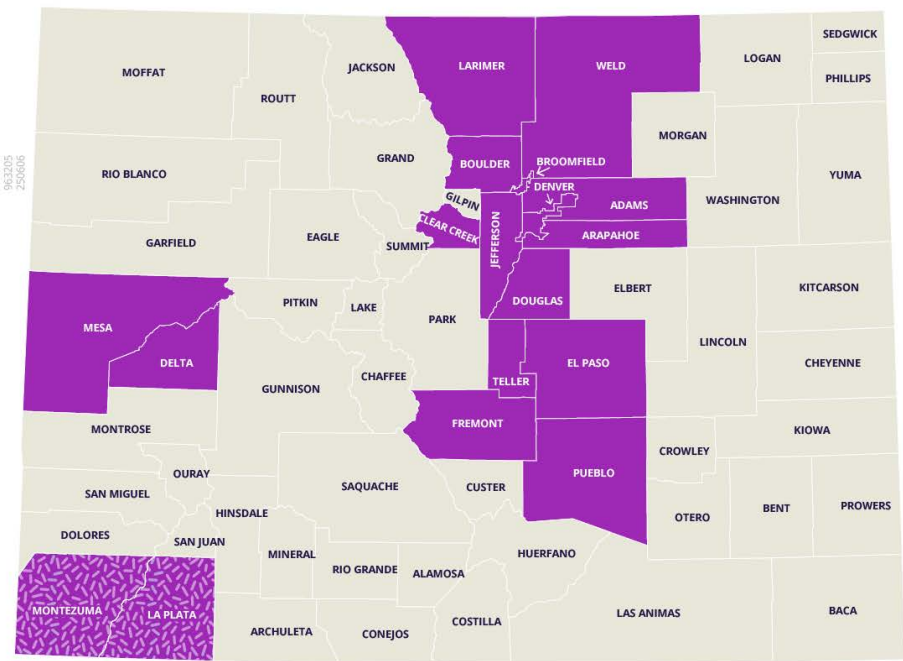


Plans by State: West

States ↗

Colorado

2026 Overview



COLORADO SPRINGS, DENVER, FORT COLLINS, WESTERN CO

■ The following plans are offered in these counties:

- H0672-024 HealthSpring Preferred (HMO)**
H7849-147 HealthSpring True Choice (PPO)
- H0672-009 HealthSpring TotalCare (HMO D-SNP)**
- H0672-010 HealthSpring TotalCare Plus (HMO D-SNP)**

Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Fremont, Jefferson, La Plata, Larimer, Mesa, Montezuma, Pueblo, Teller, Weld

■ For these counties, all the plans above are offered, the PPO plan is not available:

La Plata, Montezuma

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Market: Mountain States

Submarket: Colorado

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H0672-024	New Plan
Counties	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Fremont, Jefferson, La Plata, Larimer, Mesa, Montezuma, Pueblo, Teller, Weld	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$4,700	
Cost Share – PCP/Specialist	\$0/\$35	
Inpatient Acute Care Hospital	\$290 per day for days 1-6; \$0 per day for days 7-90	
Ambulatory Surgical Center	\$0 - \$275	
Medical Deductible	No deductible	
Part D Deductible	\$250 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%	

Supplemental Benefits			
Dental	\$500 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Not included
Transportation	Not included	Fitness	Included
OTC	\$15/quarter	Caregiver Support	Not included

Featured Plans: West

Market: Mountain States

Submarket: Colorado

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H0672-009
Counties	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Fremont, Jefferson, La Plata, Larimer, Mesa, Montezuma, Pueblo, Teller, Weld
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,800
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$180 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$150
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/25%/25%/25%

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$110/quarter	Caregiver Support	Not included

Featured Plans: West

Market: Mountain States

Submarket: Colorado

Plan Name/Plan ID	HealthSpring TotalCare Plus (HMO D-SNP)/H0672-010
Counties	Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Fremont, Jefferson, La Plata, Larimer, Mesa, Montezuma, Pueblo, Teller, Weld
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$9,250
Cost Share – PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Ambulatory Surgical Center	0 - 20%
Medical Deductible	Medicare-Defined Part B Deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,350 allowance	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Not included

