

Bonus benefits

BSW SeniorCare Advantage includes many bonus benefits to help reduce your out-of-pocket expenses. Vision, hearing and fitness benefits are included for no additional premium. Dental benefits are included with the Platinum plan but may be purchased for an additional premium with the Basic plan.

Bonus Benefits	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 benefits

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%
Restorative Services (every 2 years)	50%	50%

If you are entitled to Medicare Part A, enrolled in Medicare Part B, and are a resident of our 25-county service area in Central Texas, you are eligible to join BSW SeniorCare Advantage PPO.

Enroll today! To speak with a licensed insurance agent and discuss your BSW SeniorCare Advantage options, call:

1.800.782.5068

8 AM - 5 PM CT Monday-Friday

BSW 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 BSW 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 BSW 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.

[advantage.swhp.org](https://www.advantage.swhp.org)

A Medicare plan for a **Better** you.



2021

CENTRAL TEXAS

BSW SENIORCARE
ADVANTAGE • PPO



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Benefit highlights

- \$0 premium, affordable copays and no referrals to see a specialist
- \$0 copays now included for many mail-order prescriptions
- Access to renowned Baylor Scott & White Health providers and other providers across Central and North Texas
- Prescription drug, vision, hearing and fitness benefits included
- Dental benefits included with the Platinum plan and may be purchased for an additional \$20 per month with the Basic plan

Medical Plan Benefits*	Basic ¹	Platinum ²
Monthly Premium	\$37	\$137
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$7,000	\$4,700
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$40 copay	\$20 copay
Telehealth Visit (PCP, SCP, Psychiatry)	\$0 copay	\$0 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 1-6: \$325/day Days 7-90: \$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: \$176/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)	\$325 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	Basic	Platinum
Deductible	\$4,130	\$4,130
Deductible Applies to:	\$250	\$50
	Tiers 3-5	Tiers 3-5
Retail 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
Mail-Order Copays	Tiers 1 - 2 are \$0 copay; Tiers 3 - 4 are 2 copays for a 90-day supply	

After Initial Coverage Amount - You Pay

Preferred Generic Drugs	25% coinsurance	25% coinsurance
Other Generic Drugs	25% coinsurance	25% coinsurance
Brand-Name Drugs	25% coinsurance	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$6,550	\$6,550
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$3.70 for generic drugs (including brand drugs treated as generic) or \$9.20 for all other drugs	

There is no deductible for BSW SeniorCare Advantage for select insulins. Your out-of-pocket costs for select insulins will be \$35 during the deductible and initial coverage phase. BSW SeniorCare Advantage also offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will also be \$35.

*This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at advantage.swhp.org. ¹To help maximize BSW 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. ²To help maximize BSW 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.