

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

# 2021 Enrollment Guide

CENTRAL TEXAS

**BSW SENIORCARE**  
ADVANTAGE • PPO



Scott & White  
HEALTH PLAN



Part of  
**Baylor Scott & White**  
HEALTH

## Contact information



Sales/A Licensed  
Insurance Agent

**1.800.782.5068**

TTY: 711

8 AM – 5 PM

Monday – Friday



Enroll online

**advantage.swhp.org**



Mail Completed

Enrollment Applications

**Scott and White Health Plan  
Attention:**

**Enrollment Department**

**1206 W. Campus Drive**

**Temple, TX 76502**



Fax Completed

Enrollment Applications

**1.254.298.3334**



Customer Service

**1.866.334.3141**

TTY: 711

7 AM – 8 PM

7 days a week

## Inside this guide

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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.



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

A Medicare Advantage plan like **BSW 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 at no additional cost, BSW SeniorCare Advantage may be right for you.



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



**Prescription drug, vision, hearing and fitness benefits included in both plans.**



**Dental benefits included in the Platinum plan and available in the Basic Plan.**

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

## A comprehensive healthcare experience

As a BSW SeniorCare Advantage member, you have the freedom to visit any Baylor Scott & White Health provider, regardless of where they are located. Baylor Scott & White Health provides a full range of inpatient, outpatient, rehabilitation, and emergency medical services through 50 hospitals and more than 900 clinics and surgery centers.\*

For your convenience, the BSW SeniorCare Advantage network also includes providers beyond Baylor Scott & White Health. This gives you access to 2,500 primary care physicians, 14,500 specialists, and 184 facilities across North and Central Texas.

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

## How the plan works

To maximize your BSW 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?

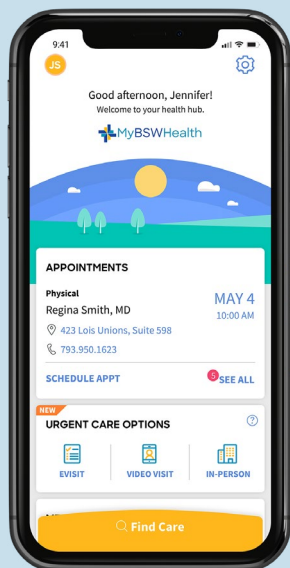
**No.** You do not have to select a PCP to direct your care with BSW SeniorCare Advantage PPO plans. You can see a specialist without a referral.

## 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](https://advantage.swhp.org).

## Self-service tools ensure **Better** access anywhere, anytime

Using the MyBSWHealth app, members can access their healthcare and health insurance information in one secure portal, 24 hours a day, seven days a week.



### Members can:

- Find a provider
- Schedule appointments and access virtual care
- Message with their provider
- Access a digital copy of their insurance ID card
- View test results
- Review and pay bills
- Reorder and manage prescriptions at BSWH pharmacies
- View claims and payments toward their out-of-pocket maximum

## How Medicare works



### **Medicare Part A** *Hospital Insurance*

Generally helps cover services provided by hospitals (for inpatient services, skilled nursing facilities, or home health agencies).



### **Medicare Part B** *Medical Insurance*

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*

Medicare Advantage plans, like BSW 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** *Prescription Drug Coverage*

The part of Medicare that provides outpatient prescription drug coverage. BSW SeniorCare Advantage PPO plans include Part D prescription drug coverage at no additional cost.

## Virtual care with MyBSWHealth

With MyBSWHealth, members can receive care from the comfort of their home or anywhere in Texas and have a prescription called in to the pharmacy of their choice. No copay required.

### **Conduct an eVisit for common medical conditions and get care fast:**

- Complete an online interview about symptoms; it takes only 5-10 minutes
- Receive a response from a Baylor Scott & White Health provider within one hour

### **Schedule a same-day Video Visit with a provider, face-to-face:**

- Schedule an appointment
- Talk with a Baylor Scott & White Health provider live about symptoms
- Visits are quick: just 10-15 minutes



**Clinicians are available seven days a week, 8 AM - 8 PM CT.**

**Get the MyBSWHealth app**



## BSW SeniorCare Advantage PPO - Central Texas - Effective January 1, 2021

Medical Plan Benefits*	Basic <sup>1</sup>	Platinum <sup>2</sup>
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 Services)	\$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

<sup>1</sup>To 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.<sup>2</sup> To 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.

