

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

2021 Enrollment Guide

CENTRAL TEXAS

BSW SENIORCARE
ADVANTAGE • HMO



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

Introduction/Enrollment Information

2021 Summary of Benefits

Scope of Appointment Form

Enrollment Application

Medicare Star Rating

Business Reply Mail Envelope

BSW SeniorCare Advantage HMO plans are provided by Scott and White Health Plan, 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 HMO** 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.



Plans available with or without prescription drug benefits.



Vision, hearing, dental and fitness benefits included in all plans.

This guide highlights the benefits of BSW SeniorCare Advantage HMO 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

Except for urgent and emergency care, you must get your care and services from providers in Scott and White Health Plan's BSW SeniorCare Advantage HMO network. If you choose to get non-emergency services out-of-network, you will be personally responsible for payment of all charges.

Is a primary care physician (PCP) required to direct care?

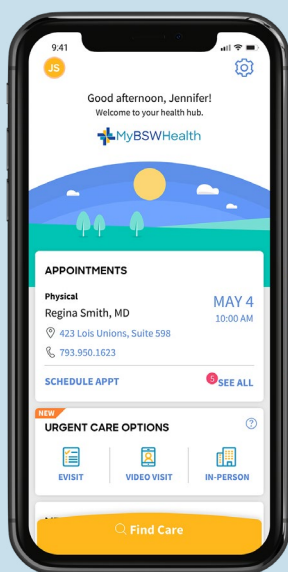
No. You do not have to select a PCP to direct your care with BSW SeniorCare Advantage HMO plans. You can see a specialist without a referral.

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.

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 HMO, 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. Three BSW SeniorCare Advantage HMO plans include Part D prescription drug coverage.

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 HMO - Central Texas - Effective January 1, 2021

Medical Plan Benefits*	Select	Preferred	Premium
Monthly Premium			
With Part D prescription drug coverage	\$0	\$132	\$241.50
Without Part D prescription drug coverage**	\$0	\$83	\$199
Deductible	\$0	\$0	\$0
Out-of-Pocket Maximum with Part D	\$6,300	\$4,500	\$4,500
Out-of-Pocket Maximum without Part D	\$5,900	\$4,500	\$4,500
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay	\$25 copay	\$0 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay	\$0 copay	\$0 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay	\$15 copay	\$0 copay
Physical/Occupational/Speech Therapy (per visit)	\$25 copay	\$15 copay	\$0 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day	\$575/stay	\$0 copay
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day	\$575/stay	\$0 copay
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$176/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$15/day
Outpatient Surgery (facility)	\$350 copay	\$15 copay	\$0 copay
Ambulatory Surgical Center (facility)	\$275 copay	\$100 copay	\$0 copay
Ambulance (U.S. only)	\$265 copay	\$75 copay	\$40 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$90 copay	\$90 copay	\$90 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay	\$40 copay	\$40 copay
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance	\$0 copay

*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.

**If you have Part D prescription drug coverage through another carrier, your drug coverage will end when your new BSW SeniorCare Advantage plan starts. Medicare Advantage plans do not allow members to have medical coverage and prescription drug coverage through two different Medicare Advantage plans. (Stand-alone prescription drug plans (PDPs) are considered Medicare Advantage plans.) If you enroll in a BSW SeniorCare Advantage medical plan without prescription drug coverage, you may owe a late enrollment penalty if you try to sign up for prescription drug coverage later.

Prescription Drug Benefits	Select	Preferred	Premium
Initial Coverage Amount	\$4,130	\$4,130	\$4,130
Deductible	\$300	\$100	\$0
Deductible Applies to:	Tiers 4-5	Tiers 4-5	Tiers 1-5
Retail Copays During Initial Coverage Period			
Tier 1 – Preferred Generic Drugs	\$6 copay	\$3 copay	\$2 copay
Tier 2 – Generic Drugs	\$20 copay	\$15 copay	\$12 copay
Tier 3 – Preferred Brand Drugs	\$47 copay	\$45 copay	\$45 copay
Tier 4 – Non-Preferred Drugs	\$100 copay	\$95 copay	\$95 copay
Tier 5 – Specialty Drugs	27% coinsurance	31% coinsurance	33% 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	25% coinsurance
Other Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance
Brand-Name Drugs	25% coinsurance	25% coinsurance	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$6,550	\$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 three of the BSW SeniorCare Advantage HMO 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://www.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.

For all BSW SeniorCare Advantage HMO plans (those with or without prescription drug coverage), vision, hearing, fitness and dental benefits are included for no additional premium.

