

Texas Med Supp Health Plan Disclaimers

- *Blue Cross and Blue Shield of Texas* - Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

Medicare Supplement insurance plans are offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. This information is a solicitation for insurance.

[Click Here for Important Anti-Discrimination Notice.](#)

- *Blue Cross and Blue Shield of Texas* - In the state of Texas, the person to whom the policy is issued is permitted to return the policy within 10 days (or more as stated in the policy) of its delivery to that person and to have the premium paid refunded.
- *Blue Cross and Blue Shield of Texas* - For Plans F and G, Part B excess charges amounts may not exceed any charge limitations established by Medicare.
- *Blue Cross and Blue Shield of Texas* - In the state of Texas, creditable coverage may reduce or waive the pre-existing condition limitations during open enrollment.
- *Blue Cross and Blue Shield of Texas* - In the State of Texas, the person to whom the policy is issued is entitled to a 30-day free examination period.
- *Blue Cross and Blue Shield of Texas* - For Medicare Select plans, only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at the time of hospitalization, or you will be required to pay for all expenses.
- *Blue Cross and Blue Shield of Texas* - For Medicare Select plans, if an insured moves out of the service area, they will no longer have coverage and they will have the opportunity to purchase any comparable Medicare supplement policy within 63 days of termination.
- *Blue Cross and Blue Shield of Texas* - In the state of Texas, the proposed applicant may purchase any Medicare supplement policy offered by the insurer.
- *HealthSpring Insurance Company* - HealthSpring Medicare Supplement and Supplemental Insurance 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.

- HealthSpring Medicare Supplement plans are insured by American Retirement Life Insurance Company, HealthSpring Insurance Company, HealthSpring National Health Insurance Company, Loyal American Life Insurance Company or Medco Containment Life Insurance Company. In Kansas, insured by HealthSpring Insurance Company and HealthSpring National Health Insurance Company. American Retirement Life Insurance Company and Medco Containment Life Insurance Company are not available to residents of Kansas and Kentucky. In Illinois, Maryland, New Mexico and Utah, insured by HealthSpring National Health Insurance Company domiciled in Ohio. In North Carolina, Ohio and Pennsylvania, insured by HealthSpring Insurance Company. In Idaho, insured by Medco Containment Life Insurance Company.
- In some states, HealthSpring Insurance Company is also known as Cigna Insurance Company and HealthSpring National Health Insurance Company is also known as Cigna National Health Insurance Company. Both companies are in the process of obtaining state approvals to change their names by removing "Cigna" from the name and replacing it with "HealthSpring".
- 300 East Randolph Street, Chicago, IL 60601, 866-459-4272. AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. We'll provide an outline of coverage to all persons at the time the application is presented.
- *HealthSpring* - Our company and agents/producers are not connected with or endorsed by the U.S. Government or the Federal Medicare program. This is a solicitation for insurance. An insurance agent/producer may contact you. Premium and benefits vary by plan selected.
- *HealthSpring* - Plan availability varies by state. This website is designed as a marketing aid and is not to be construed as a contract for insurance. 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.
- *HealthSpring* - Your policy cannot be terminated for any reason other than non-payment of premium or material misrepresentation in the application for insurance. The company reserves the right to increase premiums on a class basis. Applicants

may be subject to medical underwriting and coverage may be rated or denied, or charged a higher plan premium because of any preexisting conditions. This does not apply to applicants who meet Open Enrollment or guaranteed issue requirements. You may cancel this policy at any time by notifying us. Your cancellation will be effective upon receipt of your notice or on such later date as specified in such notice. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.

