2019 Enrollment Guide — CENTRAL TEXAS

SENIOR*CARE* Advantage PPO

Medicare Advantage Prescription Drug Plan (MAPD)

Feel like you did back in the day

Plans include vision, hearing, fitness benefits and out-of-network coverage

Scott&White HEALTH PLAN | BaylorScott&White HEALTH

H2032_CTXPPOPEK_2019_Approved_8/21/2018

Inside this Guide

Contact Information at a Glance

Scott and White Health Plan

Sales/To Speak to a Licensed Insurance Agent
1-800-782-5068
TTY/TDD: 711
8 a.m.–5 p.m. • Monday – Friday

Fax for Enrollment Applications
254-298-3334

Customer Service
1-866-334-3141
TTY/TDD: 711
7 a.m. – 8 p.m. • 7 days a week

advantage.swhp.org

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

Scott&White HEALTH PLAN | BaylorScott&White HEALTH

Get the Advantage—
SeniorCare Advantage

SENIORCARE ADVANTAGE · PPO

SeniorCare Advantage PPO plans can help lower your out-of-pocket healthcare expenses and offer you many bonus benefits not available through Original Medicare.

- Low premiums
- Two plan options
- Affordable copays
- No referrals to see a specialist
- Vision care, hearing, and dental coverage
- Prescription drug benefits
- No-cost health club membership

What truly separates the SeniorCare Advantage PPO plans from others is the access you have to the renowned doctors, specialists, and facilities of the Baylor Scott & White Health system throughout Central and North Texas. And with options for in-network and out-of-network benefits, you'll have healthcare coverage *when* and *wherever* you need it.

About Baylor Scott & White Health

As the largest not-for-profit healthcare system in Texas and one of the largest in the United States, Baylor Scott & White Health was born from the 2013 combination of Baylor Healthcare System and Scott & White Healthcare. With a commitment to and a track record of innovation, collaboration, integrity and compassion for the patient, Baylor Scott & White Health strives to be one of the nation's exemplary healthcare organizations.

Having access to the Baylor Scott & White Health system in Central and North Texas, you can expect better health, better care, and better value with SeniorCare Advantage.

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

Our Team is on Your Side

We understand how challenging it can be to choose the right Medicare health plan for your specific needs. Our team of experienced, licensed agents will help you evaluate your options. Your agent will explain all the benefits you will receive as a SeniorCare Advantage member, including Medicare Part A, Part B, Part D and your bonus benefits — giving you the peace of mind that comes with choosing the right health plan.

This easy-to-use guide highlights the benefits of SeniorCare Advantage PPO and provides the information you need to make an informed decision and take full advantage of your coverage.

Feel like you did back in the day: **Confident and Carefree**

Remember when you didn't have a care in the world? With a Medicare Advantage plan from Scott and White Health Plan, you can feel like that again. We offer plan options to help you get well, be well and stay well — giving you the confidence to live each day in a whole new way.

How Medicare Works

Medicare Part A	Generally helps cover services provided by hospitals (for inpatient services, skilled nursing facilities, or home health agencies).
Medicare Part B	For most other medical services (such as physician's services and other outpatient services) and certain items (such as durable medical equipment and supplies).
Medicare Part C	Medicare Advantage plans, like SeniorCare Advantage PPO, are Medicare-approved private health insurance plans for individuals enrolled in Original Medicare Part A and Part B. Medicare Advantage plans feature additional benefits that Original Medicare doesn't cover, such as vision and hearing care.
Medicare Part D	The part of Medicare that provides outpatient prescription drug coverage. SeniorCare Advantage PPO features Part D prescription drug coverage at no additional cost.

We are where you are

The SeniorCare Advantage network includes all Baylor Scott & White hospitals, clinics, physicians and other facilities across the state. As a member of SeniorCare Advantage, you have the freedom to visit any Baylor Scott & White Health provider, regardless of where they are located. For your convenience, SeniorCare Advantage includes providers beyond Baylor Scott & White Health, as well. Chances are, your favorite doctors and specialists are in the network. Ask your local insurance agent about our provider directories or view "Find a Provider" online at **advantage.swhp.org**.

How the plan works

To maximize your SeniorCare Advantage PPO benefits, all care (except for emergencies) should be provided by network providers; however, you have the choice to obtain services out-of-network. Just know that if you use out-of-network providers, you will pay more in out-of-pocket expenses.

Is a primary care physician (PCP) required to direct care?

No. You do not have to select a PCP to direct your care with SeniorCare Advantage PPO. You can see a specialist without a referral.

This is not a complete description of benefits. Please refer to the Summary of Benefits within this guide for more detailed information about the plans. Once enrolled, you may refer to the plan's Evidence of Coverage (EOC) for benefit details.

To speak to a licensed insurance sales agent, call 1-800-782-5068 (TTY/TDD: 711) or visit advantage.swhp.org for more information.

