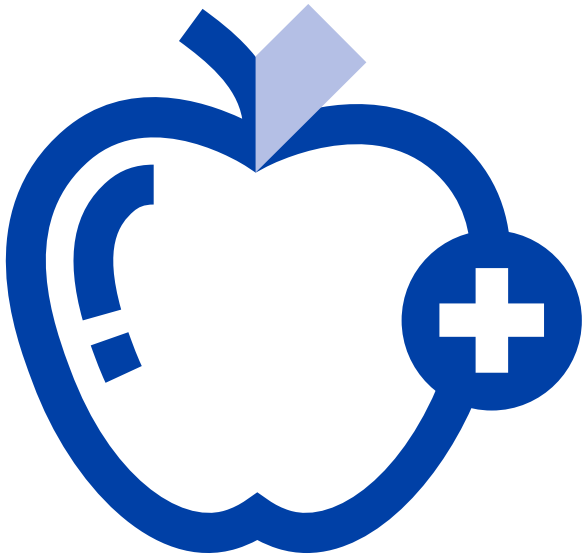


Summary of Benefits

Central Texas HMO

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE • HMO™

H8142_001-006CTXSB2023_M

This is a summary of drug and health services covered in the BSW SeniorCare Advantage HMO plan, offered by Baylor Scott & White Health Plan.

Summary of Benefits

January 1, 2023 - December 31, 2023

BSW SeniorCare Advantage HMO is offered by Baylor Scott & White Health Plan, a Medicare Advantage organization with a Medicare contract. Enrollment in BSW SeniorCare Advantage depends on contract renewal with Medicare.

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2022.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what BSW SeniorCare Advantage HMO covers and what you pay.

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on https://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to know about BSW SeniorCare Advantage HMO

- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (including major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: BSWHealthPlan.com/Medicare

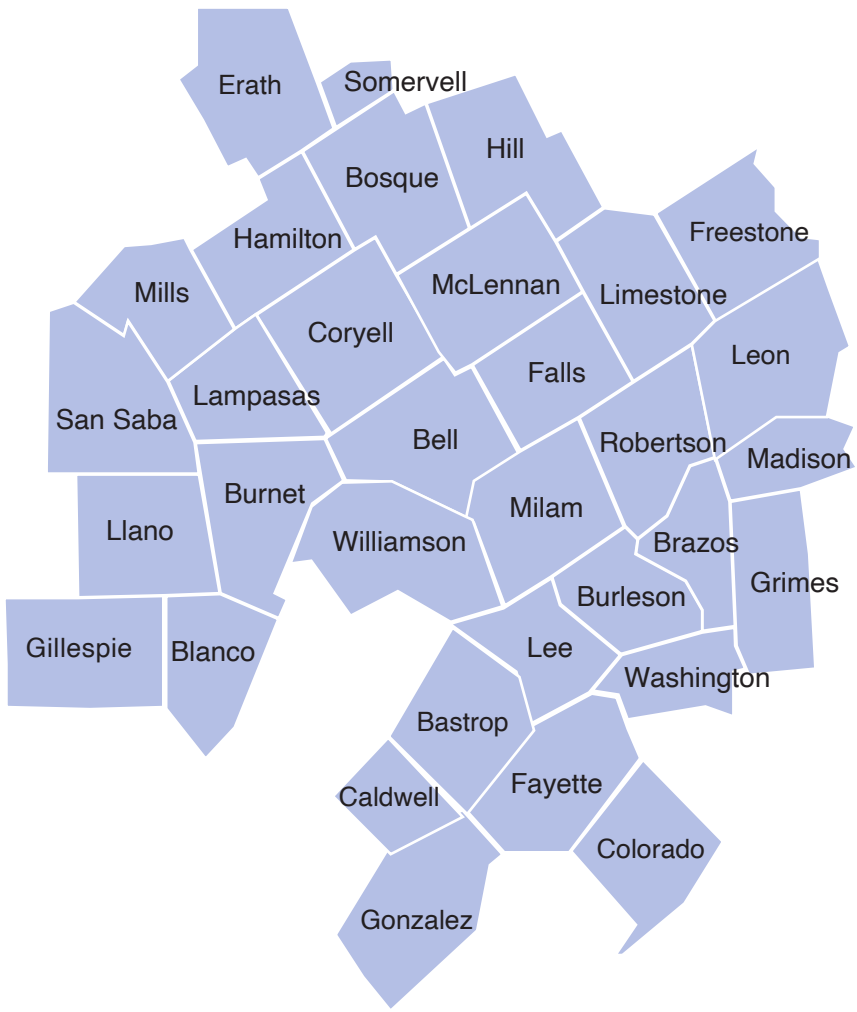
This document is available in other formats such as large print. The document may be available in a non-English language.