- *HealthSpring* - **IMPORTANT NOTICE In the following states, all Medicare Supplement insurance plans are available to persons eligible for Medicare because of disability: California, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, Oregon, Pennsylvania, South Dakota, Tennessee, Texas (ESRD/ALS), Vermont and Wisconsin.**
- *HealthSpring* - The following Medicare Supplement plans are available to individuals who are eligible for Medicare due to disability: Plan A in Arkansas, Connecticut, Indiana, Maryland, Oklahoma, Rhode Island, Texas, & Virginia; Plans A, F & G in North Carolina; Plans C and D in New Jersey; and Plans A, F, HDF & G in Oregon.
- *HealthSpring Medicare Supplement Plans* - American Retirement Life Insurance Company (ARLIC): In CA - Plan A: ARLIC-MS-AA-A-CA; Plan F: ARLIC-MS-AA-F-CA; Plan G: ARLIC-MS-AA-G-CA; Plan HDG: ARLIC-MS-AA-HDG-CA; Plan N: ARLIC-MS-AA-N-CA. HealthSpring Insurance Company (HIC): Plan A: HIC-MS-AA-A-GN, HIC-MS-AO-A-GN; Plan F: HIC-MS-AA-F-GN, HIC-MS-AO-F-GN; Plan G: HIC-MS-AA-G-GN, HIC-MS-AO-G-GN; Plan HDG: HIC-MS-AA-HDG-GN, HIC-MS-AO-HDG-GN; Plan N: HIC-MS-AA-N-GN, HIC-MS-AO-N-GN; In CO - Plan A: HIC-MS-AA-A.v2-CO; Plan F: HIC-MS-AA-F.v2-CO; Plan G: HIC-MS-AA-G.v2-CO; Plan HDG: HIC-MS-AA-HDG.v2-CO; Plan N: HIC-MS-AA-N.v2-CO; In IN - Plan A: HIC-MS-AA-A.v2-IN; Plan F: HIC-MS-AA-F.v2-IN; Plan G: HIC-MS-AA-G.v2-IN; Plan HDG: HIC-MS-AA-HDG.v2-IN; Plan N: HIC-MS-AA-N.v2-IN; In OH - Plan A: HIC-MS-AA-A-OH; Plan F: HIC-MS-AA-F-OH; Plan G: HIC-MS-AA-G-OH; Plan HDG: HIC-MS-AA-HDG-OH; Plan N: HIC-MS-AA-N-OH; In PA - Plan A: HIC-MS-AA-A-PA, HIC-MS-AO-A-PA; Plan B: HIC-MS-AA-B-PA, HIC-MS-AO-B-PA; Plan F: HIC-MS-AA-F-PA, HIC-MS-AO-F-PA; Plan G: HIC-MS-AA-G-PA, HIC-MS-AO-G-PA; Plan HDG: HIC-MS-AA-HDG-PA, HIC-MS-AO-HDG-PA; Plan N: HIC-MS-AA-N-PA, HIC-MS-AO-N-PA; In TN - Plan A: HIC-MS-AA-A-TN; Plan F: HIC-MS-AA-F-TN; Plan G: HIC-MS-AA-G-TN; Plan HDG: HIC-MS-AA-HDG-TN; Plan N: HIC-MS-AA-N-TN; In TX - Plan A: HIC-MS-AA-A-TX; Plan F: HIC-MS-AA-F-TX; Plan G:

HIC-MS-AA-G-TX; Plan HDG: HIC-MS-AA-HDG-TX; Plan N: HIC-MS-AA-N-TX.

