

Supplemental 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 three years)	\$1,000 allowance toward purchase
Fitness (at participating Silver&Fit locations)	\$0 cost

Additional care programs

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

Dental benefits

BSW SeniorCare Advantage PPO features dental benefits from Metropolitan Life Insurance Company (MetLife) for an additional premium.

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).

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

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

Enroll today! To speak with a licensed insurance agent and discuss your BSW SeniorCare Advantage options, call:

1.800.782.5068

8 AM – 5 PM CT Monday-Friday

BSW SeniorCare Advantage PPO is offered by Scott and White Health Plan, doing business as Baylor Scott & White Health Plan, through its subsidiary Baylor Scott & White Insurance Company, a Medicare Advantage organization with a Medicare contract. Enrollment in BSW SeniorCare Advantage depends on contract renewal.

You must continue to pay your Medicare Part B premium.

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

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

advantage.swhp.org



My Medicare Plan

2022 North Texas PPO

 **Baylor Scott & White Health Plan**

Our new brand in 2022

BSW SENIORCARE
ADVANTAGE • PPO

- \$0 premium, affordable copays and no referrals to see a specialist
- Prescription drug coverage included; \$0 copays for many mail-order prescriptions
- Access to renowned Baylor Scott & White Health providers and other providers across North and Central Texas

Medical Plan Benefits*	Network Cost Sharing**
Monthly Premium (must continue to pay Medicare Part B premium)	\$0
Deductible	\$0
Out-of-Pocket Maximum (in-network)	\$6,900
Primary Care Physician (PCP) Office Visit	\$0 copay
Annual Physical Exam	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$40 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$188/day
Outpatient Surgery (facility)	\$350 copay
Ambulatory Surgical Center (facility)	\$275 copay
Ambulance (U.S. only)	\$325 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$90 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay
Durable Medical Equipment (DME)	20% coinsurance
Podiatry	\$45 copay
Chemotherapy Drugs	20% coinsurance
Other Part B Drugs	20% coinsurance

Prescription Drug Benefits

Initial Coverage Amount	\$4,430
Deductible	\$300
Deductible Applies to:	Tiers 3-5
Copays During Initial Coverage Period	Retail
Tier 1 - Preferred Generic Drugs	\$4 copay
Tier 2 - Generic Drugs	\$14 copay
Tier 3 - Preferred Brand Drugs	\$47 copay
Tier 4 - Non-Preferred Drugs	\$99 copay
Tier 5 - Specialty Drugs	27% coinsurance
After Initial Coverage Amount - You Pay	Not Available
Preferred Generic Drugs	25% coinsurance
Other Generic Drugs	25% coinsurance
Brand-Name Drugs	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$7,050
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$3.95 for generic drugs (including brand drugs treated as generic) or \$9.85 for all other drugs

There is no deductible for BSW SeniorCare Advantage for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a 30-day supply during the deductible and initial coverage phase. BSW SeniorCare Advantage also offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will also be \$35 for a 30-day supply.

*This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at advantage.swhp.org **To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing is 35%. There is a \$750 deductible and \$10,000 out-of-pocket maximum for services received out-of-network.