



# My Medicare Plan

## 2022 Enrollment Guide

Central Texas HMO



**Baylor Scott & White**  
**Health Plan**

Our new brand in 2022

**BSW SENIORCARE**  
ADVANTAGE • HMO

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

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.

## 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](https://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 Central and North Texas.



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



Plans available with or without prescription drug benefits.

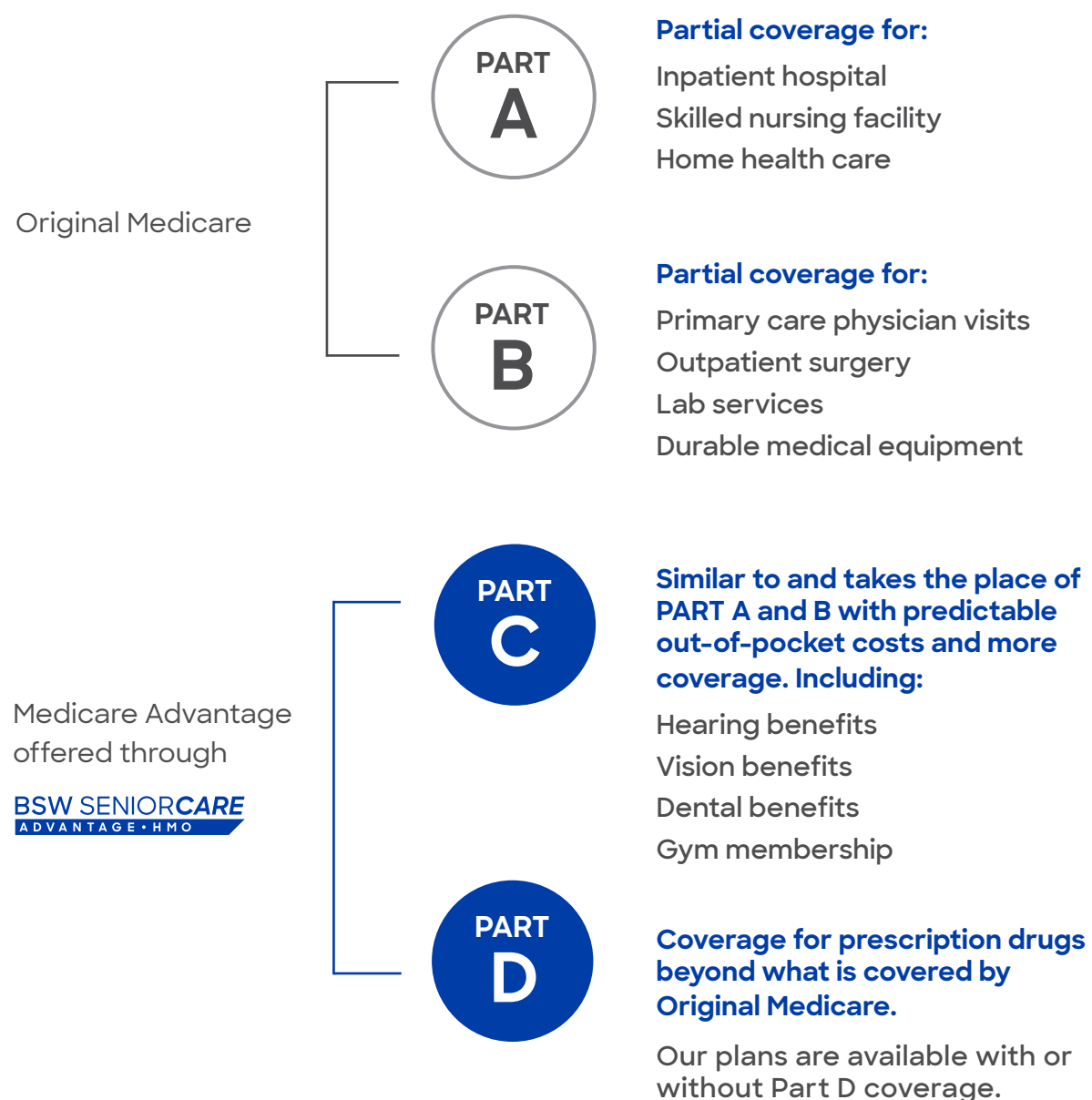
## A comprehensive healthcare experience

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 Central and North 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.

