



SeniorCare Advantage Premium (HMO) offered by Scott and White Health Plan

2019 Benefit Notice

You are currently enrolled as a member of SeniorCare (Cost) VIP. Because Scott and White Health Plan will no longer offer a Cost plan in 2019, you will be enrolled as a member of SeniorCare Advantage Premium (HMO) in 2019. There will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 3.1 and 3.5 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 3.3 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ❑ Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 5.2 to learn more about your choices.
 - ❑ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.
- 3. CHOOSE:** Decide whether you want to change your plan
- If you want to **keep** SeniorCare Advantage Premium (HMO), you don't need to do anything. You will stay in SeniorCare Advantage Premium (HMO).
 - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2018**
- If you **don’t join another plan by December 7, 2018**, you will be enrolled in SeniorCare Advantage Premium (HMO).
 - If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-866-334-3141 for additional information. (TTY users should call 711). Hours are 7 a.m. – 8 p.m., seven days a week.
- This information is also available in alternate formats (e.g., large print).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About SeniorCare Advantage Premium (HMO)

- SeniorCare Advantage HMO is offered by Scott and White Health Plan, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Scott and White Health Plan. When it says “plan” or “our plan,” it means SeniorCare Advantage Premium (HMO).

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for SeniorCare Advantage Premium (HMO) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this 2019 Benefit Notice** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium	\$130	\$199
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 3.2 for details.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$10 copayment per visit Specialist visits: \$10 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$0 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$200 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care. \$0 copayment for additional Medicare-covered days.	There is no coinsurance, copayment, or deductible for a Medicare-covered stay.

2019 Benefit Notice Table of Contents

Summary of Important Costs for 2019		3
SECTION 1	We Are Changing the Plan’s Name	5
SECTION 2	Unless You Choose Another Plan, You Will Be Automatically Enrolled in SeniorCare Advantage Premium (HMO) in 2019	5
SECTION 3	Changes to Benefits and Costs for Next Year	5
Section 3.1	Changes to the Monthly Premium	5
Section 3.2	Changes to Your Maximum Out-of-Pocket Amount	6
Section 3.3	Changes to the Provider Network	6
Section 3.4	Changes to Benefits and Costs for Medical Services	7
SECTION 4	Administrative Changes	13
SECTION 5	Deciding Which Plan to Choose	14
Section 5.1	If you want to stay in SeniorCare Advantage Premium (HMO)	14
Section 5.2	If you want to change plans	14
SECTION 6	Deadline for Changing Plans	15
SECTION 7	Programs That Offer Free Counseling about Medicare	15
SECTION 8	Programs That Help Pay for Prescription Drugs	16
SECTION 9	Questions?	17
Section 9.1	Getting Help from SeniorCare Advantage Premium (HMO)	17
Section 9.2	Getting Help from Medicare	17

SECTION 1 We Are Changing the Plan's Name

On January 1, 2019, our plan name will change from SeniorCare (Cost) VIP to SeniorCare Advantage Premium (HMO). You will receive a new ID card. Benefit changes are highlighted throughout this document.

SECTION 2 Unless You Choose Another Plan, You Will Be Automatically Enrolled in SeniorCare Advantage Premium (HMO) in 2019

On January 1, 2019, Scott and White Health Plan will be combining SeniorCare (Cost) VIP with one of our plans, SeniorCare Advantage Premium (HMO).

If you do nothing to change your Medicare coverage by December 7, 2018, we will automatically enroll you in our SeniorCare Advantage Premium (HMO). This means starting January 1, 2019, you will be getting your medical coverage through SeniorCare Advantage Premium (HMO). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change, you can do so between January 1 and March 31. You can also change plans between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in SeniorCare (Cost) VIP and the benefits you will have on January 1, 2019 as a member of SeniorCare Advantage Premium (HMO).

SECTION 3 Changes to Benefits and Costs for Next Year

Section 3.1 Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$130	\$199

Section 3.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount	\$3,400	\$3,400
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.		Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 3.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at advantage.swhp.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc). are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 3.4 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2019 Evidence of Coverage*.