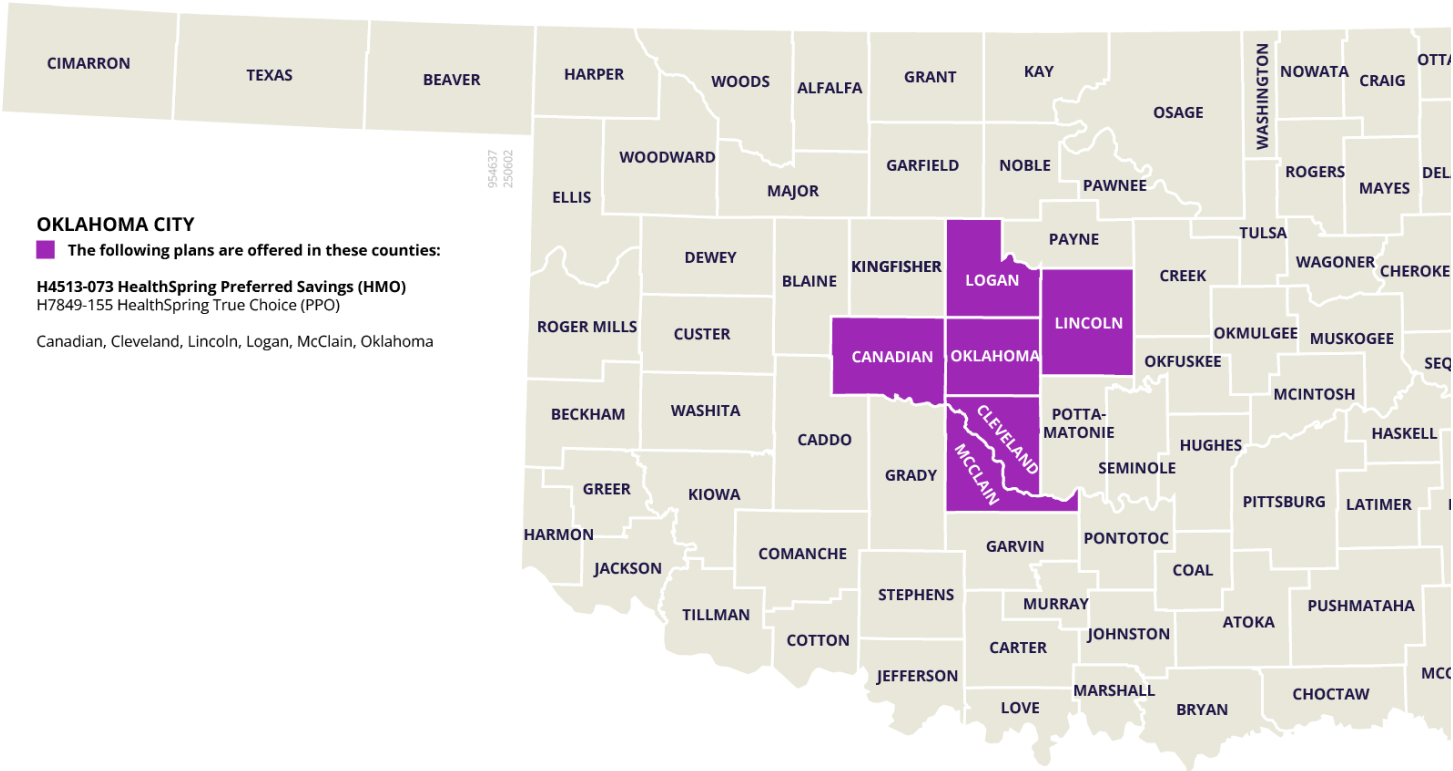


Plans by State: West

States ↗

Oklahoma

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: West

Market: Texas

Submarket: Oklahoma

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-073
Counties	Canadian, Cleveland, Lincoln, Logan, McClain, Oklahoma
Total Premium	\$0.00
Part B Premium Giveback	\$75.00
Max Out-of-Pocket	\$6,900
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$275 per day for days 1-7; \$0 per day for days 8-90
Ambulatory Surgical Center	\$0 - \$200
Medical Deductible	No deductible
Part D Deductible	\$250 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,600 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$80/quarter	Caregiver Support	Included

