



My Medicare Plan

2022 Enrollment Guide

North Texas PPO

 **Baylor Scott & White**
Health Plan
Our new brand in 2022

BSW SENIORCARE
ADVANTAGE • PPO

Rx. Dental. Vision. Hearing. Fitness. Kidney Care.

This guide highlights the benefits of BSW SeniorCare Advantage PPO and provides the information you need to make an informed decision about your Medicare benefits plan.

Inside this guide

- Introduction/Enrollment Information
- 2022 Summary of Benefits
- Scope of Appointment Form
- Enrollment Application
- Medicare Star Rating
- Business Reply Mail Envelope

Contact info

Sales/licensed insurance agent

1.800.782.5068 TTY: 711

8 AM - 5 PM Monday - Friday

Enroll online

advantage.swhp.org

Mail completed enrollment applications to:

Baylor Scott & White Health Plan

Attn: Enrollment Department

1206 W. Campus Drive

Temple, TX 76502

Fax completed enrollment applications to:

1.254.298.3334

Customer service

1.866.334.3141 TTY: 711

7 AM - 8 PM 7 days a week

Choice and value. That's my Medicare plan.

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 North and Central Texas.



Prescription drug, vision, hearing and fitness benefits.



Dental benefits available for an additional premium.

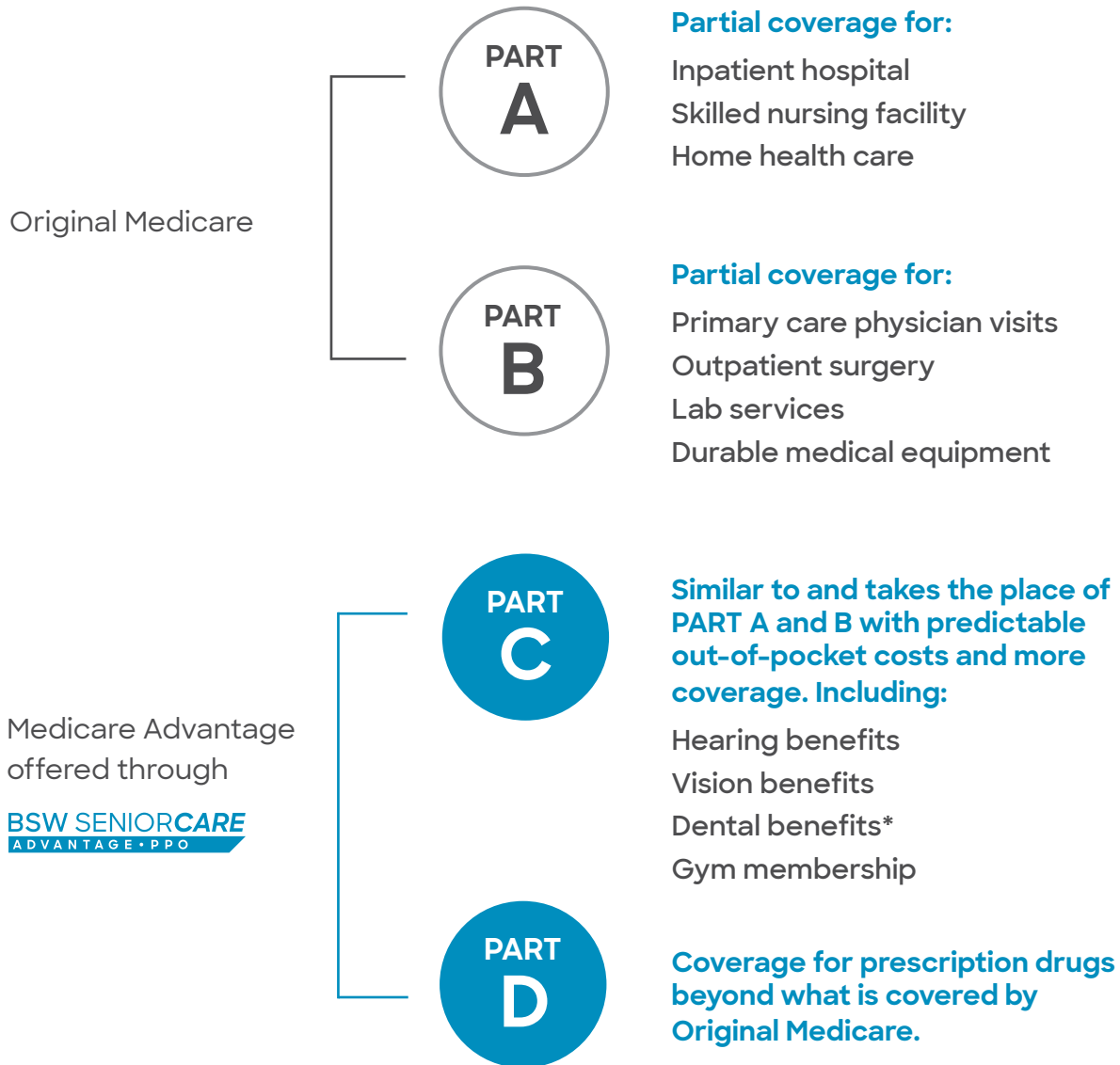
A comprehensive healthcare experience

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 51 hospitals and more than 950 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 4,000 primary care physicians, 20,000 specialists, and 2,300 facilities across North and Central Texas.

*Other pharmacies, physicians, and providers are available in our network.

How Medicare works



How to qualify

- You must live in our service area. Check our service area map located in the Summary of Benefits 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.

*Dental benefits available for additional premium

BSW SeniorCare Advantage

Enrolling in a Medicare Advantage plan like BSW SeniorCare Advantage PPO from Baylor Scott & White Health Plan can help lower your out-of-pocket healthcare expenses and give you many bonus benefits not available through Original Medicare.

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 PPO 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.

How do you know if your prescriptions are covered?

Ask your local insurance agent or visit advantage.swhp.org to view the formulary (drug list) and pharmacy directory.

Can you get treatment outside the network?

To maximize your BSW SeniorCare Advantage PPO benefits, all care (except for emergencies) should be provided by network providers; however, you have the choice to obtain services out-of-network at the time of service. Just know that if you use out-of-network providers, you will pay more in out-of-pocket expenses.

