



2020 Enrollment Guide

SENIORCARE ADVANTAGE • PPO



Scott & White
HEALTH PLAN



Part of
Baylor Scott & White
HEALTH

We heard what you wanted in your Medicare plan. It's right here.

Medicare Advantage Prescription Drug Plans (MAPD)

CENTRAL TEXAS

Inside this Guide

Introduction/Enrollment Information

2020 Summary of Benefits

Scope of Appointment Form

Enrollment Application

Medicare Star Rating

Business Reply Mail Envelope

Contact Information at a Glance

Scott and White Health Plan

Sales/To Speak to a Licensed Insurance Agent

1-800-782-5068

TTY: 711

8 a.m.–5 p.m. • Monday – Friday

Fax for Enrollment Applications

254-298-3334

Customer Service

1-866-334-3141

TTY: 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



Part of
Baylor Scott & White
HEALTH

We heard what you wanted in your Medicare plan. It's right here.

A Medicare Advantage plan like SeniorCare Advantage PPO from Scott and White Health Plan can help lower your out-of-pocket healthcare expenses and offer you many bonus benefits not available through Original Medicare.

If you appreciate value, choice and extra benefits for no additional cost, then SeniorCare Advantage may be right for you.

Enjoy access to all Baylor Scott & White physicians and facilities across Central and North Texas

Prescription drug benefits, vision, hearing and fitness benefits included in all plans

Dental benefits included in Platinum plan

This guide highlights the benefits of SeniorCare Advantage PPO and provides the information you need to make an informed decision about your Medicare benefits plan.

Why is SeniorCare Advantage the right choice for your Medicare health plan?

SeniorCare Advantage offers convenience and peace of mind. When you visit Baylor Scott & White Health providers, your doctors collaborate with the health plan to limit redundancies and seamlessly coordinate your healthcare needs and services. Both Baylor Scott & White Health and Scott and White Health Plan:

- Have a strong, impressive history of local service and commitment to our communities
- Integrate the patient and member experience in a way that other carriers can't
- Offer quality programs that improve health and lower costs
- Give you the tools and personal service you need to manage your health





Get the Advantage: **Baylor Scott & White Health**

With a SeniorCare Advantage PPO plan from Scott and White Health Plan, you will have access to the renowned doctors, specialists and facilities of the Baylor Scott & White Health system. Baylor Scott & White Health provides full-range, inpatient, outpatient, rehabilitation and emergency medical services through 50 hospitals and more than 900 clinics and surgery centers. From wellness to acute care and all types of care and services in between, we've got you covered.

How the plan works

As a SeniorCare Advantage member, you have the freedom to visit any Baylor Scott & White Health provider, regardless of where they are located. For your convenience, the SeniorCare Advantage network includes providers beyond Baylor Scott & White Health, as well. Your favorite doctors and specialists are likely in the network. 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 at the time of service. 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 plans. You can see a specialist without a referral.

How do you find a network provider?

Ask your local insurance agent about our provider directories or view "Find a Provider" online at **advantage.swhp.org**.

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 includes Part D prescription drug coverage at no additional cost. |

Self-service tools you can use anywhere, anytime

Scott and White Health Plan offers a variety of self-service options, so you can manage your healthcare at your convenience. Our member portal is accessible through our website at advantage.swhp.org. Through the member portal, you can:

- View, print or order a member ID card
- See an overview of your benefits and track your out-of-pocket maximum
- Monitor your claims and see the Explanation of Benefits for your healthcare services
- And much more

For a fully integrated experience with your Baylor Scott & White Health providers, you can also access the member portal through MyBSWHealth.com or the MyBSWHealth App. Here, you can connect your insurance information with your patient information:

- Pay bills
- Get test results
- And contact your care team

To speak to a licensed insurance sales agent, call 1-800-782-5068 (TTY: 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) | \$36 | \$136 |
| Deductible | \$0 | \$0 |
| Out-of-Pocket Maximum (in-network) | \$6,700 | \$3,500 |
| Primary Care Physician (PCP) Office Visit (or E-Visit) | \$0 copay | \$0 copay |
| Specialist Office Visit | \$40 copay | \$20 copay |
| Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply) | \$0-\$75 copay | \$0-\$20 copay |
| Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology) | \$300 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 | \$4,020 | \$4,020 |
| Deductible | \$250 | \$50 |
| Deductible Applies to: | Tiers 3-5 | Tiers 3-5 |
| Copays During Initial Coverage Period | | |
| Tier 1 – Preferred Generic Drugs | \$3 copay | \$2 copay |
| Tier 2 – Generic Drugs | \$14 copay | \$12 copay |
| Tier 3 – Preferred Brand Drugs | \$47 copay | \$45 copay |
| Tier 4 – Non-Preferred Drugs | \$99 copay | \$95 copay |
| Tier 5 – Specialty Drugs | 28% coinsurance | 32% coinsurance |
| After Initial Coverage Amount – You Pay | | |
| Preferred Generic Drugs | 25% coinsurance | \$4 copay |
| Other Generic Drugs and Brand-Name Drugs | 25% coinsurance | 25% coinsurance |
| Total Out-of-Pocket You Pay Before Catastrophic Coverage | \$6,350 | \$6,350 |
| Catastrophic Coverage Amounts – You Pay | The greater of 5% or \$3.60 for generic drugs (including brand drugs treated as generic) or \$8.95 for all other drugs | |

Affordable prescriptions

Affordable prescription drug benefits are included with three of the SeniorCare Advantage PPO plan options. No additional premium payment is required. When you need to fill a prescription, simply present your member ID card at a network pharmacy. Mail-order service is also available. Many medications are available for a 90-day supply for two copays rather than three copays at retail and mail-order pharmacies.

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.

Visit advantage.swhp.org to view the formulary (drug list) and pharmacy directories.

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.

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



Bonus Benefits

Original Medicare benefits may not be enough to meet your healthcare needs. SeniorCare Advantage not only gives you all the benefits of Original Medicare, like access to doctors and hospitals, but it also includes many bonus benefits to help reduce your out-of-pocket expenses.

Vision, hearing and fitness benefits are included in both SeniorCare Advantage 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) | \$0 copay | \$0 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 | \$20 additional premium required; \$2,000 maximum benefit per year | Included; \$2,000 maximum benefit per year |



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

Dental Benefits

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 any time during the year for an additional monthly premium. **NOTE:** Dental benefits cannot be purchased on a stand-alone basis. If you disenroll from SeniorCare Advantage PPO, your dental benefits will end, too.