Cost	2018 (this year)	2019 (next year)
Ambulance services - Air transportation - Cost Sharing	You pay a \$60 copayment for each Medicare-covered service. Copayment is waived if you are admitted to a hospital.	You pay a \$40 copayment for each Medicare-covered service. Copayment is waived if you are admitted to a hospital.
Ambulance services - Ground transportation - Cost Sharing	You pay a \$60 copayment for each Medicare-covered service. Copayment is waived if you are admitted to a hospital.	You pay a \$40 copayment for each Medicare-covered service. Copayment is waived if you are admitted to a hospital.
Annual routine physical exam - Cost Sharing	You pay a \$5 copayment.	You pay a \$0 copayment.
Chiropractic services - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Dental services - Comprehensive dental services - Diagnostic Services - Cost Sharing	The medical benefit is not covered.	You pay a \$0 copayment.
Dental services - Comprehensive dental services - Diagnostic Services - Periodicity	The medical benefit is not covered.	Limited to 1 diagnostic service every six months.
Dental services - Comprehensive dental services - Extractions - Cost Sharing	The medical benefit is not covered.	You pay 50% coinsurance.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

Cost	2018 (this year)	2019 (next year)
Dental services - Comprehensive dental services - Extractions - Periodicity	The medical benefit is not covered.	Limited to 1 every five years.
Dental services - Comprehensive dental services - Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services - Cost Sharing	The medical benefit is not covered.	You pay 50% coinsurance.
Dental services - Comprehensive dental services - Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services - Periodicity	The medical benefit is not covered.	Limited to 1 every five years.
Dental services - Preventive and comprehensive dental services - Maximum Plan Amount	The medical benefit is not covered.	Up to a \$1,500 combined credit every year for all additional preventive and comprehensive dental services.
Dental services - Preventive dental services - Dental X-Rays - Cost Sharing	The medical benefit is not covered.	You pay a \$0 copayment.
Dental services - Preventive dental services - Dental X-Rays - Periodicity	The medical benefit is not covered.	Limited to 1 X-ray every three years.
Dental services - Preventive dental services - Oral Exams - Cost Sharing	The medical benefit is not covered.	You pay a \$0 copayment.
Dental services - Preventive dental services - Oral Exams - Periodicity	The medical benefit is not covered.	Limited to 1 oral exam every six months.
Dental services - Preventive dental services - Prophylaxis (Cleaning) - Cost Sharing	The medical benefit is not covered.	You pay a \$0 copayment.
Dental services - Preventive dental services - Prophylaxis (Cleaning) - Periodicity	The medical benefit is not covered.	Limited to 1 cleaning every six months.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

Cost	2018 (this year)	2019 (next year)
Diabetes self-management training, diabetic services and supplies - Diabetes supplies - Cost Sharing	You pay a 10% coinsurance for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Diabetes self-management training, diabetic services and supplies - Diabetic therapeutic shoes or inserts - Cost Sharing	You pay a 10% coinsurance for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Durable medical equipment (DME) and related supplies - Durable medical equipment - In-Network Cost Sharing	You pay a 10% coinsurance for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Emergency care - Cost Sharing	You pay a \$125 copayment for each Medicare-covered service.	You pay a \$120 copayment for each Medicare-covered service.
Hearing services - Routine hearing exams - Periodicity	Limited to 1 visit each year.	Unlimited visits per year.
Hearing services - Fitting-evaluation(s) for hearing aids - In-Network Cost Sharing	The medical benefit is not covered.	You pay a \$0 copayment.
Hearing services - Hearing aids - Cost sharing	The medical benefit is not covered.	You pay a \$0 copayment.
Hearing services - Hearing aids - Maximum plan amount	The medical benefit is not covered.	Up to a \$1,000 credit for both ears combined every three years for hearing aids.
Hearing services - Hearing aids - Periodicity	The medical benefit is not covered.	Credit applies once every two years.
Hearing services - Medicare-covered hearing exam - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

Cost	2018 (this year)	2019 (next year)
Inpatient hospital care - Cost Sharing	<p>\$200 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care.</p> <p>\$0 copayment for additional Medicare-covered days.</p>	There is no coinsurance, copayment, or deductible for a Medicare-covered stay.
Inpatient mental health care - Cost Sharing	<p>\$200 copayment each day for days 1 to 5 and \$0 copayment each day for days 6 to 90 for Medicare-covered hospital care.</p> <p>\$0 copayment for additional Medicare-covered days.</p>	There is no coinsurance, copayment, or deductible for a Medicare-covered stay.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic procedures and tests - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Diagnostic radiological services - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Lab services - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Medical supplies - In-Network Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient diagnostic tests and therapeutic services and supplies - Outpatient x-ray services - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

Cost	2018 (this year)	2019 (next year)
Outpatient diagnostic tests and therapeutic services and supplies - Therapeutic radiological services - In-Network Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Group sessions - In-Network Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient mental health care - Non-psychiatric services - Individual sessions - In-Network Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient mental health care - Psychiatric services - Group Session - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient mental health care - Psychiatric services - Individual sessions - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient rehabilitation services - Occupational therapy - In-Network Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient rehabilitation services - Physical therapy and speech-language pathology - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient substance abuse services - Individual sessions - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Ambulatory surgical center - Cost Sharing	You pay a \$50 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

Cost	2018 (this year)	2019 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Outpatient hospital services - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers - Observation services - Cost Sharing	You pay \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Partial hospitalization services - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Primary care - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Other healthcare professionals - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Physician/Practitioner services, including doctor's office visits - Specialist - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Outpatient substance abuse services - Group sessions - Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Podiatry services - Medicare-covered - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Prosthetic devices and related supplies - Prosthetic devices - In-Network Cost Sharing	You pay a 10% coinsurance for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.