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 network pharmacy of their choice.

- Conduct an eVisit (online questionnaire) for common medical conditions and get care fast **OR**
- Schedule a same-day Video Visit with a provider, face-to-face.

Virtual care visits are available for a \$0 copayment; prescription drug copayments will apply.

Clinicians are available seven days a week, 8 AM - 8 PM CT.

Self-service tools ensure 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 their BSWH 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

BSW SeniorCare Advantage PPO

North Texas - Effective January 1, 2022

| Medical Plan Benefits* | Network Cost Sharing** |
|---|--|
| Monthly Premium (must continue to pay Medicare Part B premium) | \$0 |
| Deductible | \$0 |
| Out-of-Pocket Maximum (in-network) | \$6,900 |
| Primary Care Physician (PCP) Office Visit | \$0 copay |
| Annual Physical Exam | \$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) | \$35 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: \$188/day |
| Outpatient Surgery (facility) | \$350 copay |
| Ambulatory Surgical Center (facility) | \$275 copay |
| Ambulance (U.S. only) | \$325 copay |
| Emergency Care (U.S. only; copay waived if admitted within 24 hours) | \$90 copay |
| Urgent Care | \$50 copay |
| Durable Medical Equipment (DME) | 20% coinsurance |
| Podiatry | \$45 copay |
| Chemotherapy Drugs | 20% coinsurance |
| Other Part B Drugs | 20% coinsurance |

*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. Or, refer to the plan's Evidence of Coverage online at advantage.swhp.org.

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

Affordable prescriptions

Affordable prescription drug benefits are included with the BSW SeniorCare Advantage PPO plan. For your health and safety, Medicare Advantage plans may have additional requirements or limits on prescription drug coverage, including:

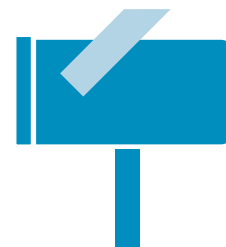
- **Prior authorization:** BSW SeniorCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the health plan before you fill your prescriptions.
- **Quantity limits:** Some drugs have limits on how much you can get at a time.
- **Step therapy:** This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug.

Visit [advantage.swhp.org](https://www.advantage.swhp.org) to view the formulary (drug list) and pharmacy directories.



Mail-order prescriptions

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.