\* 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.

Prescription Drug Benefits	Basic	Platinum
Initial Coverage Amount	\$4,130	\$4,130
Deductible	\$250	\$50
Deductible Applies to:	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.



## Affordable prescriptions

Affordable prescription drug benefits are included with both BSW 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. Tier 1 and Tier 2 prescription drugs are available for a \$0 copay; Tier 3 and Tier 4 prescription drugs are available for two copays rather than three for a 90-day supply.

For your health and safety, Medicare Advantage plans may have additional requirements or limits on prescription drug coverage, including:

- **Prior authorization:** BSW 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](https://advantage.swhp.org) to view the formulary (drug list) and pharmacy directories.



## BSW SeniorCare Advantage bonus benefits

Original Medicare benefits may not be enough to meet your healthcare needs. BSW 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 BSW SeniorCare Advantage PPO plans, for no additional premium. Dental benefits are included with the Platinum plan and are available for an additional \$20 per month 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

Original Medicare does not cover traditional dental care, but the BSW SeniorCare Advantage PPO Platinum plan features dental benefits for no additional premium. For the BSW 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 BSW 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%
Restorative Services (every 2 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 BSW 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.

**advantage.swhp.org**

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



### Or, enroll by phone.

**1.800.782.5068/TTY: 711**

8 AM - 5 PM Monday - Friday



### Or, fill out an enrollment application. *(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 either:



**Email your application:** MedicareEnrollment@BSWHealth.org



**Or mail your application:** Place each page of the completed and signed enrollment form into the postage-paid return envelope included in this guide.



**Or fax us your application:** 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 BSW SeniorCare Advantage member ID card will be sent in a separate envelope.

**Questions about enrollment? 1.800.782.5068/TTY: 711**

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

# 2021 Summary of Benefits

CENTRAL TEXAS

**BSW 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  
BSW SeniorCare Advantage PPO plan, offered by Scott and White Health Plan.**

**Summary of Benefits**

**January 1, 2021 - December 31, 2021**

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.

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](https://www.advantage.swhp.org) by October 15, 2020.

**Tips for comparing your Medicare choices**

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

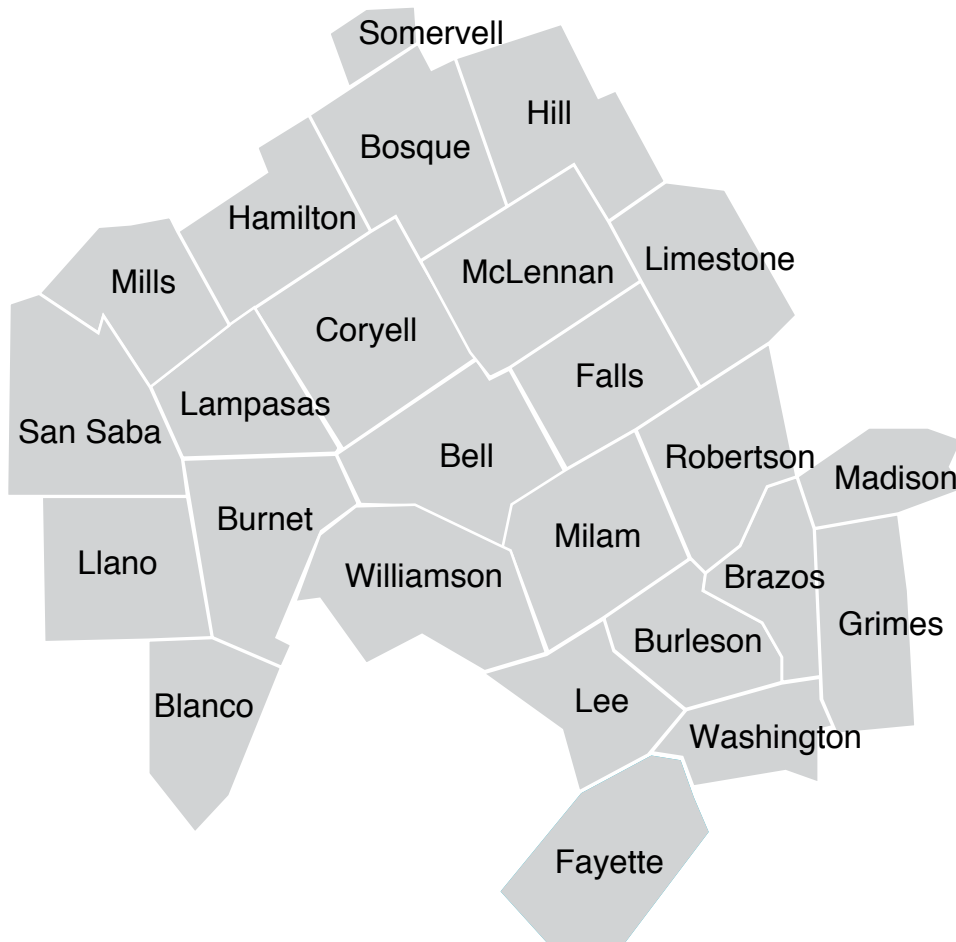
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [advantage.swhp.org](https://www.advantage.swhp.org)