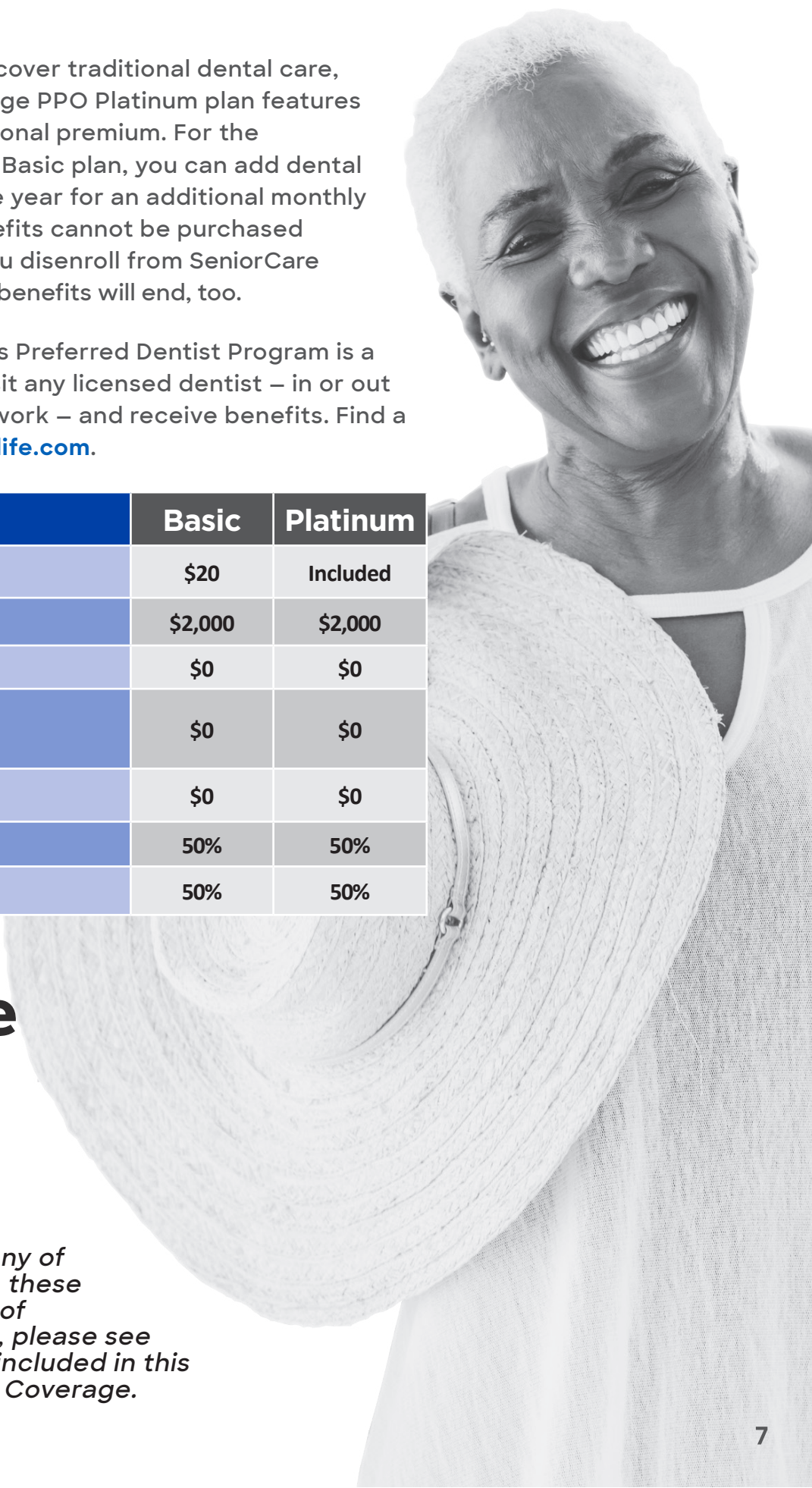
Freedom of choice. MetLife's Preferred Dentist Program is a dental PPO plan. You can visit any licensed dentist – in or out of the MetLife PDP Plus network – and receive benefits. Find a participating dentist at [metlife.com](https://www.metlife.com).

| Dental Benefits | Basic | Platinum |
|---|---------|----------|
| Monthly Premium | \$20 | Included |
| Yearly Benefit Maximum | \$2,000 | \$2,000 |
| 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% |



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.



How to enroll

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.



Enroll online, it's simple.

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: 711).



Or, fill out an enrollment form. (included within this guide)

Select your plan choice at the top of the form. Use the information on your Medicare card to fill out the top portion of 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. Then, be sure to:



Email your application! MedicareEnrollment@bswhealth.org

Or, mail it. Place each page of the completed and signed enrollment form into the postage-paid return envelope included in this guide.

Or, send us a fax. Fax your completed form to 1-254-298-3334.

We will process your application and then send you an acknowledgment letter and a welcome kit, explaining how to access your Evidence of Coverage document. We will 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: 711).



2020 Summary of Benefits

SENIORCARE ADVANTAGE • PPO



Scott & White
HEALTH PLAN



Part of
Baylor Scott & White
HEALTH

**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, 2020 - December 31, 2020

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, 2019.