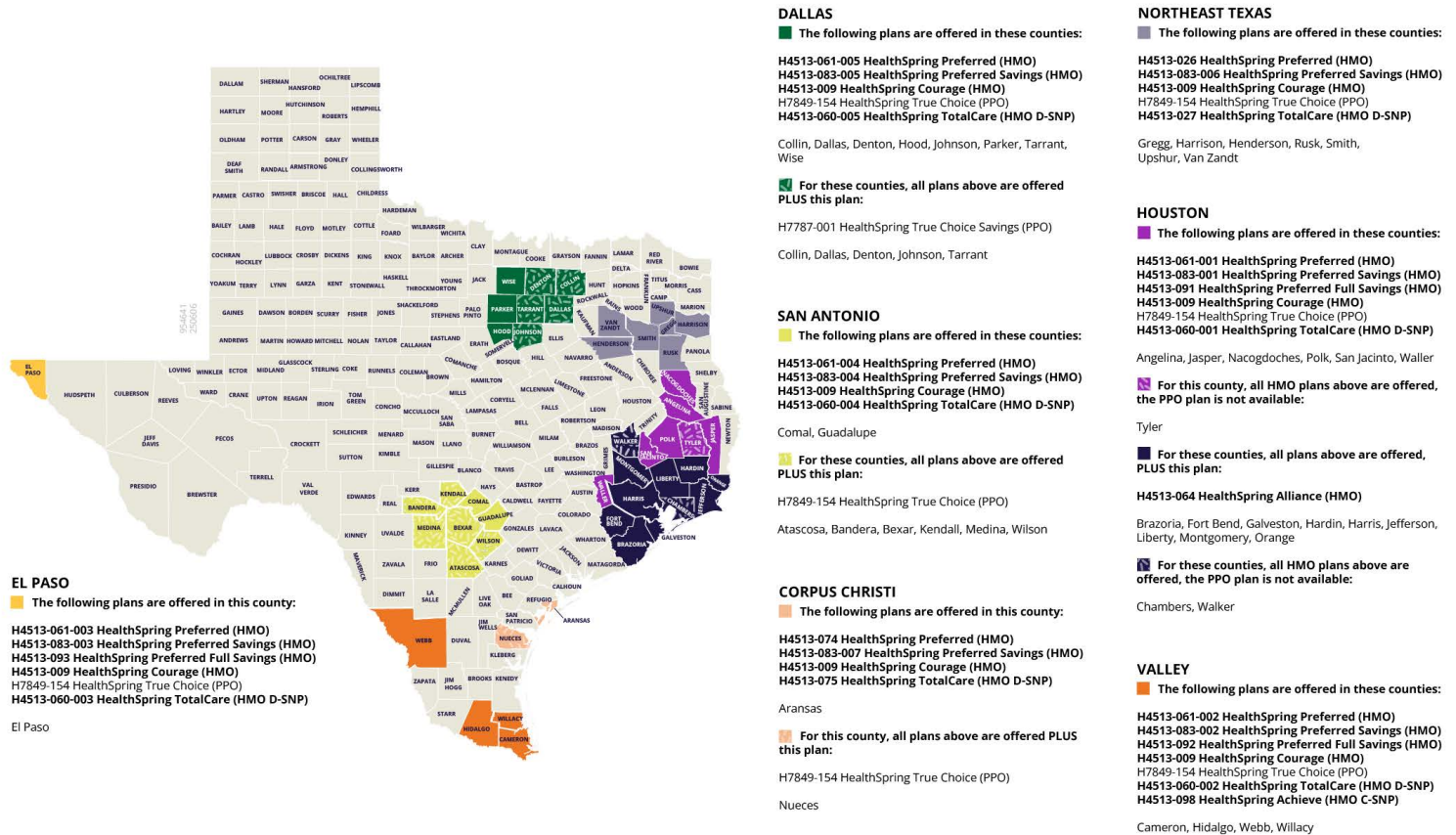


States

Plans by State: West

Texas

2026 Overview



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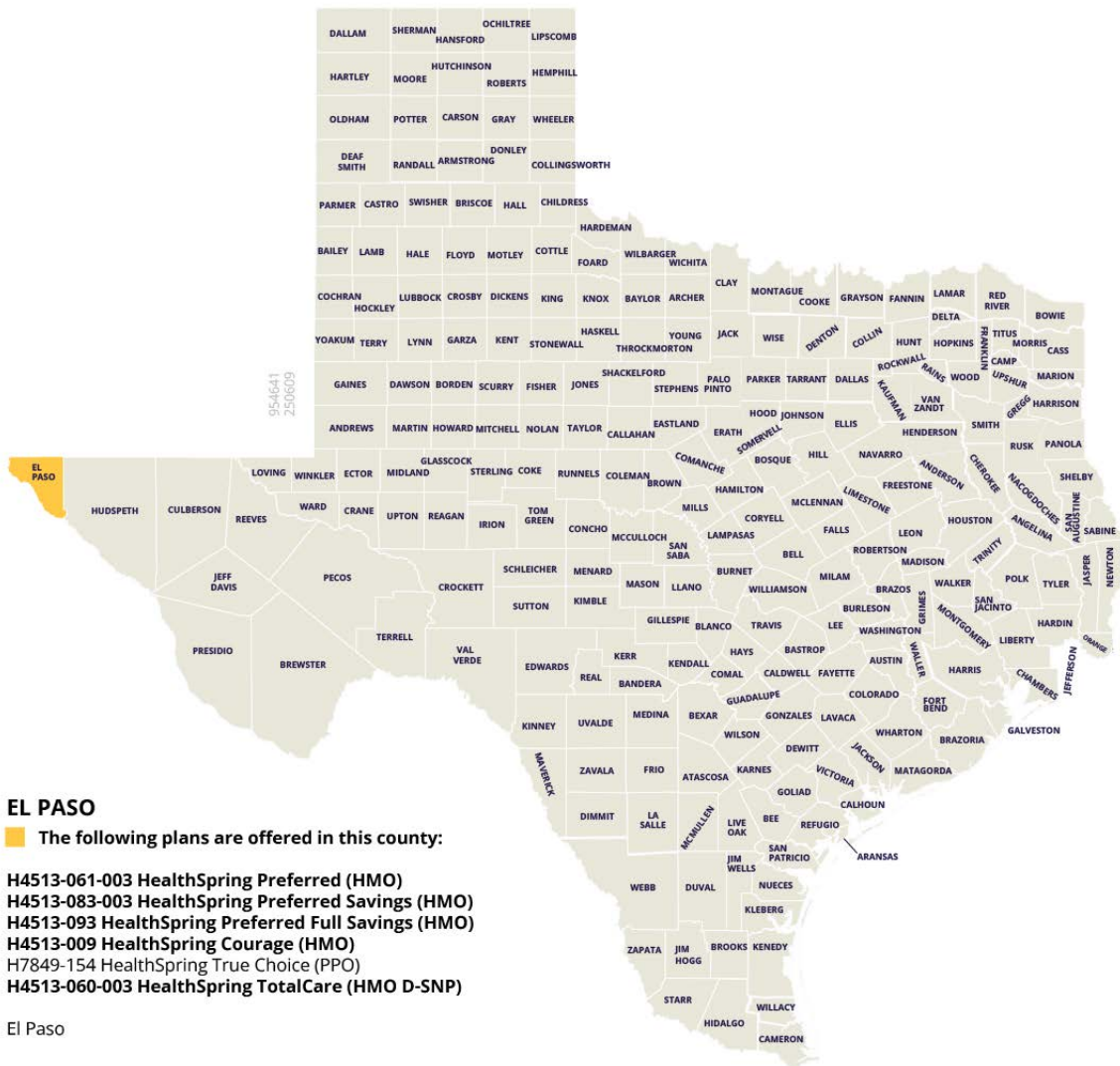


States ↗

Plans by State: West

Texas: El Paso

2026 Overview



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Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-061-003
Counties	El Paso
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,500
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$50 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$100
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$2/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,700 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$85/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-003
Counties	El Paso
Total Premium	\$0.00
Part B Premium Giveback	\$145.00
Max Out-of-Pocket	\$6,775
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$320 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$100/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H4513-093
Counties	El Paso
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$6,900
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$375 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$500 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/27%

Supplemental Benefits			
Dental	\$1,200 allowance	Hearing Aids	Included
Eyewear	\$125 allowance	Meals	Included
Transportation	10 one-way	Fitness	Included
OTC	\$30/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID		HealthSpring Courage (HMO)/H4513-009		County Expansion
Counties	Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise			
Total Premium	\$0.00			
Part B Premium Giveback	\$120.00			
Max Out-of-Pocket	\$4,300			
Cost Share – PCP/Specialist	\$0/\$25			
Inpatient Acute Care Hospital	\$375 per stay			
Ambulatory Surgical Center	\$0 - \$200			
Medical Deductible	No deductible			
Part D Deductible	N/A			
Rx 1 Month Preferred Copays	N/A			
Supplemental Benefits				
Dental	\$1,500 allowance		Hearing Aids	Included
Eyewear	\$250 allowance		Meals	Included
Transportation	24 one-way		Fitness	Included
OTC	\$45/quarter		Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-060-003
Counties	El Paso
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