HealthSpring National Health Insurance Company (HNHIC) - HNHIC-MS-AA-A-GN; HNHIC-MS-AA-F-GN; HNHIC-MS-AA-G-GN; HNHIC-MS-AA-HDG-GN; HNHIC-MS-AA-N-GN; In AR - Plan A: HNHIC-MS-CR-A-AR; Plan F: HNHIC-MS-CR-F-AR; Plan G: HNHIC-MS-CR-G-AR; Plan HDG: HNHIC-MS-CR-HDG-AR; Plan N: HNHIC-MS-CR-N-AR; In CT - Plan A: HNHIC-MS-CR-A-CT; Plan F: HNHIC-MS-CR-F-CT; Plan G: HNHIC-MS-CR-G-CT; Plan High Deductible G: HNHIC-MS-CR-HDG-CT; Plan N: HNHIC-MS-CR-N-CT; In FL - Plan A: HNHIC-MS-IA-A-FL; Plan F: HNHIC-MS-IA-F-FL; Plan HDG: HNHIC-MS-IA-HDG-FL; Plan G: HNHIC-MS-IA-G-FL; Plan N: HNHIC-MS-IA-N-FL; In IL - Plan A: HNHIC-MS-AA-A-IL; Plan F: HNHIC-MS-AA-F-IL; Plan G: HNHIC-MS-AA-G-IL; Plan High Deductible G: HNHIC-MS-AA-HDG-IL; Plan N: HNHIC-MS-AA-N-IL; In IA - Plan A: HNHIC-MS-AA-A.v2-IA; Plan F: HNHIC-MS-AA-F.v2-IA; Plan G: HNHIC-MS-AA-G.v2-IA; Plan HDG: HNHIC-MS-AA-HDG.v2-IA; Plan N: HNHIC-MS-AA-N.v2-IA; In MI - Plan A: HNHIC-MS-AA-A-MI; Plan F: HNHIC-MS-AA-F-MI; Plan G: HNHIC-MS-AA-G-MI; Plan N: HNHIC-MS-AA-N-MI; In MO - Plan A: HNHIC-MS-IA-A.v2-MO; Plan F: HNHIC-MS-IA-F.v2-MO; Plan G: HNHIC-MS-IA-G.v2-MO; Plan N: HNHIC-MS-IA-N.v2-MO; Plan HDG: HNHIC-MS-IA-HDG.v2-MO; In MT - Plan A: HNHIC-MS-AA-A-MT; Plan F: HNHIC-MS-AA-F-MT; Plan G: HNHIC-MS-AA-G-MT; Plan HDG: HNHIC-MS-AA-HDG-MT; Plan N: HNHIC-MS-AA-N-MT; In NH - Plan A: HNHIC-MS-IA-A-NH; Plan F: HNHIC-MS-IA-F-NH; Plan G: HNHIC-MS-IA-G-NH; Plan N: HNHIC-MS-IA-N-NH; In NJ - HNHIC-MS-AA-A-NJ; Plan C: HNHIC-MS-AA-C-NJ; Plan D: HNHIC-MS-AA-D-NJ; Plan F: HNHIC-MS-AA-F-NJ; Plan High Deductible G (HDG): HNHIC-MS-AA-HDG-NJ; Plan G: HNHIC-MS-AA-G-NJ; Plan N: HNHIC-MS-AA-N-NJ; In NM - Plan A: HNHIC-MS-AA-A-NM; Plan F: HNHIC-MS-AA-F-NM; Plan G: HNHIC-MS-AA-G-NM; Plan HDG: HNHIC-MS-AA-HDG-NM; Plan N: HNHIC-MS-AA-N-NM; In ND - Plan A: HNHIC-MS-AA-A-ND, HNHIC-MS-AO-A-ND; Plan F: HNHIC-MS-AA-F-ND, HNHIC-MS-AO-F-ND; Plan G: HNHIC-MS-AA-G-ND, HNHIC-MS-AO-G-ND; Plan N: HNHIC-MS-AA-N-ND, HNHIC-MS-AO-N-ND; In OK - Plan A: HNHIC-MS-AA-A-OK; Plan F: HNHIC-MS-AA-F-OK; Plan G: HNHIC-MS-AA-G-OK; Plan High Deductible G: HNHIC-MS-AA-HDG-OK; Plan N: HNHIC-MS-AA-N-OK; In SC - Plan A: HNHIC-MS-AA-A-SC; Plan F: HNHIC-MS-AA-F-SC; Plan G: HNHIC-MS-AA-G-SC; Plan N: HNHIC-MS-AA-N-SC; In VA - HNHIC-MS-AA-A-VA; Plan F: HNHIC-MS-AA-F-VA; Plan G: HNHIC-MS-AA-G-VA; Plan HDG: HNHIC-MS-AA-HDG-VA; Plan N: HNHIC-MS-AA-N-VA; In WV - Plan A: HNHIC-MS-AA-A-WV; Plan F: HNHIC-MS-AA-F-WV; Plan G: HNHIC-MS-AA-G-WV; Plan N: HNHIC-MS-AA-N-WV; In WI - HNHIC-MS-BASIC-WI, HNHIC-MS-AHC-WI, HNHIC-MS-FTV-WI, HNHIC-MS-PBCO-WI, HNHIC-MS-PBEX-WI, HNHIC-MS-PTAD-WI, HNHIC-MS-PTBD-WI; In WY - Plan A: HNHIC-MS-AA-A-WY; Plan F: HNHIC-MS-AA-F-WY; Plan G: HNHIC-MS-AA-G-WY; Plan HDG:

HNHIC-MS-AA-HDG-WY; Plan N: HNHIC-MS-AA-N-WY. Loyal American Life Insurance Company (Loyal) - Plan A: LY-MSD-AA-A-GN, LY-MSD-IA-A-GN, LY-MSD-CR-A-GN; Plan F: LY-MSD-AA-F-GN, LY-MSD-IA-F-GN, LY-MSD-CR-F-GN; Plan G: LY-MSD-AA-G-GN, LY-MSD-IA-G-GN, LY-MSD-CR-G-GN; Plan N: LY-MSD-AA-N-GN, LY-MSD-IA-N-GN, LY-MSD-CR-N-GN. Medco Containment Life Insurance Company (MCLIC) - Plan A: MCLIC-MS-AA-A-GN, MCLIC-MS-CR-A-GN; Plan F: MCLIC-MS-AA-F-GN, MCLIC-MS-CR-F-GN; Plan G: MCLIC-MS-AA-G-GN, MCLIC-MS-CR-G-GN; Plan HDG: MCLIC-MS-AA-HDG-GN, MCLIC-MS-CR-HDG-GN; Plan HDF: MCLIC-MS-AA-HDF-GN, MCLIC-MS-CR-HDF-GN; Plan N: MCLIC-MS-AA-N-GN, MCLIC-MS-CR-N-GN.

General Required Disclaimers

- If you need help, please call 1-Unknown TFN (TTY User: 711) Mon - Fri, 8am - 7pm ET for Customer Service Representatives and licensed insurance agents who can assist with finding information on available Medicare Advantage, Medicare Supplement Insurance and Prescription Drug Plans.
- Other Pharmacies, Physicians, and Providers are available in the network.
- Pharmacies, Physicians, and Providers may also contract with other Plan Sponsors.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call the Plan's customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- **The purpose of this communication is the solicitation of insurance. Contact may be made by an insurance agent/producer or insurance company.**
- For Medicare Supplement Insurance Only: Open enrollment lasts 6 months and begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B. Some states have an open enrollment period for eligible individuals under the age of 65, and a second enrollment period when they turn 65. If you are under 65, check with your state insurance department for guidelines.
- Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and in some states to those under age 65 eligible for Medicare due to disability or End Stage Renal disease.
- FutureCare/Compare Health and the insurance company are not connected with or endorsed by the U.S. government or the federal Medicare program.

- Coverage may be limited to Medicare-eligible expenses. Benefits vary by insurance plan and the premium will vary with the amount of benefits selected. Depending on the insurance plan chosen, you may be responsible for deductibles and coinsurance before benefits are payable.
- If you become entitled to benefits under Medicaid, benefits and premiums under Medicare Supplement insurance policies may be suspended for up to 24 months. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, your Medicare Supplement insurance policy can be reinstated if you request reinstatement within 90 days of the loss of Medicaid benefits and pay the required premium.
- Check the outline of coverage located on the Medicare Supplement Insurance Plan Details page to see the terms for renewing, cancelling and terminating the plan.
- Under a contractual relationship between FutureCare/Compare Health and each insurance company issuing a policy offered by FutureCare/Compare Health, FutureCare/Compare Health earns a commission paid by the insurance company for each policy FutureCare/Compare Health sells. The commission rate varies by policy and may increase as FutureCare/Compare Health sells more policies. In some cases, FutureCare/Compare Health may earn bonus commission amounts based on criteria such as the number of policies sold.