Prescription drug benefits

| Prescription Drug Benefits | Network Cost Sharing | |
|--|--|---------------|
| Initial Coverage Amount | \$4,430 | |
| 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 |
| Tier 4 - Non-Preferred Drugs | \$99 copay | \$198 copay |
| Tier 5 - Specialty Drugs | 27% coinsurance | Not Available |
| 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 | \$7,050 | |
| Catastrophic Coverage Amounts - You Pay | The greater of 5% or \$3.95 for generic drugs (including brand drugs treated as generic) or \$9.85 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 for a 30-day supply 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 for a 30-day supply.

Supplemental 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.

Vision, hearing and fitness benefits are included for no additional premium. Dental benefits are available for an additional \$20 per month.

Vision

Regular eye exams may do more than help maintain your vision. They may also help detect other serious health issues such as diabetes or high blood pressure.

Our 2022 plans provide coverage for a routine annual exam, plus an annual allowance toward the purchase of contacts, frames and lenses. You must use a network provider.

Hearing

As part of our commitment to our members' overall quality of life, we offer members essential hearing services that are not covered by Original Medicare, including a routine hearing exam and an allowance every three years toward the purchase of hearing aids.

Vision and Hearing Benefits

| | |
|--|-----------------------------------|
| Routine Eye Exam (one per year; must use a network provider) | \$0 copay |
| Eyewear (annual allowance; must use a network provider) | \$125 allowance toward purchase |
| Routine Hearing Exam (one per year) | \$0 copay |
| Hearing Aids (every 3 years) | \$1,000 allowance toward purchase |

Dental

Original Medicare does not cover traditional dental care, but you can add dental benefits to your BSW SeniorCare Advantage PPO plan for an additional cost at any time during the year. NOTE: Dental benefits cannot be purchased on a stand-alone basis. If you disenroll from BSW SeniorCare Advantage PPO, your dental benefits will end, too.

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 | |
|--|---------|
| Monthly Premium | \$20 |
| 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.



Fitness

Your BSW SeniorCare Advantage Plan includes fitness benefits with the Silver&Fit[®] program. This program helps empower you to improve your health with fitness options, digital tools, and healthy aging resources. With your plan, you can explore:

- 1,500+ digital workout videos
- Home Fitness Kits and Stay Fit Kits
- Access to 15,000+ participating fitness centers
- Healthy Aging Coaching

Additional care programs

Members also have access to care programs that offer support for kidney disease and other chronic conditions, at no additional cost.

Kidney health program

Members diagnosed with kidney disease may be eligible for a specialized kidney program. This program is included in all BSW SeniorCare Advantage plans and includes many benefits such as:

- Personalized approach to managing different medications and diet plans
- Help with monitoring your daily vitals

In-home acute care

Members with multiple chronic conditions may be eligible for care being extended into the home through house calls from a primary care provider.

- Routine and urgent house calls, and 24/7 phone support
- Prescribing and reviewing medications
- In-home labs and interventions
- Behavioral health, nutrition, and social work support

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.

Three simple ways to enroll

1. Enroll online. advantage.swhp.org or medicare.gov

This is a secure website, so any information you provide is kept confidential. Medicare beneficiaries may also enroll in BSW SeniorCare Advantage PPO through the CMS Medicare Online Enrollment Center located at medicare.gov.

2. Enroll by phone. 1.800.782.5068/TTY: 711

8 AM - 5 PM Mon - Fri

3. Fill out an 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. Return your application in one of three ways:

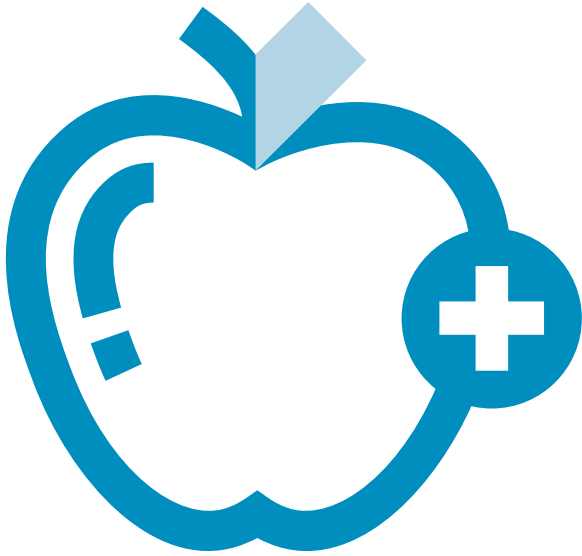
 **Email:** MedicareEnrollment@bswhealth.org

 **Mail:** Place each page of the completed and signed enrollment form into the postage-paid return envelope included in this guide.