## BSW SeniorCare Advantage

Enrolling in a Medicare Advantage plan like BSW SeniorCare Advantage HMO 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 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](http://advantage.swhp.org).

### How do you know if your prescriptions are covered?

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

### Can you get treatment outside the network?

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

## 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 HMO

Central Texas - Effective January 1, 2022

Medical Plan Benefits*	Select	Preferred	Premium
<b>Monthly Premium</b>			
With Part D prescription drugs	\$0	\$145	\$255
Without Part D prescription drugs** (See Select Plan Part B premium note below.)	\$0	\$83	\$199
<b>Deductible</b>	\$0	\$0	\$0
<b>Out-of-Pocket Maximum with Part D</b>	\$6,300	\$4,900	\$4,800
<b>Out-of-Pocket Maximum without Part D</b>	\$5,900	\$4,500	\$4,500
<b>Annual Physical Exam</b>	\$0 copay	\$0 copay	\$0 copay
<b>Primary Care Physician (PCP) Office Visit</b>	\$0 copay	\$0 copay	\$0 copay
<b>Specialty Care Physician (SCP) Office Visit</b>	\$25 copay	\$25 copay	\$0 copay
<b>Telehealth Visit (PCP, SCP, Psychiatry Services)</b>	\$0 copay	\$0 copay	\$0 copay
<b>Diagnostic Tests, X-rays, Lab Services</b> (separate office visit copay may apply)	\$0-\$75 copay	\$0 copay	\$0 copay
<b>Advanced Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)</b>	\$300 copay	\$15 copay	\$0 copay
<b>Physical/Occupational/Speech Therapy</b>	\$35 copay	\$25 copay	\$10 copay
<b>Inpatient Hospital</b>	Days 1-6: \$325/day Days 7-90: \$0/day	\$700/stay	\$100 copay
<b>Inpatient Mental Health</b>	Days 1-5: \$318/day Days 6-90: \$0/day	\$700/stay	\$100 copay
<b>Skilled Nursing Facility (SNF)</b>	Days 1-20: \$0/day Days 21-100: \$188/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$15/day
<b>Outpatient Surgery (facility)</b>	\$350 copay	\$15 copay	\$0 copay
<b>Ambulatory Surgical Center (facility)</b>	\$275 copay	\$100 copay	\$0 copay
<b>Ambulance (U.S. only) with Part D</b>	\$300 copay	\$75 copay	\$40 copay
<b>Ambulance (U.S. only) without Part D</b>	\$265 copay	\$75 copay	\$40 copay
<b>Emergency Care (U.S. only; copay waived if admitted within 24 hours)</b>	\$90 copay	\$90 copay	\$90 copay
<b>Urgent Care (U.S. only; copay waived if admitted within 24 hours)</b>	\$50 copay	\$40 copay	\$40 copay
<b>Durable Medical Equipment (DME)</b>	20% coinsurance	20% coinsurance	\$0 copay
<b>Podiatry</b>	\$45 copay	\$15 copay	\$0 copay
<b>Chemotherapy Drugs</b>	20% coinsurance	20% coinsurance	20% coinsurance
<b>Other Part B Drugs</b>	20% coinsurance	20% coinsurance	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](http://advantage.swhp.org).

\*\* BSW SeniorCare Advantage Select HMO (without Part D) pays \$50 toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to [SSA.gov](http://SSA.gov) for more information. If you have Part D prescription drug coverage through another carrier, and you purchase a plan with Part D, 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.

## Affordable prescriptions

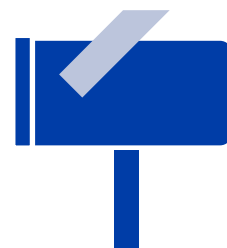
BSW SeniorCare Advantage HMO plans can be purchased with or without prescription drug benefits. Our plan deductibles range from \$0 to \$300 and offer copayments as low as \$2 for Preferred Generic Drugs. For your health and safety, Medicare Advantage plans may have additional requirements or limits 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](http://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	Select Rx	Preferred Rx	Premium Rx
Initial Coverage Amount	\$4,430	\$4,430	\$4,430
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	\$7,050	\$7,050	\$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.

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

### Dental

Original Medicare does not cover traditional dental care, but the BSW SeniorCare Advantage HMO plans feature dental benefits through 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. 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.

