

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
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

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 HMO features dental benefits from Metropolitan Life Insurance Company (MetLife) for no 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).

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%

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.

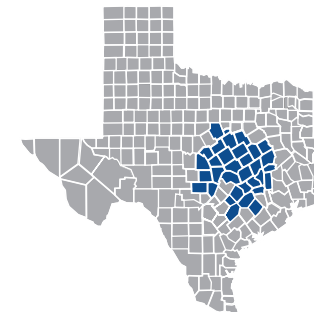
Enroll today!

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

If you are entitled to Medicare Part A, enrolled in Medicare Part B, and are a resident of our 33-county* service area in Central Texas, you are eligible to join BSW SeniorCare Advantage HMO.



[advantage.swhp.org](https://www.advantage.swhp.org)

*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

You must continue to pay your Medicare Part B premium. Other pharmacies, physicians and providers are available in our network.



My Medicare Plan

2022 Central Texas HMO



Our new brand in 2022

BSW SENIORCARE
ADVANTAGE • HMO

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Benefit highlights

- \$0 to low premiums, affordable copays and no referrals to see a specialist
- Plans available with or without prescription drug benefits
- \$0 copays for many mail-order prescriptions
- Access to renowned Baylor Scott & White Health providers and other providers across Central and North Texas

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 (PCR, SCR, 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

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.

**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.