Medical Plan Benefits*	Basic Network Cost Sharing [1]	Platinum Network Cost Sharing [2]
Monthly Premium (*must continue to pay Medicare Part B premium*)	$43	$150
Deductible	$0	$0
Out-of-Pocket Maximum (*in-network*)	$6,200	$3,500
Primary Care Physician (PCP) **Office Visit**	$0 copay	$0 copay
Specialist Office Visit	$40 copay	$20 copay
Diagnostic Tests, X-rays, Lab Services (*separate office visit copay may apply*) **Advanced Diagnostic Imaging Services** (*MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology*)	$0-$75 copay $300 copay	$0-$20 copay $200 copay
Physical/Occupational/Speech Therapy (*per visit*)	$25 copay	$25 copay
Inpatient Hospital	Days 1-5: $350/day Days 6-90: $0/day	Days 1-4: $200/day Days 5-90: $0/day
Inpatient Mental Health	Days 1-5: $318/day Days 6-90: $0/day	Days 1-5: $200/day Days 6-90: $0/day
Skilled Nursing Facility (SNF)	Days 1-20: $0/day Days 21-100: $167.50/day	Days 1-20: $0/day Days 21-100: $50/day
Outpatient Surgery (*facility*)	$350 copay	$100 copay
Ambulatory Surgical Center (*facility*)	$275 copay	$75 copay
Ambulance (*U.S. only*)	$350 copay	$75 copay
Emergency Care (*U.S. only; copay waived if admitted within 24 hours*)	$90 copay	$90 copay
Urgent Care (*U.S. only; copay waived if admitted within 24 hours*)	$50 copay	$50 copay
Durable Medical Equipment (*DME*)	20% coinsurance	20% coinsurance
Prescription Drug Benefits		
Initial Coverage Amount	$3,820	$3,820
Deductible	$250	$0
Deductible Applies to:	Tiers 3-5	All Tiers 1-5
Copays During Initial Coverage Period		
Tier 1 – Preferred Generic Drugs	$3 copay	$0 copay
Tier 2 – Generic Drugs	$14 copay	$10 copay
Tier 3 – Preferred Brand Drugs	$47 copay	$40 copay
Tier 4 – Non-Preferred Drugs	$99 copay	$90 copay
Tier 5 – Specialty Drugs	28% coinsurance	33% coinsurance
After Initial Coverage Amount – You Pay		
Preferred Generic Drugs	37% coinsurance	$0 copay
Other Generic Drugs	37% coinsurance	37% coinsurance
Brand-Name Drugs	25% coinsurance	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	$5,100	$5,100
Catastrophic Coverage Amounts – You Pay	The greater of 5% or $3.40 for generic drugs (including brand drugs treated as generic) or $8.50 for all other drugs	

Affordable Prescriptions

SENIORCARE ADVANTAGE • PPO

The high cost of prescriptions should never stand in the way of your healthcare. That's why affordable prescription drug benefits are included with the SeniorCare Advantage PPO medical plan options. No additional premium payment is required. When you need to fill a prescription, simply present your SeniorCare Advantage PPO member ID card at a network pharmacy.

Do you take medications for high blood pressure, cholesterol, diabetes, or other chronic illnesses that require maintenance drugs? You can receive a 90-day supply of maintenance drugs for just two copays if you use a mail order pharmacy or a retail pharmacy that provides an "extended day supply" of prescription medications. Ask your agent or visit **advantage.swhp.org** to view the formulary (drug list) and pharmacy directories for the SeniorCare Advantage PPO plan. For your health and safety, some drugs may have additional requirements or limits on coverage, including:

- **Prior authorization:** SeniorCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the health plan before you fill your prescriptions.
- **Quantity limits:** Some drugs have limits on how much you can get at a time.
- **Step therapy:** In some cases, you must first try certain drugs to treat your medical condition before SeniorCare Advantage will cover another drug for that condition.

[1] To help maximize SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Basic PPO is 35%. There is a $750 deductible and $10,000 out-of-pocket maximum for services received out-of-network.

[2] To help maximize SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Platinum PPO is 25%. There is no deductible and $10,000 out-of-pocket maximum for services received out-of-network.

* This is not a complete description of benefits. Please refer to the Summary of Benefits within this guide for more detailed information about the plans. Once enrolled, you may refer to the plan's Evidence of Coverage for benefit details.

Bonus Benefits

Why Settle For Less When You Can Have More

Original Medicare benefits may not be enough to meet your healthcare needs. These plans not only give you all the benefits of Original Medicare, like access to doctors and hospitals, but they also include many bonus benefits to help reduce your out-of-pocket expenses.

Vision, hearing and fitness benefits are included in both PPO plan options, for no additional premium. Dental benefits are included in the premium for the Platinum plan and are available for an additional $20 per month in the Basic plan.

SeniorCare Advantage PPO	Basic	Platinum
Routine Eye Exam (one per year; must use a Superior Vision provider)	$0 copay	$0 copay
Eyewear (must use a Superior Vision provider)	$125 annual allowance toward purchase	$125 annual allowance toward purchase
Routine Hearing Exam (one per year)	$40 copay	$20 copay
Hearing Aids	$1,000 allowance toward purchase every 3 years	$1,000 allowance toward purchase every 3 years
Gym/Fitness Club Membership (at participating Silver&Fit locations)	$0	$0
Dental (must use Metlife PDP Plus network)	**($20 additional premium required)**; $2,000 maximum benefit per year	Included; ($1,500 maximum benefit per year)

Vision Care

Regular eye exams may do more than help maintain your vision. They may also help detect other serious health issues such as diabetes or high blood pressure. SeniorCare Advantage provides coverage for a routine annual exam, plus an annual allowance toward the purchase of contacts, frames and lenses.

