HealthSpring℠

Plan for your best life

A guide to your 2027 Medicare Prescription Drug coverage

New Mexico State University



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Why HealthSpring?

Our Medicare experience is a great place to start.

4.8
million

Medical and prescription drug plan retiree members*

30+
years

Offering Medicare Advantage and group retiree plans

20
years

As a Medicare Part D carrier

*HealthSpring is part of Health Care Service Corporation (HCSC). HCSC provides medical and prescription drug coverage to 4.8 million retirees across our individual and group plans, including Medicare Advantage, Medicare Part D, and Medicare Supplement. May 2026 enterprise enrollment reporting.

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What’s new for 2027?

Introducing HealthSpring!

- Your current Medicare Part D plan is changing to a HealthSpring Medicare Part D plan
- HealthSpring is a national health insurance brand, owned and operated by the same company that manages your current 2026 Medicare prescription drug plan.
- Your 2027 plan name is: **HealthSpring Rx (PDP) with Preferred Pharmacy Network**
- Your 2027 drug list name is**: Group Medicare Enhanced 5 Tier Drug List**

What’s new?

- You will receive a new HealthSpring Rx (PDP) ID card to use for your prescription drug coverage starting in January
- You should continue to use your current card for the remainer of 2026
- Our public group member resources website and member portal are: **HealthSpring.com/GroupPDP** and **myHealthSpring.com**

Benefit changes

- The standard Medicare Part D out-of-pocket limit will be $2,400 for 2027

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What you pay during each Part D coverage phase

1 Deductible phase	**No Deductible**
2 Initial Coverage phase	Preferred generics: **$5** Non-preferred generics: **$7** <Preferred brands: **$30** Non-preferred drugs: **$60** Specialty drugs: **33% ($200 Max)**
3 Catastrophic Coverage phase	Once you reach the **$2,400** out-of-pocket limit, you will pay $0 for brand and generic Part D drugs for the remainder of the year.

Note: Only Part D-covered drug (as defined by Medicare) count towards the $2,400 out-of-pocket limit.

- Part B-covered drugs do not count towards this limit.
- If your plan provides coverage for other drugs beyond Medicare's standard coverage, those do not count towards the $2,400 limit either.]

Benefits, features and/or devices vary by plan/service area. Limitations, copayments, exclusions and restrictions may apply. Contact the plan for more information.

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Medicare Part D drug tiers

Our Medicare Part D plan uses a drug list with five cost-sharing tiers, or coverage levels.

TIER 1	Preferred generic drugs
TIER 2	Non-Preferred generic drugs
TIER 3	Preferred brand drugs
TIER 4	Non-preferred brand drugs
TIER 5	Specialty generic and brand drugs

Your drug list name is **Group Medicare Enhanced 5 Tier Drug List**

Tier labeling: The Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tier. Some generic medications may be in the Non-preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-preferred Brand (Tier 4) or Specialty Drug (Tier 5) tiers. Keep in mind that the name of the tier is just a description of the majority of drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier.

