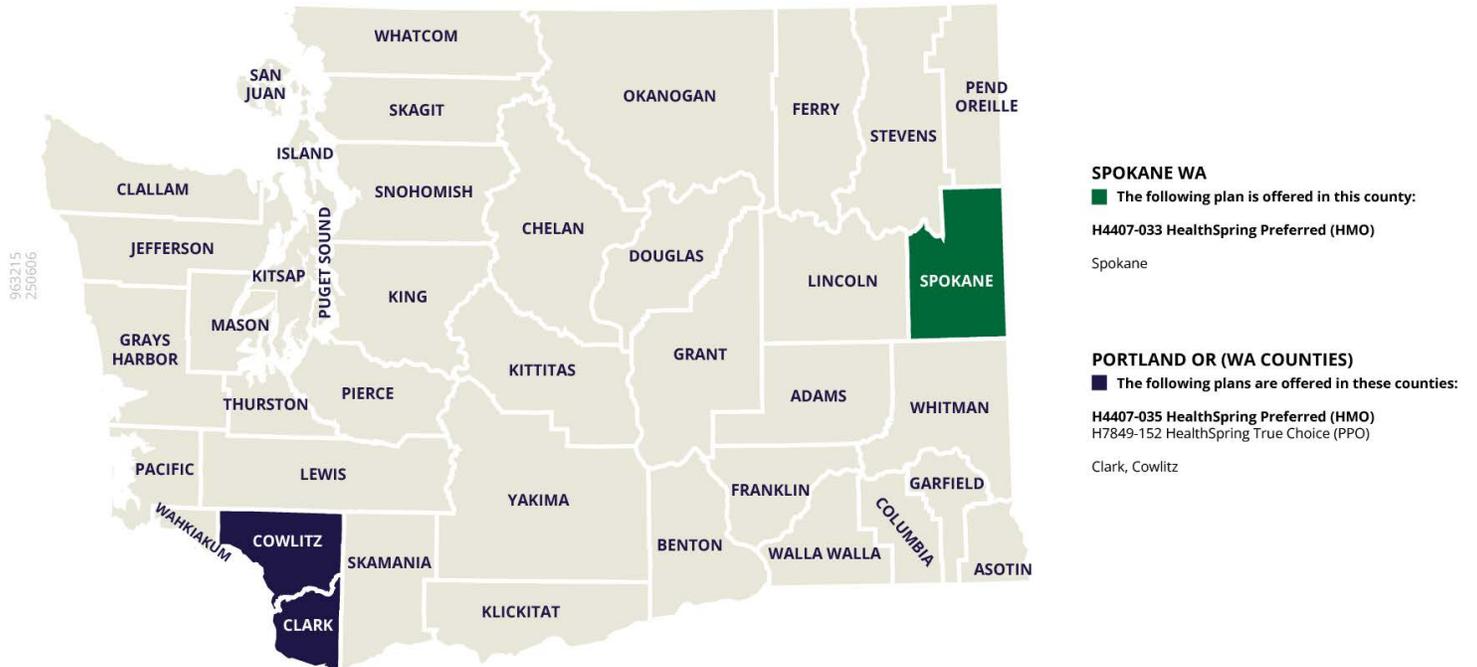




Plans by State: West

Washington

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 Confidential, unpublished property of HealthSpring.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: Pacific Northwest

Submarket: Washington



Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-033
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
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%