Hearing Care

SeniorCare Advantage is committed to helping you get more out of your Medicare coverage. As part of that commitment, we offer members essential hearing services that are not covered by Original Medicare.

To speak to a licensed insurance sales agent, call 1-800-782-5068 (TTY/TDD: 711) or visit advantage.swhp.org for more information.

No-Cost Gym/Fitness Club Membership

To stay fit, you need to stay active. As a SeniorCare Advantage member, you'll receive a no-cost fitness center membership at participating SilverandFit® fitness centers.

Dental Benefits
Something to Smile About

Original Medicare does not cover traditional dental care, but the SeniorCare Advantage PPO Platinum plan features dental benefits for no additional premium. For the SeniorCare Advantage PPO Basic plan, you can add dental benefits anytime during the year for an additional monthly premium.

Dental Benefits (Must use MetLife PDP Plus network)	**Basic**	**Platinum**
Monthly Premium	$20	Included
Yearly Benefit Maximum	$2,000	$1,500
Deductible	$0	$0
Oral Exams, Cleanings (*every 6 months*)	$0	$0
Dental X-rays (*every 3 years*)	$0	$0
Extractions and Fillings	50%	50%
Dentures (*every 5 years*)	50%	50%

Note: Dental benefits cannot be purchased on a stand-alone basis. If you disenroll from SeniorCare Advantage PPO, your dental benefits will end, too.

MetLife

- ***Dental insurance policies are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.***
- ***For additional details on any of the benefits mentioned in these pages, including a full list of exclusions and limitations, please see the Summary of Benefits included in this book and the Evidence of Coverage available at advantage.swhp.org.***

How to enroll

1. Make Sure You Qualify

- You must live in our service area. Check the SeniorCare Advantage service area map located in the Summary of Benefits section to ensure you live in our service area.
- You must be enrolled in Medicare Part B.
- You must be entitled to benefits under Medicare Part A. If you do not have Medicare Part A, you can purchase it from Social Security.

2. Fill Out the Enrollment Form

Complete the information on the SeniorCare Advantage enrollment form included in this guide. Be sure to select your plan choice. Use the information on your Medicare card to fill out the form. DO NOT send in your card; just copy the information onto the enrollment form. Be sure to sign and date the enrollment form. Your signature on the form indicates that you have read and understand the enrollment process. We cannot process your enrollment form without your signature.

3. Mail or Fax It

Place each page of the completed and signed enrollment form into the postage-paid return envelope found in this package or fax the form to 1-254-298-3334. We will process your application and then send you an acknowledgment letter and a welcome kit, detailing how to access your Evidence of Coverage document. We'll also send you a confirmation letter with the effective date of your membership. Your SeniorCare Advantage member ID card will be sent in a separate envelope. For questions about your enrollment, please call 1-866-334-3141 (TTY/TDD: 711).

Prefer to enroll online or by phone?

You can enroll online through our website, advantage.swhp.org. This is a secure website, so any information you provide is kept confidential. Medicare beneficiaries may also enroll in SeniorCare Advantage PPO through the CMS Medicare Online Enrollment Center located at **www.medicare.gov.**

Or, enroll by phone. Call Scott and White Health Plan at 1-800-782-5068 (TTY/TDD: 711).

To speak to a licensed insurance sales agent, call 1-800-782-5068 (TTY/TDD: 711) or visit advantage.swhp.org for more information.

SENIOR*CARE* Advantage PPO — CENTRAL TEXAS

2019 Summary of Benefits

Scott&White HEALTH PLAN | BaylorScott&White HEALTH

H2032_002-003_CTX SB 2019_M _Accepted_9/8/2018

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

Summary of Benefits

January 1, 2019 - December 31, 2019

SeniorCare Advantage PPO is offered by Scott and White Health Plan, through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

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 advantage.swhp.org by October 15, 2018.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what SeniorCare Advantage PPO 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 SeniorCare Advantage PPO