### 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

### Routine transportation

BSW SeniorCare Advantage HMO plans include routine transportation to approved locations such as medical appointments, physical therapy visits, labs, grocery stores and drug stores.

- Up to 24 one-way trips per year, OR
- 12 round trips up to 50 miles each way

## 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

## In-home meals

BSW SeniorCare Advantage HMO plans include a meal benefit to ease your recovery when you return home from the hospital:

- Receive 14 meals per hospital discharge to home; limit three discharges per year.
- Upon being discharged from the hospital, you will receive meals delivered right to your door at no cost to you. GA Foods will contact you to arrange delivery.

## Over-the-counter (OTC) allowance

BSW SeniorCare Advantage HMO plans feature a quarterly purchase allowance from participating retailers for eligible over-the-counter items such as bandages, cold and allergy medicines, pain relievers, and more.

- \$50 allowance per quarter in Select Rx plan; \$30 per quarter in all other plans
- Can be used at any participating retailer
- OTC card is delivered to your home

## In-home support services

Assistance in performing activities of daily living - such as light homemaking and meal preparation - are also included in BSW SeniorCare Advantage HMO plans.

- If you buy a plan with Part D coverage, up to 12 hours are included
- If you buy a plan without Part D coverage, up to 20 hours are included

## 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

## Three simple ways to enroll

### 1. Enroll online. [advantage.swhp.org](https://advantage.swhp.org) or [medicare.gov](https://medicare.gov)

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 [medicare.gov](https://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:

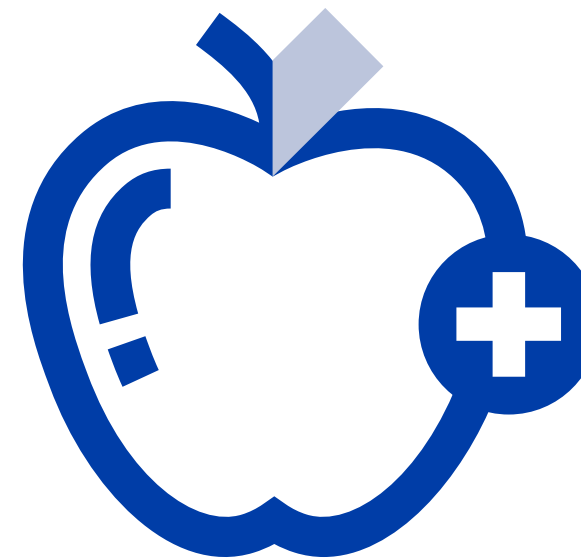
 **Email:** [MedicareEnrollment@bswhealth.org](mailto:MedicareEnrollment@bswhealth.org)

 **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

## Central Texas HMO





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

**Summary of Benefits**

**January 1, 2022 - December 31, 2022**

BSW SeniorCare Advantage HMO is offered by Scott and White Health Plan, doing business as Baylor Scott & 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, 2021.

