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

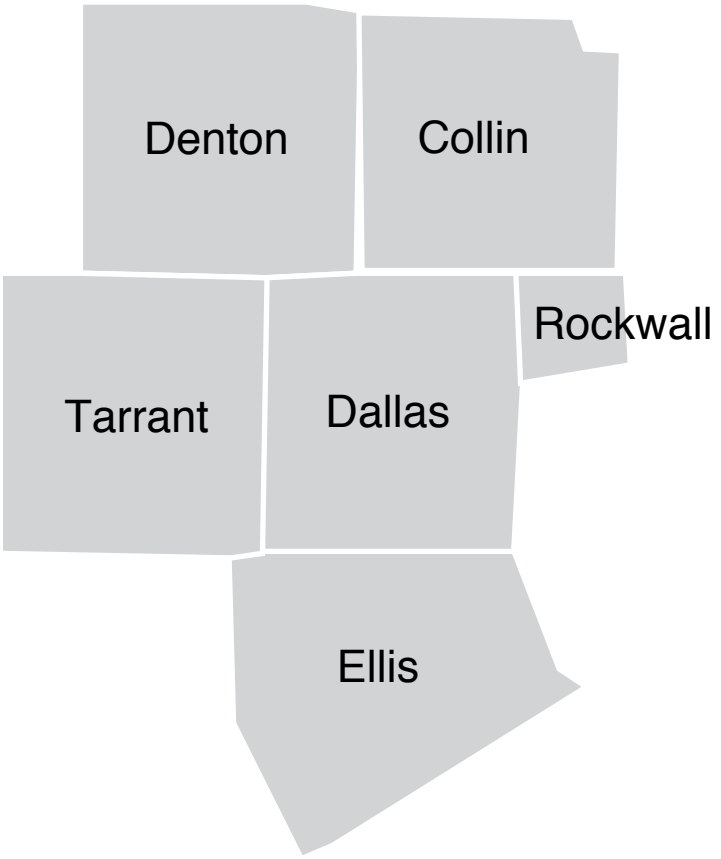
This document is available in other formats such as large print. The document may be available in a non-English language.

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: Collin, Dallas, Denton, Ellis, Rockwall, and Tarrant.

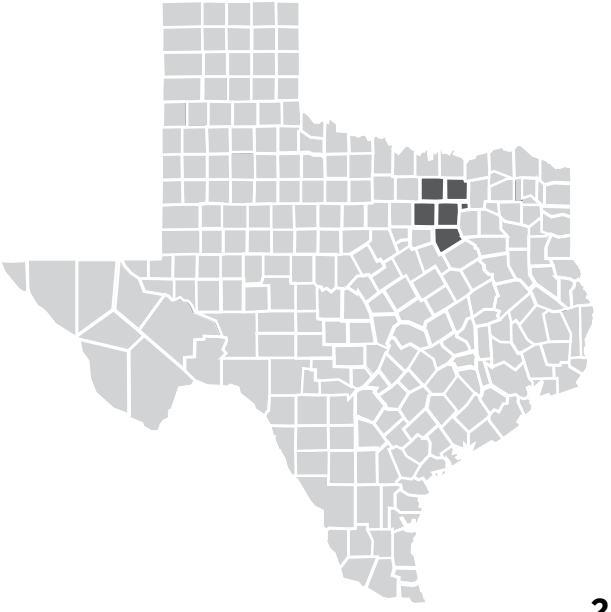
What is the service area for North Texas

Senior*Care* Advantage PPO?



The counties in the service area are listed below:

Collin, Dallas, Denton, Ellis, Rockwall, Tarrant



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
Monthly Plan Premium	$41 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.
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.
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.
Outpatient Hospital Coverage	
Ambulatory Surgical Center	**In-Network** You pay $250 copay. **Out-of-Network** You pay 35% of the cost.
Outpatient Hospital Services	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% of the cost.

Premiums and Benefits	SeniorCare Advantage
Doctor Visits	
Primary Care Providers	**In-Network** You pay nothing per visit. **Out-of-Network** You pay 35% 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.
Preventive Care	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost per visit.
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.
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.

Premiums and Benefits	SeniorCare Advantage
Diagnostic Services/Labs/Imaging	
Diagnostic Tests and Procedures	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost.
Lab Services	**In-Network** You pay nothing. **Out-of-Network** You pay 35% of the cost.
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.
Outpatient X-rays	**In-Network** You pay nothing. **Out-of-Network** You pay 35% 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.
Routine Hearing Exam	**In-Network** You pay nothing. Limited to 1 visit every year. **Out-of-Network** You pay 35% of the cost.

Premiums and Benefits	SeniorCare Advantage
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.
Dental Services	Covered with additional premium. See "Dental – Optional Supplemental Benefit" below.
Vision Services	
Eyewear	**In-Network** Eyewear covered up to $125 per year. **Out-of-Network** Eyewear covered up to $125 per year.
Routine Eye Exam	**In-Network** You pay nothing for one routine eye exam per year. **Out-of-Network** You pay 35% 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.
Outpatient Individual or Group Therapy Visit	**In-Network** You pay $40 copay. **Out-of-Network** You pay 35% of the cost.

Premiums and Benefits	SeniorCare Advantage
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.
Physical Therapy	
Occupational therapy visit	**In-Network** You pay $25 copay. **Out-of-Network** You pay 35% 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.
Ambulance Services	
Ground Ambulance	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% of the cost.
Air Ambulance	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% of the cost.
Transportation (additional routine)	**In-Network** Not covered. **Out-of-Network** Not covered.

Premiums and Benefits	SeniorCare Advantage
Medicare Part B Prescription Drugs	
Chemotherapy Drugs	**In-Network** You pay 20% of the cost. **Out-of-Network** You pay 35% of the cost.
Other Part B Drugs	**In-Network** You pay 20% of the cost. **Out-of-Network** You pay 35% 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.
Home Health Care	**In-Network** You pay nothing. **Out-of-Network** You pay 35% 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.

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		
Deductible	$300 Applies to Tiers 3-5.	
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**
Tier 1 (Preferred Generic)	You pay $4 copay.	You pay $8 copay.
Tier 2 (Generic)	You pay $14 copay.	You pay $28 copay.
Tier 3 (Preferred Brand)	You pay $47 copay.	You pay $94 copay.
Tier 4 (Non-Preferred)	You pay $99 copay.	You pay $198 copay.
Tier 5 (Specialty)	You pay 27% of the cost.	Not Available
Coverage Gap	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 any drug tier during the coverage gap.	
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 plan, available for an additional $20 per month.

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.

Dental Services	SeniorCare Advantage PPO
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.

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.

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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 નઃશુલ્ક 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 ຄ່ າ, ແມ ່ ນ ພ ້ ອມ ໃຫ ້ ທ ່ ານ. ໂທ 1-866-334-3141 (TTY: 711).

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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.