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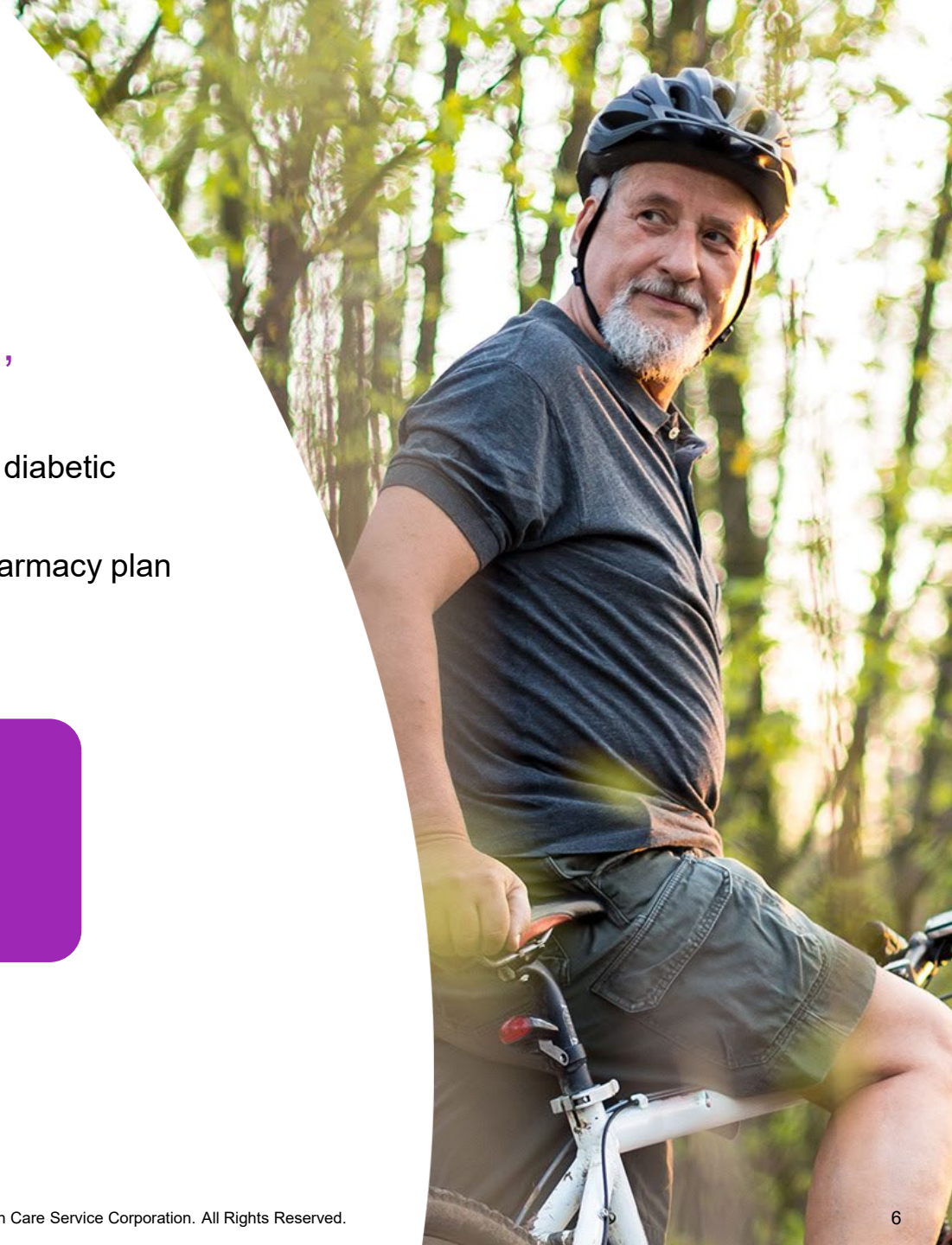
Our drug list includes coverage for most of the drugs people in Medicare plans commonly use.

How your Medicare Part D plan works

Some drugs and supplies are covered by Medicare Part B, not your Part D plan.

- Medicare requires certain medications and durable medical equipment (such as diabetic test strips, lancets, and wheelchairs) be covered under Medicare Part B
- Even if you buy these items at a pharmacy, they may not be covered by your pharmacy plan
- Many pharmacies can bill your Medicare Part B plan directly if you ask

If you are unsure how your drug or supplies will be covered, call HealthSpring customer service and speak to a representative.



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How your Medicare Part D plan works

These types of medications or vaccines are usually covered by Part B, and will be paid under your medical plan vs. your Part D plan.

- Antigens (allergy injections)
- Diabetic testing supplies
- Insulin pumps and the insulin used in the pumps
- COVID-19 vaccines
- Hepatitis B vaccines
- Influenza (flu) vaccines
- Pneumonia vaccines
- Infusible/injectable medications that are administered at home that require the use of an infusion pump
- Other injectables when injectable or intravenous medications are provided and administered by a doctor
- Inhaled nebulizer medications
- Immunosuppressive medications

If you are unsure how your drug will be covered, call HealthSpring customer service and speak to a member advocate.

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Transitional prescription drug coverage



- We can help you save money by providing access to cost-effective generic drug equivalents to brand-name drugs.
- If a generic equivalent is available, the brand drug may not be covered.
- Others may be subject to specific rules before, such as step therapy or prior authorization.



