

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

2021 Plan Preview

CENTRAL TEXAS

BSW SENIORCARE
ADVANTAGE • HMO • PPO



Scott & White
HEALTH PLAN



Part of
Baylor Scott & White
HEALTH

Y0058_21CTXPLNPRVW_M

HMO Medical Plan Benefits – CENTRAL TEXAS

Effective January 1, 2021

Medical Plan Benefits*	Select	Preferred	Premium
Monthly Premium With Part D prescription drug coverage Without Part D prescription drug coverage.**	\$0 \$0	\$132 \$83	\$241.50 \$199
Deductible	\$0	\$0	\$0
Out-of-Pocket Maximum with Part D Out-of-Pocket Maximum without Part D	\$6,300 \$5,900	\$4,500 \$4,500	\$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 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.

PPO Medical Plan Benefits – CENTRAL TEXAS

Effective January 1, 2021

Medical Plan Benefits*	Basic ¹	Platinum ²
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

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

¹ 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. ² 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.

HMO Rx and Dental Benefits – CENTRAL TEXAS

Effective January 1, 2021

Prescription Drug Benefits (applies to HMO plans with Part D only)	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.

Dental Benefits (for all HMO plans)	
Monthly Premium	Included
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%

PPO Rx and Dental Benefits – CENTRAL TEXAS

Effective January 1, 2021

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.

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%

HMO Bonus Benefits – CENTRAL TEXAS

Effective January 1, 2021

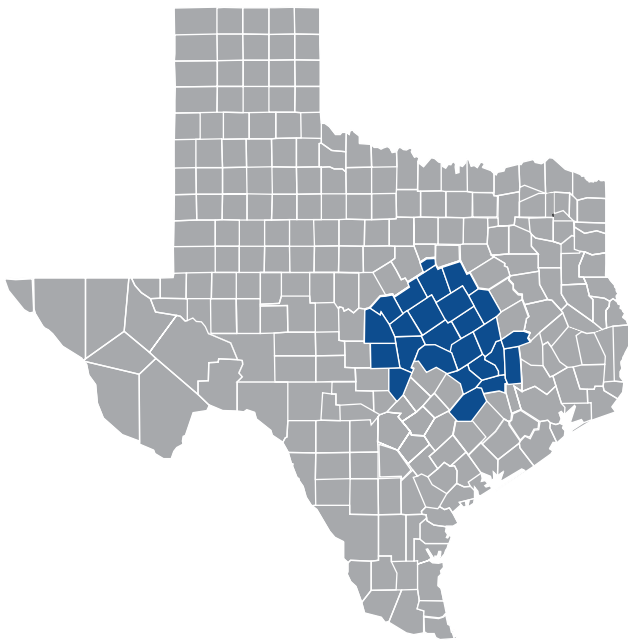
Bonus Benefits	Select	Preferred	Premium
Routine Eye Exam (one per year; must use a Superior Vision provider)	\$0 copay	\$0 copay	\$0 copay
Eyewear (must use a Superior Vision provider)	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase
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

PPO Bonus Benefits – CENTRAL TEXAS

Effective January 1, 2021

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

HMO and PPO – CENTRAL TEXAS Coverage Area



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 and Williamson

Our mission

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HEALTH PLAN



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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.

You must continue to pay your Medicare Part B premium.