



Benefits of Membership

Central Texas • 2022



Baylor Scott & White
Health Plan

Our new brand in 2022

BSW SENIORCARE
ADVANTAGE • HMO • PPO

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

Contact information at a glance

Baylor Scott & White Health Plan Customer Engagement
(Plan Changes/Annual Enrollment Assistance)
1.877.845.3901
8 AM – 5 PM • Monday – Friday
Email: swhpRetention@bswhealth.org

Customer Service
1.866.334.3141 • TTY: 711
7 AM – 8 PM
7 days a week (except major holidays)
MyBSWHealth.com

Medicare
(if applicable to your plan) 1.800.MEDICARE (1.800.633.4227)
TTY: 1.877.486.2048
24 hours a day/7 days a week
medicare.gov

MetLife Dental 1.855.676.9337
MetLife.com

Silver&Fit™ 1.877.427.4788 • TTY: 711
5 AM – 6 PM PST • Monday – Friday
SilverAndFit.com

LogistiCare 1.866.428.0212
(HMO plans transportation benefit) logisticare.com

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.

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

Our new brand in 2022

On January 1, 2022, Scott and White Health Plan will do business as Baylor Scott & White Health Plan. Our Medicare Advantage plans will work even more closely than ever with Baylor Scott & White Health hospitals, doctors and specialists throughout Central and North Texas.

We are glad to have you as a member

These days, many health plans compete for your membership, and we're glad you chose Baylor Scott & White Health Plan. With affordable copays, no referrals required to see a specialist, and access to renowned Baylor Scott & White Health system providers and hospitals throughout Central and North Texas, you can be confident Baylor Scott & White Health Plan is the right choice for your healthcare needs.

This guide provides contact information you may need throughout your journey with us, and shares helpful tips on how to manage your benefits and your healthcare experience.

We've also included a summary of 2022 plan benefits, to help inform your healthcare selections for next year. Remember, if you want to stay in your current plan, no action is required. Enrollment in your current plan will continue. Review your Annual Notice of Change (mailed to you) for a summary of plan changes for 2022.



Our new brand in 2022

How your plan works

You do not have to select a primary care physician (PCP) to direct your care. You can see a specialist without a referral anytime.

You can find in-network doctors, specialists, hospitals and other providers online through advantage.swhp.org or by calling Customer Service.

PPO: Except for urgent and emergency care, you will pay more out-of-pocket when you visit out-of-network providers, because your out-of-network healthcare services are subject to a higher deductible and coinsurance percentage. Refer to your plan's Evidence of Coverage at MyBSWHealth.com for details.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call Customer Service or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

HMO: Except for urgent and emergency care, you must get your care and services from in-network providers. If you choose to get non-emergency or non-urgent services out-of-network, you will be personally responsible for payment of all out-of-network charges.

Ready to help:

Call a customer advocate for answers to benefits questions, claims inquiries, and assistance in locating providers and using online tools and resources.

1.866.334.3141 (TTY: 711)

7 AM to 8 PM, seven days a week
(except major holidays)

**You can see a
specialist without
a referral anytime.**

Preventive care is covered at 100%





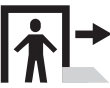


Preventive services are covered at 100% (no copay) when you use in-network providers for services such as:

- Annual wellness visits
- Cancer screenings
- Immunizations

For a complete list of covered preventive services, refer to your plan's Evidence of Coverage at MyBSWHealth.com.

Where you go for care matters

Knowing where to go for care may save you time and money.