Bonus Benefits	Select	Preferred	Premium
Routine Eye Exam (one per year; must use a Superior Vision provider)	\$0 copay	\$0 copay	\$0 copay
Eyewear (must use a Superior Vision provider)	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay	\$0 copay
Hearing Aids	\$1,000 allowance toward purchase every 3 years	\$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	\$0
Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$30 per quarter	\$30 per quarter	\$30 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$0 copay	\$0 copay
Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$0 copay	\$0 copay	\$0 copay
In-Home Support Services (assistance in performing activities of daily living (ADLs) yearly for \$0 copay) HMO with Part D: Up to three, 4-hour shifts HMO without Part D: Up to five, 4-hour shifts	\$0 copay	\$0 copay	\$0 copay



Over-the-counter (OTC) allowance

Your BSW SeniorCare Advantage plan features a quarterly purchase allowance from participating retailers for eligible over-the-counter items such as bandages, cold and allergy medicines, pain relievers, and more. Participating retailers include: CVS, Discount Drug Mart, Dollar General, Family Dollar, HEB, Rite Aid, Walmart, Walgreens/Duane Reade, and other independent pharmacy locations.

Note: CVS Pharmacies at Target do not accept OTC Network cards. Unused amounts do not roll over from quarter to quarter or to next year.



Dental benefits

Original Medicare does not cover traditional dental care, but the BSW SeniorCare Advantage HMO plan features dental benefits for no additional premium.

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	
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%

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.



MetLife



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 HMO 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 • HMO



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 HMO plan, offered by Scott and White Health Plan.**

Summary of Benefits

January 1, 2021 - December 31, 2021

BSW SeniorCare Advantage HMO is offered by Scott and White Health Plan, 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 HMO 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 HMO

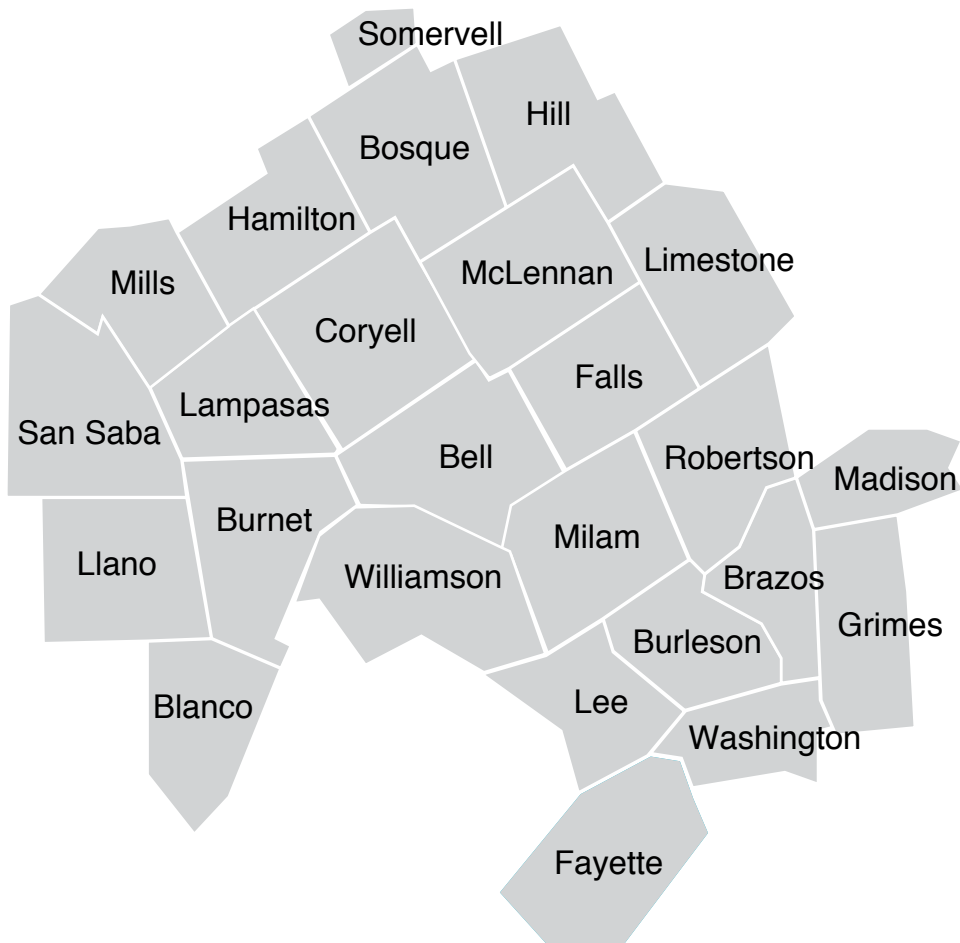
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [advantage.swhp.org](https://www.advantage.swhp.org)

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

Who can join?

