

Bonus benefits

BSW SeniorCare Advantage includes many bonus benefits, for no additional premium, to help reduce your out-of-pocket expenses.

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

Dental benefits

All BSW SeniorCare Advantage HMO plans feature dental benefits from Metropolitan Life Insurance Company (MetLife) 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.

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%

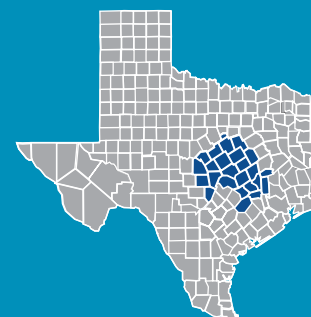
Find a participating dentist at [MetLife.com](https://www.metlife.com).

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

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



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

BSW SeniorCare Advantage HMO is provided 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.

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



2021

CENTRAL TEXAS

BSW SENIORCARE
ADVANTAGE • HMO



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Benefit highlights

- \$0 to low premiums, affordable copays and no referrals to see a specialist
- \$0 copays now included for many mail-order prescriptions
- Access to renowned Baylor Scott & White Health providers and other providers across Central and North Texas
- Plans available with or without prescription drug benefits
- Quarterly allowance for over-the-counter (OTC) medications and supplies
- Dental, vision, hearing and fitness benefits included in all plans
- New bonus benefits including In-Home Meals, Routine Transportation, and In-Home Support Services

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
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.

*This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at advantage.swhp.org ** 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.