| Type of care | Examples of health issues | Average cost |
|---|---|--|
|  <p>Primary care doctor</p> <p>Your first choice for care when it's not an emergency</p> | <ul style="list-style-type: none"> • Asthma • Chronic conditions <ul style="list-style-type: none"> • Diabetes management • High blood pressure • Earache • Headaches • Preventive health • Sprains • Well women exams | \$0 copay with BSW SeniorCare Advantage |
|  <p>eVisits and video visits</p> <p>Using your mobile device or computer</p> <p>Download the free MyBSWHealth app</p>   | <ul style="list-style-type: none"> • Acne • Allergies • Bladder infection • Cold • Flu • Pink eye • Tobacco cessation • Sinus infection • Stomach problems • Yeast infection | \$0 copay with BSW SeniorCare Advantage |
|  <p>Walk-in clinics</p> <p>Same-day appointments when your doctor does not have availability</p> <p>Walk-in clinics include select primary care clinics and some pharmacy locations</p> | <ul style="list-style-type: none"> • Asthma • Bladder infection • Ear or sinus pain • Earache • Flu • Sore throat • Sprains | \$0 copay with BSW SeniorCare Advantage |
|  <p>Urgent care</p> <p>When you need immediate attention for something that is not life-threatening, or an appointment is not available with your doctor.</p> | <ul style="list-style-type: none"> • Back pain • Bladder infection • Earache • Minor burns • Minor eye injuries • Minor cuts that may need stitches • Sore throat • Sprains | Urgent care copays apply \$ |
|  <p>Emergency room</p> <p>Any condition you believe to be life-threatening</p> | <ul style="list-style-type: none"> • Chest pain • Deep cuts or wounds • Difficulty breathing • Poisoning, overdoses and suicidal behavior • Abdominal pain, coughing or vomiting blood • Severe burns • Severe head injuries • Sudden loss of balance, vision change, facial droop, arm or leg weakness | Hospital average cost: \$ \$ Stand-alone average cost: \$ \$ \$ |

Need help finding a doctor, urgent care, walk-in clinic or emergency room near you?

Contact Customer Service by phone at 1.866.334.3141 (TTY 711). You can also visit our website at advantage.swhp.org.

Virtual care with MyBSWHealth

With MyBSWHealth, you 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 copay; prescription drug copays 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, you can access your healthcare and health insurance information in one secure portal, 24 hours a day, seven days a week.



You can:

- Find a provider
- Schedule appointments and access virtual care
- Message your BSWH provider
- Access a digital copy of your insurance ID card
- View test results
- Review and pay bills
- Reorder and manage prescriptions at BSWH pharmacies (refer to page 5 for additional prescription drug options through OptumRx)
- View claims and payments toward your out-of-pocket maximum



Affordable prescriptions

If your plan includes prescription drug benefits, simply present your member ID card at a network pharmacy when you need to fill a prescription. Mail-order service is also available. Mail-order copays for 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.

For your health and safety, some prescription drugs may have additional requirements or limits on coverage, including:

- **Prior Authorization:** Baylor Scott & White Health Plan 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.

Our mail-order prescription tools

At advantage.swhp.org, you can locate network pharmacies, or log in to the member portal to:

- Compare medication prices at different pharmacies
- Find drug prices and lower-cost alternatives
- Manage medication reminders
- View real-time benefits and claims history

Getting your prescription medications delivered to your home is reliable, simple and cost-efficient. You'll benefit from:

- Having the option of a three-month supply
- Free standard shipping
- Telephone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders to take or refill your medications

Signing up for mail-order delivery can be done in one of three simple ways:

1. Ask your doctor to send an electronic prescription to OptumRx Home Delivery.
2. Visit **advantage.swhp.org** and log in to your member portal. From there, you can fill new prescriptions, transfer others to home delivery and more.
3. Call OptumRx at **1.844.230.9357**.

Vision care

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 care

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. Refer to the Evidence of Coverage for details.

Dental care

Most of Baylor Scott & White Health Plan's 2022 plans include dental benefits through MetLife for no additional premium.* Coverage includes things like exams, cleanings, X-rays, extractions and fillings, restorative services and even dentures. Refer to the Evidence of Coverage for complete details, including limitations and exclusions.

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**.

Dental insurance policies are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

*Dental coverage is included with all plans EXCEPT the PPO Basic plan in Central Texas. These members may add optional supplemental dental coverage at any time during the year for an additional monthly premium of \$20.

Have you taken your Health Assessment?

As a valued member of Baylor Scott & White Health Plan, we care about your health and well-being. Whether it's helping you manage a chronic condition like diabetes, encouraging you to take advantage of your no-cost Silver&Fit membership or equipping you with the tools necessary to take control of your health, we are here to give you the resources you need to feel your best. Our online wellness assessment and coaching program is designed to give you the tools necessary to take control of your health.

Completing your Health Assessment is easy! Just go to **advantage.swhp.org/hra** and you are well on your way to a healthier you. After completing your assessment, you will be presented with simple and actionable lifestyle and health choices along with online health coaching that will help you achieve your personal health goals.

