

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

2021
Plan Preview

NORTH TEXAS

BSW SENIORCARE
ADVANTAGE • HMO • PPO



Scott & White
HEALTH PLAN



Part of
Baylor Scott & White
HEALTH

HMO Medical Plan Benefits – NORTH TEXAS

Effective January 1, 2021

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

*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 – NORTH TEXAS

Effective January 1, 2021

Medical Plan Benefits*	Network Cost Sharing**
Monthly Premium (must continue to pay Medicare Part B premium)	\$37
Deductible	\$0
Out-of-Pocket Maximum (in-network)	\$6,900
Primary Care Physician (PCP) Office Visit	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$40 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay
Physical/Occupational/Speech Therapy (per visit)	\$25 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$176/day
Outpatient Surgery (facility)	\$350 copay
Ambulatory Surgical Center (facility)	\$250 copay
Ambulance (U.S. only)	\$325 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$90 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay
Durable Medical Equipment (DME)	20% coinsurance

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

**To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the PPO is 35%. There is a \$750 deductible and \$10,000 out-of-pocket maximum for services received out-of-network.

HMO Rx and Dental Benefits – NORTH TEXAS

Effective January 1, 2021

Prescription Drug Benefits (applies to HMO plan <i>with</i> Part D only)	
Initial Coverage Amount	\$4,130
Deductible	\$300
Deductible Applies to:	Tiers 4-5
Copays During Initial Coverage Period	Retail Mail Order
Tier 1 – Preferred Generic Drugs	\$6 copay \$0 copay
Tier 2 – Generic Drugs	\$20 copay \$0 copay
Tier 3 – Preferred Brand Drugs	\$47 copay \$94 copay (90-day supply)
Tier 4 – Non-Preferred Drugs	\$100 copay \$200 copay (90-day supply)
Tier 5 – Specialty Drugs	27% coinsurance (30-day supply)
After Initial Coverage Amount - You Pay	
Preferred Generic Drugs	25% coinsurance
Other Generic Drugs	25% coinsurance
Brand-Name Drugs	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$6,550
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$3.70 for generic drugs (including brand drugs treated as generic) or \$9.20 for all other drugs

There is no deductible for BSW SeniorCare Advantage for select insulins. Your out-of-pocket costs for select insulins will be \$35 during the deductible and initial coverage phase. BSW SeniorCare Advantage also offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will also be \$35.

Dental Benefits	
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 – NORTH TEXAS

Effective January 1, 2021

Prescription Drug Benefits	
Initial Coverage Amount	\$4,130
Deductible	\$300
Deductible Applies to:	Tiers 3-5
Copays During Initial Coverage Period	Retail Mail Order
Tier 1 - Preferred Generic Drugs	\$4 copay \$0 copay
Tier 2 - Generic Drugs	\$14 copay \$0 copay
Tier 3 - Preferred Brand Drugs	\$47 copay \$94 copay (90-day supply)
Tier 4 - Non-Preferred Drugs	\$99 copay \$198 copay (90-day supply)
Tier 5 - Specialty Drugs	27% coinsurance (30-day supply)
After Initial Coverage Amount - You Pay	
Preferred Generic Drugs	25% coinsurance
Other Generic Drugs	25% coinsurance
Brand-Name Drugs	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$6,550
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Dental Benefits	
Monthly Premium	\$20
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Dental X-rays (every 3 years)	\$0
Extractions and Fillings	50%
Dentures (every 5 years)	50%
Restorative Services (every 2 years)	50%