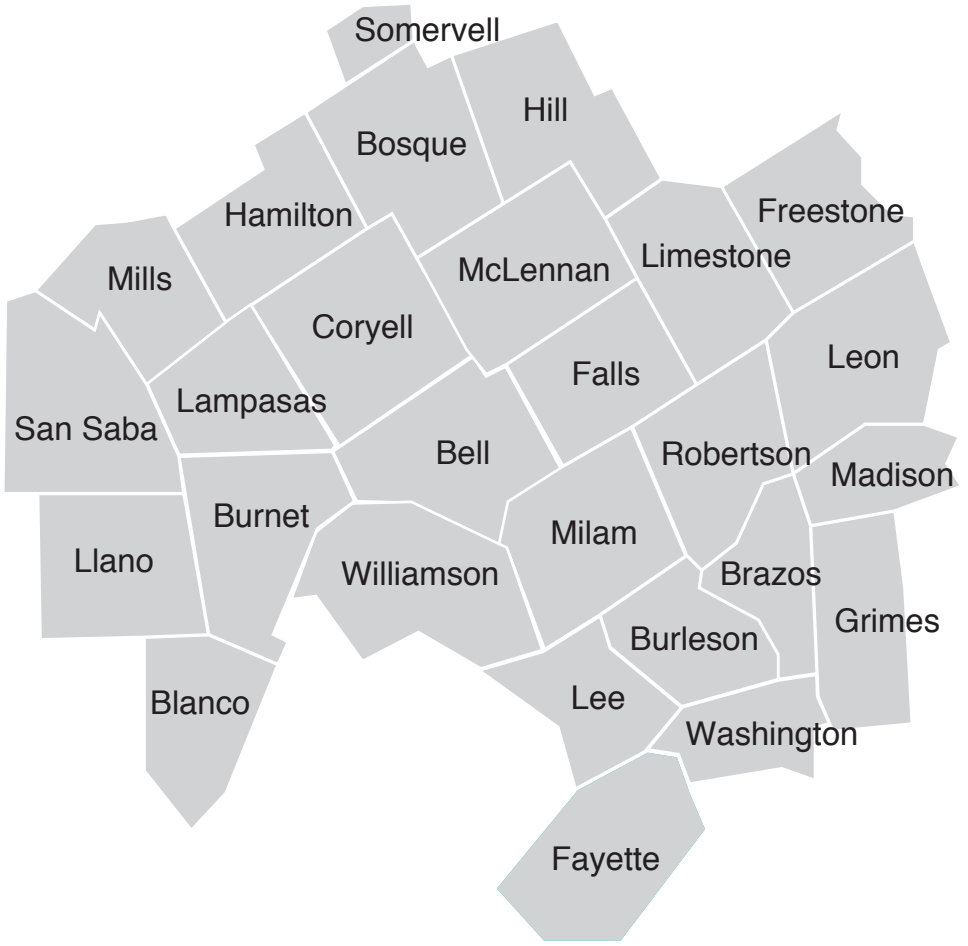
- You can call us 7 a.m. – 8 p.m., seven days a week.
- If you are a member of this plan, call toll free 1-866-334-3141 or TTY 711.
- If you are not a member of this plan, call toll-free 1-800-782-5068 or TTY 711.
- Our website: advantage.swhp.org

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 SeniorCare Advantage PPO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, 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 **Senior*Care* Advantage PPO?**



The counties in the service area are listed below:

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

Which doctors, hospitals, and pharmacies can I use?

SeniorCare Advantage PPO has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at advantage.swhp.org. You may use in- or out-of-network providers.

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.