 **Fax:** 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.

Refer to Page 2 in this guide for information on how to qualify.



Summary of Benefits

North Texas PPO



**This is a summary of drug and health services covered in the
BSW SeniorCare Advantage PPO plan, offered by
Scott and White Health Plan, DBA Baylor Scott & White Health Plan
through its subsidiary Baylor Scott & White Insurance Company.**

Summary of Benefits

January 1, 2022 - December 31, 2022

BSW SeniorCare Advantage PPO is offered by Scott and White Health Plan, doing business as Baylor Scott & White Health Plan through its subsidiary Baylor Scott & White Insurance Company, 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, 2021.

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

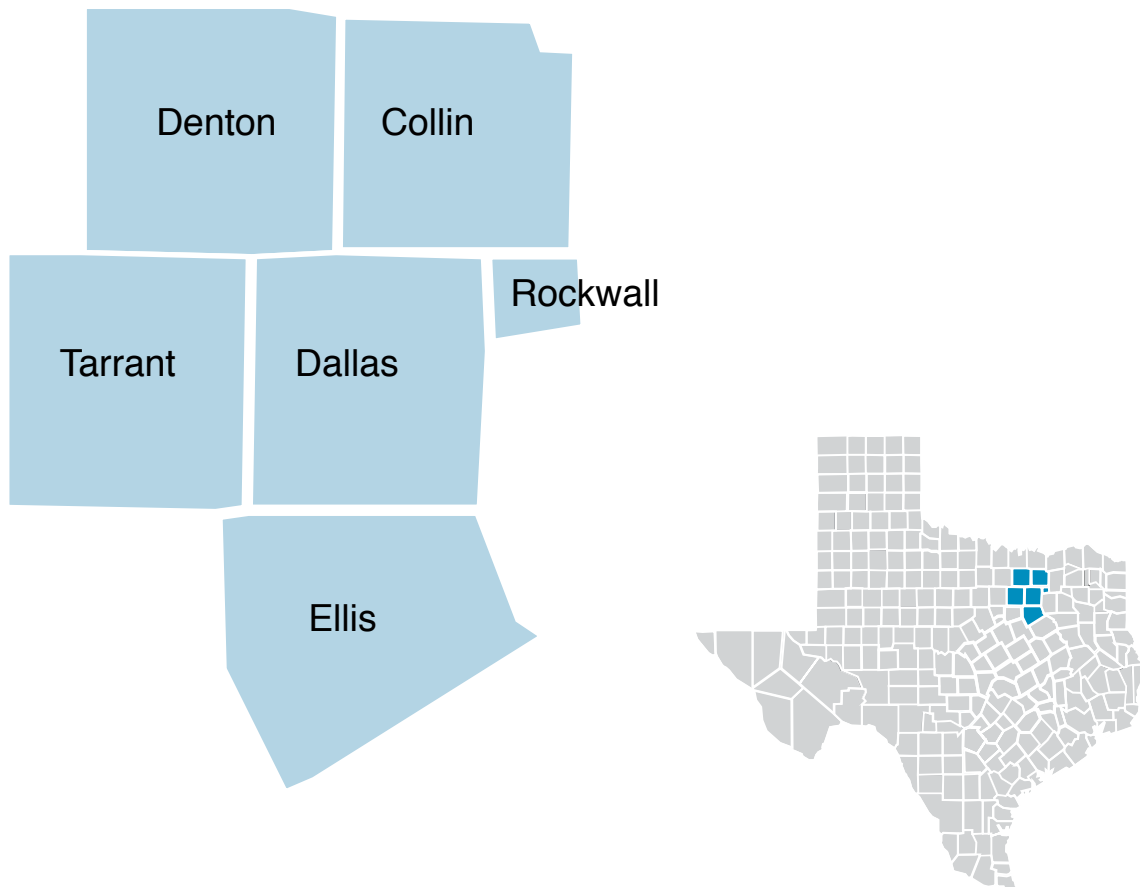
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [advantage.swhp.org](https://www.advantage.swhp.org)

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 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: Collin, Dallas, Denton, Ellis, Rockwall, and Tarrant.