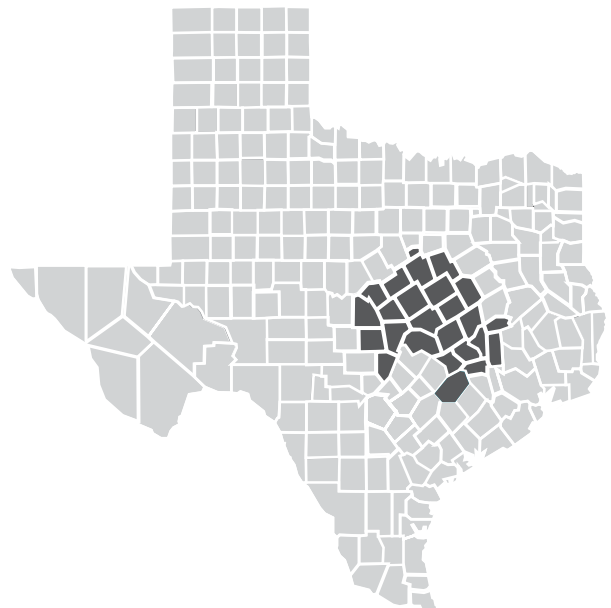
To join BSW SeniorCare Advantage HMO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Grimes, Hamilton, Hill, Lampasas, Lee, Limestone, Llano, McLennan,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

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



**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 HMO has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at advantage.swhp.org. You must use network providers and pharmacies for covered services, unless authorized by the Plan.

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 HMO 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	Select	Preferred	Premium
Monthly Plan Premium With Part D prescription drug coverage Without Part D prescription drug coverage You must continue to pay your Medicare Part B premium.	You pay \$0 per month. You pay \$0 per month.	You pay \$132 per month. You pay \$83 per month.	You pay \$241.50 per month. You pay \$199 per month.
Deductible	You pay \$0.	You pay \$0.	You pay \$0.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs) With Part D prescription drug coverage Without Part D prescription drug coverage	You pay \$6,300 annually. You pay \$5,900 annually.	You pay \$4,500 annually. You pay \$4,500 annually.	You pay \$4,500 annually. You pay \$4,500 annually.
Inpatient Hospital	Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.	You pay \$575 copay per stay.	You pay \$0 copay.
Outpatient Hospital Ambulatory Surgery Center Outpatient Hospital Services	You pay \$275 copay. You pay \$350 copay.	You pay \$100 copay. You pay \$15 copay.	You pay \$0 copay. You pay \$0 copay.
Doctor Visits Primary Care Providers Specialists	You pay \$0 copay per visit. You pay \$25 copay per visit.	You pay \$0 copay per visit. You pay \$25 copay per visit.	You pay \$0 copay per visit. You pay \$0 copay per visit.
Preventive Care	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.

Premiums and Benefits	Select	Preferred	Premium
Emergency Care	<p>You pay \$90 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>You pay \$90 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>You pay \$90 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>
Urgently Needed Services	<p>You pay \$50 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>You pay \$40 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>You pay \$40 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>
Diagnostic Services/Labs/Imaging			
Diagnostic Tests and Procedures	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Lab Services	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Diagnostic Radiology Services (e.g. MRI, CAT Scan)	You pay \$75 - \$300 copay per visit.	You pay \$0 - \$15 copay per visit.	You pay \$0 copay.
Outpatient X-rays	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Hearing Services			
Medicare-covered Hearing Exam	You pay \$40 copay for Medicare-covered hearing exam.	You pay \$15 copay for Medicare-covered hearing exam.	You pay \$0 copay for Medicare-covered hearing exam.
Routine Hearing Exam	You pay \$0 copay. Limited to 1 visit every year.	You pay \$0 copay. Limited to 1 visit every year.	You pay \$0 copay. Unlimited visits every year.

Premiums and Benefits	Select	Preferred	Premium
Hearing Services (continued) 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.	\$1,000 allowance toward the purchase of hearing aids every three years.
Dental Services Yearly Benefit Maximum Deductible Oral Exams, Cleanings (every six months) Dental X-rays (every three years) Extractions and Fillings Restorative Dental (every two years) 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.	\$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.	\$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.	\$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.