SeniorCare Advantage PPO 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, advantage.swhp.org.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Monthly Plan Premium	$43 per month. You must continue to pay your Medicare Part B premium.	$150 per month. You must continue to pay your Medicare Part B premium.
Deductible	**In-Network** You pay nothing. **Out-of-Network** You pay $750 for non-Medicare-covered services.	**In-Network** You pay nothing. **Out-of-Network** You pay nothing.
Maximum Out-of-Pocket Responsibility ***(does not include prescription drugs)***	**In-Network** You pay $6,200 annually. **Out-of-Network** You pay $10,000 annually. Maximum out-of-pocket will not exceed $10,000 for in-network and out-of-network services combined.	**In-Network** You pay $3,500 annually. **Out-of-Network** You pay $10,000 annually. Maximum out-of-pocket will not exceed $10,000 for in-network and out-of-network services combined.
Inpatient Hospital Coverage	**In-Network** Days 1-5: You pay $350 copay per day. Days 6-90: You pay nothing. **Out-of-Network** Days 1-5: You pay 35% of the cost. Days 6-90: You pay 35% of the cost.	**In-Network** Days 1-4: You pay $200 copay per day. Days 5-90: You pay nothing. **Out-of-Network** Days 1-5: You pay 25% of the cost. Days 6-90: You pay 25% of the cost.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Outpatient Hospital Coverage		
Ambulatory Surgical Center	**In-Network** You pay $275 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $75 copay. **Out-of-Network** You pay 25% of the cost.
Outpatient Hospital Services	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $100 copay. **Out-of-Network** You pay 25% of the cost.
Doctor Visits		
Primary Care Providers	**In-Network** You pay nothing per visit. **Out-of-Network** You pay 35% of the cost per visit.	**In-Network** You pay nothing per visit. **Out-of-Network** You pay 25% of the cost per visit.
Specialists	**In-Network** You pay $40 copay per visit. **Out-of-Network** You pay 35% of the cost per visit.	**In-Network** You pay $20 copay per visit. **Out-of-Network** You pay 25% of the cost per visit.
Preventive Care	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost per visit.	**In-Network** You pay nothing. **Out-of-Network** You pay 25% of the cost per visit.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Emergency Care	**In-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	**In-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** 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	**In-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	**In-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
Diagnostic Services/Labs/Imaging		
Diagnostic Tests and Procedures	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay nothing. **Out-of-Network** You pay 25% of the cost.
Lab Services	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay nothing. **Out-of-Network** You pay 25% of the cost.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	**In-Network** You pay $75 - $300 copay per visit. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $20 - $200 copay per visit. **Out-of-Network** You pay 25% of the cost.
Outpatient X-rays	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay nothing. **Out-of-Network** You pay 25% of the cost.
Hearing Services		
Medicare-covered Hearing Exam	**In-Network** You pay $40 copay for Medicare covered hearing exam. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $20 copay for Medicare covered hearing exam. **Out-of-Network** You pay 25% of the cost.
Routine Hearing Exam	**In-Network** You pay $40 copay. Limited to 1 visit every year. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $20 copay. Limited to 1 visit every year. **Out-of-Network** You pay 25% of the cost.
Hearing Aids	**In-Network** Hearing aids covered up to $1,000 every three years. **Out-of-Network** Hearing aids covered up to $1,000 every three years.	**In-Network** Hearing aids covered up to $1,000 every three years. **Out-of-Network** Hearing aids covered up to $1,000 every three years.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Dental Services		
Monthly Premium	Covered with additional premium. See "Dental – Optional Supplemental Benefit" below.	Included
Yearly Benefit Maximum		$1,500
Deductible		You pay nothing.
Oral Exams, Cleanings (every six months)		You pay nothing.
Dental X-rays (every three years)		You pay nothing.
Extractions and Fillings		You pay 50% of the cost.
Dentures (every five years)		You pay 50% of the cost.
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	**In-Network** Eyewear covered up to $125 per year. **Out-of-Network** Eyewear covered up to $125 per year.	**In-Network** Eyewear covered up to $125 per year. **Out-of-Network** Eyewear covered up to $125 per year.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Routine Eye Exam	**In-Network** You pay nothing for one routine eye exam per year. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay nothing for one routine eye exam per year. **Out-of-Network** You pay 25% of the cost.
Mental Health Services		
Inpatient Visit	**In-Network** Days 1-5: You pay $318 copay per day. Days 6-90: You pay nothing. **Out-of-Network** You pay 35% of the cost per stay.	**In-Network** Days 1-5: You pay $200 copay per day. Days 6-90: You pay nothing. **Out-of-Network** You pay 25% of the cost per stay.
Outpatient Individual or Group Therapy Visit	**In-Network** You pay $40 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $20 copay. **Out-of-Network** You pay 25% of the cost.
Skilled Nursing Facility (SNF) Care	**In-Network** Days 1-20: You pay nothing. Days 21-100: You pay $167.50 copay per day. **Out-of-Network** Days 1-20: You pay 35% of the cost per day. Days 21 -100: You pay 35% of the cost per day.	**In-Network** Days 1-20: You pay nothing. Days 21-100: You pay $50 copay per day. **Out-of-Network** Days 1-20: You pay 25% of the cost per day. Days 21-100: You pay 25% of the cost per day.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Physical Therapy		
Occupational therapy visit	**In-Network** You pay $25 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $25 copay. **Out-of-Network** You pay 25% of the cost.
Physical therapy and speech and language therapy visit	**In-Network** You pay $25 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $25 copay. **Out-of-Network** You pay 25% of the cost.
Ambulance Services		
Ground Ambulance	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $75 copay. **Out-of-Network** You pay 25% of the cost.
Air Ambulance	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $75 copay. **Out-of-Network** You pay 25% of the cost.
Transportation (additional routine)	**In-Network** Not covered. **Out-of-Network** Not covered.	**In-Network** Not covered. **Out-of-Network** Not covered.
Medicare Part B Prescription Drugs		
Chemotherapy Drugs	**In-Network** You pay 20% of the cost. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay 20% of the cost. **Out-of-Network** You pay 25% of the cost.

Premiums and Benefits	SeniorCare Advantage Basic	SeniorCare Advantage Platinum
Other Part B Drugs	**In-Network** You pay 20% of the cost. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay 20% of the cost. **Out-of-Network** You pay 25% of the cost.
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.
Home Health Care	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay nothing. **Out-of-Network** You pay 25% of the cost.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	**In-Network** You pay $45 copay. **Out-of-Network** You pay 35% of the cost.	**In-Network** You pay $45 copay. **Out-of-Network** You pay 25% of the cost.

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 advantage.swhp.org by October 15, 2018.

Outpatient Prescription Drugs				
	Basic		**Platinum**	
Deductible	$250 Applies to Tiers 3-5.		$0 Applies to all Tiers.	
Initial Coverage (after you pay your deductible, if applicable)	You stay in this stage until your yearly drug costs total $3,820. 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.			
	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 $3 copay.	You pay $6 copay.	You pay nothing.	You pay nothing.
Tier 2 (Generic)	You pay $14 copay.	You pay $28 copay.	You pay $10 copay.	You pay $20 copay.
Tier 3 (Preferred Brand)	You pay $47 copay.	You pay $94 copay.	You pay $40 copay.	You pay $80 copay.
Tier 4 (Non-Preferred)	You pay $99 copay.	You pay $198 copay.	You pay $90 copay.	You pay $180 copay.
Tier 5 (Specialty)	You pay 28% of the cost.	Not Available	You pay 33% of the cost.	Not Available
Coverage Gap	For the Basic plan, after your total drug costs (including what our plan has paid and what you have paid) reach $3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs. For the Platinum plan, after your total drug costs (including what our plan has paid and what you have paid) reach $3,820, you will pay $0 for Tier 1 drugs. For drugs not in Tier 1, you will pay no more than 37% 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 $5,100, you pay the greater of: • 5% coinsurance, or • $3.40 copayment for generic (including brand drugs treated as generic) and a $8.50 copayment for all other drugs.			

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.

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.