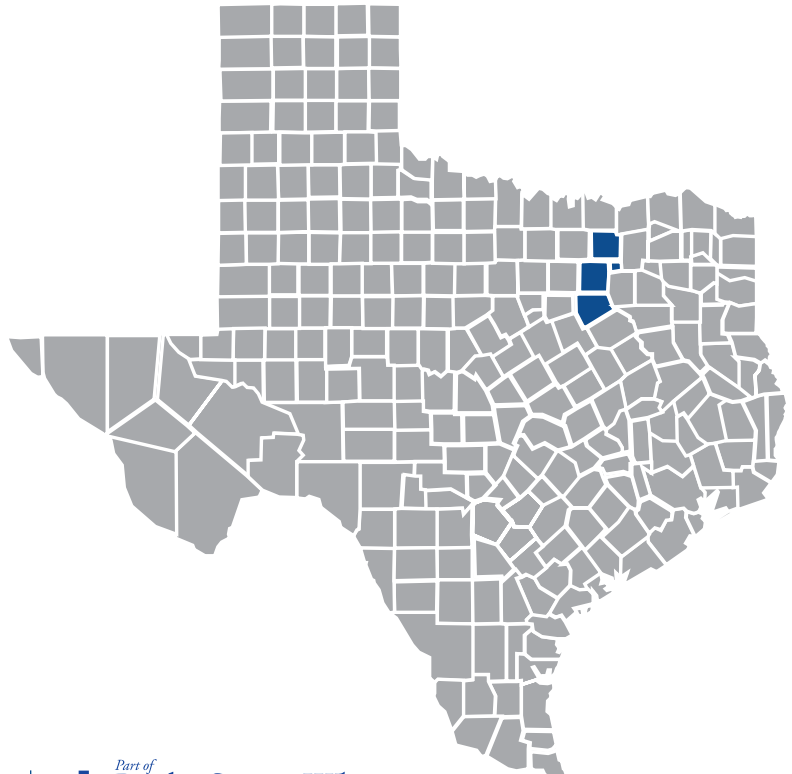
HMO Bonus Benefits – NORTH TEXAS

Effective January 1, 2021

Bonus Benefits	
Routine Eye Exam (one per year; must use a Superior Vision provider)	\$0 copay
Eyewear (must use a Superior Vision provider)	\$125 annual allowance toward purchase
Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids	\$1,000 allowance toward purchase every 3 years
Gym/Fitness Club Membership (at participating Silver&Fit locations)	\$0
Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$30 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay
Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$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

HMO – NORTH TEXAS Coverage Area

If you are entitled to Medicare Part A, enrolled in Medicare Part B, and are a resident of Collin, Dallas, Ellis or Rockwall county, you are eligible to join BSW SeniorCare Advantage HMO.



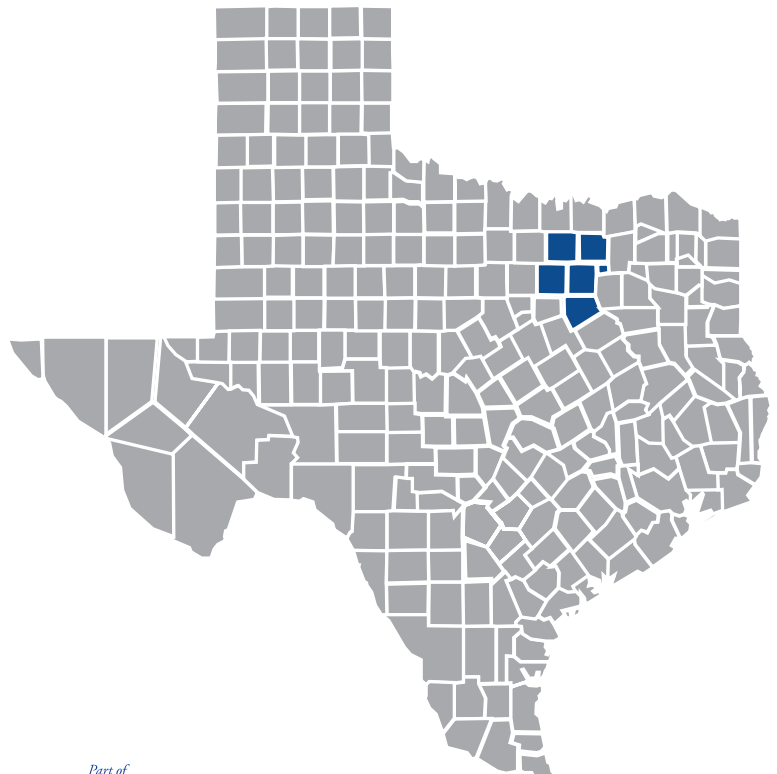
PPO Bonus Benefits – NORTH TEXAS

Effective January 1, 2021

Bonus Benefits	
Routine Eye Exam (one per year; must use a Superior Vision provider)	\$0 copay
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Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids	\$1,000 allowance toward purchase every 3 years
Gym/Fitness Club Membership (at participating Silver&Fit locations)	\$0

PPO – NORTH TEXAS Coverage Area

If you are entitled to Medicare Part A, enrolled in Medicare Part B, and are a resident of Collin, Dallas, Denton, Ellis, Rockwall or Tarrant county, you are eligible to join BSW SeniorCare Advantage PPO.



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

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.