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

**Who can join?**

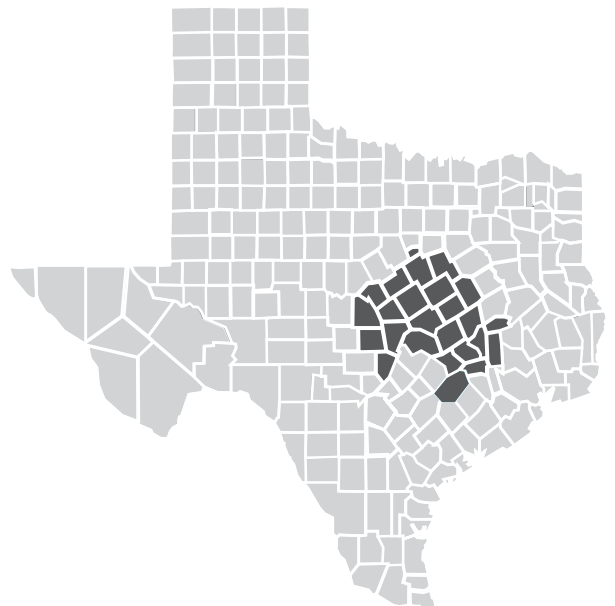
To join BSW SeniorCare Advantage PPO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Grimes, Hamilton, Hill, Lampasas, Lee, Limestone, Llano, McLennan,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

# What is the service area for Central Texas **BSW SeniorCare Advantage PPO?**



**The counties in the service area  
are listed below:**

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



## **Which doctors, hospitals, and pharmacies can I use?**

BSW 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](http://advantage.swhp.org). You may use in- or out-of-network providers.

Out-of-network/non-contracted providers are under no obligation to treat BSW 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.

BSW 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](http://advantage.swhp.org).

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<b>Monthly Plan Premium</b>	\$37 per month. You must continue to pay your Medicare Part B premium.	\$137 per month. You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	<b>In-Network</b> You pay \$0.  <b>Out-of-Network</b> You pay \$750 for Medicare-covered services.	<b>In-Network</b> You pay \$0.  <b>Out-of-Network</b> You pay \$0 for Medicare-covered services.
<b>Maximum Out-of-Pocket Responsibility</b> ( <i>does not include prescription drugs</i> )	<b>In-Network</b> You pay \$7,000 annually.  <b>Out-of-Network</b> You pay \$10,000 annually. Maximum out-of-pocket will not exceed \$10,000 for in-network and out-of-network services combined.	<b>In-Network</b> You pay \$4,700 annually.  <b>Out-of-Network</b> You pay \$10,000 annually. Maximum out-of-pocket will not exceed \$10,000 for in-network and out-of-network services combined.
<b>Inpatient Hospital</b>	<b>In-Network</b> Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.  <b>Out-of-Network</b> Days 1-6: You pay 35% coinsurance. Days 7-90: You pay 35% coinsurance.	<b>In-Network</b> Days 1 - 4: \$200 copay each day. Days 5 - 90: \$0 copay each day.  <b>Out-of-Network</b> Days 1-5: You pay 25% coinsurance. Days 6-90: You pay 25% coinsurance.