Dental – Optional Supplemental Benefit

Dental coverage is an optional supplemental benefit for the SeniorCare Advantage PPO Basic plan, available for an additional $20 per month.

Dental Services	SeniorCare Advantage PPO Basic
Monthly Premium	$20 per month
Yearly Benefit Maximum	$2,000
Deductible	You pay nothing.
Oral Exams, Cleanings (every six months)	You pay nothing.
Dental X-rays (every three years)	You pay nothing.
Extractions and Fillings	You pay 50% of the cost.
Dentures (every five years)	You pay 50% of the cost.

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.

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

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit advantage.swhp.org 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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, 2020.
- ☐ 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).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Scott&White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Language Assistance

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

Spanish:
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711).

Vietnamese:
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-334-3141 (TTY: 711).

Chinese:
注意：如果 使用繁體中文, 可以免費獲得語言援助服務。請致電 1-866-334-3141(TTY：711)。

Korean:
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-334-3141 (TTY: 711) 번으로 전화해 주십시오.

Arabic:
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-334-3141 (رقم هاتف الصم والبكم: 711

Urdu:
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 1-866-334-3141 (TTY: 711) کریں۔

Tagalog:
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-334-3141 (TTY: 711).

French:
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-334-3141 (ATS : 711).

Hindi:
ध्यान दें: यदि आप हिंदी बोलते है तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। 1-866-334-3141 (TTY: 711) पर कॉल करें।

Persian:
1-866-334-3141 تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711)

German:
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-334-3141 (TTY: 711).

Gujarati:
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-334-3141 (TTY: 711).

Russian:
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-334-3141 (телетайп: 711).

Japanese:
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-334-3141 (TTY:711) まで、お電話にてご連絡ください。

Laotian:
ໂປດຊາບ: ຖ້າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍ ລິ ການ ຊ່ ວຍ ເຫ ຼືອ ດ້ ານ ພາສາ, ໂດຍ ບໍ່ ເສ ັ ຽ ຄ ່ າ, ແມ ່ ນ ພ ້ ອມ ໃຫ ້ ທ ່ ານ. ໂທ 1-866-334-3141 (TTY: 711).

Scott&White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

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 1-254-820-8888 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.

SENIORCARE Advantage PPO

Medicare Advantage Prescription Drug Plan (MAPD)

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

This information is not a complete description of benefits. Call 1-866-334-3141 (TTY:711) for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat SeniorCare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You must continue to pay your Medicare Part B premium.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY/TDD: 711).ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY/TDD: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-334-3141 (TTY/TDD: 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân bi ệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Scott&White HEALTH PLAN | BaylorScott&White HEALTH

H2032_002-003_CTX SB 2019_M _Accepted_9/8/2018

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

SENIORCARE ADVANTAGE • PPO

Scott and White Health Plan - H2032

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.

2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Scott and White Health Plan received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for Scott and White Health Plan's health/drug plan services:

Health Plan Services:	Plan too new to be measured
Drug Plan Services:	Plan too new to be measured

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 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).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân bi ệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Thank you for agreeing to meet with a licensed insurance agent who is either employed by or contracted with Scott and White Health Plan. During your meeting, you are not required to enroll in a plan. The sales agent will not automatically enroll you in any plan you may discuss. Your current or future Medicare enrollment status will not be impacted.

Please initial below which type of product(s) you want the agent to discuss.

_____ Medicare Advantage Plans with Part D Prescription Drug Plans

_____ Medicare Advantage Plans without Part D Prescription Drug Plans

_____ Optional Supplemental Dental Insurance Plan

Beneficiary or Authorized Representative signature, phone number and signature date:

_____ (____)_____

Signature | Phone Number | Signature Date

If you are the authorized representative, please sign above and print below:

_____ _____

Representative's Name (printed) | Your Relationship to the Beneficiary

To be completed by Agent:

Beneficiary Name | Beneficiary Phone (optional)

Beneficiary Address (optional)

Initial Method of Contact (indicate if beneficiary was a walk-in)

Where the walk-in took place (i.e., agent's office)

Plan(s) the agent represented during this meeting

Agent Name | Agent Phone

Date Appointment Completed | Agent Writing # or NPN

Agent Signature

Plan Use Only

Scope of Appointment (SOA) documentation is subject to CMS record retention requirements.
Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Plan Descriptions

Medicare Advantage Plans with Part D Prescription Drug Plans

- **Medicare Health Maintenance Organization (HMO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. Except in emergencies, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

- **Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Advantage Plans without Part D Prescription Drug Plans

- **Medicare Health Maintenance Organization (HMO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage but does not include Part D prescription drug coverage. Except in emergencies, you can only get your care from doctors or hospitals in the plan's network.

Optional Supplemental Dental Plan
Plan offers additional benefits for consumers who are looking to cover needs for dental services. This plan is not affiliated or connected to Medicare. It is not a stand-alone dental plan.

Scott and White Health Plan and its subsidiary Insurance Company of Scott and White are Medicare Advantage organizations with Medicare contracts. Scott and White Health Plan offers HMO plans. Insurance Company of Scott and White offers PPO plans. Enrollment in Scott and White Health Plan or Insurance Company of Scott and White depends on contract renewal.