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

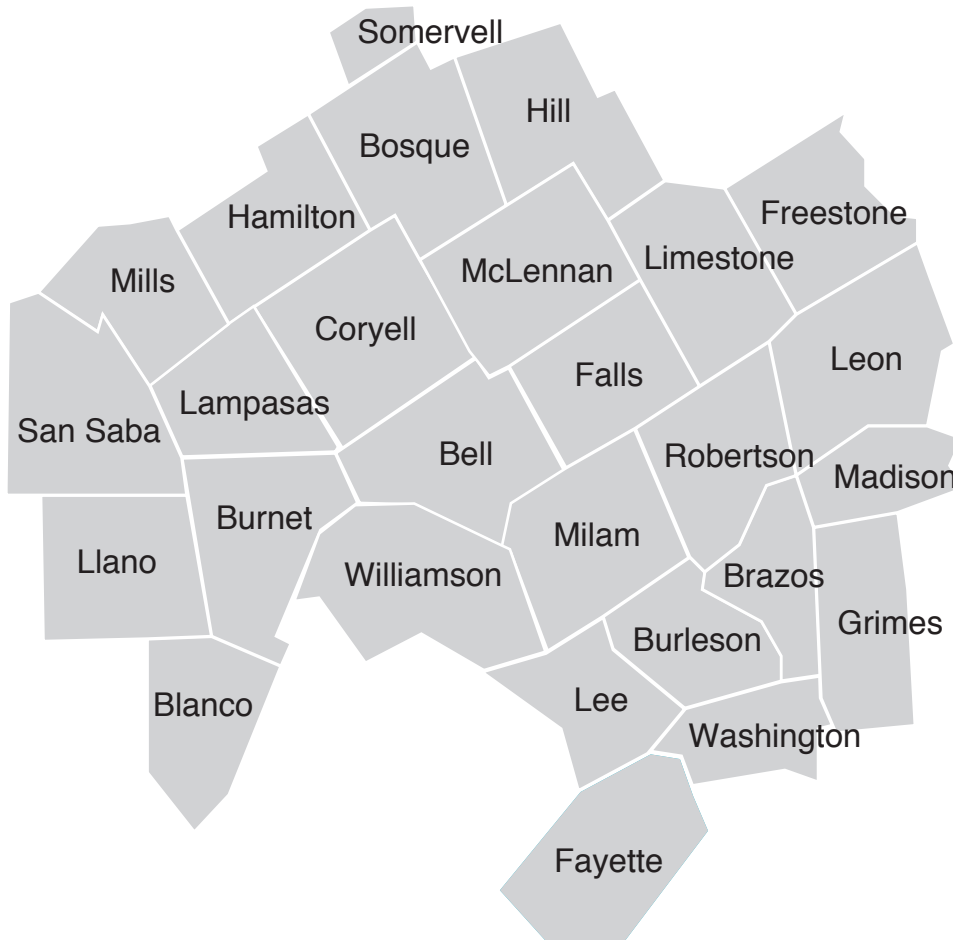
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: advantage.swhp.org

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

Who can join?

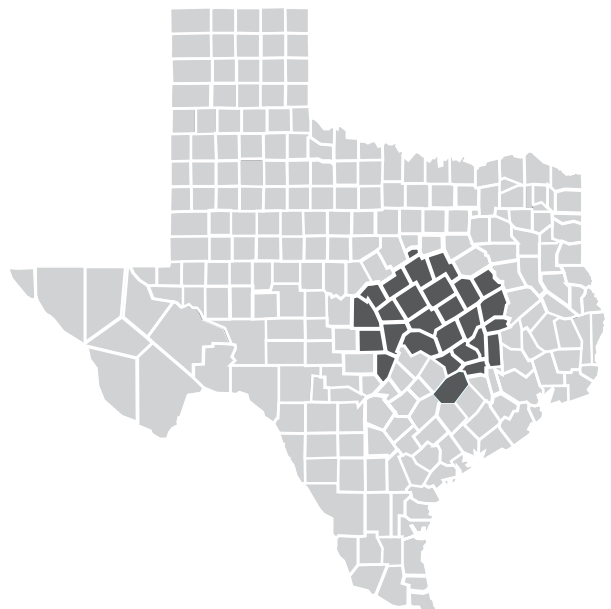
To join SeniorCare Advantage PPO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Somervell, Washington, and Williamson.

