



BEST
INSURANCE COMPANIES

& WORLD REPORT
U.S. News

MEDICARE ADVANTAGE
TEXAS
2022

My Plan Comparison

North Texas • 2022

 **Baylor Scott & White**
Health Plan

BSW SENIORCARE
ADVANTAGE

Rx. Dental. Vision. Hearing. Fitness. Kidney Care.

HMO medical plan benefits

Effective January 1, 2022

Medical Plan Benefits*	Select Rx/Select
Monthly Premium	
Select Rx - with Part D prescription drug coverage	\$0
Select - without Part D prescription drug coverage**	\$0
Deductible	\$0
Out-of-Pocket Maximum	\$6,300 / \$5,900
Annual Physical Exam	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 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: \$188/day
Outpatient Surgery (facility)	\$350 copay
Ambulatory Surgical Center (facility)	\$275 copay
Ambulance (U.S. only)	\$300 copay / \$265 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$90 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay
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).

**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, 2022

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)	\$6,900
Primary Care Physician (PCP) Office Visit	\$0 copay
Annual Physical Exam	\$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
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Outpatient Surgery (facility)	\$350 copay
Ambulatory Surgical Center (facility)	\$275 copay
Ambulance (U.S. only)	\$325 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$90 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay
Durable Medical Equipment (DME)	20% coinsurance
Podiatry	\$45 copay
Chemotherapy Drugs	20% coinsurance
Other Part B Drugs	20% coinsurance

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**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 \$750 deductible and \$10,000 out-of-pocket maximum for services received out-of-network.

HMO Rx and dental benefits

Prescription Drug Benefits	Select Rx	
Initial Coverage Amount	\$4,430	
Deductible	\$300	
Deductible Applies to:	Tiers 4-5	
Copays During Initial Coverage Period	Retail	Mail Order (up to a 90-day supply)
Tier 1 - Preferred Generic Drugs	\$6 copay	\$0 copay
Tier 2 - Generic Drugs	\$20 copay	\$0 copay
Tier 3 - Preferred Brand Drugs	\$47 copay	\$94 copay
Tier 4 - Non-Preferred Drugs	\$100 copay	\$200 copay
Tier 5 - Specialty Drugs	27% coinsurance	Not Available
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	\$7,050	
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$3.95 for generic drugs (including brand drugs treated as generic) or \$9.85 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.

Dental Benefits	
Monthly Premium	Included
Yearly Benefit Maximum	\$2,000
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%

For plan changes or annual enrollment assistance, please call 1.877.845.3901 (TTY: 711) or email HPCustomerEngagement@BSWHealth.org for more information.

PPO Rx and dental benefits

Prescription Drug Benefits	
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Deductible	\$300
Deductible Applies to:	Tiers 3-5
Copays During Initial Coverage Period	Retail Mail Order (up to a 90-day supply)
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
Tier 4 - Non-Preferred Drugs	\$99 copay \$198 copay
Tier 5 - Specialty Drugs	27% coinsurance Not Available
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	\$7,050
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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 and additional care programs

Supplemental Benefits (for all HMO plans except as noted)	
Routine Eye Exam (one per year; must use a network provider)	\$0 copay
Eyewear (annual allowance; must use a network provider)	\$125 allowance toward purchase
Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids (every three years)	\$1,000 allowance toward purchase
Fitness (at participating Silver&Fit locations)	\$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 cost
Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$0 cost
In-Home Support Services (assistance in performing activities of daily living)	\$0 cost

Additional Care Programs (for all HMO plans)	
In-Home Acute Care for eligible members with complex health issues	\$0 cost
Kidney Health Program for eligible members diagnosed with kidney disease	\$0 cost

HMO – coverage area

Collin, Dallas, Ellis and Rockwall counties



PPO supplemental benefits and additional care programs

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Additional Care Programs (for all PPO plans)	
In-Home Acute Care for eligible members with complex health issues	\$0 cost
Kidney Health Program for eligible members diagnosed with kidney disease	\$0 cost

PPO – coverage area

Collin, Dallas, Denton, Ellis, Rockwall and Tarrant counties



Scott and White Health Plan, doing business as Baylor Scott & White Health Plan, and its subsidiary Baylor Scott & White Insurance Company are Medicare Advantage organizations with Medicare contracts. Baylor Scott & White Health Plan offers HMO plans. Baylor Scott & White Insurance Company offers PPO plans. Enrollment in Baylor Scott & White Health Plan or Baylor Scott & White Insurance Company depends on contract renewal.

Other pharmacies, physicians and providers are available in our network.