Dental insurance is provided by Metropolitan Life Insurance Company (MetLife). Each insurer has sole financial responsibility for its own products.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Thank you for agreeing to meet with a licensed insurance agent who is either employed by or contracted with Scott and White Health Plan. During your meeting, you are not required to enroll in a plan. The sales agent will not automatically enroll you in any plan you may discuss. Your current or future Medicare enrollment status will not be impacted.

Please initial below which type of product(s) you want the agent to discuss.

_____ Medicare Advantage Plans with Part D Prescription Drug Plans

_____ Medicare Advantage Plans without Part D Prescription Drug Plans

_____ Optional Supplemental Dental Insurance Plan

Beneficiary or Authorized Representative signature, phone number and signature date:

_____ (____)_____

Signature | Phone Number | Signature Date

If you are the authorized representative, please sign above and print below:

_____ _____

Representative's Name (printed) | Your Relationship to the Beneficiary

To be completed by Agent:

Beneficiary Name | Beneficiary Phone (optional)

Beneficiary Address (optional)

Initial Method of Contact (indicate if beneficiary was a walk-in)

Where the walk-in took place (i.e., agent's office)

Plan(s) the agent represented during this meeting

Agent Name | Agent Phone

Date Appointment Completed | Agent Writing # or NPN

Agent Signature

Plan Use Only

Scope of Appointment (SOA) documentation is subject to CMS record retention requirements.
Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Plan Descriptions

Medicare Advantage Plans with Part D Prescription Drug Plans

- **Medicare Health Maintenance Organization (HMO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. Except in emergencies, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

- **Medicare Preferred Provider Organization (PPO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Advantage Plans without Part D Prescription Drug Plans

- **Medicare Health Maintenance Organization (HMO) Plan** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage but does not include Part D prescription drug coverage. Except in emergencies, you can only get your care from doctors or hospitals in the plan's network.

Optional Supplemental Dental Plan
Plan offers additional benefits for consumers who are looking to cover needs for dental services. This plan is not affiliated or connected to Medicare. It is not a stand-alone dental plan.

Scott and White Health Plan and its subsidiary Insurance Company of Scott and White are Medicare Advantage organizations with Medicare contracts. Scott and White Health Plan offers HMO plans. Insurance Company of Scott and White offers PPO plans. Enrollment in Scott and White Health Plan or Insurance Company of Scott and White depends on contract renewal.

Dental insurance is provided by Metropolitan Life Insurance Company (MetLife). Each insurer has sole financial responsibility for its own products.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Scott&White HEALTH PLAN

SENIORCARE ADVANTAGE • PPO

Please contact Scott and White Health Plan if you need information in another language or format.

1 To Enroll in SeniorCare Advantage, Please Provide the Following Information:

Please check which medical plan you want to enroll in:

☐ **SeniorCare Advantage PPO Basic** $43

☐ **SeniorCare Advantage PPO Basic w/Dental** $63

☐ **SeniorCare Advantage PPO Platinum** $150 (includes dental)

LAST Name: FIRST Name: Middle Initial: ☐ Mr. ☐ Mrs. ☐ Ms.

Birth Date: (_ _ / _ _ / _ _ _ _) (M M / D D / Y Y Y Y)	Sex: ☐ M ☐ F	Home Phone Number: ( )	Alternate Phone Number: ( )

Permanent Residence Street Address: (P.O. Box is not allowed)

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address:)

Street Address: City: State: ZIP Code:

Emergency contact: _____

Phone Number: _____ **Relationship to You:** _____

E-mail Address: _____

2 Please Provide Your Medicare Insurance Information:

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

  - OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

_____

Medicare Number_____

Is Entitled To: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

3 Paying Your Plan Premium

You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe, by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Scott and White Health Plan the Part D-IRMAA.

3 Paying Your Plan Premium - continued

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at **www.socialsecurity.gov/prescriptionhelp**.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ Get a monthly bill.

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number:_____

Account type: ☐ Checking ☐ Savings

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

4 Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD) ? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to SeniorCare Advantage? Yes ☐ No ☐
If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:
Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
If "yes," please provide the following information:
Name of Institution: _____
Address & Phone Number of Institution (number and street): _____

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No
If "yes," please provide your Medicaid number: _____

5. Do you or your spouse work? ☐ Yes ☐ No

Please check the box below if you would prefer us to send you information in a language other than English:

☐ Spanish

Please contact Scott and White Health Plan at 1-866-334-3141 if you need information in another format or language than what is listed above. Our office hours are 7 a.m. - 8 p.m., seven days a week.
TTY users should call 711 .

Please Read This Important Information

If you currently have health coverage from an employer or union, joining SeniorCare Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join SeniorCare Advantage. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

5 Please Read and Sign Below:

By completing this enrollment application, I agree to the following:
Scott and White Health Plan is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only a certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

Scott and White Health Plan serves a specific service area. If I move out of the area that Scott and White Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Scott and White Health Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Scott and White Health Plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Scott and White Health Plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Scott and White Health Plan provides refunds for all covered benefits, even if I get services out of-of-network. Services authorized by Scott and White Health Plan and other services contained in my Scott and White Health Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCOTT AND WHITE HEALTH PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Scott and White Health Plan, he/she may be paid based on my enrollment in Scott and White Health Plan.