What is the service area for Central Texas **SeniorCare 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.

Out-of-network/non-contracted providers are under no obligation to treat SeniorCare Advantage PPO 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.

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 | \$36 per month. You must continue to pay your Medicare Part B premium. | \$136 per month. You must continue to pay your Medicare Part B premium. |
| Deductible | In-Network You pay \$0. Out-of-Network You pay \$750 for Medicare-covered services. | In-Network You pay \$0. Out-of-Network You pay \$0 for Medicare-covered services. |
| Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>) | In-Network You pay \$6,700 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: \$350 copay each day. Days 6 - 90: \$0 copay each day. Out-of-Network Days 1-5: You pay 35% coinsurance. Days 6-90: You pay 35% coinsurance. | In-Network Days 1 - 4: \$200 copay each day. Days 5 - 90: \$0 copay each day. Out-of-Network Days 1-5: You pay 25% coinsurance. Days 6-90: You pay 25% coinsurance. |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|--|---|---|
| Outpatient Hospital Coverage Ambulatory Surgery Center Outpatient Hospital Services | In-Network You pay \$275 copay. Out-of-Network You pay 35% coinsurance. In-Network You pay \$350 copay. Out-of-Network You pay 35% coinsurance. | In-Network You pay \$75 copay. Out-of-Network You pay 25% coinsurance. In-Network You pay \$100 copay. Out-of-Network You pay 25% coinsurance. |
| Doctor Visits Primary Care Providers Specialists | In-Network You pay \$0 copay per visit. Out-of-Network You pay 35% coinsurance per visit. In-Network You pay \$40 copay per visit. Out-of-Network You pay 35% coinsurance per visit. | In-Network You pay \$0 copay per visit. Out-of-Network You pay 25% coinsurance per visit. In-Network You pay \$20 copay per visit. Out-of-Network You pay 25% coinsurance per visit. |
| Preventive Care | In-Network You pay \$0 copay. Out-of-Network You pay 35% coinsurance per visit. | In-Network You pay \$0 copay. Out-of-Network You pay 25% coinsurance per visit. |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|--|---|---|
| Emergency Care | <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> |
| Urgently Needed Services | <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> |
| Diagnostic Services/Labs/Imaging <div>Diagnostic Tests and Procedures</div> <div>Lab Services</div> | <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> | <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 25% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 25% coinsurance.</p> |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|---|---|---|
| <p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p> | <p>In-Network You pay \$75 - \$300 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> | <p>In-Network You pay \$20 - \$200 copay.</p> <p>Out-of-Network You pay 25% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 25% coinsurance.</p> |
| <p>Hearing Services</p> <p>Medicare-covered Hearing Exam</p> <p>Routine Hearing Exam</p> <p>Hearing Aids</p> | <p>In-Network You pay \$40 copay for Medicare-covered hearing exam.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay. Limited to 1 visit every year.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>\$1,000 allowance toward the purchase of hearing aids every three years.</p> | <p>In-Network You pay \$20 copay for Medicare-covered hearing exam.</p> <p>Out-of-Network You pay 25% coinsurance.</p> <p>In-Network You pay \$0 copay. Limited to 1 visit every year.</p> <p>Out-of-Network You pay 25% coinsurance.</p> <p>\$1,000 allowance toward the purchase of hearing aids every three years.</p> |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|---|---|---|