**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**

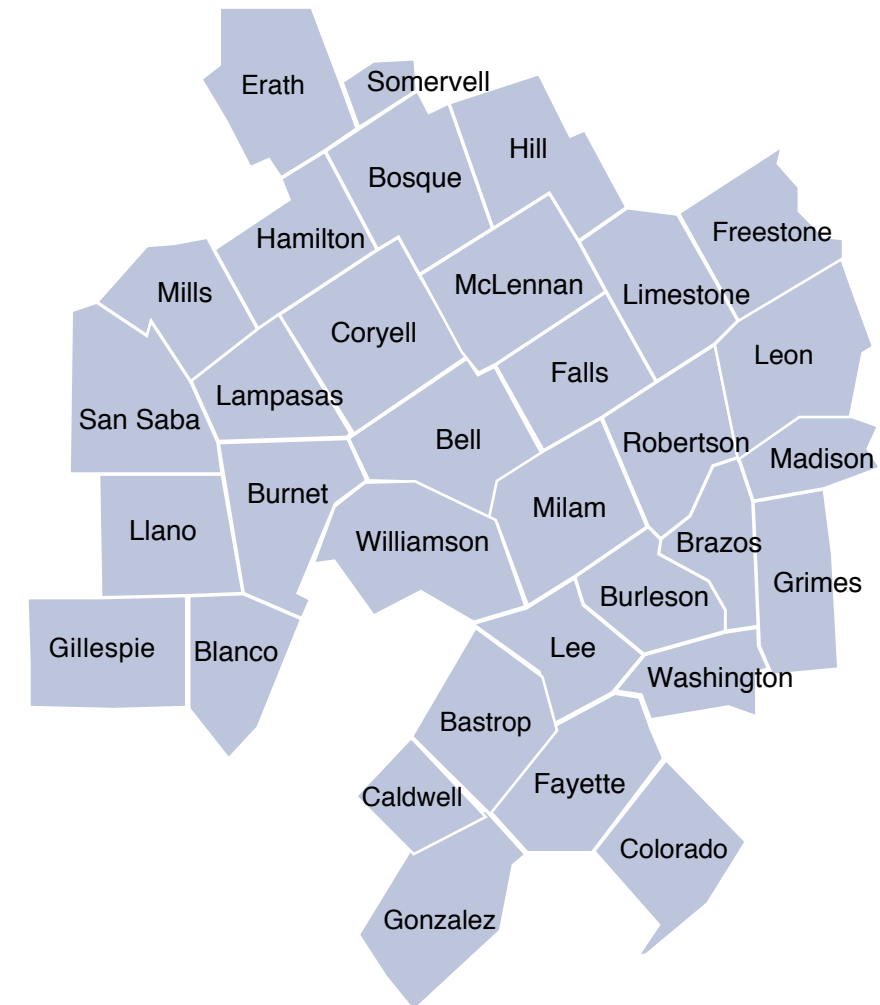
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [advantage.swhp.org](https://www.advantage.swhp.org)

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

**Who can join?**

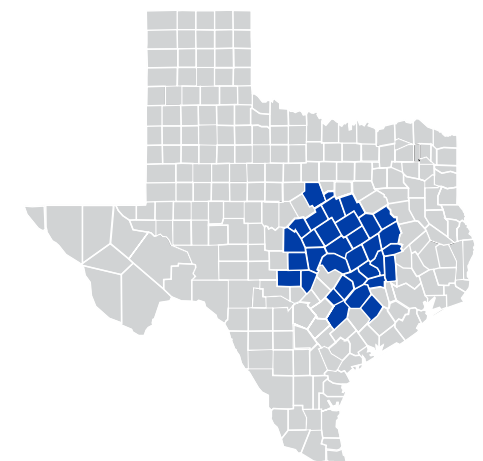
To join BSW SeniorCare Advantage HMO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, 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:**

Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, 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](http://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](http://advantage.swhp.org).

Premiums and Benefits	Select	Preferred	Premium
<p><b>Monthly Plan Premium</b></p> <p>With Part D prescription drug coverage</p> <p>Without Part D prescription drug coverage</p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>You pay \$0 per month.</p> <p>You pay \$0 per month.</p> <p>BSW SeniorCare Advantage Select (HMO) without Part D prescription drug coverage pays \$50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about Social Security, please contact Social Security or go to <a href="http://SSA.gov">SSA.gov</a> for more information.</p>	<p>You pay \$145 per month.</p> <p>You pay \$83 per month.</p>	<p>You pay \$255 per month.</p> <p>You pay \$199 per month.</p>
<b>Deductible</b>	You pay \$0.	You pay \$0.	You pay \$0.
<p><b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b></p> <p>With Part D prescription drug coverage</p> <p>Without Part D prescription drug coverage</p>	<p>You pay \$6,300 annually.</p> <p>You pay \$5,900 annually.</p>	<p>You pay \$4,900 annually.</p> <p>You pay \$4,500 annually.</p>	<p>You pay \$4,800 annually.</p> <p>You pay \$4,500 annually.</p>
<b>Inpatient Hospital*</b>	Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.	You pay \$700 copay per stay.	You pay \$100 copay per stay.

\*Prior Authorization is required.

