

Texas Health Plan Disclaimers

- *Aetna Medicare Plans* - are an HMO, PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.
- See [Evidence of Coverage](#) for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
- Every year, Medicare evaluates plans based on a 5-star rating system.
- For accommodations of persons with special needs at meetings, call [1-833-251-9949](tel:1-833-251-9949) (TTY: [711](tel:711)).
- The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in: Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, Urban Missouri. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use.
- For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call [1-855-338-7027](tel:1-855-338-7027) (TTY: [711](tel:711)) or consult the [online pharmacy directory](#).
- For CY 2026 Network P1 (Aetna MAPD)
 - Rural Nebraska
 - Rural North Dakota
 - Suburban West Virginia
- For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7 to 10 days. Please call the phone number listed on your member ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

CVS Caremark Mail Service Pharmacy is not available in Arkansas.

- For a complete list of available plans please contact [1-800-MEDICARE](tel:1-800-MEDICARE) (TTY users should call [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day/7 days a week or consult www.medicare.gov.

- Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.
- Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- The formulary and/or pharmacy network, may change at any time. You will receive notice when necessary.
- SilverScript is a Prescription Drug Plan with a Medicare contract marketed through Aetna Medicare. Enrollment in SilverScript depends on contract renewal.
- Aetna®, CVS Pharmacy® and MinuteClinic®, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.
- To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call [1-800-MEDICARE](tel:1-800-MEDICARE) (TTY users should call [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.
- Members within the state of California are automatically enrolled with Manifest MedEx, which allows their doctor to view medical records to provide the best care. Members can opt out of being enrolled in this service through Manifest MedEx's website at <http://manifestmedex.org/opt-out/> or by calling Manifest MedEx at [1-800-490-7617](tel:1-800-490-7617).
- Aetna is the brand name for insurance products issued by the subsidiary insurance companies controlled by Aetna, Inc. The Medicare Supplement Insurance Plans are insured by Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company (Aetna), American Continental Insurance Company (Aetna), Aetna Health and Life Insurance Company (Aetna), Aetna Life Insurance Company (Aetna), or Aetna Health Insurance Company (Aetna).
Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.
- This is a solicitation of insurance. Contact may be made by a Licensed Insurance Agent or Insurance Company. The Medicare Supplement Insurance Plans are guaranteed renewable as long as the required premium is paid by the end of each

grace period. The policies have exclusions, limitations, terms under which the policy may be continued in force or discontinued. Plans do not pay benefits for any service and supply of a type not covered by Medicare, including but not limited to dental care or treatment, eyeglasses and hearing aids. See Plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. In some states, Medicare Supplement Insurance Plans are available to under age 65 individuals that are eligible for Medicare due to disability or ESRD (end stage renal disease). Plans not available in all States.

- Important notice: In Colorado: All Medicare Supplement standardized plans are offered to qualified individuals under 65.
- Policy forms issued in OR include CLIMSP10A OR, CLIMSP10B OR, CLIMSP10F OR, CLIMSP10HF OR, CLIMSP10G OR, and CLIMSP10N OR. In ID, include AHLMS17A ID, AHLMS17B ID, AHLMS17F ID, AHLMS17HF ID, AHLMS17G ID, and AHLMS17N ID. In OK, include AHIMSP18A OK, AHIMSP18B OK, AHIMSP18F OK, AHIMSP18HF OK, AHIMSP18G OK, and AHIMSP18N OK. In TN, include CLIMSP19A TN, CLIMSP19B TN, CLIMSP19F TN, CLIMSP19G TN, CLIMSP19HG TN, and CLIMSP19N TN. In FL, include CLIMSP19A FL, CLIMSP19B FL, CLIMSP19F FL, CLIMSP19G FL, and CLIMSP19N FL. In OH, include CLIMSP19A OH, CLIMSP19B OH, CLIMSP19F OH, CLIMSP19G OH, CLIMSP19HG OH, and CLIMSP19N OH. In MO, AHLMS18A MO, AHLMS18B MO, AHLMS18F MO, AHLMS18G MO, AHLMS18HF MO, and AHLMS18N MO. In MD, AHIMSP19A MD, AHIMSP19B MD, AHIMSP19F MD, AHIMSP19G MD, AHIMSP19HG MD, and AHIMSP19N MD. IN NH, AHLMS18A NH, AHLMS18B NH, AHLMS18F NH, AHLMS18HF NH, AHLMS18G NH, AHLMS18N NH. In VA, CLIMSP19A VA, CLIMSP19B VA, CLIMSP19F VA, CLIMSP19G VA, CLIMSP19HG VA, and CLIMSP19N VA.
- Wyoming offers an additional guaranteed issue period to eligible Medicare Supplement policyholders, beginning annually on the insured's birthday, ending sixty-three days after the insured's birthday.
- Plan F is available only to those first eligible before January 1, 2020.
- Medicare Supplement rates based on issue age are valid only for enrollments with coverage starting before March 1, 2022.
- *UnitedHealthcare Medicare Plans* - Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.