| Dental Services Monthly Premium Yearly Benefit Maximum Deductible Oral Exams, Cleanings (every six months) Dental X-rays (every three years) Extractions and Fillings Dentures (every five years) Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the <i>Evidence of Coverage</i> for full details on the dental benefit. | Covered with additional premium. See “Dental – Optional Supplemental Benefit” below. | Included. \$2,000 every year. You pay \$0. You pay \$0 copay. You pay \$0 copay. You pay 50% coinsurance. You pay 50% coinsurance. |
| Vision Services Eyewear Routine Eye Exam | In-Network and Out-of-Network Combined \$125 allowance toward the purchase of eyewear every year. In-Network You pay \$0 copay for one routine eye exam per year. Out-of-Network You pay 35% coinsurance. | In-Network and Out-of-Network Combined \$125 allowance toward the purchase of eyewear every year. In-Network You pay \$0 copay for one routine eye exam per year. Out-of-Network You pay 25% coinsurance. |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|---|---|---|
| Mental Health Services Inpatient Visit Outpatient Individual or Group Therapy Visit | In-Network Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day. Out-of-Network You pay 35% coinsurance per stay. In-Network You pay \$40 copay. Out-of-Network You pay 35% coinsurance. | In-Network Days 1 - 5: \$200 copay each day. Days 6 - 90: \$0 copay each day. Out-of-Network You pay 25% coinsurance per stay. In-Network You pay \$20 copay. Out-of-Network You pay 25% coinsurance. |
| Skilled Nursing Facility (SNF) Care | In-Network Days 1 - 20: \$0 copay each day. Days 21 - 100: \$167.50 copay each day. Out-of-Network Days 1-20: You pay 35% coinsurance per day. Days 21 -100: You pay 35% coinsurance per day. | In-Network Days 1 - 20: \$0 copay each day. Days 21 - 100: \$50 copay each day. Out-of-Network Days 1-20: You pay 25% coinsurance per day. Days 21-100: You pay 25% coinsurance per day. |
| Physical Therapy Occupational therapy visit Physical therapy and speech and language therapy visit | In-Network You pay \$25 copay. Out-of-Network You pay 35% coinsurance. In-Network You pay \$25 copay. Out-of-Network You pay 35% coinsurance. | In-Network You pay \$25 copay. Out-of-Network You pay 25% coinsurance. In-Network You pay \$25 copay. Out-of-Network You pay 25% coinsurance. |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|---|--|--|
| Ambulance Services Ground Ambulance Air Ambulance | In-Network You pay \$350 copay. Out-of-Network You pay 35% coinsurance. In-Network You pay \$350 copay. Out-of-Network You pay 35% coinsurance. | In-Network You pay \$75 copay. Out-of-Network You pay 25% coinsurance. In-Network You pay \$75 copay. Out-of-Network You pay 25% coinsurance. |
| 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 Other Part B Drugs | In-Network You pay 20% coinsurance. Out-of-Network You pay 35% coinsurance. In-Network You pay 20% coinsurance. Out-of-Network You pay 35% coinsurance. | In-Network You pay 20% coinsurance. Out-of-Network You pay 25% coinsurance. In-Network You pay 20% coinsurance. Out-of-Network You pay 25% coinsurance. |

