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

2021 Summary of Benefits

CENTRAL TEXAS

BSW SENIORCARE

ADVANTAGE • PPO

Scott&White HEALTH PLAN | *Part of* BaylorScott&White HEALTH

H2032_002-003CTXSB2021_M

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 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

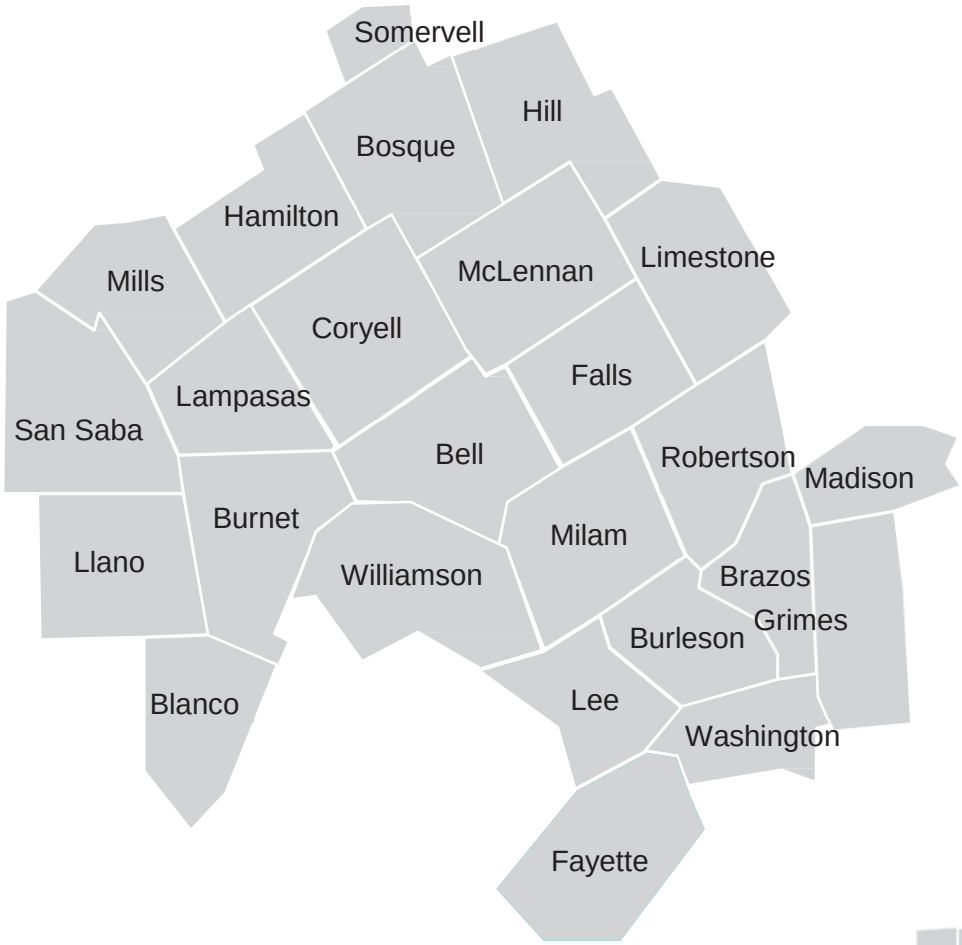
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: advantage.swhp.org

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 Senior*Care* Advantage PPO?**



The counties in the service area are listed below:

Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Grimes, Hamilton, Hill, Lampasas, 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. 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.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Monthly Plan Premium	$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.
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 ***(does not include prescription drugs)***	**In-Network** You pay $7,000 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 $4,700 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.
Inpatient Hospital	**In-Network** Days 1 - 6: $325 copay each day. Days 7 - 90: $0 copay each day. **Out-of-Network** Days 1-6: You pay 35% coinsurance. Days 7-90: 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	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Outpatient Hospital		
Ambulatory Surgery Center	**In-Network** You pay $275 copay. **Out-of-Network** You pay 35% coinsurance.	**In-Network** You pay $75 copay. **Out-of-Network** You pay 25% coinsurance.
Outpatient Hospital Services	**In-Network** You pay $350 copay. **Out-of-Network** You pay 35% coinsurance.	**In-Network** You pay $100 copay. **Out-of-Network** You pay 25% coinsurance.
Doctor Visits		
Primary Care Providers	**In-Network** You pay $0 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.
Specialists	**In-Network** You pay $40 copay per visit. **Out-of-Network** You pay 35% 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	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Emergency Care	**In-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	**In-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
Urgently Needed Services	**In-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	**In-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. **Out-of-Network** You pay $50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
Diagnostic Services/Labs/Imaging		
Diagnostic Tests and Procedures	**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.
Lab Services	**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.

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

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Dental Services		
Monthly Premium	Covered with additional premium. See "Dental – Optional Supplemental Benefit" below.	Included.
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.
Restorative Services (every two years)		You pay 50% coinsurance.
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.		
Vision Services		
Eyewear	**In-Network and Out-of-Network Combined** $125 allowance toward the purchase of eyewear every year.	**In-Network and Out-of-Network Combined** $125 allowance toward the purchase of eyewear every year.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Vision Services (continued)		
Routine Eye Exam	**In-Network** You pay $0 copay for one routine eye exam per year. **Out-of-Network** You pay 35% coinsurance.	**In-Network** You pay $0 copay for one routine eye exam per year. **Out-of-Network** You pay 25% coinsurance.
Mental Health Services		
Inpatient 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** Days 1 - 5: $200 copay each day. Days 6 - 90: $0 copay each day **Out-of-Network** You pay 25% coinsurance per stay.
Outpatient Individual or Group Therapy Visit	**In-Network** You pay $40 copay. **Out-of-Network** You pay 35% coinsurance.	**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: $176 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.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Physical Therapy		
Occupational 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 25% coinsurance.
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 25% coinsurance.
Ambulance Services		
Ground Ambulance	**In-Network** You pay $325 copay. **Out-of-Network** You pay 35% coinsurance.	**In-Network** You pay $75 copay. **Out-of-Network** You pay 25% coinsurance.
Air Ambulance	**In-Network** You pay $325 copay. **Out-of-Network** You pay 35% 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	**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.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Medicare Part B Prescription Drugs (continued) 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 25% coinsurance.
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 – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services	**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.
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, 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: • 5% coinsurance, or • $3.70 copayment for generic (including brand drugs treated as generic) and a $9.20 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 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 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.

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

SENIORCARE ADVANTAGE • PPO

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.

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

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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.

H2032_002-003CTXSB2021_M