What is the service area for North Texas **BSW SeniorCare Advantage PPO?**



The counties in the service area are listed below:

Collin, Dallas, Denton, Ellis, Rockwall and Tarrant

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 |
|--|--|
| Monthly Plan Premium | \$0 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. |
| Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i> | In-Network You pay \$6,900 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 You pay 35% coinsurance. |
| Outpatient Hospital* Ambulatory Surgery Center Outpatient Hospital Services | In-Network You pay \$275 copay per visit. Out-of-Network You pay 35% coinsurance per visit. In-Network You pay \$350 copay per visit. Out-of-Network You pay 35% coinsurance per visit. |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage |
|--|---|
| <p>Doctor Visits</p> <p>Primary Care Providers</p> <p>Specialists</p> | <p>In-Network You pay \$0 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> <p>In-Network You pay \$40 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> |
| <p>Preventive Care</p> | <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> |
| <p>Emergency Care</p> | <p>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.</p> <p>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.</p> |
| <p>Urgently Needed Services</p> | <p>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.</p> <p>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.</p> |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage |
|---|--|
| <p>Diagnostic Services/Labs/Imaging*</p> <p>Diagnostic Tests and Procedures</p> <p>Lab Services</p> <p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p> | <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$75 - \$300 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| <p>Hearing Services</p> <p>Medicare-covered Hearing Exam</p> <p>Routine Hearing Exam</p> | <p>In-Network You pay \$40 copay for Medicare-covered hearing exam.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay. Limited to 1 visit every year.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage |
|--|--|
| Hearing Services (continued) Hearing Aids | \$1,000 allowance toward purchase every three years. |
| Dental Services | Covered with additional premium. See “Dental – Optional Supplemental Benefit” below. |
| Vision Services Eyewear Routine Eye Exam | In-Network and Out-of-Network Combined \$125 allowance toward the purchase of eyewear every year. In-Network You pay \$0 copay for one routine eye exam per year. Out-of-Network You pay 35% coinsurance. |
| Mental Health Services Inpatient Visit* Outpatient Individual or Group Therapy Visit | In-Network Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day per stay. Out-of-Network You pay 35% coinsurance per stay. In-Network You pay \$40 copay. Out-of-Network You pay 35% coinsurance. |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage |
|---|---|
| Skilled Nursing Facility (SNF) Care* | <p>In-Network Days 1 - 20: \$0 copay each day. Days 21 - 100: \$188 copay each day</p> <p>Out-of-Network You pay 35% coinsurance per day. You pay 35% coinsurance per day.</p> |
| Physical Therapy | <p>Occupational therapy visit</p> <p>In-Network You pay \$35 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>Physical therapy and speech and language therapy visit</p> <p>In-Network You pay \$35 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| Ambulance Services | <p>Ground Ambulance</p> <p>In-Network You pay \$325 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>Air Ambulance</p> <p>In-Network You pay \$325 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| Transportation (additional routine) | <p>In-Network Not covered.</p> <p>Out-of-Network Not covered.</p> |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage |
|--|---|
| <p>Medicare Part B Prescription Drugs*</p> <p>Chemotherapy Drugs</p> <p>Other Part B Drugs</p> | <p>In-Network You pay 20% coinsurance.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay 20% coinsurance.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| <p>Wellness Program (e.g. fitness)</p> | <p>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.</p> |
| <p>Home Health Care*</p> | <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| <p>Foot Care (Podiatry Services)</p> <p>Medicare-covered foot exams and treatment.</p> | <p>In-Network You pay \$45 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| <p>Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services</p> | <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |
| <p>Opioid Treatment Service*</p> | <p>In-Network You pay \$45 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> |

***Prior Authorization is required.**

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, 2021.

| Outpatient Prescription Drugs | | |
|---|---|---------------------------------|
| Deductible | \$300 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 \$4,430. 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 |
| Tier 1 (Preferred Generic) | You pay \$4 | You pay \$0 |
| Tier 2 (Generic) | You pay \$14 | You pay \$0 |
| Tier 3 (Preferred Brand) | You pay \$47 | You pay \$94 |
| Tier 4 (Non-Preferred) | You pay \$99 | You pay \$198 |
| Tier 5 (Specialty) | You pay 27% of the cost. | Not Available |
| Part D Senior Savings Model | There is no deductible for BSW SeniorCare Advantage PPO for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a 30-day supply during the deductible and initial coverage stage. BSW SeniorCare Advantage PPO 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 for a 30-day supply. | |
| Coverage Gap | After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, 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 \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 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 plan, available for an additional \$20 per month.

