HealthSpring℠

Medicare Supplement Insurance
Insured by HealthSpring National Health Insurance Company

Trusted Coverage for Healthier Days Ahead

This is a solicitation of insurance. A licensed insurance agent/producer may contact you. Our company and agents are not connected with or endorsed by the U.S. Government or the federal Medicare program.

Feel confident in your decision

A Medicare Supplement insurance plan, also called a Medigap plan, is a separate policy that works with Medicare Part A (hospital services) and Part B (doctor's services and supplies) and helps you manage your medical costs. HealthSpring helps protect you against high out-of-pocket costs by helping pay for eligible health care expenses not covered by Medicare.

More People. More Savings.

You may be eligible for a discount if you live with another person age 18 or older. You may also be eligible for an additional discount if someone in the household has, or is enrolling in, a Medicare Supplement plan provided by HealthSpring National Health Insurance company or one of our affiliates.[1]

Service you can count on

Our knowledgeable, caring representatives are ready to assist you by answering your questions and providing guidance. We aim to provide, fast, friendly, and efficient member service at all times. Our claims team is also hard at work for you behind the scenes. Medicare Part A and Part B claims are managed electronically, which eliminates paperwork for both you and your doctor.

Medicare guarantees

Freedom to choose your doctors[2]

You can use any provider who accepts Medicare. There are no provider networks and, typically, referrals are not required. Go to the doctors you know and trust.

Renew your policy for life[3]

Your policy is guaranteed to be renewed if premiums are paid on time. And you cannot be singled out for a rate increase based on your health, no matter if your health changes.

Access to benefit information

You can access your benefit and claims information online. Set up payments, print a temporary ID card, update your contact information – anytime, anywhere.

Member & Discount programs[4]

Our discount and member programs provide additional value to our plans.

The Active & Fit Direct program
Enjoy exclusive discounts on top health and fitness brands, plus affordable access to more 12,000 fitness centers nationwide. You'll also have a comprehensive health resource library at your fingertips – everything you need to support an active, healthy lifestyle.

Health and Wellness discounts
Enjoy savings on popular weight management, nutrition programs, and alternative medicine services such as acupuncture, massage therapy, and occupational therapy.

HealthSpring Medicare Supplement plan coverage

When comparing policies you must compare identical policies.

	Policy benefits[5]	Plan A	Plan G[6]	Plan N	Plan F[7]
Medicare Part A	**Deductible** Inpatient hospital deductible for each benefit period.[8]		✓	✓	✓
	Coinsurance (after Part A deductible) Semiprivate room and board, general nursing and miscellaneous services and supplies (per benefit period.[8]) Includes hospital costs limited to an additional 365 days in your lifetime after Medicare benefits are used up.	✓	✓	✓	✓
	Hospice Care Coinsurance or Copay Medicare pays all but very limited copay/coinsurance for outpatient drugs and inpatient respite care. Must meet Medicare's requirements including a doctor's certification of terminal illness.	✓	✓	✓	✓
	Skilled Nursing Facility Care Coinsurance Care in a facility approved by Medicare (100-day limit). Must have been in a hospital for at least three days and have entered the facility within 30 days after discharge from hospital. Medicare covers all eligible expenses for the first 20 days.		✓	✓	✓
Medicare Part B	**Calendar Year Deductible**				✓
	Coinsurance or Copay (after Part B deductible) Generally, 20% of Medicare-approved expenses.	✓	✓	✓[9]	✓
	Excess Charges May exceed the eligible Medicare expense, not to exceed the charge limitation established by Medicare.		✓		✓
	Blood First three pints per calendar year covered at 100%. Remainder of Medicare approved amounts (after the Part B deductible has been met) covered at 20%.	✓	✓	✓	✓
	Additional benefits not covered by Medicare	**Plan A**	**Plan G[6]**	**Plan N**	**Plan F[7]**
	Foreign Travel Emergency Medically necessary emergency care received outside of the United States, which began during the first 60 days of each trip after you pay a $250 deductible per calendar year, not to exceed the lifetime maximum of $50,000.		✓ **Pays 80%**	✓ **Pays 80%**	✓ **Pays 80%**

Exclusions and limitations

The benefits of this policy will not duplicate any benefits paid by Medicare. The combined benefits of this policy and the benefits paid by Medicare will not exceed 100% of the Medicare eligible expenses incurred. These policies will not pay benefits for:

- The Medicare Part B Deductible (except Plans C & F);
- Any expense which You are not legally obligated to pay and no other services or organization has a legal obligation to provide or pay for;
- Any services that are not medically necessary as determined by Medicare;
- Any portion of any expense for which payment is made by Medicare; or for which payment would have been made by Medicare if You were enrolled in Parts A and B of Medicare;
- Any type of expense not a Medicare eligible expense except as provided for in the policy; and
- Any deductible, coinsurance or copay not covered by Medicare, unless such coverage is listed as an additional benefit in the policy.