Notices and Disclaimers for Medicare Supplement Plan

- DO NOT CANCEL ANY HEALTH INSURANCE COVERAGE YOU CURRENTLY HAVE OR DECLINE COBRA BENEFITS UNTIL YOU RECEIVE AN APPROVAL LETTER AND INSURANCE POLICY (ALSO KNOWN AS AN INSURANCE CONTRACT OR CERTIFICATE) FROM THE INSURANCE COMPANY YOU SELECTED. MAKE SURE YOU UNDERSTAND AND AGREE WITH THE TERMS OF THE INSURANCE POLICY. PAY SPECIAL ATTENTION TO THE EFFECTIVE DATE, PREMIUM AMOUNT, WAITING PERIOD, BENEFITS, LIMITATIONS, EXCLUSIONS, AND RIDERS.
- The quotes or rates shown above are estimates only. Your premium may be subject to change based on your medical history (pursuant to state law of residence), the underwriting practices of the insurance company (e.g. tobacco use may increase rates), the optional benefits you selected, if any, and other relevant factors, such as changes in rates which take effect before your requested effective date. The insurance company always determines your actual premium. Insurance companies reserve the right to change the terms of a policy upon proper notification. A person

should not send money to the issuer of the health benefit plan in response to the advertisement. A person cannot obtain coverage under the health benefit plan until the person completes an application for coverage. Benefit exclusions and limitations may apply to the health benefit plan.

- The quotes or rates shown above are for your requested effective date and age ONLY. If the actual effective date of your policy is different from the requested effective date and stated age, the actual premium of your policy may differ from the quote or rate above. The carrier you selected may not guarantee their rates for any period of time. Subject to certain exceptions, the carrier can apply medical underwriting to your application if you apply outside of an open enrollment period.
- The Monthly Cost amounts shown may be subject to change on an annual basis.
- Each insurer has sole financial responsibility for its own products.
- Plans C and F are only available to applicants that are Medicare eligible before January 1, 2020.

- Household premium discounts

A discount that is available when more than one member of your household enrolls or is enrolled in a Medicare Supplement policy provided by or through an affiliate of a given insurance company.

The household premium discount will be removed if the other adult or Medicare Supplement policyholder whose policy status entitles you to the discount no longer resides in the household or no longer has a Medicare Supplement policy through the insurance company or an affiliate of the 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.

HOUSEHOLD: 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 residential health facility are not included in the definition of "Household".

- This website is designed as a marketing aid and is not to be construed as a contract for insurance. 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.
- Sorting plans by “More Benefits” orders plans from the most coverage of out-of-pocket costs to the lowest coverage of out-of-pocket costs. Out-of-pocket-costs

include Medicare deductibles, copays and other costs associated with Medicare-covered services.

Texas Required Disclosures for Medicare Supplement Insurance:

- Policy form numbers: Plan A: UWMSP(A)-2010; Plan F: UWMSP(F)-2019; Plan High Deductible F: UWMSP(F-HD)-2019; Plan G: UWMSP(G)-2019; Plan High Deductible G: UWMSP(G-HD)-2020; Plan K: UWMSP(K)-2019; Plan L: UWMSP(L)-2019; Plan N: UWMSP(N)-2019
- Policy form numbers: Plan A: SM20-25744, Plan F: SM24-25745, Plan G: SM25-25746, Plan N: SM35-25748, Plan High Deductible G: SM36-25747
- FutureCare/Compare Health. and the insurance company are not connected with or endorsed by the United States government or the federal Medicare program.
- Your Medicare supplement insurance policy has the following exclusions and limitations:
 - Benefits provided under Medicare
 - Benefits provided under a Medicare Advantage Plan
 - Care not meeting Medicare's standards
 - Care for which you have no obligation to pay
 - Care you receive at a government hospital
 - Injury or sickness for which you are entitled to workers' compensation benefits
 - Benefits provided under another policy
 - Charges in excess of Medicare Eligible Expenses (Plans A, B, C, K, L, N,)
 - Care provided by a non-Network Hospital (Medicare Select Plan G and Medicare Select Plan N)
 - Expenses you incur during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

- Open enrollment is the 6 month period beginning on the first day of the month in which you are enrolled in Medicare Part B. If you are on Medicare under age 65, you will also have a 6 month open enrollment period when you reach age 65.
- Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.
- Review the provided Outline of Coverage located on the Medicare Supplement Insurance Plan Details page to see more benefit details.
- Review the “Guide to Health Insurance for People with Medicare” located on the Medicare Supplement Insurance Plan Details page.
- Medicare Select Insurance:
 - Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at time of hospitalization or you will be required to pay for all expenses.
- Plans C and F are only available to applicants that are Medicare eligible before January 1, 2020.