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.

| Dental Services | BSW SeniorCare Advantage PPO |
|--|------------------------------|
| Monthly Premium | \$20 per month |
| Yearly Benefit Maximum | \$2,000 |
| Deductible | You pay nothing. |
| Oral Exams, Cleanings (every six months) | You pay nothing. |
| Dental X-rays (every three years) | You pay nothing. |
| Extractions and Fillings | You pay 50% of the cost. |
| Restorative Dental (every two years) | You pay 50% of the cost. |
| Dentures (every five years) | You pay 50% of the cost. |

Pre-Enrollment Checklist

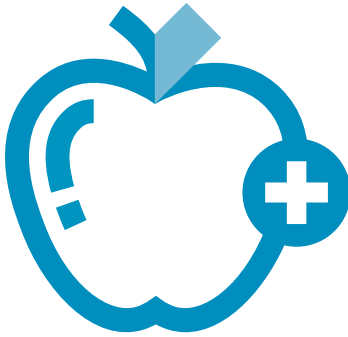
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-334-3141 (TTY: 711) from 7 a.m. to 8 p.m. seven days a week.

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, 2022.
- 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.



BSW SeniorCare Advantage PPO is offered by Scott and White Health Plan, doing business as Baylor Scott & White Health Plan, through its subsidiary Baylor Scott & White Insurance Company, 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.

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.

**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 Baylor Scott & 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.

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 for emergency and urgent care situations, you can only get your care from doctors or hospitals in the plan's network.
- **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

The 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.

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, doing business as Baylor Scott & White Health Plan, and its subsidiary Baylor Scott & White Insurance Company are Medicare Advantage organizations with Medicare contracts. Baylor Scott & White Health Plan offers HMO plans. Baylor Scott & White Insurance Company offers PPO plans. Enrollment in Baylor Scott & White Health Plan or Baylor Scott & White Insurance Company depends on contract renewal.

**SCOPE OF SALES APPOINTMENT
CONFIRMATION FORM**



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| |
|--|
| 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 |
| |

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

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Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

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 for emergency and urgent care situations, you can only get your care from doctors or hospitals in the plan's network.
- **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

The 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.

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, doing business as Baylor Scott & White Health Plan, and its subsidiary Baylor Scott & White Insurance Company are Medicare Advantage organizations with Medicare contracts. Baylor Scott & White Health Plan offers HMO plans. Baylor Scott & White Insurance Company offers PPO plans. Enrollment in Baylor Scott & White Health Plan or Baylor Scott & White Insurance Company depends on contract renewal.



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:
Baylor Scott & 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 Baylor Scott & 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 Baylor Scott & 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 Dental
 BSW SeniorCare Advantage PPO
without Dental \$0

With Dental
 BSW SeniorCare Advantage PPO
with Dental \$20

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:

IMPORTANT: Read and sign below:

- 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

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

Large print

Please contact Baylor Scott & 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:

Paying your plan premiums

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 Baylor Scott & White Health Plan the Part D-IRMAA.

Office Use Only:

Agent Name: _____ NPN: _____

Agent Signature: _____ Date: _____

Enrollment Period: IEP AEP SEP (type): _____ Not Eligible

Effective Date of Coverage: _____

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 Baylor Scott & 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.



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:
Baylor Scott & 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?

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Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Baylor Scott & 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 Dental
 BSW SeniorCare Advantage PPO
 without Dental \$0

With Dental
 BSW SeniorCare Advantage PPO
 with Dental \$20

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: _____

IMPORTANT: Read and sign below:

- 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.
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 - 1) This person is authorized under State law to complete this enrollment, and
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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.

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Large print

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Do you work? Yes No

Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center:

Paying your plan premiums

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

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Office Use Only:

Agent Name: _____ NPN: _____

Agent Signature: _____ Date: _____

Enrollment Period: IEP AEP SEP (type): _____ Not Eligible

Effective Date of Coverage: _____

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Date: _____

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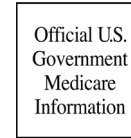
Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

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- 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)_____.
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- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
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- 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 Baylor Scott & 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.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Baylor Scott & White Health Plan - H2032

For 2022, Baylor Scott & White Health Plan - H2032 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★★
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Baylor Scott & White Health Plan 7 days a week from 7:00 a.m. to 8:00 p.m. Central time at 866-334-3141 (toll-free) or 711. Current members please call 866-334-3141 (toll-free) or 711.

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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](https://www.MySWHPGuide.com)



BSW SeniorCare Advantage PPO is offered by Scott and White Health Plan, doing business as Baylor Scott & White Health Plan, through its subsidiary Baylor Scott & White Insurance Company, 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.

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.