Premiums and Benefits	Select	Preferred	Premium
<b>Outpatient Hospital*</b>			
Ambulatory Surgery Center	You pay \$275 copay per visit.	You pay \$100 copay per visit.	You pay \$0 copay per visit.
Outpatient Hospital Services	You pay \$350 copay per visit.	You pay \$15 copay per visit.	You pay \$0 copay per visit.
<b>Doctor Visits</b>			
Primary Care Providers	You pay \$0 copay per visit.	You pay \$0 copay per visit.	You pay \$0 copay per visit.
Specialists	You pay \$25 copay per visit.	You pay \$25 copay per visit.	You pay \$0 copay per visit.
<b>Preventive Care</b>	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
<b>Emergency Care</b>	You pay \$90 copay per visit.	You pay \$90 copay per visit.	You pay \$90 copay per visit.
	If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
<b>Urgently Needed Services</b>	You pay \$50 copay per visit.	You pay \$40 copay per visit.	You pay \$40 copay per visit.
	If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.

\*Prior Authorization is required.

Premiums and Benefits	Select	Preferred	Premium
<b>Diagnostic Services/Labs/Imaging*</b>			
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.
<b>Hearing Services</b>			
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.
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.
<b>Dental Services</b>			
Yearly Benefit Maximum	\$2,000	\$2,000	\$2,000
Deductible	You pay \$0.	You pay \$0.	You pay \$0.
Oral Exams, Cleanings (every six months)	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Dental X-rays (every three years)	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
Extractions and Fillings	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance.

\*Prior Authorization is required.

Premiums and Benefits	Select	Preferred	Premium
<b>Dental Services (continued)</b>			
Restorative Dental (every two years)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance.
Dentures (every five years)	You pay 50% coinsurance.	You pay 50% coinsurance.	You pay 50% coinsurance.
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.			
<b>Vision Services</b>			
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.
<b>Mental Health Services</b>			
Inpatient Visit*	Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.	You pay \$700 copay per stay.	You pay \$100 copay per stay.
Outpatient Individual or Group Therapy Visit	You pay \$40 copay.	You pay \$15 copay.	You pay \$0 copay.
<b>Skilled Nursing Facility (SNF) Care*</b>	Days 1 - 20: \$0 copay each day. Days 21 - 100: \$188 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.

\*Prior Authorization is required.

Premiums and Benefits	Select	Preferred	Premium
<b>Physical Therapy</b>			
Occupational therapy visit	You pay \$35 copay.	You pay \$25 copay.	You pay \$10 copay.
Physical therapy and speech and language therapy visit	You pay \$35 copay.	You pay \$25 copay.	You pay \$10 copay.
<b>Ambulance Services</b>			
<b>Ground Ambulance</b>			
With Part D prescription drug coverage	You pay \$300 copay.	You pay \$75 copay.	You pay \$40 copay.
Without Part D prescription drug coverage	You pay \$265 copay.	You pay \$75 copay.	You pay \$40 copay.
<b>Air Ambulance</b>			
With Part D prescription drug coverage	You pay \$300 copay.	You pay \$75 copay. You pay \$75 copay.	You pay \$40 copay. You pay \$40 copay.
Without Part D prescription drug coverage	You pay \$265 copay.		
<b>Transportation (additional routine)</b>	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.
<b>Medicare Part B Prescription Drugs*</b>			
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.

\*Prior Authorization is required.

Premiums and Benefits	Select	Preferred	Premium
<b>Wellness Program (e.g. fitness)</b>	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.
<b>Home Health Care*</b>	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
<b>Foot Care (Podiatry Services)</b>  Medicare-covered foot exams and treatment.	You pay \$45 copay.	You pay \$15 copay.	You pay \$0 copay.
<b>Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services.</b>	You pay \$0 copay.	You pay \$0 copay.	You pay \$0 copay.
<b>Opioid Treatment Service*</b>	You pay \$45 copay.	You pay \$15 copay.	You pay \$0 copay.
<b>Meal Benefit</b>	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.
<b>In-Home Support Services</b>  With Part D prescription drug coverage	You pay \$0 copay for up to 12 hours of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to 12 hours of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to 12 hours of assistance in performing activities of daily living (ADLS) yearly.
Without Part D prescription drug coverage	You pay \$0 copay for up to 20 hours of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to 20 hours of assistance in performing activities of daily living (ADLS) yearly.	You pay \$0 copay for up to 20 hours of assistance in performing activities of daily living (ADLS) yearly.

**\*Prior Authorization is required.**

Premiums and Benefits	Select	Preferred	Premium
<b>Over-the-Counter Items</b>  With Part D prescription drug coverage	Quarterly \$50 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.
Without Part D prescription drug coverage	Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.