Preexisting conditions

These policies will not pay for any expenses incurred for care or treatment of a preexisting condition for the first six months from the effective date of coverage. This exclusion does not apply if you are applying for and are issued the policy under guaranteed issue status; if on the date of application for the policy you had at least six months of prior creditable coverage; or, if the policy is replacing another Medicare Supplement policy and a six month waiting period has already been satisfied. Evidence of prior coverage or replacement must be on the application for the policy. If you had less than six months prior creditable coverage, the Preexisting Conditions limitation will be reduced by the aggregate amount of creditable coverage. If the policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied. A preexisting condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within six months prior to the policy effective date.

Premium discount

You may be eligible for the following:

1. Customers may qualify for this discount when they reside in a household with another adult who is age 18 or older, such as their legal spouse, civil union partner, or domestic partner.
2. A discount when more than one member of your household enrolls or is enrolled in a Medicare Supplement policy provided by or through an affiliate of HealthSpring National Health Insurance Company.

We may request additional documentation to determine eligibility.

Affiliate means an insurance company that is under common ownership or control with HealthSpring National Health Insurance Company and that is a member of the same insurance holding company system. Household is defined as a condominium unit, a single-family home, or an apartment unit within an apartment complex. Assisted living facilities, group homes, adult day care facilities and nursing homes, or any other health residential facility are not included in the definition of "household."

The discount will be removed if the other adult or Medicare Supplement policyholder whose policy status entitles you to the discount no longer has a Medicare Supplement policy through HealthSpring National Health Insurance Company or an Affiliate of HealthSpring National Health Insurance Company. If the other adult or the other Medicare Supplement policyholder becomes deceased, your discount will still apply. The addition or removal of the discount will occur on the billing cycle following the date we learn your eligibility has changed.

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1. We may request additional documentation to determine eligibility. Discounts not available in every state.
2. In some cases, a referral is required.
3. Our policy cannot be terminated for any reason other than nonpayment of premium or material misrepresentation in the application for insurance. The company reserves the right to increase premiums on a class basis.
4. These programs are NOT insurance and do not provide reimbursement for financial losses. Program availability may vary by location and is subject to change. Services may be added or discontinued at any time. Members are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third-party vendors who are solely responsible for their products and services.
5. Premium and benefits vary by plan selected. Check your state's outline of coverage for availability.
6. Plan G has a high deductible option which requires first paying a plan deductible before the plan beings to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year.
7. Available to those Medicare eligible before 1/1/2020.
8. A benefit period begins on the first day your receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
9. Except for copays not to exceed $20 per office visit and $50 per emergency room visit for Plan N.

HealthSpring National Health Insurance Company, PO Box 5700, Scranton, PA, 18505-5700, 866-459-4272.

This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of our Medicare Supplement Plans. Full terms and conditions of coverage are defined by and governed by an issued Medicare Supplement policy. Please refer to the policy for the full terms and conditions of coverage.

AN OUTLINE OF COVERAGE WILL BE PROVIDED TO ALL PERSONS AT THE TIME THE APPLICATION IS PRESENTED.
All Medicare Supplement plans are available to persons eligible for Medicare because of disability in Illinois.

Policy form series: Plan A: HNHIC-MS-AA-A-IL; Plan F: HNHIC-MS-AA-F-IL; Plan G: HNHIC-MS-AA-G-IL; Plan HDG: HNHIC-MS-AA-HDG-IL; Plan N: HNHIC-MS-AA-N-IL.

HealthSpring products and services are provided by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. Subsidiaries include American Retirement Life Insurance Company, HealthSpring Insurance Company, HealthSpring National Health Insurance Company, Loyal American Life Insurance Company, Medco Containment Life Insurance Company, and Sterling Life Insurance Company.

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