Enrollment in these plans depends on the plan's contract renewal with Medicare. You do not need to be an AARP member to enroll in a Medicare Advantage plan or Medicare Prescription Drug plan.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

Every year, Medicare evaluates plans based on a 5-star rating system.

This information is not a complete description of benefits. Contact the plan for more information.

For a complete list of available plans please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult www.medicare.gov.

Please note that each insurer has sole financial responsibility for its products.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE APPLICABLE TOLL-FREE NUMBER.

- *UnitedHealthcare Medicare Plans* - Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- *UnitedHealthcare Medicare Plans* - We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.
- *Humana* - Humana is a Medicare Advantage (HMO, HMO SNP, PPO, PPO SNP and PFFS) organization and a stand-alone PDP prescription drug plan with a Medicare contract. Humana is also a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.
- *Humana* - Humana's Medicare plans with prescription drug coverage may have additional benefits in 2026 that are not currently displayed.

- *Humana* - **Important Message About What You Pay for Vaccines** - These Medicare plans with prescription drug coverage offer most Part D vaccines at no additional cost to you, even if your plan has a deductible and you haven't paid it. Age and availability restrictions may apply.
- *Humana* - **Important Message About What You Pay for Insulin** – For Medicare plans with prescription drug coverage, you won't pay more than \$35 for a one-month (up to 30-day) supply of each Part D insulin product covered by this plan, no matter what cost-sharing tier it's on, even if your plan has a deductible and you haven't paid it.
- *Humana* - Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.
- *Humana* - The Part B Giveback Benefit pays part or all of your Part B premium and the amount may change based on the amount you pay for Part B.
- *HealthSpring* - Health Care Service Corporation and its affiliates, HealthSpring Life and Health Insurance Company, HealthSpring of Florida, HealthSpring Healthcare of Colorado, Bravo Health of Pennsylvania, Bravo Health Mid-Atlantic, Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York, contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in these plans depends on contract renewal.
- *HealthSpring* - HealthSpring's pharmacy network includes limited lower-cost, preferred pharmacies in Crawford and Venango counties in Pennsylvania. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-668-3813 (TTY 711) or consult the online pharmacy directory at <http://HealthSpring.com/Resources>.
- *WellPoint* - Wellpoint Texas, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in Wellpoint Texas, Inc. depends on contract renewal. Services provided by Wellpoint Texas, Inc.
- *WellPoint* - Wellpoint Insurance Company is an HMO-POS C-SNP plan with a Medicare contract. Enrollment in Wellpoint Insurance Company depends on contract renewal. Services provided by Wellpoint Insurance Company.

- *WellPoint* - Wellpoint Insurance Company is an HMO-POS plan with a Medicare contract. Enrollment in Wellpoint Insurance Company depends on contract renewal. Services provided by Wellpoint Insurance Company.
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