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

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<b>Emergency Care</b>	<b>In-Network</b> You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.  <b>Out-of-Network</b> You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	<b>In-Network</b> You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.  <b>Out-of-Network</b> You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
<b>Urgently Needed Services</b>	<b>In-Network</b> You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.  <b>Out-of-Network</b> You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	<b>In-Network</b> You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.  <b>Out-of-Network</b> You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
<b>Diagnostic Services/Labs/Imaging</b>  Diagnostic Tests and Procedures          Lab Services	<b>In-Network</b> You pay \$0 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.  <b>In-Network</b> You pay \$0 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$0 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.  <b>In-Network</b> You pay \$0 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.

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

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<b>Dental Services</b>  Monthly Premium  Yearly Benefit Maximum  Deductible  Oral Exams, Cleanings (every six months)  Dental X-rays (every three years)  Restorative Services (every two 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  You pay \$0.  You pay \$0 copay.  You pay \$0 copay.  You pay 50% coinsurance.  You pay 50% coinsurance.  You pay 50% coinsurance.
<b>Vision Services</b>  Eyewear	<b>In-Network and Out-of-Network Combined</b> \$125 allowance toward the purchase of eyewear every year.	<b>In-Network and Out-of-Network Combined</b> \$125 allowance toward the purchase of eyewear every year.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<b>Vision Services (continued)</b>  Routine Eye Exam	<b>In-Network</b> You pay \$0 copay for one routine eye exam per year.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$0 copay for one routine eye exam per year.  <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Mental Health Services</b>  Inpatient Visit         Outpatient Individual or Group Therapy Visit	<b>In-Network</b> Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.  <b>Out-of-Network</b> You pay 35% coinsurance per stay.  <b>In-Network</b> You pay \$40 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> Days 1 - 5: \$200 copay each day. Days 6 - 90: \$0 copay each day  <b>Out-of-Network</b> You pay 25% coinsurance per stay.  <b>In-Network</b> You pay \$20 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Skilled Nursing Facility (SNF) Care</b>	<b>In-Network</b> Days 1 - 20: \$0 copay each day. Days 21 - 100: \$176 copay each day.  <b>Out-of-Network</b> Days 1-20: You pay 35% coinsurance per day. Days 21 -100: You pay 35% coinsurance per day.	<b>In-Network</b> Days 1 - 20: \$0 copay each day. Days 21 - 100: \$50 copay each day.  <b>Out-of-Network</b> Days 1-20: You pay 25% coinsurance per day. Days 21-100: You pay 25% coinsurance per day.

<b>Premiums and Benefits</b>	<b>BSW SeniorCare Advantage Basic</b>	<b>BSW SeniorCare Advantage Platinum</b>
<b>Physical Therapy</b>  Occupational therapy visit      Physical therapy and speech and language therapy visit	<b>In-Network</b> You pay \$25 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.  <b>In-Network</b> You pay \$25 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$25 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.  <b>In-Network</b> You pay \$25 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Ambulance Services</b>  Ground Ambulance      Air Ambulance	<b>In-Network</b> You pay \$325 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.  <b>In-Network</b> You pay \$325 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$75 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.  <b>In-Network</b> You pay \$75 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Transportation (additional routine)</b>	<b>In-Network</b> Not covered.  <b>Out-of-Network</b> Not covered.	<b>In-Network</b> Not covered.  <b>Out-of-Network</b> Not covered.
<b>Medicare Part B Prescription Drugs</b>  Chemotherapy Drugs	<b>In-Network</b> You pay 20% coinsurance.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay 20% coinsurance.  <b>Out-of-Network</b> You pay 25% coinsurance.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<b>Medicare Part B Prescription Drugs (continued)</b>  Other Part B Drugs	<b>In-Network</b> You pay 20% coinsurance. <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay 20% coinsurance. <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Wellness Program (e.g. fitness)</b>	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.
<b>Home Health Care</b>	<b>In-Network</b> You pay \$0 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$0 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Foot Care (Podiatry Services)</b>  Medicare-covered foot exams and treatment	<b>In-Network</b> You pay \$45 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$45 copay.  <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services</b>	<b>In-Network</b> You pay \$0 copay. <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$0 copay. <b>Out-of-Network</b> You pay 25% coinsurance.
<b>Opioid Treatment Service</b>	<b>In-Network</b> You pay \$45 copay.  <b>Out-of-Network</b> You pay 35% coinsurance.	<b>In-Network</b> You pay \$45 copay.  <b>Out-of-Network</b> 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](http://advantage.swhp.org) by October 15, 2020.