Premiums and Benefits	Select	Preferred	Premium
Vision Services			
Eyewear	\$125 allowance toward the purchase of eyewear every year.	\$125 allowance toward the purchase of eyewear every year.	\$125 allowance toward the purchase of eyewear every year.
Routine Eye Exam	You pay \$0 copay for one routine eye exam per year.	You pay \$0 copay for one routine eye exam per year.	You pay \$0 copay for one routine eye exam per year.
Mental Health Services			
Inpatient Visit	Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.	You pay \$575 copay per stay.	You pay \$0 copay.
Outpatient Individual or Group Therapy Visit	You pay \$40 copay.	You pay \$15 copay.	You pay \$0 copay.
Skilled Nursing Facility (SNF) Care	Days 1 - 20: \$0 copay each day. Days 21 - 100: \$176 copay each day.	Days 1 - 20: \$0 copay each day. Days 21 - 100: \$50 copay each day.	Days 1 - 20: \$0 copay each day. Days 21 - 100: \$15 copay each day.
Physical Therapy			
Occupational therapy visit	You pay \$25 copay.	You pay \$15 copay.	You pay \$0 copay.
Physical therapy and speech and language therapy visit	You pay \$25 copay.	You pay \$15 copay.	You pay \$0 copay.
Ambulance Services			
Ground Ambulance	You pay \$265 copay.	You pay \$75 copay.	You pay \$40 copay.
Air Ambulance	You pay \$265 copay.	You pay \$75 copay.	You pay \$40 copay.
Transportation (additional routine)	You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.	You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.	You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.

Premiums and Benefits	Select	Preferred	Premium
Medicare Part B Prescription Drugs			
Chemotherapy Drugs	You pay 20% coinsurance.	You pay 20% coinsurance.	You pay 20% coinsurance.
Other Part B Drugs	You pay 20% coinsurance.	You pay 20% coinsurance.	You pay 20% 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.	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	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	You pay \$45 copay.	You pay \$15 copay.	You pay \$0 copay.
Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Opioid Treatment Service	You pay \$45 copay.	You pay \$15 copay.	You pay \$0 copay.
Meal Benefit	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.
In-Home Support Services With Part D prescription drug coverage	You pay \$0 copay for up to three four-hour shifts of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to three four-hour shifts of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to three four-hour shifts of assistance in performing activities of daily living (ADLS) yearly.

Premiums and Benefits	Select	Preferred	Premium
In-Home Support Services (continued) Without Part D prescription drug coverage	You pay \$0 copay for up to five four-hour shifts of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to five four-hour shifts of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to five four-hour shifts of assistance in performing activities of daily living (ADLS) yearly.

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						
	Select		Preferred		Premium	
Deductible	\$300 Applies to Tier 4 and Tier 5.		\$100 Applies to Tier 4 and Tier 5.		\$0 Applies to Tiers 1 – 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	Standard Retail 30-Day Supply	Mail Order 90-Day Supply
Tier 1 (Preferred Generic)	You pay \$6.	You pay \$0.	You pay \$3.	You pay \$0.	You pay \$2.	You pay \$0.
Tier 2 (Generic)	You pay \$20.	You pay \$0.	You pay \$15.	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.	You pay \$45.	You pay \$90.
Tier 4 (Non-Preferred)	You pay \$100.	You pay \$200.	You pay \$95.	You pay \$190.	You pay \$95.	You pay \$190.
Tier 5 (Specialty)	You pay 27% of the cost.	Not Available	You pay 31% of the cost.	Not Available	You pay 33% of the cost.	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">• 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 (excluding major holidays).

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.

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.
- ☐ 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).

BSW SeniorCare Advantage HMO is offered by Scott and White Health Plan, 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.

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.	
<input type="checkbox"/>	Medicare Advantage Plans with Part D Prescription Drug Plans
<input type="checkbox"/>	Medicare Advantage Plans without Part D Prescription Drug Plans
<input type="checkbox"/>	Optional Supplemental Dental Insurance Plan
<input type="checkbox"/>	

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 (<i>printed</i>)	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.

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 Prescription Drugs

- ☐ BSW SeniorCare Advantage HMO Select **\$0**
☐ BSW SeniorCare Advantage HMO Preferred **\$83**
☐ BSW SeniorCare Advantage HMO Premium **\$199**

With Prescription Drugs

- ☐ BSW SeniorCare Advantage HMO Select w/Rx **\$0**
☐ BSW SeniorCare Advantage HMO Preferred w/Rx **\$132**
☐ BSW SeniorCare Advantage HMO Premium w/Rx **\$241.50**

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:

- 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 ☐ Vietnamese

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

☐ Braille ☐ Large print ☐ Audio CD

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:

I want to get the following materials via email.

☐ A link to the online location of your Evidence of Coverage, Provider Directory, Pharmacy Directory (plans with Part D only) and Prescription Drug Formulary (plans with Part D only)

E-mail address:

Paying your plan premiums (if applicable)

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.

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.

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 - H8142

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.

★★★★★
4.5 Stars

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

Health Plan Services: ★★★★★
5 Stars

Drug Plan Services: ★★★★★
4 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.

BSW SeniorCare Advantage HMO is offered by Scott and White Health Plan, 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



Scott & White
HEALTH PLAN



Part of
Baylor Scott & White
HEALTH

BSW SeniorCare Advantage HMO is offered by Scott and White Health Plan, 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.