Complete your Health Assessment

advantage.swhp.org/hra

Something for Everyone[®] with the Silver&Fit[®] program

2022 BSW SeniorCare Advantage HMO and PPO plans include a fitness membership with Silver&Fit at no cost to you.



8,000+ digital workout videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos on the Silver&Fit website and through the Silver&Fit mobile app.



Home fitness kits

You can pick one Home Fitness Kit per benefit year from options such as Wearable Fitness Tracker Kit, Pilates Kit, Strength Kit, Yoga and more.



Access to one of 16,500+ participating fitness centers

You also have access to the Premium Fitness Network including unique experiences like swimming centers, rock climbing gyms and rowing centers, each with a monthly buy-up price.



Daily workout videos

You can join daily workout classes on Facebook Live and the Silver&Fit YouTube channel.

facebook.com/SilverandFit

youtube.com/SilverandFit



Healthy aging coaching

You can address your fitness, nutrition and lifestyle goals during scheduled phone sessions with a coach.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit, Something for Everyone, and the Silver&Fit logo are trademarks of ASH and used with permission herein. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change. Other names may be trademarks of their respective owners.

Over-the-counter (OTC) allowance

BSW SeniorCare Advantage **HMO** plans feature a quarterly allowance from participating retailers to purchase eligible over-the-counter items, such as bandages, cold and allergy medicines, pain relievers, and more. You will receive a mailing for the OTC Network with a card and instructions for setting up an account to view available items and for making purchases. Participating retailers include: CVS, Discount Drug Mart, Dollar General, Family Dollar, HEB, Rite Aid, Walmart, Walgreens and other independent pharmacy locations.

Note: CVS Pharmacies at Target do not accept OTC Network cards. Unused amounts do not roll over from quarter to quarter or to next year.

In-home meals benefit

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

- 14 meals per hospital discharge to home; limit 3 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.
- All meals are low in salt, sugar, fat, cholesterol and are suitable for diabetics and those with cardiac conditions.

In-home support services

BSW SeniorCare Advantage **HMO** plans include assistance in performing activities of daily living, such as light homemaking and meal preparation, at no additional cost.

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.

To get started, schedule an appointment by contacting LogistiCare at **1.866.428.0212**. There is no additional cost for this service. It includes up to 24 one-way trips per year, OR 12 round trips up to 50 miles each way.

Care management

If you're interested in personal assistance related to a disease or chronic condition, our nurse care managers can provide you with free and confidential guidance over the phone. Support includes:

- Information to help you better understand and manage your condition or disease;
- Personalized answers to your health or medication questions;
- Facilitating multiple services such as homecare, medical supplies or medical equipment; and
- Advice on how to live safely at home.

If you are interested in learning more about these or other care management services, please call **1.866.334.3141** (TTY: 711).

Disease management

Disease Management empowers you to manage your chronic condition and help prevent complications. We work with your healthcare providers to identify chronic conditions quickly and treat them effectively. We can also identify self-care activities that help you manage your condition at home. Together, we'll work to slow down the progression of your disease and help you **stay better, longer**.

Complex case management

If you have chronic conditions or complex care needs, our nurse case managers will work with you, your family, and your physician to create and manage your care plan. Case managers advocate for you and can help you navigate the healthcare system and arrange the services you need. They can also answer questions and help you understand your condition and care plan. If you are also enrolled in a Disease Management program, your case manager will coordinate that program with your Complex Case Management plan. There is no additional cost to you for this voluntary program. It's all part of our goal to help you get the best possible results and the greatest value from your health plan.

**Medicare members can access the program by calling
1.866.334.3141.**

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 in-home medical visits by doctors and other providers.