Who can join?

To join BSW SeniorCare Advantage HMO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Somervell, Washington, and Williamson.

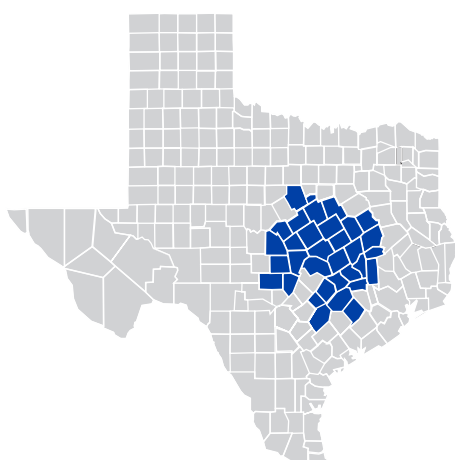
What is the service area for Central Texas

BSW SeniorCare Advantage HMO?



The counties in the service area are listed below:

Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington, Williamson



Baylor Scott & White Health Plan

Which doctors, hospitals, and pharmacies can I use?

BSW SeniorCare Advantage HMO has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at BSWHealthPlan.com/Medicare. You must use network providers and pharmacies for covered services, unless authorized by the Plan.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

BSW SeniorCare Advantage HMO covers Medicare Part B and Part D drugs. Certain limitations may apply.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, BSWHealthPlan.com/Medicare.

Premiums and Benefits	Select	Preferred	Premium
Monthly Plan Premium With Part D prescription drug coverage Without Part D prescription drug coverage You must continue to pay your Medicare Part B premium.	You pay $0 per month. You pay $0 per month. BSW SeniorCare Advantage Select (HMO) without Part D prescription drug coverage pays $50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about social security, please contact Social Security or go to SSA.gov for more information.	You pay $145 per month. You pay $83 per month. BSW SeniorCare Advantage Preferred (HMO) without Part D prescription drug coverage pays $50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about social security, please contact Social Security or go to SSA.gov for more information.	You pay $253 per month. You pay $199 per month. BSW SeniorCare Advantage Premium (HMO) without Part D prescription drug coverage pays $50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about social security, please contact Social Security or go to SSA.gov for more information.
Deductible	You pay $0.	You pay $0.	You pay $0.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)* With Part D prescription drug coverage Without Part D prescription drug coverage	You pay $5,800 annually. You pay $5,900 annually.	You pay $4,000 annually. You pay $4,500 annually.	You pay $4,800 annually. You pay $4,500 annually.
Inpatient Hospital*	Days 1 - 6: $325 copay each day. Days 7 - 90: $0 copay each day.	You pay $700 copay per stay.	You pay $100 copay per stay.

***Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
Outpatient Hospital*			
Ambulatory Surgery Center	You pay $250 copay per visit.	You pay $100 copay per visit.	You pay $0 copay per visit.
Outpatient Hospital Services	You pay $325 copay per visit.	You pay $15 copay per visit.	You pay $0 copay per visit.
Doctor Visits			
Primary Care Providers	You pay $0 copay per visit.	You pay $0 copay per visit.	You pay $0 copay per visit.
Specialists	You pay $25 copay per visit.	You pay $25 copay per visit.	You pay $0 copay per visit.
Preventive Care	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Emergency Care	You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
Urgently Needed Services	You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay $40 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay $40 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.

***Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
Diagnostic Services/Labs/Imaging*			
Diagnostic Tests and Procedures	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Lab Services	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	You pay $75 - $300 copay per visit.	You pay $0 - $15 copay per visit.	You pay $0 copay.
Outpatient X-rays	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Hearing Services			
Medicare-covered Hearing Exam	You pay $40 copay for Medicare-covered hearing exam.	You pay $15 copay for Medicare-covered hearing exam.	You pay $0 copay for Medicare-covered hearing exam.
Routine Hearing Exam	You pay $0 copay. Limited to 1 visit every year.	You pay $0 copay. Limited to 1 visit every year.	You pay $0 copay. Unlimited visits every year.
Hearing Aids	$1,000 allowance toward the purchase of hearing aids every three years.	$1,000 allowance toward the purchase of hearing aids every three years.	$1,000 allowance toward the purchase of hearing aids every three years.
Dental Services			
Yearly Benefit Maximum	$2,500	$2,500	$2,500
Deductible	You pay $0.	You pay $0.	You pay $0.
Oral Exams, Cleanings (every six months)	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Dental X-rays (certain X-rays every three years)	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Extractions and Fillings (unlimited)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance.

***Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
Dental Services (continued)			
Endodontics (one root canal per tooth per lifetime)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance.
Periodontics (every three years)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance
Restorative Dental (dentures once every five years)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (Every five years. Dentures through prosthodontist once every five years.)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance.
Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the *Evidence of Coverage* for full details on the dental benefit.			
Vision Services			
Eyewear	$125 allowance toward the purchase of eyewear every year.	$125 allowance toward the purchase of eyewear every year.	$125 allowance toward the purchase of eyewear every year.
Routine Eye Exam	You pay $0 copay for one routine eye exam per year.	You pay $0 copay for one routine eye exam per year.	You pay $0 copay for one routine eye exam per year.
Mental Health Services			
Inpatient Visit*	Days 1 - 5: $318 copay each day. Days 6 - 90: $0 copay each day.	You pay $700 copay per stay.	You pay $100 copay per stay.
Outpatient Individual or Group Therapy Visit	You pay $30 copay.	You pay $15 copay.	You pay $0 copay.
Skilled Nursing Facility (SNF) Care*	Days 1 - 20: $0 copay each day. Days 21 - 100: $196 copay each day.	Days 1 - 20: $0 copay each day. Days 21 - 100: $50 copay each day.	Days 1 - 20: $0 copay each day. Days 21 - 100: $15 copay each day.

***Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
Physical Therapy			
Occupational therapy visit	You pay $35 copay.	You pay $25 copay.	You pay $10 copay.
Physical therapy and speech and language therapy visit*	You pay $35 copay.	You pay $25 copay.	You pay $10 copay.
Ambulance Services			
Ground Ambulance			
With Part D prescription drug coverage	You pay $300 copay.	You pay $75 copay.	You pay $40 copay.
Without Part D prescription drug coverage	You pay $265 copay.	You pay $75 copay.	You pay $40 copay.
Air Ambulance			
With Part D prescription drug coverage	You pay $300 copay.	You pay $75 copay.	You pay $40 copay.
Without Part D prescription drug coverage	You pay $265 copay.	You pay $75 copay.	You pay $40 copay.
Transportation (additional routine)	You pay $0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.	You pay $0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.	You pay $0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.
Medicare Part B Prescription Drugs			
Chemotherapy Drugs Prior Authorization may be required. Step Therapy may be required.	You pay 20% coinsurance.	You pay 20% coinsurance.	You pay 20% coinsurance.
Other Part B Drugs Prior Authorization may be required. Step Therapy may be required.	You pay 20% coinsurance.	You pay 20% coinsurance.	You pay 20% coinsurance.

***Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
Wellness Program (e.g. fitness)	Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.	Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.	Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.
Home Health Care*	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	You pay $40 copay.	You pay $15 copay.	You pay $0 copay.
Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services.	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Opioid Treatment Service*	You pay $45 copay.	You pay $15 copay.	You pay $0 copay.
Meal Benefit	You pay $0 copay for 14 meals per hospital discharge to home; limit three discharges per year.	You pay $0 copay for 14 meals per hospital discharge to home; limit three discharges per year.	You pay $0 copay for 14 meals per hospital discharge to home; limit three discharges per year.

***Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
Over-the-Counter Items			
With Part D prescription drug coverage	Quarterly $50 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly $30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly $30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.
Without Part D prescription drug coverage	Quarterly $30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly $30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly $30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.
Worldwide Emergency/Urgent Services			
Emergency Care	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Urgent Care	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Emergency/Urgent Transportation	You pay $0 copay.	You pay $0 copay.	You pay $0 copay.
Yearly Benefit Max	$5,000 maximum plan benefit coverage amount.	$5,000 maximum plan benefit coverage amount.	$5,000 maximum plan benefit coverage amount.

***Prior Authorization is required.**

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2022.

Outpatient Prescription Drugs						
	Select Rx		**Preferred Rx**		**Premium Rx**	
Deductible	$0 Applies to Tiers 1 – 5.		$0 Applies to Tiers 1 – 5.		$0 Applies to Tiers 1 – 5.	
Initial Coverage (after you pay your deductible, if applicable)	You stay in this stage until your yearly drug costs total $4,660. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30- or 90-day supply).					
	Standard Retail 30-Day Supply	**Mail Order 90-Day Supply**	**Standard Retail 30-Day Supply**	**Mail Order 90-Day Supply**	**Standard Retail 30-Day Supply**	**Mail Order 90-Day Supply**
Tier 1 (Preferred Generic)	You pay $5.	You pay $0.	You pay $3.	You pay $0.	You pay $2.	You pay $0.
Tier 2 (Generic)	You pay $20.	You pay $0.	You pay $15.	You pay $0.	You pay $12.	You pay $0.
Tier 3 (Preferred Brand)	You pay $47. Select Insulins for a $35 copayment.	You pay $94. Select Insulins for a $70 copayment.	You pay $45. Select Insulins for a $35 copayment.	You pay $90. Select Insulins for a $70 copayment.	You pay $45. Select Insulins for a $35 copayment.	You pay $90. Select Insulins for a $70 copayment.
Tier 4 (Non-Preferred)	You pay $100.	You pay $200.	You pay $95.	You pay $190.	You pay $95.	You pay $190.
Tier 5 (Specialty)	You pay 30% of the cost.	Not Available	You pay 31% of the cost.	Not Available	You pay 33% of the cost.	Not Available
Part D Senior Savings Model	There is no deductible for BSW SeniorCare Advantage HMO for Select insulins. Your out-of-pocket costs for Select Insulins will be $35 for a one-month supply during the deductible and initial coverage stage. BSW SeniorCare Advantage HMO also offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will also be $35 for a one-month supply. Select Insulins are Tier 3 medications and can be identified by the abbreviation “SI” in the Drug List.					

Outpatient Prescription Drugs	
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% coinsurance, or • $4.15 copayment for generic (including brand drugs treated as generic) and a $10.35 copayment for all other drugs.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Information on Your Prescription Benefit

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-866-334-3141, 7 a.m. – 8 p.m., seven days a week (including major holidays).

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-334-3141 (TTY: 711) from 7 a.m. to 8 p.m. seven days a week.

Understand the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit BSWHealthPlan.com/Medicare or call 1-866-334-3141 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understand Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE • HMO

IMPORTANT INFORMATION:

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

2023 Medicare Star Ratings

Baylor Scott & White Health Plan - H8142

For 2023, Baylor Scott & White Health Plan - H8142 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★★
Health Services Rating:	★★★★★
Drug Services Rating:	★★★★½

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

This plan got **MEDICARE'S HIGHEST RATING** (5 stars)

The number of stars show how well a plan performs.

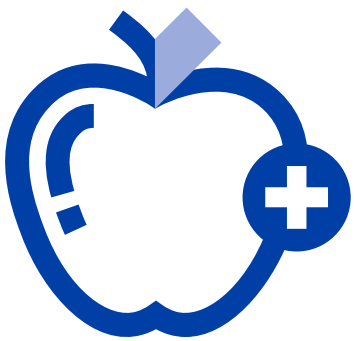
★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare**.

Questions about this plan?

Contact Baylor Scott & White Health Plan 7 days a week from 7:00 a.m. to 8:00 p.m. Central time at 866-334-3141 (toll-free) or 711 (TTY). Current members please call 866-334-3141 (toll-free) or 711 (TTY).



Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE • HMO™

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You must continue to pay your Medicare Part B premium.

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