**\*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](http://advantage.swhp.org) by October 15, 2021.

Outpatient Prescription Drugs						
	Select		Preferred		Premium	
<b>Deductible</b>	\$300 Applies to Tier 4 and Tier 5.		\$100 Applies to Tier 4 and Tier 5.		\$0 Applies to Tiers 1 – 5.	
<b>Initial Coverage</b> (after you pay your deductible, if applicable)	<p>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.</p> <p>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).</p>					
	<b>Standard Retail 30-Day Supply</b>	<b>Mail Order 90-Day Supply</b>	<b>Standard Retail 30-Day Supply</b>	<b>Mail Order 90-Day Supply</b>	<b>Standard Retail 30-Day Supply</b>	<b>Mail Order 90-Day Supply</b>
<b>Tier 1</b> (Preferred Generic)	You pay \$6.	You pay \$0.	You pay \$3.	You pay \$0.	You pay \$2.	You pay \$0.
<b>Tier 2</b> (Generic)	You pay \$20.	You pay \$0.	You pay \$15.	You pay \$0.	You pay \$12.	You pay \$0.
<b>Tier 3</b> (Preferred Brand)	You pay \$47.	You pay \$94.	You pay \$45.	You pay \$90.	You pay \$45.	You pay \$90.
<b>Tier 4</b> (Non-Preferred)	You pay \$100.	You pay \$200.	You pay \$95.	You pay \$190.	You pay \$95.	You pay \$190.
<b>Tier 5</b> (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
<b>Part D Senior Savings Model</b>	There is no deductible for BSW SeniorCare Advantage HMO 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 HMO 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.					
<b>Coverage Gap</b>	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.					
<b>Catastrophic Coverage</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</li> </ul>					

### 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](http://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.
- 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).

**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

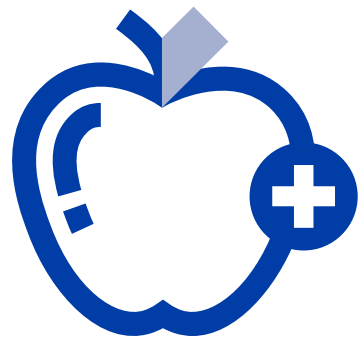
\_\_\_\_\_

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.



BSW SeniorCare Advantage HMO is offered by Scott and White Health Plan, doing business as Baylor Scott & 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**



**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**



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

**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



OMB No. 0938-1378  
Expires: 7/31/2023

**BSW SENIORCARE**  
ADVANTAGE • HMO

### 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 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 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 **\$145**
- BSW SeniorCare Advantage HMO Premium w/Rx **\$255**

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

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 (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 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.

**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?

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:

<b>Without Prescription Drugs</b> <input type="checkbox"/> BSW SeniorCare Advantage HMO Select <b>\$0</b> <input type="checkbox"/> BSW SeniorCare Advantage HMO Preferred <b>\$83</b> <input type="checkbox"/> BSW SeniorCare Advantage HMO Premium <b>\$199</b>	<b>With Prescription Drugs</b> <input type="checkbox"/> BSW SeniorCare Advantage HMO Select w/Rx <b>\$0</b> <input type="checkbox"/> BSW SeniorCare Advantage HMO Preferred w/Rx <b>\$145</b> <input type="checkbox"/> BSW SeniorCare Advantage HMO Premium w/Rx <b>\$255</b>
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FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_ Optional: Middle Initial: \_\_\_\_\_

Birth Date: (MM/DD/YYYY) ( / / )	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number: ( )
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Permanent residence street address (Don't enter a PO Box):

City: _____	Optional: County: _____	State: _____	ZIP Code: _____
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Mailing address, if different from your permanent address (PO Box allowed)

Street Address: _____	City: _____	State: _____	ZIP Code: _____
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**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.

<b>Signature:</b> _____	<b>Today's date:</b> _____
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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 (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 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.



**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.

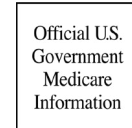
Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may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

**IMPORTANT INFORMATION:**

**2022 Medicare Star Ratings**



Baylor Scott & White Health Plan - H8142

For 2022, Baylor Scott & White Health Plan - H8142 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

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

**The number of stars show how well a plan performs.**

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

**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.

NOTES

NOTES

## NOTES

## 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 HMO is offered by Scott and White Health Plan, doing business as Baylor Scott & 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.