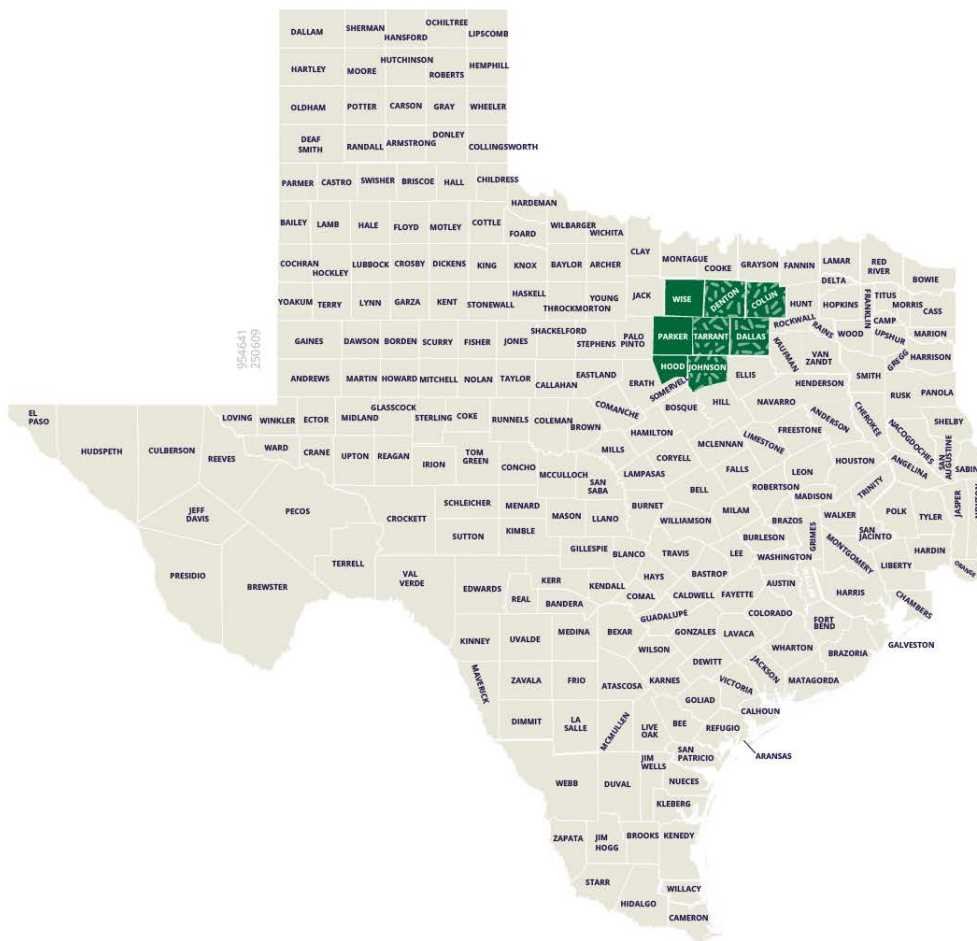


Plans by State: West

States

Texas: Dallas

2026 Overview



DALLAS

The following plans are offered in these counties:

H4513-061-005 HealthSpring Preferred (HMO)
H4513-083-005 HealthSpring Preferred Savings (HMO)
H4513-009 HealthSpring Courage (HMO)
H7849-154 HealthSpring True Choice (PPO)
H4513-060-005 HealthSpring TotalCare (HMO D-SNP)

Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant, Wise

For these counties, all plans above are offered **PLUS** this plan:

H7787-001 HealthSpring True Choice Savings (PPO)

Collin, Dallas, Denton, Johnson, Tarrant

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-061-005
Counties	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant, Wise
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$170 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$175
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$2/\$47/50%/30%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$105/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-005
Counties	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant, Wise
Total Premium	\$0.00
Part B Premium Giveback	\$130.00
Max Out-of-Pocket	\$6,700
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$350 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$110/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID		HealthSpring Courage (HMO)/H4513-009		County Expansion
Counties	Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise			
Total Premium	\$0.00			
Part B Premium Giveback	\$120.00			
Max Out-of-Pocket	\$4,300			
Cost Share – PCP/Specialist	\$0/\$25			
Inpatient Acute Care Hospital	\$375 per stay			
Ambulatory Surgical Center	\$0 - \$200			
Medical Deductible	No deductible			
Part D Deductible	N/A			
Rx 1 Month Preferred Copays	N/A			
Supplemental Benefits				
Dental	\$1,500 allowance		Hearing Aids	Included
Eyewear	\$250 allowance		Meals	Included
Transportation	24 one-way		Fitness	Included
OTC	\$45/quarter		Caregiver Support	Included

Featured Plans: West

Market: Texas

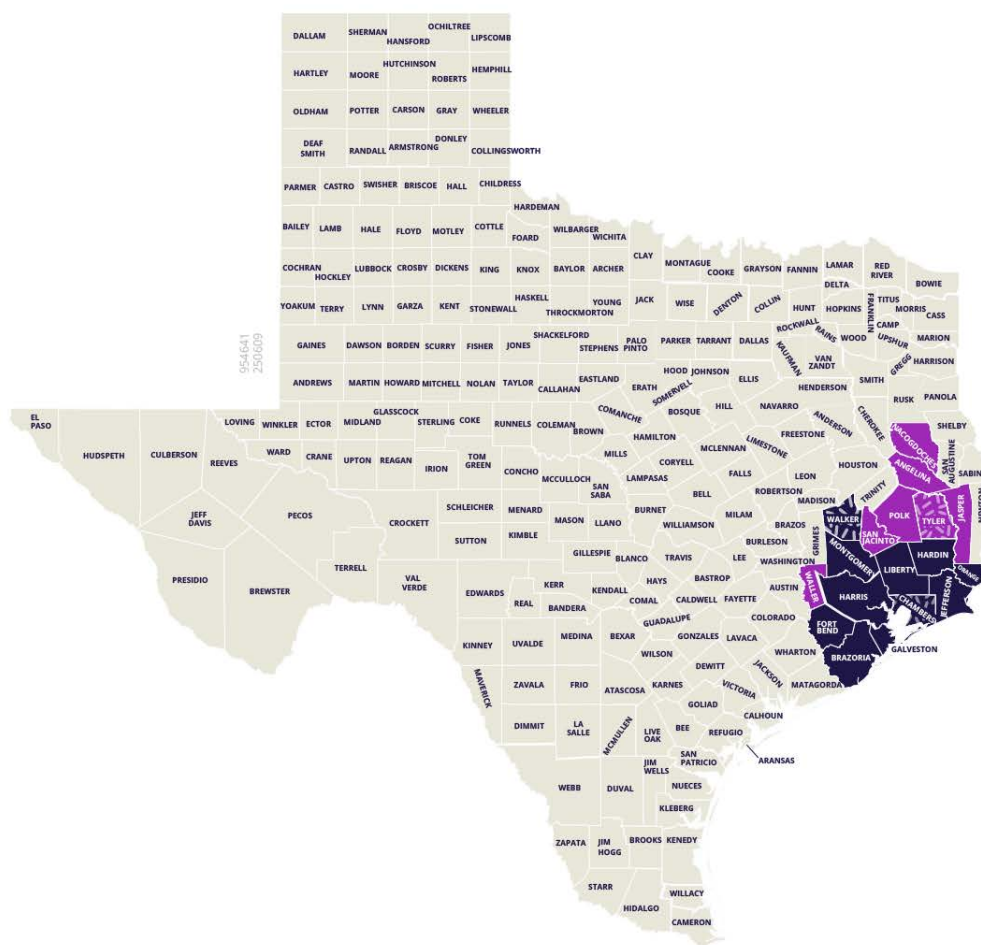
Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-060-005
Counties	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant, Wise
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,450
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$190 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

Texas: Houston

2026 Overview



HOUSTON

The following plans are offered in these counties:

H4513-061-001 HealthSpring Preferred (HMO)
H4513-083-001 HealthSpring Preferred Savings (HMO)
H4513-091 HealthSpring Preferred Full Savings (HMO)
H4513-009 HealthSpring Courage (HMO)
H7849-154 HealthSpring True Choice (PPO)
H4513-060-001 HealthSpring TotalCare (HMO D-SNP)

Angelina, Jasper, Nacogdoches, Polk, San Jacinto, Waller

For this county, all HMO plans above are offered, the PPO plan is not available:

Tyler

■ For these counties, all plans above are offered, PLUS this plan:

H4513-064 HealthSpring Alliance (HMO)

Brazoria, Fort Bend, Galveston, Hardin, Harris, Jefferson,
Liberty, Montgomery, Orange

For these counties, all HMO plans above are offered, the PPO plan is not available:

Chambers, Walker

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Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-061-001
Counties	Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Walker, Waller
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,500
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$230 per stay
Ambulatory Surgical Center	\$0 - \$175
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$2/\$47/50%/30%

Supplemental Benefits			
Dental	\$2,550 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$135/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-001
Counties	Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Walker, Waller
Total Premium	\$0.00
Part B Premium Giveback	\$130.00
Max Out-of-Pocket	\$6,900
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$325 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$140/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H4513-091
Counties	Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Walker, Waller
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$7,500
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$340 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$500 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/27%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$40/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID		HealthSpring Courage (HMO)/H4513-009		County Expansion
Counties		Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise		
Total Premium		\$0.00		
Part B Premium Giveback		\$120.00		
Max Out-of-Pocket		\$4,300		
Cost Share – PCP/Specialist		\$0/\$25		
Inpatient Acute Care Hospital		\$375 per stay		
Ambulatory Surgical Center		\$0 - \$200		
Medical Deductible		No deductible		
Part D Deductible		N/A		
Rx 1 Month Preferred Copays		N/A		
Supplemental Benefits				
Dental	\$1,500 allowance		Hearing Aids	Included
Eyewear	\$250 allowance		Meals	Included
Transportation	24 one-way		Fitness	Included
OTC	\$45/quarter		Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-060-001
Counties	Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Walker, Waller
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Alliance (HMO)/H4513-064
Counties	Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Walker
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,900
Cost Share – PCP/Specialist	\$0/\$10
Inpatient Acute Care Hospital	\$225 per stay
Ambulatory Surgical Center	\$0 - \$75
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

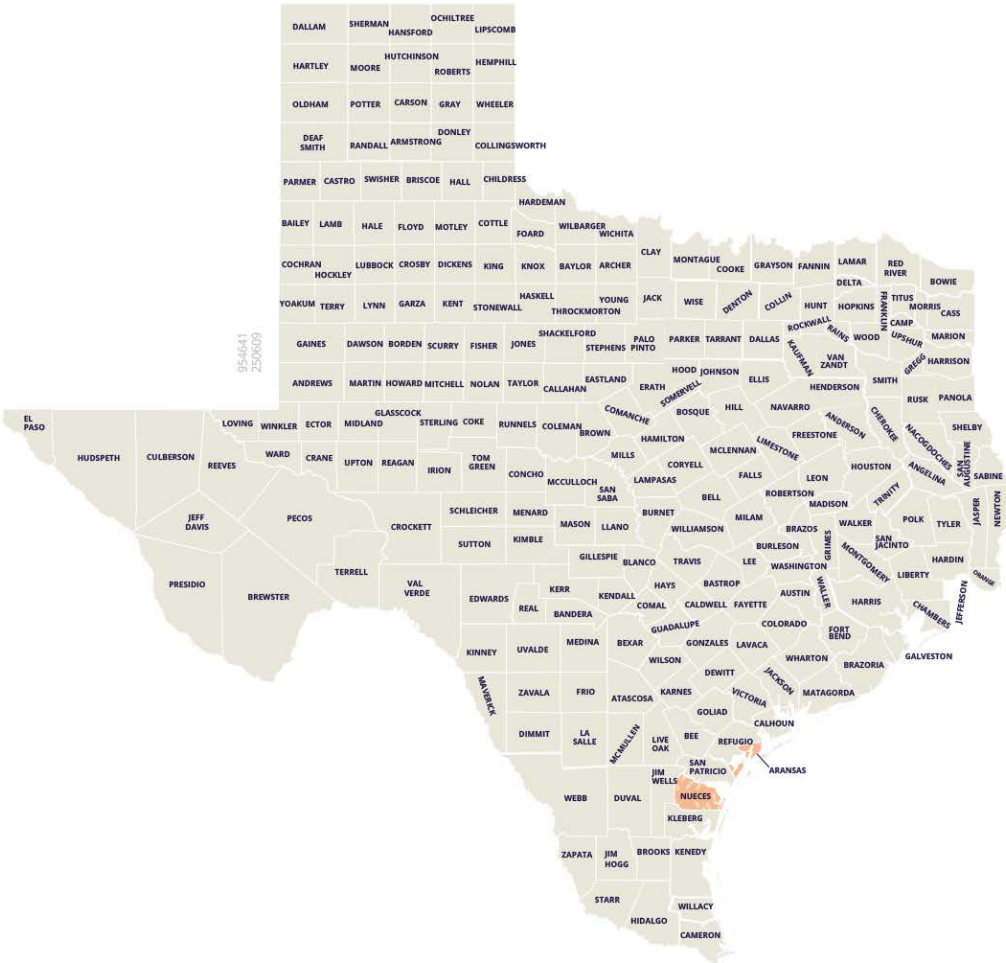
Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$170/quarter	Caregiver Support	Included



Plans by State: West

States ↗

Texas: Corpus Christi
2026 Overview



CORPUS CHRISTI

The following plans are offered in this county:

- H4513-074 HealthSpring Preferred (HMO)**
- H4513-083-007 HealthSpring Preferred Savings (HMO)**
- H4513-009 HealthSpring Courage (HMO)**
- H4513-075 HealthSpring TotalCare (HMO D-SNP)**

Aransas

For this county, all plans above are offered PLUS this plan:

H7849-154 HealthSpring True Choice (PPO)

Nueces

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-074
Counties	Aransas, Nueces
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$2,300
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$50 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$30
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%

