

Application for Medicare Supplement Insurance Plan

Instructions

1. Have your Medicare and Social Security cards handy to fill in the required information below.
2. **Complete and sign the application in ink.** Then mail it in the enclosed postage-paid envelope.
Send no money now! No payment is due until you have a chance to review your policy and make sure the coverage is right for you.

For coverage to go into effect, you **must** be under age 65, reside in Texas, and have Medicare Parts A and B. You must also apply within six months of your Medicare Part B effective date, or qualify as an Eligible Person as defined in the Supplement to this application. If you meet these conditions, Plan A is Guaranteed Issue. If you are applying after 06/01/2026, meet the age and residency requirements, and have become eligible for Medicare Parts A and B due to Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) in the last six months, do not use this form. Instead, use the application for those with ALS and/or ESRD.

Plan Selection

☒ **Plan A**

Requested Policy Effective Date: / /

See the enclosed Outline of Coverage for rate information.

Applicant Information - Please ensure information matches your Medicare card/information

Name (First)	(Middle)	(Last)	
Home Address (No PO Boxes)	City	State TX	ZIP
Age	Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number			

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

Blue Medicare SupplementSM | C/O Member Services | PO Box 3388 | Scranton, PA 18505

Applicant Name: _____

Medicare Beneficiary Identifier

Please copy the Medicare Beneficiary Identifier from your red, white and blue Medicare Card. This number must be provided to us to complete your application process.

Medicare Beneficiary Identifier

Part A Effective Date: /

Part B Effective Date: /

Premium Discounts

A Blue Cross and Blue Shield of Texas (BCBSTX) Medicare Supplement premium discount may be available. See below for details. If you are eligible for a discount, the discount will be applied to your next bill and remain in effect as long as you are enrolled in your BCBSTX Medicare Supplement plan.

Discounts cannot be combined; only one type of discount per member is permitted.

Household Discount

You may be eligible for a discount if you reside with a spouse or civil union/domestic partner or have resided with as many as three adults age 60 or older for the last 12 months. Applies to BCBSTX Medicare Supplement policies issued with an effective date on or after January 1, 2020. The discount is 10%.

Are you applying for this discount?

☐ Yes

☐ No

Continue with BlueSM Discount

You may be eligible for a discount if you enrolled in a BCBSTX Medicare Supplement policy issued with an effective date on or after May 1, 2022 and you were enrolled in a Blue Cross and Blue Shield commercial group or individual health insurance coverage plan and that coverage was within one year of your BCBSTX Medicare Supplement policy becoming effective. The discount is 7%.

Are you applying for this discount?

☐ Yes

☐ No

If yes, provide your previous commercial group or individual coverage subscriber ID:

Blue Family DiscountSM

You may be eligible for a discount if you enrolled in a BCBSTX Medicare Supplement policy issued with an effective date on or after January 1, 2020 and you meet the criteria for both the Household Discount AND the Continue with Blue Discount. The discount is 12%.

Are you applying for this discount?

☐ Yes

☐ No

If yes, provide your previous commercial group or individual coverage subscriber ID:

Applicant Name: _____

Consumer Protection Information		
Please answer all questions. Please mark Yes or No below with an "X" to the best of your knowledge.		
1. a. Did you turn age 65 in the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Did you enroll in Medicare Part B in the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If yes , what is the effective date?	Effective Date:	
2. Are you covered for medical assistance through the state Medicaid program? NOTE TO APPLICANT: <i>If you are participating in a 'Spend-Down Program' and have not met your 'Share of Cost,' please answer NO to this question.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes , will Medicaid pay your premiums for this Medicare Supplement policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If yes , do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. a. If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates. <i>(If you are still covered under this plan, leave 'End Date' blank.)</i>	Start Date:	End Date:
b. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Was this your first time in this type of Medicare plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Did you drop a Medicare Advantage policy to enroll in the Medicare plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. a. Do you have another Medicare Supplement policy in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If so , with what company, and what plan do you have? _____		
c. If so , do you intend to replace your current Medicare Supplement policy with this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had coverage under any other health insurance within the past 63 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so , with what company, and what kind of policy? <i>(For example, an employer, union, or individual plan)</i> _____		
b. What are your dates of coverage under the other policy? <i>(If you are still covered under the other policy, leave 'End Date' blank.)</i>	Start Date:	End Date:

Applicant Name: _____

Statements

1. You do not need more than one Medicare Supplement policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need more than one type of coverage in addition to your Medicare benefits.
3. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
4. If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility.*
5. If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan.*
6. Counseling services may be available in your state to provide advice concerning your purchase of a Medicare Supplement Insurance Plan and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). For information on Medicaid eligibility, call your local Social Security office. For questions on Medicare Supplement Insurance Plans, call 1-800-MEDICARE (1-800-633-4227).

* If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Questions?

Call us at our Customer Service toll-free number **877-384-9307**, or
call your insurance agent at the number listed on the next page, or visit **www.bcbstx.com**.

Applicant Name: _____

Acknowledgements and Signature

1. I hereby apply for coverage and request a policy to review for the Medicare Supplement policy indicated.
2. I understand that once my first premium payment is received, I will be covered as of the date shown on the Company identification card. Once coverage begins, I understand I have 30 days to return my policy materials and receive a full refund for any premiums paid. Services are covered only when received on or after the effective date of the policy chosen, except in the case of inpatient services, where the admission must occur on or after the effective date to be covered.
3. I hereby declare that the statements and answers on this application, including but not limited to those relating to age, are true and complete to the best of my knowledge and belief. I agree that the Company, believing them to be true, shall rely and act upon them accordingly. I hereby agree to furnish any additional information, if requested.
4. I understand any Medicare Supplement insurance plan carrier is required to offer a minimum of Plan A to those who are under the age of 65 and Medicare eligible due to disability. In order to be eligible, I am applying for this coverage with Blue Cross and Blue Shield of Texas within six months of my Medicare Part B effective date; or I qualify as an eligible person as defined in the Supplement to this application, and I am applying for coverage no later than 63 days after the termination of prior coverage. I agree to pay the premium rate established for this coverage.
5. I acknowledge that any agent is acting on my behalf for purposes of purchasing the insurance, and that if the Company accepts this application and issues an individual policy, the Company may pay the agent a commission and/or other compensation in connection with the issuance of such individual policy.
6. I acknowledge if I desire additional information regarding any commissions or other compensation paid to the agent by the Company in connection with the issuance of the individual policy, I should contact the agent.
7. I acknowledge that I have received a copy of the Medicare Supplement Buyer's Guide.
8. ☐ **Outline of Coverage:** I acknowledge receipt of the Outline of Coverage.

Signature Required

Must be signed **in ink** and dated to avoid processing delays. For Power of Attorney and Legal Guardianships, be sure to submit copies of the court documents with the application.

Applicant:		Date: / /
Primary Phone:	Secondary Phone:	
Email Address:		

Applicant Name: _____

Agent Information (If Applicable)

The following information is to be filled out by an agent, if Applicant is purchasing coverage through an agent.

Please list any other health insurance policies or coverages sold to the applicant which are still in force:

Please list any other health insurance policies or coverages sold to the applicant within the last five (5) years which are no longer in force:

I have reaffirmed that the information supplied on this application is accurate and complete.

Agent Signature:

Date:

/ /

Print Name:

Broker Code:

Agency Name (If Applicable):

Agent Phone:

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 chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

Blue Cross and Blue Shield of Texas does not offer those plans shaded in gray below.

Note: A ✓ means 100% of the benefit is paid

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025 ²					\$7,220 ²	\$3,610 ²				

¹ Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Medicare Supplement Rate effective September 1, 2025

NOTE: This document is valid for individuals under 65 years of age who reside in Texas, have Medicare Parts A and B, and who do not suffer from Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD). For those under 65 years of age who have ALS or ESRD, plan cost and other details can be found in the Outline of Medicare Supplement Coverage – Standard Benefits for Plans A, F, High Deductible Plan F, G, High Deductible Plan G, and N document for your Texas area.

