



North Texas

2023 Plan Comparison

Medicare Advantage



HMO Medical Plan Benefits

Effective January 1, 2023

Medical Plan Benefits*	Select**	Select Rx
Monthly Premium (See Part B premium note below)	\$0	\$0
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$5,550	\$5,000
Annual Physical Exam	\$0 copay	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$20 copay	\$20 copay
Telehealth (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay	\$0-\$75 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$200 copay	\$200 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$35 copay
Inpatient Hospital	Days 1-5: \$200/day Days 6-90: \$0/day	Days 1-5: \$200/day Days 6-90: \$0/day
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day	Days 1-5: \$318/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$196/day	Days 1-20: \$0/day Days 21-100: \$196/day
Outpatient Surgery (facility)	\$275 copay	\$275 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$250 copay
Ambulance	\$265 copay	\$300 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$90 copay	\$90 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Podiatry	\$40 copay	\$40 copay
Chemotherapy Drugs	20% coinsurance	20% coinsurance
Other Part B Drugs	20% coinsurance	20% coinsurance

*This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

**BSW SeniorCare Advantage Select HMO without Part D coverage pays \$50 toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to [SSA.gov](https://www.ssa.gov) for more information. If you have Part D prescription drug coverage through another carrier, your drug coverage will end when your new BSW SeniorCare Advantage plan starts. Medicare Advantage plans do not allow members to have medical coverage and prescription drug coverage through two different Medicare Advantage plans. (Stand-alone prescription drug plans (PDPs) are considered Medicare Advantage plans.) If you enroll in a BSW SeniorCare Advantage medical plan without prescription drug coverage, you may owe a late enrollment penalty if you try to sign up for prescription drug coverage later.

PPO Medical Plan Benefits

Effective January 1, 2023

Medical Plan Benefits*	Network Cost Sharing**
Monthly Premium (must continue to pay Medicare Part B premium)	\$0
Deductible	\$0
Out-of-Pocket Maximum (in-network)	\$6,400
Primary Care Physician (PCP) Office Visit	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$40 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$196/day
Outpatient Surgery (facility)	\$350 copay
Ambulatory Surgical Center (facility)	\$275 copay
Ambulance	\$325 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$90 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance
Podiatry	\$45 copay
Chemotherapy Drugs	20% coinsurance
Other Part B Drugs	20% coinsurance

*This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

**To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the PPO is 35%. There is a \$0 deductible and \$10,000 out-of-pocket maximum for services received out-of-network.

HMO Rx and Dental Benefits

Effective January 1, 2023

Prescription Drug Benefits (applies to HMO with Part D only)	Select Rx	
Initial Coverage Amount	\$4,660	
Deductible	\$0	
Copays During Initial Coverage Period	Retail	Mail Order
Tier 1 - Preferred Generic Drugs	\$5 copay	\$0 copay
Tier 2 - Generic Drugs	\$20 copay	\$0 copay
Tier 3 - Preferred Brand Drugs	\$47 copay	\$94 copay (90-day supply)
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay (90-day supply)
Tier 5 - Specialty Drugs	30% coinsurance (30-day supply)	
After Initial Coverage Amount - You Pay		
Preferred Generic Drugs	25% coinsurance	
Other Generic Drugs	25% coinsurance	
Brand-Name Drugs	25% coinsurance	
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$7,400	
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$4.15 for generic drugs (including brand drugs treated as generic) or \$10.35 for all other drugs	

There is no deductible for BSW SeniorCare Advantage for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a 30-day supply during the deductible and initial coverage phase. BSW SeniorCare Advantage 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 30-day supply. You pay \$0 for Part D vaccines.

Dental Benefits (for both HMO plans)	
Monthly Premium	Included
Yearly Benefit Maximum	\$2,500
Deductible	\$0
Oral Exams, Cleanings (every 6 months)	\$0
Dental X-rays (every 3 years)	\$0
Extractions and Fillings	50%
Dentures (every 5 years)	50%
Restorative Services (every 2 years)	50%

PPO Rx and Dental Benefits

Effective January 1, 2023

Prescription Drug Benefits		
Initial Coverage Amount	\$4,660	
Deductible	\$300	
Deductible Applies to:	Tiers 3-5	
Copays During Initial Coverage Period	Retail	Mail Order
Tier 1 - Preferred Generic Drugs	\$4 copay	\$0 copay
Tier 2 - Generic Drugs	\$14 copay	\$0 copay
Tier 3 - Preferred Brand Drugs	\$47 copay	\$94 copay (90-day supply)
Tier 4 - Non-Preferred Drugs	\$99 copay	\$198 copay (90-day supply)
Tier 5 - Specialty Drugs	27% coinsurance (30-day supply)	
After Initial Coverage Amount - You Pay		
Preferred Generic Drugs	25% coinsurance	
Other Generic Drugs	25% coinsurance	
Brand-Name Drugs	25% coinsurance	
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$7,400	
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$4.15 for generic drugs (including brand drugs treated as generic) or \$10.35 for all other drugs	

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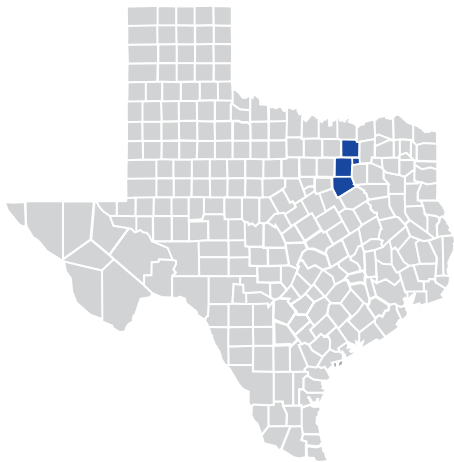
Dental Benefits	
Monthly Premium	Included
Yearly Benefit Maximum	\$2,500
Deductible	\$0
Oral Exams, Cleanings (every 6 months)	\$0
Dental X-rays (every 3 years)	\$0
Extractions and Fillings	50%
Dentures (every 5 years)	50%
Restorative Services (every 2 years)	50%

HMO Supplemental Benefits

Effective January 1, 2023

Supplemental Benefits	
Routine Eye Exam (one per year; must use a network provider)	\$0 copay
Eyewear (must use a network provider)	\$125 annual allowance toward purchase
Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids	\$1,000 allowance toward purchase every 3 years
Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&Fit locations and YMCAs)	\$0 cost
Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$50 allowance per quarter in Select Rx plan; \$30 per quarter in Select plan
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay
Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$0 copay

HMO Coverage Area



The counties in the North Texas HMO service area are:

Collin, Dallas, Ellis and Rockwall

PPO Supplemental Benefits

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Hearing Aids	\$1,000 allowance toward purchase every 3 years
Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&Fit locations and YMCAs)	\$0 cost

PPO Coverage Area



The counties in the North Texas PPO service area are:

Collin, Dallas, Denton, Ellis, Rockwall and Tarrant

Baylor Scott & White Health Plan offers HMO plans as a Medicare Advantage organization through a contract with Medicare. Enrollment in these HMO plans depends on contract renewal with Medicare. Its subsidiary, Baylor Scott & White Insurance Company, offers PPO plans as a Medicare Advantage organization through a contract with Medicare. Enrollment in these PPO plans depends on contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

Not connected with or endorsed by the United States government or the federal Medicare program.