Supplemental Benefits			
Dental	\$3,100 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$90/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-007
Counties	Aransas, Nueces
Total Premium	\$0.00
Part B Premium Giveback	\$130.00
Max Out-of-Pocket	\$7,500
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$300 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$150 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$90/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID		HealthSpring Courage (HMO)/H4513-009		County Expansion
Counties		Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise		
Total Premium		\$0.00		
Part B Premium Giveback		\$120.00		
Max Out-of-Pocket		\$4,300		
Cost Share – PCP/Specialist		\$0/\$25		
Inpatient Acute Care Hospital		\$375 per stay		
Ambulatory Surgical Center		\$0 - \$200		
Medical Deductible		No deductible		
Part D Deductible		N/A		
Rx 1 Month Preferred Copays		N/A		
Supplemental Benefits				
Dental	\$1,500 allowance		Hearing Aids	Included
Eyewear	\$250 allowance		Meals	Included
Transportation	24 one-way		Fitness	Included
OTC	\$45/quarter		Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-075
Counties	Aransas, Nueces
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$320 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$50
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$400 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$300/quarter	Caregiver Support	Included

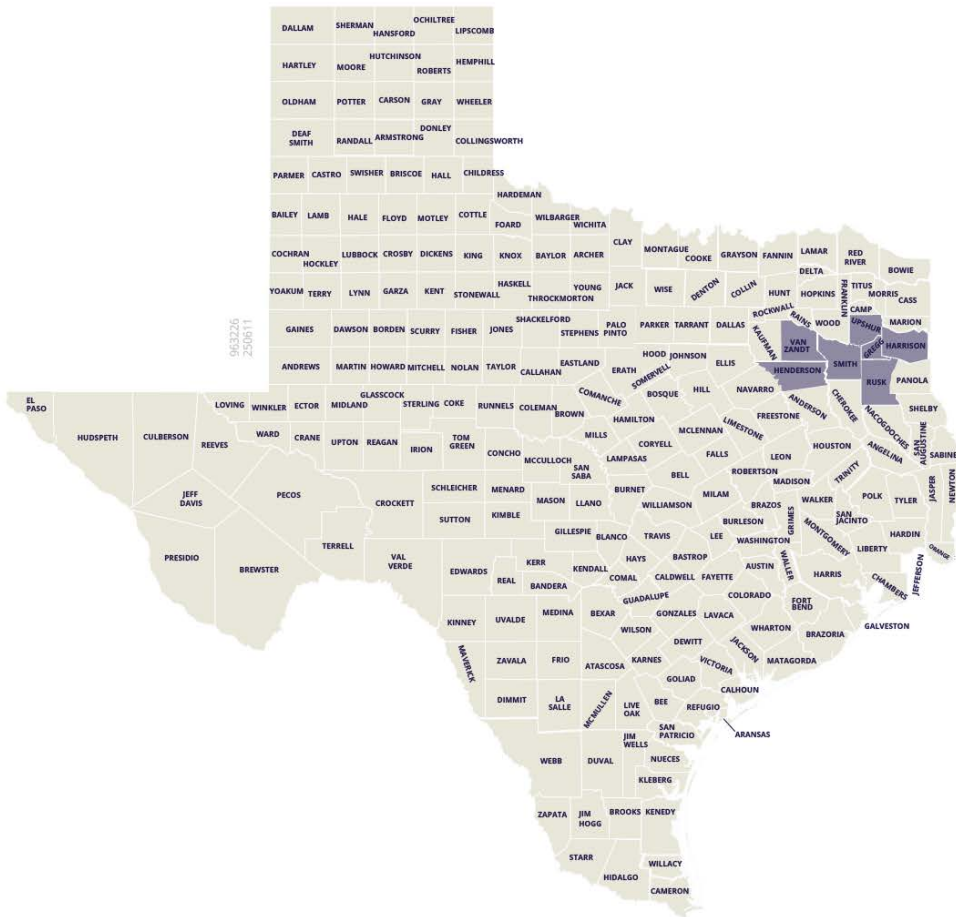


Plans by State: West

States ↗

Texas: Northeast

2026 Overview



NORTHEAST TEXAS

■ The following plans are offered in these counties:

H4513-026 HealthSpring Preferred (HMO)
H4513-083-006 HealthSpring Preferred Savings (HMO)
H4513-009 HealthSpring Courage (HMO)
H7849-154 HealthSpring True Choice (PPO)
H4513-027 HealthSpring TotalCare (HMO D-SNP)

Gregg, Harrison, Henderson, Rusk, Smith,
Upshur, Van Zandt

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

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Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-026
Counties	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$4,400
Cost Share – PCP/Specialist	\$0/\$20
Inpatient Acute Care Hospital	\$245 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$175
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$4/\$47/50%/30%

Supplemental Benefits			
Dental	\$1,850 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	50 one-way	Fitness	Included
OTC	\$135/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-006
Counties	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt
Total Premium	\$0.00
Part B Premium Giveback	\$125.00
Max Out-of-Pocket	\$7,200
Cost Share – PCP/Specialist	\$0/\$30
Inpatient Acute Care Hospital	\$335 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$105/quarter	Caregiver Support	Included

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-009	County Expansion
Counties	Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$4,300	
Cost Share – PCP/Specialist	\$0/\$25	
Inpatient Acute Care Hospital	\$375 per stay	
Ambulatory Surgical Center	\$0 - \$200	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-027
Counties	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