Release of Information: By joining this Medicare health plan, I acknowledge that Scott and White Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Scott and White Health Plan will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Relationship to Enrollee: _____

Office Use Only:

Agent Name:_____ NPN: _____

Agent Signature: _____Date:_____

Enrollment Period: ☐ IEP ☐ AEP ☐ SEP (type):_____

Effective Date of Coverage: _____

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

You must continue to pay your Part B premium.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711). **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711). **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân bi ệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Name: _____ **Date:** _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.

☐ I recently was released from incarceration. I was released on (insert date) _____.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums)) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I get extra help paying for Medicare prescription drug coverage.

☐ I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.

☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.

☐ I recently left a PACE program on (insert date)_____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.

☐ I am leaving employer or union coverage on (insert date)_____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Scott and White Health Plan at 1-800-782-5068 (TTY users should call 711) to see if you are eligible to enroll. We are open Monday through Friday, 8 a.m. - 5 p.m.

Scott&White HEALTH PLAN

SENIORCARE ADVANTAGE • PPO

Please contact Scott and White Health Plan if you need information in another language or format.

1 To Enroll in SeniorCare Advantage, Please Provide the Following Information:

Please check which medical plan you want to enroll in:

☐ **SeniorCare Advantage PPO Basic** $43

☐ **SeniorCare Advantage PPO Basic w/Dental** $63

☐ **SeniorCare Advantage PPO Platinum** $150 (includes dental)

LAST Name: FIRST Name: Middle Initial: ☐ Mr. ☐ Mrs. ☐ Ms.

Birth Date: (_ _ / _ _ / _ _ _ _) (M M / D D / Y Y Y Y)	Sex: ☐ M ☐ F	Home Phone Number: ( )	Alternate Phone Number: ( )

Permanent Residence Street Address: (P.O. Box is not allowed)

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address:)

Street Address: City: State: ZIP Code:

Emergency contact: _____

Phone Number: _____ **Relationship to You:** _____

E-mail Address: _____

2 Please Provide Your Medicare Insurance Information:

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

  - OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

_____

Medicare Number_____

Is Entitled To: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

3 Paying Your Plan Premium

You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe, by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Scott and White Health Plan the Part D-IRMAA.

3 Paying Your Plan Premium - continued

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at **www.socialsecurity.gov/prescriptionhelp**.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ Get a monthly bill.

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number:_____

Account type: ☐ Checking ☐ Savings

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

4 Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD) ? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to SeniorCare Advantage? Yes ☐ No ☐
If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:
Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
If "yes," please provide the following information:
Name of Institution: _____
Address & Phone Number of Institution (number and street): _____

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No
If "yes," please provide your Medicaid number: _____

5. Do you or your spouse work? ☐ Yes ☐ No

Please check the box below if you would prefer us to send you information in a language other than English:

☐ Spanish

Please contact Scott and White Health Plan at 1-866-334-3141 if you need information in another format or language than what is listed above. Our office hours are 7 a.m. - 8 p.m., seven days a week.
TTY users should call 711 .

Please Read This Important Information

If you currently have health coverage from an employer or union, joining SeniorCare Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join SeniorCare Advantage. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

5 Please Read and Sign Below:

By completing this enrollment application, I agree to the following:
Scott and White Health Plan is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only a certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

Scott and White Health Plan serves a specific service area. If I move out of the area that Scott and White Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Scott and White Health Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Scott and White Health Plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Scott and White Health Plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Scott and White Health Plan provides refunds for all covered benefits, even if I get services out of-of-network. Services authorized by Scott and White Health Plan and other services contained in my Scott and White Health Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCOTT AND WHITE HEALTH PLAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Scott and White Health Plan, he/she may be paid based on my enrollment in Scott and White Health Plan.

Release of Information: By joining this Medicare health plan, I acknowledge that Scott and White Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Scott and White Health Plan will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Relationship to Enrollee: _____

Office Use Only:

Agent Name:_____ NPN: _____

Agent Signature: _____Date:_____

Enrollment Period: ☐ IEP ☐ AEP ☐ SEP (type):_____

Effective Date of Coverage: _____

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

You must continue to pay your Part B premium.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 711). **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 711). **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân bi ệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Name: _____ **Date:** _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.

☐ I recently was released from incarceration. I was released on (insert date) _____.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums)) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I get extra help paying for Medicare prescription drug coverage.

☐ I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.

☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.

☐ I recently left a PACE program on (insert date)_____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.

☐ I am leaving employer or union coverage on (insert date)_____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Scott and White Health Plan at 1-800-782-5068 (TTY users should call 711) to see if you are eligible to enroll. We are open Monday through Friday, 8 a.m. - 5 p.m.

2019 Enrollment Guide — CENTRAL TEXAS

SENIOR*CARE* Advantage PPO

Medicare Advantage Prescription Drug Plan (MAPD)

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal.

This information is not a complete description of benefits. Call 1-866-334-3141 (TTY:711) for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat SeniorCare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You must continue to pay your Medicare Part B premium.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY/TDD: 711).ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY/TDD: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-334-3141 (TTY/TDD: 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân bi ệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Scott&White HEALTH PLAN | BaylorScott&White HEALTH

H2032_CTXPPOPEK_2019_Approved_8/21/2018