| Premiums and Benefits | SeniorCare Advantage Basic | SeniorCare Advantage Platinum |
|--|---|---|
| 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 \$0 copay. Out-of-Network You pay 35% coinsurance. | In-Network You pay \$0 copay. Out-of-Network You pay 25% coinsurance. |
| Foot Care (Podiatry Services) Medicare-covered foot exams and treatment. | In-Network You pay \$45 copay. Out-of-Network You pay 35% coinsurance. | In-Network You pay \$45 copay. Out-of-Network You pay 25% coinsurance. |
| Telehealth Services – Primary Care Visit | In-Network You pay \$0 copay. Out-of-Network You pay 35% copayment. | In-Network You pay \$0 copay. Out-of-Network You pay 25% copayment. |
| Opioid Treatment Service | In-Network You pay \$45 copay. Out-of-Network You pay 35% coinsurance. | In-Network You pay \$45 copay. Out-of-Network You pay 25% coinsurance. |

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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, 2019.

| Outpatient Prescription Drugs | | | | |
|--|---|-----------------------------|----------------------------------|-----------------------------|
| | Basic | | Platinum | |
| Deductible | \$250 Applies to Tiers 3 - 5. | | \$50 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 \$4,020. 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. Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 or 90 day supply). | | | |
| | 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. | You pay \$6. | You pay \$2. | You pay \$4. |
| Tier 2 (Generic) | You pay \$14. | You pay \$28. | You pay \$12. | You pay \$24. |
| Tier 3 (Preferred Brand) | You pay \$47. | You pay \$94. | You pay \$45. | You pay \$90. |
| Tier 4 (Non-Preferred) | You pay \$99. | You pay \$198. | You pay \$95. | You pay \$190. |
| Tier 5 (Specialty) | You pay 28%. | Not Available | You pay 32%. | 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 \$4,020, you will pay no more than 25% 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 \$4,020, you will pay \$4 for Tier 1 drugs. For drugs not in Tier 1, you will pay no more than 25% 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 \$6,350, you pay the greater of: <ul style="list-style-type: none">• 5% coinsurance, or• \$3.60 copayment for generic (including brand drugs treated as generic) and a \$8.95 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 Basic |
|--|----------------------------|
| Monthly Premium | \$20 per month |
| Yearly Benefit Maximum | \$2,000 |
| Deductible | You pay \$0. |
| Oral Exams, Cleanings (every six months) | You pay \$0 copay. |
| Dental X-rays (every three years) | You pay \$0 copay. |
| Extractions and Fillings | You pay 50% coinsurance. |
| Dentures (every five years) | You pay 50% coinsurance. |

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 for which 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.

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:

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

Urdu:

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

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 हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-334-3141 (TTY: 711) पर कॉल करें।

Persian:

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

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 નિઃશુલ્ક 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 ງ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການບໍລິການ ອຸປະຕິຮູບ ພາສາ, ໂດຍບໍ່ ເສັ້ນຄ່າ, ແມ່ນ ມີ ອັນໃຫ້ ທ່ານ. ໂທ 1-866-334-3141 (TTY: 711).



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

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

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

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

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

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

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

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

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

2020 Summary of Benefits

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.

You must continue to pay your Medicare Part B premium.

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

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.

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



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

Beneficiary Address

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.

Y0058_Scope of Appointment_M

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



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.

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



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

Beneficiary Address

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.

Y0058_Scope of Appointment_M

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



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.

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.



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

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 \$36**

☐ **SeniorCare Advantage PPO Platinum \$136**
(includes dental)

☐ **SeniorCare Advantage PPO Basic w/Dental \$56**

LAST Name:

FIRST Name:

Middle Initial:

☐ Mr. ☐ Mrs. ☐ Ms.

Birth Date:

(_ _ / _ _ / _ _ _ _)
(MM/DD/YYYY)

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

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay 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.

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.

3

Paying Your Plan Premium - continued

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.

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 or in an accessible format:

☐ Spanish ☐ Large Print

Please contact Scott and White Health Plan at 1-866-334-3141 if you need information in an accessible format or language other 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-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): _____ ☐ Not Eligible

Effective Date of Coverage: _____

You must continue to pay your Part B premium.

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.

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.



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

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 \$36**

☐ **SeniorCare Advantage PPO Platinum \$136**
(includes dental)

☐ **SeniorCare Advantage PPO Basic w/Dental \$56**

LAST Name:

FIRST Name:

Middle Initial:

☐ Mr. ☐ Mrs. ☐ Ms.

Birth Date:

(_ _ / _ _ / _ _ _ _)

(MM/DD/YYYY)

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

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay 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.

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.

3

Paying Your Plan Premium - continued

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.

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 or in an accessible format:

☐ Spanish ☐ Large Print

Please contact Scott and White Health Plan at 1-866-334-3141 if you need information in an accessible format or language other 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.

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-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): _____ ☐ Not Eligible

Effective Date of Coverage: _____

You must continue to pay your Part B premium.

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.

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.



2020 Star Ratings

Scott and White Health Plan - H2032

2020 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 2020, Scott and White Health Plan received the following Overall Star Rating from Medicare.

★★★★
3.5 Stars

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

Health Plan Services: ★★★★★
4.5 Stars

Drug Plan Services: ★★★
3 Stars

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 biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

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.

You must continue to pay your Medicare Part B premium.

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

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.

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.



Part of
 **Baylor Scott & White** HEALTH

H2032_20CTXPPPOPEK-R_M