SeniorCare Advantage Premium (HMO)
2019 Benefit Notice

Cost	2018 (this year)	2019 (next year)
Skilled nursing facility (SNF) care - Cost Sharing	You pay a \$0 copayment each day for days 1 to 20 and \$30 copayment each day for days 21 to 100 for Medicare-covered SNF care.	You pay a \$0 copayment each day for days 1 to 20 and \$15 copayment each day for days 21 to 100 for Medicare-covered SNF care.
Services to treat kidney disease and conditions - Dialysis Services - In-Network Cost Sharing	You pay a \$5 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.
Vision care - Routine eye wear - Contact lenses - Periodicity	Limited to 1 pair of contact lenses each year.	Limited to 12 pairs of contact lenses each year.
Vision care - Medicare-covered eye exam - Cost Sharing	You pay a \$10 copayment for each Medicare-covered service.	You pay a \$0 copayment for each Medicare-covered service.

SECTION 4 Administrative Changes

Process	2018 (this year)	2019 (next year)
Prior authorization requirements have changed.	Prior authorization may not have been required for advanced imaging (PET/MRI/CT) and nuclear medicine; cardiology imaging and certain related procedures; and joint, spine, and pain management procedures.	Prior authorization is required for advanced imaging (PET/MRI/CT) and nuclear medicine; cardiology imaging and certain related procedures; and joint, spine, and pain management procedures — except in an emergency.
The Customer Service phone number changed. The prior year's Customer Service phone number will continue to route to our Service Center.	1-888-423-7633	1-866-334-3141
The phone number to pay your premium over the phone has changed.	1-877-255-1400	1-844-722-6251

Process	2018 (this year)	2019 (next year)
The Customer Service TTY number changed. The prior year's Customer Service TTY number will continue to route to our Service Center.	1-800-735-2989	711
Requirements for Medicare Part B prescription drug step therapy have changed.	Step therapy was not required.	Step therapy may be required. Step therapy is a type of prior authorization. It requires you to first try a less expensive drug that has been proven effective for most people with your condition before you can move up a “step” to a more expensive drug.

SECTION 5 Deciding Which Plan to Choose

Section 5.1 If you want to stay in SeniorCare Advantage Premium (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

Section 5.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (see Section 7), or call Medicare (see Section 9.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Scott and White Health Plan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from SeniorCare Advantage Premium (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SeniorCare Advantage Premium (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 9.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 6 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2019.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

Note: If you’re in a drug management program, you may not be able to change plans.

If you enrolled in a Medicare Advantage Plan for January 1, 2019, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 7 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Texas, the SHIP is called Texas Health Information Counseling and Advocacy Program (HICAP).

Texas Health Information Counseling and Advocacy Program (HICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health Information Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or

problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Texas Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about Texas Health Information Counseling and Advocacy Program (HICAP) by visiting their website (<http://www.tdi.texas.gov/consumer/hicap>).

SECTION 8 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Texas HIV State Pharmacy Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 7 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. In Texas assistance is provided through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. Call 1-800-255-1090.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090.

SECTION 9 Questions?

Section 9.1 Getting Help from SeniorCare Advantage Premium (HMO)

Questions? We're here to help. Please call Customer Service at 1-866-334-3141. (TTY only, call 711.) We are available for phone calls 7 a.m. – 8 p.m., seven days a week. Calls to these numbers are free.

Read your 2019 Evidence of Coverage (it has details about next year's benefits and costs)

This *2019 Benefit Notice* gives you a summary of changes in your benefits and costs for 2019. For details, look in the *2019 Evidence of Coverage* for SeniorCare Advantage Premium (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is available electronically.

Visit our Website

You can also visit our website at advantage.swhp.org. As a reminder our website has the most up-to-date information about our provider network (Provider Directory).

Section 9.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on "Find health & drug plans.")

Read Medicare & You 2019

You can read the *Medicare & You* 2019 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov> or 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.



Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711).

Scott and White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Scott and White Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Scott and White Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Scott and White Health Plan (SWHP) Compliance Officer at 1-214-820-8888 or send an email to SWHPComplianceDepartment@BSWHealth.org.

If you believe that Scott and White Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

SWHP Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report.aspx?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the SWHP Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.