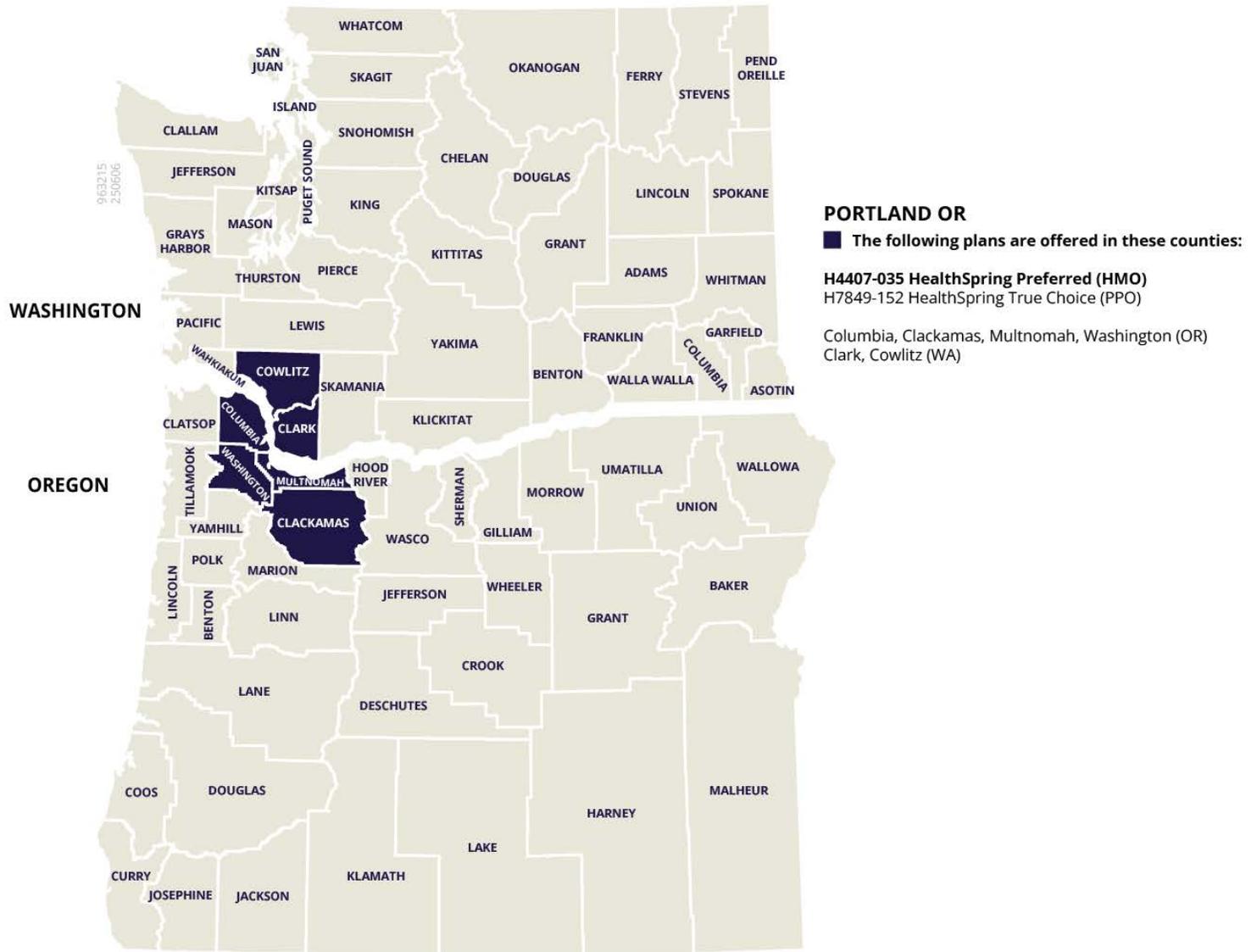
Supplemental Benefits			
Dental	\$1,800 allowance	Hearing Aids	Included
Eyewear	\$250 allowance	Meals	Not included
Transportation	20 one-way	Fitness	Included
OTC	\$25/quarter	Caregiver Support	Included



Plans by State: West

Pacific Northwest: Portland Area

2026 Overview



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Plans by State: West

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

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Featured Plans: West

Market: Pacific Northwest

Submarket: Oregon



Plan Name/Plan ID	HealthSpring Preferred (HMO)/H4407-035
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