Plan A Premium Under Age 65

\$1,798.00

PREMIUM INFORMATION

Blue Cross and Blue Shield of Texas can only raise your premium if we raise the premium for all policies like yours in the state. Any rate increases are subject to approval by the Texas Department of Insurance. We will not change your premium or cancel your policy because of poor health. If your premium changes, you will be notified at least 30 days in advance.

MEDICARE ELIGIBLE DUE TO DISABILITY

Any Medicare Supplement insurance carrier is required to offer Plan A to those who are under the age of 65 and Medicare eligible due to disability. By applying for this coverage with Blue Cross and Blue Shield of Texas, you agree to pay the premium rate established for this coverage.

Premium Discounts

A Blue Cross and Blue Shield of Texas Medicare Supplement premium discount may be available. Eligibility criteria are described below. If you are eligible for a discount, the discount will be applied to your next bill and remain in effect as long as you are enrolled in your BCBSTX Medicare Supplement plan.

Discounts cannot be combined; only one type of discount per member is permitted.

Household Discount

You may be eligible for a discount if you reside with a spouse or civil union/domestic partner OR have resided with as many as three adults age 60 or older for the last 12 months. Applies to BCBSTX Medicare Supplement policies issued with an effective date on or after January 1, 2020. The discount is 10%.

Continue with BlueSM Discount

You may be eligible for a discount if you enrolled in a BCBSTX Medicare Supplement policy issued with an effective date on or after May 1, 2022 and you were enrolled in a Blue Cross and Blue Shield commercial group or individual health insurance coverage plan and that coverage was within one year of your BCBSTX Medicare Supplement policy becoming effective. The discount is 7%.

Blue FamilySM Discount

You may be eligible for a discount if you enrolled in a BCBSTX Medicare Supplement policy issued with an effective date on or after January 1, 2020 and you meet the criteria for both the Household Discount AND the Continue with Blue Discount. The discount is 12%.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN YOUR POLICY

If you find that you are not satisfied with your policy, you may return it to **Blue Medicare Supplement™, c/o Member Services, P.O. Box 3388, Scranton, PA 18505**. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and will return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither Blue Cross and Blue Shield of Texas nor its agents are connected with Medicare. This Outline of Coverage does not give you all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

LIMITATIONS AND EXCLUSIONS

Your Medicare Supplement policy will not contain limitations and exclusions that are more restrictive than the limitations and exclusions contained in Medicare. The limitations and exclusions include:

- Charges for any services or supplies to the extent those charges are covered under Medicare; and
- Charges for any services or supplies provided to you prior to your effective date under the policy.

REFUND OF PREMIUM

Upon termination of this Policy in any manner, including death of the Subscriber, Blue Cross and Blue Shield of Texas will refund to the Subscriber or his personal representative any portion of the premium previously paid which is applicable to Policy months following the Policy termination date, including a prorated refund for any partial Policy month, if applicable.

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the application carefully before you sign it. Be certain that all information is properly recorded.

Plan A

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

⁴ A benefit period begins on the first day you receive services 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.

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization⁴ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$0	\$1,676 (Part A deductible)
61st through 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$838 a day	\$838 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁵
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁴ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

⁵ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR.

⁶ Once you have been billed \$257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$257 of Medicare-approved amounts ⁶	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare-approved amounts ⁶	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$257 of Medicare-approved amounts ⁶	\$0	\$0	\$257 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

Important Information about Quotes for Medicare Supplement

Quoted prices are based on the criteria specified during your search. This illustration is subject to Blue Cross and Blue Shield of Texas's rating or underwriting and approval, as appropriate, and does not guarantee rates, coverage or effective date. Furthermore, rates are subject to change if any of the information you have provided changes when and if a policy is approved. In addition, Blue Cross and Blue Shield of Texas reserves the right to change rates from time to time. Any rate increases are subject to approval by the Texas Department of Insurance. 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.