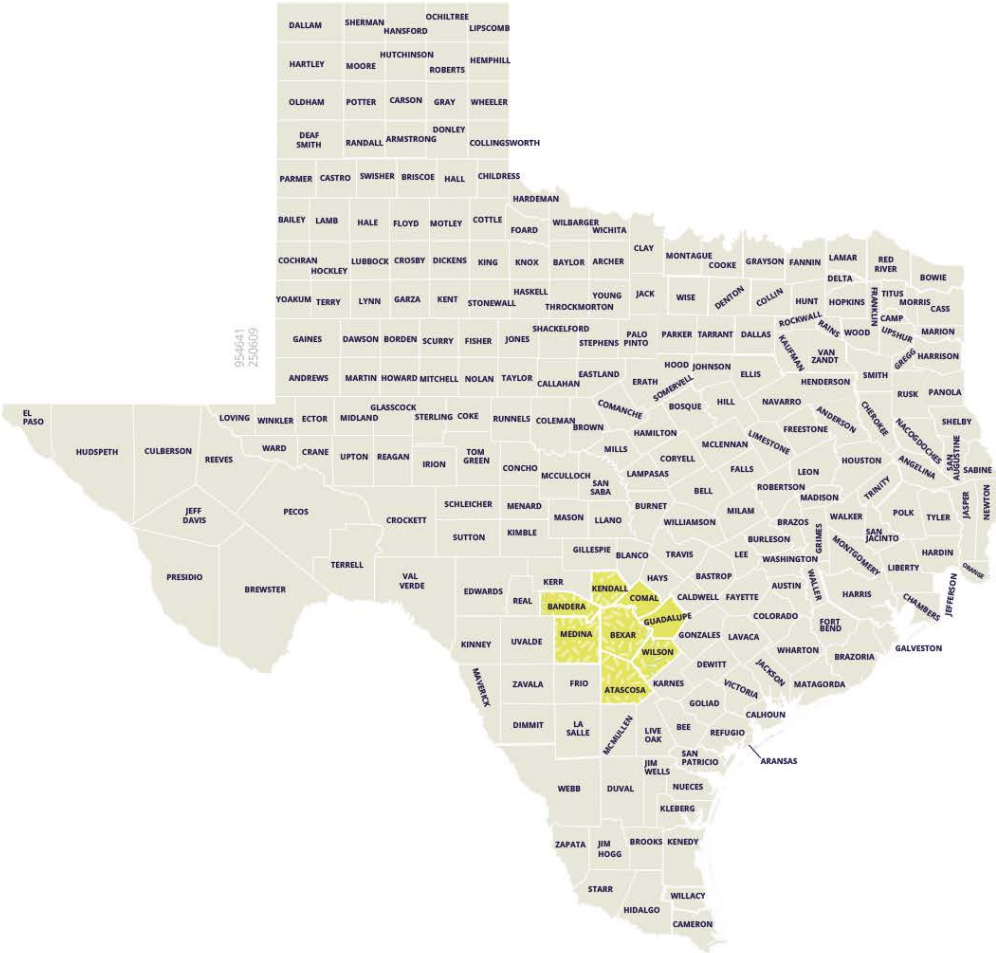
Supplemental Benefits			
Dental	\$3,050 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included



Plans by State: West

States ↗

Texas: San Antonio
2026 Overview



SAN ANTONIO

The following plans are offered in these counties:

H4513-061-004 HealthSpring Preferred (HMO)
H4513-083-004 HealthSpring Preferred Savings (HMO)
H4513-009 HealthSpring Courage (HMO)
H4513-060-004 HealthSpring TotalCare (HMO D-SNP)

Comal, Guadalupe

For these counties, all plans above are offered PLUS this plan:

H7849-154 HealthSpring True Choice (PPO)

Atascosa, Bandera, Bexar, Kendall, Medina, Wilson

2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-061-004
Counties	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,200
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$50 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	\$0 - \$75
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$2/\$47/50%/30%

Supplemental Benefits			
Dental	\$3,750 allowance	Hearing Aids	Included
Eyewear	\$300 allowance	Meals	Included
Transportation	40 one-way	Fitness	Included
OTC	\$100/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-004
Counties	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$140.00
Max Out-of-Pocket	\$6,900
Cost Share – PCP/Specialist	\$0/\$35
Inpatient Acute Care Hospital	\$325 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	DHMO	Hearing Aids	Included
Eyewear	\$350 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$165/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID		HealthSpring Courage (HMO)/H4513-009		County Expansion
Counties		Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise		
Total Premium		\$0.00		
Part B Premium Giveback		\$120.00		
Max Out-of-Pocket		\$4,300		
Cost Share – PCP/Specialist		\$0/\$25		
Inpatient Acute Care Hospital		\$375 per stay		
Ambulatory Surgical Center		\$0 - \$200		
Medical Deductible		No deductible		
Part D Deductible		N/A		
Rx 1 Month Preferred Copays		N/A		
Supplemental Benefits				
Dental	\$1,500 allowance		Hearing Aids	Included
Eyewear	\$250 allowance		Meals	Included
Transportation	24 one-way		Fitness	Included
OTC	\$45/quarter		Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-060-004
Counties	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,450
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$190 per day for days 1-5; \$0 per day for days 6-90
Ambulatory Surgical Center	0 - 20%
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$250/quarter	Caregiver Support	Included