- 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

HMO medical plan benefits

Effective January 1, 2022

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

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

** 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 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.

PPO medical plan benefits

Effective January 1, 2022

| Medical Plan Benefits* | Basic ¹ | Platinum ² |
|---|--|---|
| Monthly Premium | \$37 | \$140 |
| Deductible | \$0 | \$0 |
| Out-of-Pocket Maximum | \$7,000 | \$4,700 |
| Primary Care Physician (PCP) Office Visit | \$0 copay | \$0 copay |
| Annual Physical Exam | \$0 copay | \$0 copay |
| Specialty Care Physician (SCP) Office Visit | \$40 copay | \$20 copay |
| Telehealth Visit (PCP, SCP, Psychiatry) | \$0 copay | \$0 copay |
| Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply) | \$0-\$75 copay | \$0-\$20 copay |
| Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology) | \$300 copay | \$200 copay |
| Physical/Occupational/Speech Therapy (per visit) | \$35 copay | \$25 copay |
| Inpatient Hospital | Days 1-6: \$325/day Days 7-90: \$0/day | Days 1-5: \$250/day Days 6-90: \$0/day |
| Inpatient Mental Health | Days 1-5: \$318/day Days 6-90: \$0/day | Days 1-5: \$250/day Days 6-90: \$0/day |
| Skilled Nursing Facility (SNF) | Days 1-20: \$0/day Days 21-100: \$188/day | Days 1-20: \$0/day Days 21-100: \$50/day |
| Outpatient Surgery (facility) | \$350 copay | \$100 copay |
| Ambulatory Surgical Center (facility) | \$275 copay | \$75 copay |
| Ambulance (U.S. only) | \$325 copay | \$75 copay |
| Emergency Care (U.S. only; copay waived if admitted within 24 hours) | \$90 copay | \$90 copay |
| Urgent Care (U.S. only; copay waived if admitted within 24 hours) | \$50 copay | \$50 copay |
| Durable Medical Equipment (DME) | 20% coinsurance | 20% coinsurance |
| Podiatry | \$45 copay | \$45 copay |
| Chemotherapy Drugs | 20% coinsurance | 20% coinsurance |
| Other Part B Drugs | 20% coinsurance | 20% coinsurance |

*This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at advantage.swhp.org. ¹To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Basic PPO is 35%. There is a \$750 deductible and \$10,000 out-of-pocket maximum for services received out-of-network. ²To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Platinum PPO is 30%. There is no deductible and \$10,000 out-of-pocket maximum for services received out-of-network.

HMO Rx and dental 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.

| Dental Benefits (for all HMO plans) | |
|--|----------|
| Monthly Premium | Included |
| Yearly Benefit Maximum | \$2,000 |
| Deductible | \$0 |
| Oral Exams, Cleanings (every 6 months) | \$0 |
| Dental X-rays (every 3 years) | \$0 |
| Extractions and Fillings | 50% |
| Dentures (every 5 years) | 50% |
| Restorative Services (every 2 years) | 50% |

For plan changes or annual enrollment assistance, please call 1.877.845.3901 (TTY: 711) or email swhpRetention@bswhealth.org for more information.

PPO Rx and dental benefits

| Prescription Drug Benefits | Basic | Platinum |
|--|--|-----------------|
| Initial Coverage Amount | \$4,430 | \$4,430 |
| Deductible | \$250 | \$50 |
| Deductible Applies to: | Tiers 3-5 | Tiers 3-5 |
| Retail Copays During Initial Coverage Period | | |
| Tier 1 - Preferred Generic Drugs | \$3 copay | \$2 copay |
| Tier 2 - Generic Drugs | \$14 copay | \$12 copay |
| Tier 3 - Preferred Brand Drugs | \$47 copay | \$45 copay |
| Tier 4 - Non-Preferred Drugs | \$99 copay | \$95 copay |
| Tier 5 - Specialty Drugs | 28% coinsurance | 32% coinsurance |
| Mail-Order Copays | Tiers 1 - 2 are \$0 copay; Tiers 3 - 4 are 2 copays for a 90-day supply | |
| After Initial Coverage Amount - You Pay | | |
| Preferred Generic Drugs | 25% coinsurance | 25% coinsurance |
| Other Generic Drugs | 25% coinsurance | 25% coinsurance |
| Brand-Name Drugs | 25% coinsurance | 25% coinsurance |
| Total Out-of-Pocket You Pay Before Catastrophic Coverage | \$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.