If your drug isn't covered or has limited coverage, talk to your doctor about alternatives. If none are available, your doctor can request an exception.



While you're discussing alternatives with your doctor, **we will cover up to a one-month supply** of the drug anytime within the first 90 days you are in the plan.

Tier Labeling: The Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Non-Preferred Brand/Generic (Tier 3) or Specialty Drug (Tier 4) tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier. Cost share shown is for all drugs in the Tier unless otherwise noted.

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Our home delivery pharmacy options offer convenience and savings

- **Order, manage and track medications** on your phone or online.
- Get standard shipping **at no extra cost.**[1]
- Fill up to a **90-day supply** at one time.
- **Automatic refills** or refill reminders so you don't miss a dose.
- **Helpful pharmacists** available 24/7.
- **Flexible payment** options.

Express Scripts® Pharmacy specializes in home delivery and is available to all HealthSpring members.
To get started, contact your doctor. Or visit **myHealthSpring.com**.

Express Scripts is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network.
1. Standard shipping costs are included as part of your prescription plan.

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Information and support – anytime, day or night

Group Medicare Part D Plan Resources

Before you enroll, visit **HealthSpring.com/GroupPDP**, where you can find a network pharmacy, view your drug list, and access plan information and other forms.

myHealthSpring.com and the myHealthSpring App

After you enroll, log in to your personal online account to view your benefits, find a network pharmacy, price a medication, download your member ID card and manage your plan.

Express Scripts® Pharmacy

Express Scripts Pharmacy specializes in home delivery and is available to all HealthSpring Medicare members 24 hours a day, 365 days a year.

Your plan name is **HealthSpring Rx (PDP) with Performance Pharmacy Network**

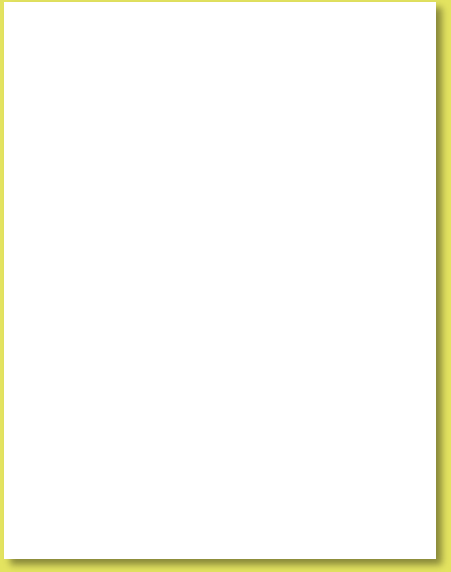


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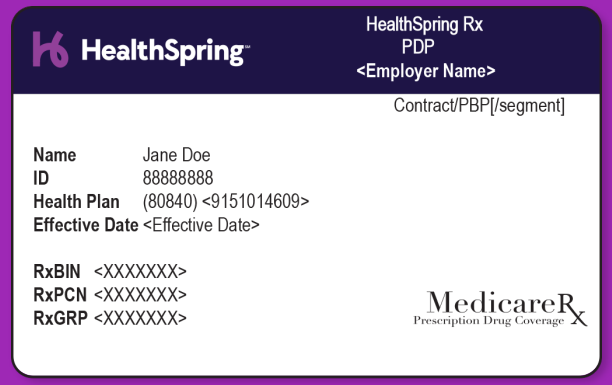
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Here’s what you can expect after you enroll

You’ll receive a **Welcome Kit** in the mail.



Your **ID Card** will arrive in a separate mailing.



Note: These examples are for illustrative purposes only. Depending on your plan, your welcome kit and ID card may look different than the one shown here.

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Customer service you can count on every step of the way

HealthSpring Rx (PDP) customer service

1-800-558-9562(TTY 711)

8 a.m. – 8 p.m. local time
October 1 – March 31: seven days a week
April 1 – September 30: Monday – Friday



Our customer service teams provide support for all your prescription drug enrollment, claims and service needs.

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Thank you

For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or Evidence of Coverage – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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