

## 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.

Bonus Benefits	
Routine Eye Exam (one per year; must use a Superior Vision provider)	\$0 copay
Eyewear (must use a Superior Vision provider)	\$125 annual allowance toward purchase
Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids	\$1,000 allowance toward purchase every 3 years
Gym/Fitness Club Membership (at participating Silver&Fit locations)	\$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	
Monthly Premium	\$20
Yearly Benefit Maximum	\$2,000
Deductible	\$0
Oral Exams, Cleanings (every 6 months)	\$0
Dental X-rays (every 3 years)	\$0
Extractions and Fillings	50%
Dentures (every 5 years)	50%
Restorative Services (every 2 years)	50%

If you are entitled to Medicare Part A, enrolled in Medicare Part B, and are a resident of Collin, Dallas, Denton, Ellis, Rockwall or Tarrant county, 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://advantage.swhp.org)

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



2021

NORTH TEXAS

**BSW SENIORCARE**  
ADVANTAGE • PPO



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- Low premium and affordable copays
- No referrals to see a specialist
- Access to renowned Baylor Scott & White Health providers and other providers across North and Central Texas
- Prescription drug, vision, hearing and fitness benefits included
- \$0 copays now included for many mail-order prescriptions
- Dental benefits available for an additional \$20 per month

Medical Plan Benefits*	Network Cost Sharing**	
Monthly Premium (must continue to pay Medicare Part B premium)	\$37	
Deductible	\$0	
Out-of-Pocket Maximum (in-network)	\$6,900	
Primary Care Physician (PCP) Office Visit	\$0 copay	
Specialty Care Physician (SCP) Office Visit	\$40 copay	
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay	
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay	
Physical/Occupational/Speech Therapy (per visit)	\$25 copay	
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day	
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day	
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$176/day	
Outpatient Surgery (facility)	\$350 copay	
Ambulatory Surgical Center (facility)	\$250 copay	
Ambulance (U.S. only)	\$325 copay	
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$90 copay	
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay	
Durable Medical Equipment (DME)	20% coinsurance	
Prescription Drug Benefits		
Initial Coverage Amount	\$4,130	
Deductible	\$300	
Deductible Applies to:	Tiers 3-5	
Copays During Initial Coverage Period	Retail	Mail Order
Tier 1 - Preferred Generic Drugs	\$4 copay	\$0 copay
Tier 2 - Generic Drugs	\$14 copay	\$0 copay
Tier 3 - Preferred Brand Drugs	\$47 copay	\$94 copay (90-day supply)
Tier 4 - Non-Preferred Drugs	\$99 copay	\$198 copay (90-day supply)
Tier 5 - Specialty Drugs	27% coinsurance (30-day supply)	
After Initial Coverage Amount - You Pay		
Preferred Generic Drugs	25% coinsurance	
Other Generic Drugs	25% coinsurance	
Brand-Name Drugs	25% coinsurance	
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$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](http://advantage.swhp.org) \*\*To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing is 35%. There is a \$750 deductible and \$10,000 out-of-pocket maximum for services received out-of-network.