Outpatient Prescription Drugs				
	Basic		Platinum	
Deductible	\$250 Applies to Tier 3, Tier 4, and Tier 5.		\$50 Applies to Tier 3, Tier 4, and Tier 5.	
Initial Coverage (after you pay your deductible, if applicable)	You stay in this stage until your yearly drug costs total \$4,130. 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 \$0.	You pay \$2.	You pay \$0.
Tier 2 (Generic)	You pay \$14.	You pay \$0.	You pay \$12.	You pay \$0.
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.
Part D Senior Savings Model	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 stage. 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.			
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,130, 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 \$6,550, you pay the greater of: <ul style="list-style-type: none"><li>• 5% coinsurance, or</li><li>• \$3.70 copayment for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.</li></ul>			

## 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 BSW SeniorCare Advantage PPO Basic plan, available for an additional \$20 per month.

Dental Services	BSW SeniorCare Advantage PPO 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.
Restorative Dental (every two years)	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](http://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, 2021.
- ☐ 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.

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.

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.

# 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.

## INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN

### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans. Visit [Medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

### Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

### What happens next?

Send your completed and signed form to:  
Scott and White Health Plan  
1206 W. Campus  
Temple, TX 76502

Once they process your request to join, they'll contact you.

### How do I get help with this form?

Call Scott and White Health Plan at 1-800-782-5068. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a Scott and White Health Plan al 1-800-782-5068/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

**Section 1 – All fields on this page are required (unless marked optional)**

Select the plan you want to join:

**Without Dental**

☐ BSW SeniorCare Advantage PPO Basic  
without Dental **\$37**

**With Dental**

☐ BSW SeniorCare Advantage PPO Basic **\$57**  
☐ BSW SeniorCare Advantage PPO Platinum **\$137**

FIRST Name: LAST Name: Optional: Middle Initial:

Birth Date: (MM/DD/YYYY)  
( \_ \_ / \_ \_ / \_ \_ \_ \_ ) Sex: ☐ Male ☐ Female Phone Number:  
( \_ \_ \_ ) \_ \_ \_

Permanent residence street address (Don't enter a PO Box):

City: Optional: County: State: ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed)

Street Address: City: State: ZIP Code:

**Your Medicare information:**

**Medicare Number:**

\_ \_ \_ - \_ \_ - \_ \_ \_

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to  
BSW SeniorCare Advantage? ☐ Yes ☐ No

Name of other coverage: Member number for this coverage: Group number for this coverage:

\_\_\_\_\_

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in BSW SeniorCare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that BSW SeniorCare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my BSW SeniorCare Advantage coverage begins, I must get all of my medical and prescription drug benefits from BSW SeniorCare Advantage. Benefits and services provided by BSW SeniorCare Advantage and contained in my BSW SeniorCare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BSW SeniorCare Advantage will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

**Signature:**

**Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name: Address:

Phone number: Relationship to enrollee:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 - All fields on this page are optional

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Large print

Please contact Scott and White Health Plan at 1-866-334-3141 if you need information in an accessible format other than what's listed above. Our office hours are 7 AM to 8 PM seven days a week. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

### Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe)

☐ By mail; 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

**You can also choose to pay your premium by having it automatically taken out of your**

☐ **Social Security or** ☐ **Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Scott and White Health Plan the Part D-IRMAA.

### Office Use Only:

Agent Name: \_\_\_\_\_ NPN: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Period:** ☐ IEP ☐ AEP ☐ SEP (type): \_\_\_\_\_ ☐ **Not Eligible**

Effective Date of Coverage: \_\_\_\_\_

### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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 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 AM - 5 PM.

## 2021 Star Ratings

### Scott and White Health Plan - H2032

#### 2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. 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 Ratings that focus 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 2021, Scott and White Health Plan received the following Overall Star Rating from Medicare.

★★★★★  
4 Stars

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

Health Plan Services: ★★★★★  
4.5 Stars

Drug Plan Services: ★★★★★  
3.5 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](http://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.

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.

## Our mission

Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

**Learn more today!**

[MySWHPGuide.com](http://MySWHPGuide.com)



Scott & White  
HEALTH PLAN



*Part of*  
**Baylor Scott & White**  
HEALTH

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.