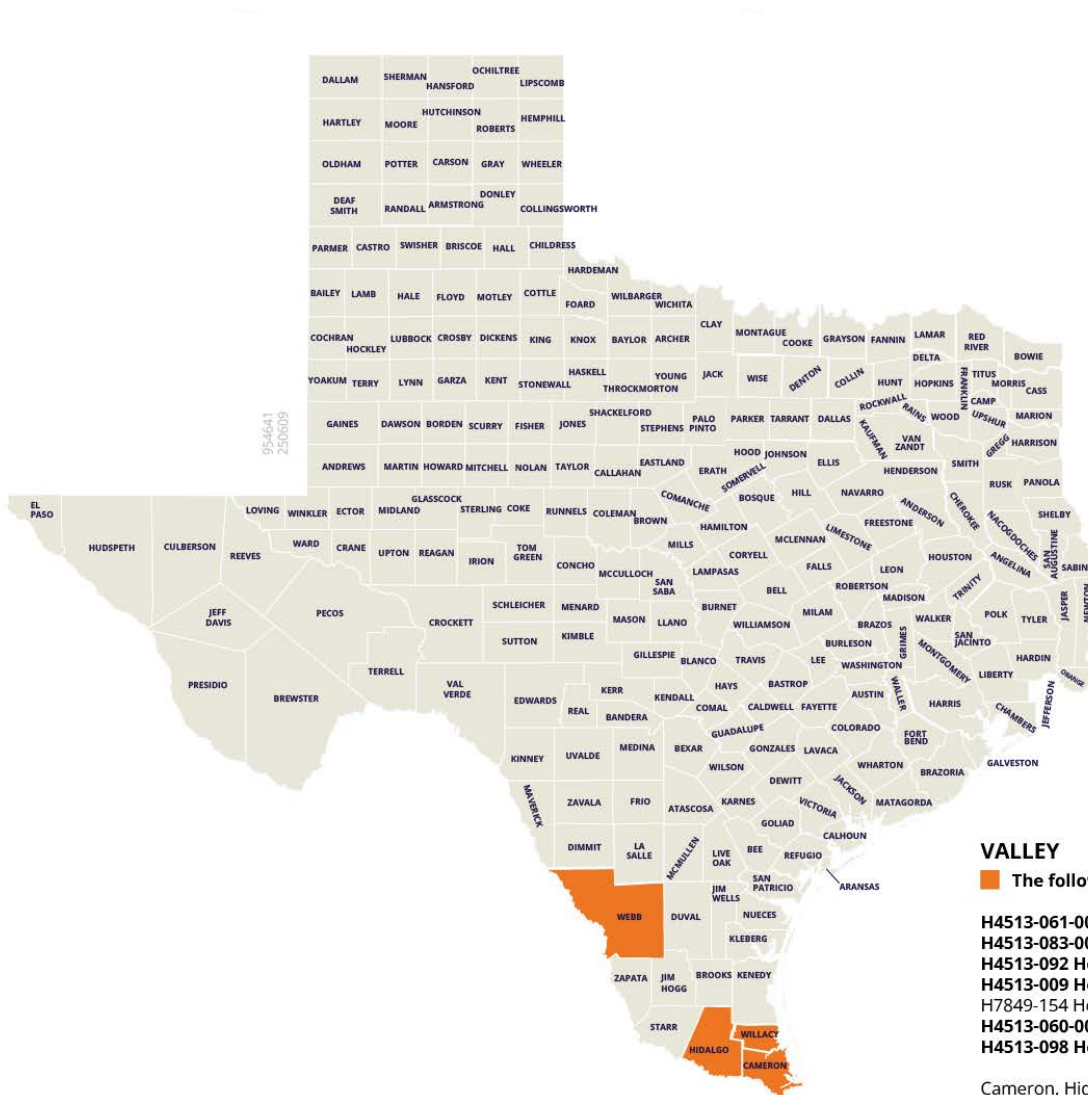


Plans by State: West

States

Texas: Valley

2026 Overview



2026 featured plans are bolded. Some plans may be terminated for 2026. Please contact your Broker Sales Manager for details.

2026 market, plan and benefit information subject to CMS approval. The plans shared are HealthSpring Medicare's featured plans. There may be additional plans available for 2026. Please contact your Broker Sales Manager for details. Confidential, unpublished property of HealthSpring. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4513-061-002
Counties	Cameron, Hidalgo, Webb, Willacy
Total Premium	\$0.00
Part B Premium Giveback	\$5.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$15
Inpatient Acute Care Hospital	\$350 per stay
Ambulatory Surgical Center	\$0 - \$100
Medical Deductible	No deductible
Part D Deductible	\$200 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$2/\$47/50%/30%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$325 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$135/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Savings (HMO)/H4513-083-002
Counties	Cameron, Hidalgo, Webb, Willacy
Total Premium	\$0.00
Part B Premium Giveback	\$145.00
Max Out-of-Pocket	\$6,775
Cost Share – PCP/Specialist	\$0/\$45
Inpatient Acute Care Hospital	\$320 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/29%

Supplemental Benefits			
Dental	\$2,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$100/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Preferred Full Savings (HMO)/H4513-092
Counties	Cameron, Hidalgo, Webb, Willacy
Total Premium	\$0.00
Part B Premium Giveback	\$185.00
Max Out-of-Pocket	\$6,800
Cost Share – PCP/Specialist	\$0/\$50
Inpatient Acute Care Hospital	\$250 per day for days 1-6; \$0 per day for days 7-90
Ambulatory Surgical Center	\$0 - \$275
Medical Deductible	No deductible
Part D Deductible	\$300 (does not apply to tier 1 or 2)
Rx 1 Month Preferred Copays	\$0/\$2/\$47/50%/29%

Supplemental Benefits			
Dental	\$1,200 allowance	Hearing Aids	Included
Eyewear	\$100 allowance	Meals	Included
Transportation	Not included	Fitness	Included
OTC	\$30/quarter	Caregiver Support	Included

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Courage (HMO)/H4513-009	County Expansion
Counties	Angelina, Aransas, Atascosa, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise	
Total Premium	\$0.00	
Part B Premium Giveback	\$120.00	
Max Out-of-Pocket	\$4,300	
Cost Share – PCP/Specialist	\$0/\$25	
Inpatient Acute Care Hospital	\$375 per stay	
Ambulatory Surgical Center	\$0 - \$200	
Medical Deductible	No deductible	
Part D Deductible	N/A	
Rx 1 Month Preferred Copays	N/A	

Supplemental Benefits			
Dental	\$1,500 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Included
Transportation	24 one-way	Fitness	Included
OTC	\$45/quarter	Caregiver Support	Included

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring TotalCare (HMO D-SNP)/H4513-060-002
Counties	Cameron, Hidalgo, Webb, Willacy
Total Premium	\$0.00
Part B Premium Giveback	\$0.00
Max Out-of-Pocket	\$3,400
Cost Share – PCP/Specialist	\$0/\$0
Inpatient Acute Care Hospital	\$0 per stay
Ambulatory Surgical Center	\$0
Medical Deductible	No deductible
Part D Deductible	Medicare Part D deductible (does not apply to tier 1)
Rx 1 Month Preferred Copays	\$0/\$0/24%/25%/25%

Supplemental Benefits			
Dental	\$3,000 allowance	Hearing Aids	Included
Eyewear	\$275 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$200/quarter	Caregiver Support	Included

[States](#)

Featured Plans: West

Market: Texas

Submarket: Texas

Plan Name/Plan ID	HealthSpring Achieve (HMO C-SNP)/H4513-098	New Plan
Counties	Cameron, Hidalgo, Webb, Willacy	
Total Premium	\$0.00	
Part B Premium Giveback	\$0.00	
Max Out-of-Pocket	\$3,500	
Cost Share – PCP/Specialist	\$0/\$10	
Inpatient Acute Care Hospital	\$225 per day for days 1-7; \$0 per day for days 8-90	
Ambulatory Surgical Center	\$0 - \$100	
Medical Deductible	No deductible	
Part D Deductible	\$200 (does not apply to tier 1 or 2)	
Rx 1 Month Preferred Copays	\$0/\$0/\$47/50%/30%/\$9	

Supplemental Benefits			
Dental	\$1,000 allowance	Hearing Aids	Included
Eyewear	\$200 allowance	Meals	Included
Transportation	Unlimited one-way	Fitness	Included
OTC	\$65/quarter	Caregiver Support	Included

Thank you