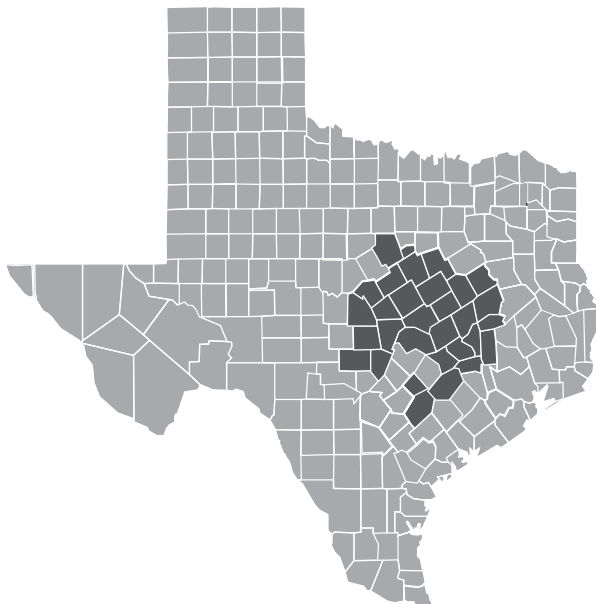
| Dental Benefits | Basic | Platinum |
|--|---------|----------|
| Monthly Premium | \$20 | Included |
| Yearly Benefit Maximum | \$2,000 | \$2,000 |
| Deductible | \$0 | \$0 |
| Oral Exams, Cleanings (every 6 months) | \$0 | \$0 |
| Dental X-rays (every 3 years) | \$0 | \$0 |
| Extractions and Fillings | 50% | 50% |
| Dentures (every 5 years) | 50% | 50% |
| Restorative Services (every 2 years) | 50% | 50% |

HMO supplemental benefits and additional care programs

| Supplemental Benefits (for all HMO plans except as noted) | |
|--|---|
| 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 three years) | \$1,000 allowance toward purchase |
| Fitness (at participating Silver&Fit locations) | \$0 cost |
| Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) | \$50 allowance per quarter in Select Rx plan; \$30 per quarter in all other plans |
| In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year) | \$0 cost |
| Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way) | \$0 cost |
| In-Home Support Services (assistance in performing activities of daily living) | \$0 cost |

| Additional Care Programs (for all HMO plans) | |
|--|----------|
| In-Home Acute Care for eligible members with complex health issues | \$0 cost |
| Kidney Health Program for eligible members diagnosed with kidney disease | \$0 cost |

HMO – coverage area



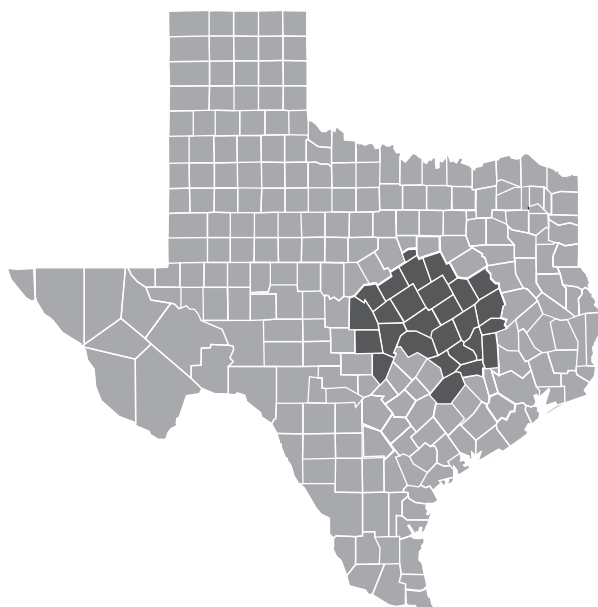
Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington and Williamson counties

PPO supplemental benefits and additional care programs

| Supplemental Benefits (for all PPO plans) | |
|--|-----------------------------------|
| 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 three years) | \$1,000 allowance toward purchase |
| Fitness (at participating Silver&Fit locations) | \$0 cost |

| Additional Care Programs (for all PPO plans) | |
|--|----------|
| In-Home Acute Care for eligible members with complex health issues | \$0 cost |
| Kidney Health Program for eligible members diagnosed with kidney disease | \$0 cost |

PPO – coverage area



Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Gillespie, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington and Williamson counties



1206 W. Campus Dr.
Temple, TX 76502

Important BSW SeniorCare Advantage Information

Benefits of Membership

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Our new brand in 2022

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