

Summary of Benefits

Central Texas PPO



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

Summary of Benefits

January 1, 2022 - December 31, 2022

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

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at [advantage.swhp.org](https://www.advantage.swhp.org) by October 15, 2021.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what BSW SeniorCare Advantage PPO covers and what you pay.

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to know about BSW SeniorCare Advantage PPO

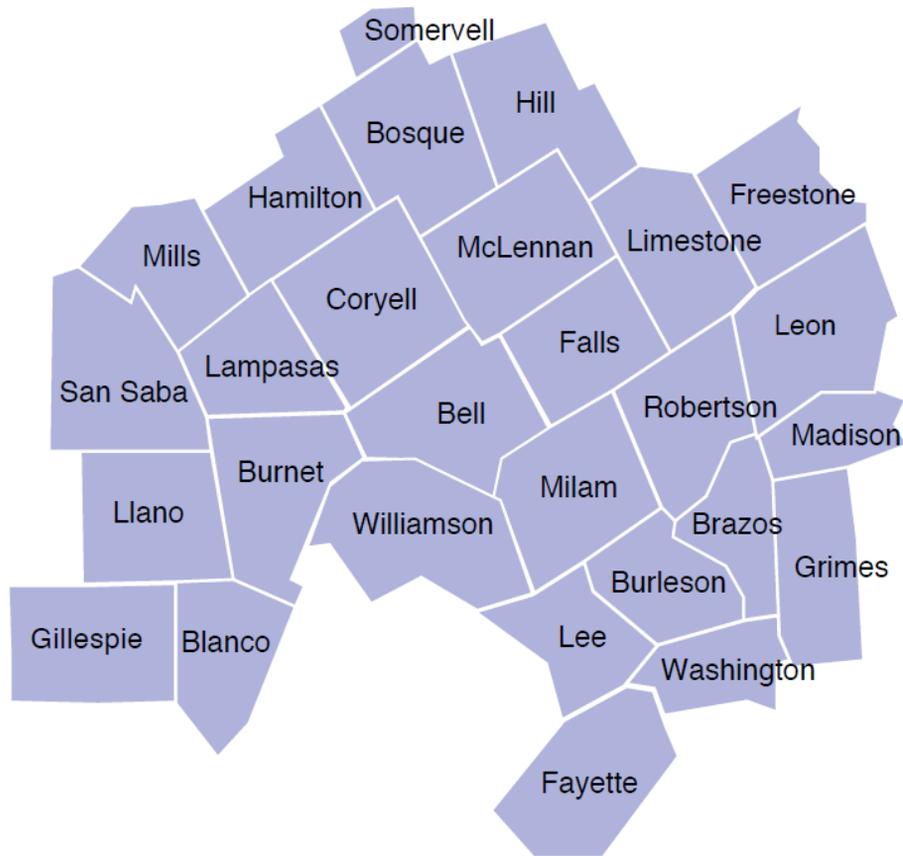
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [advantage.swhp.org](https://www.advantage.swhp.org)

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

Who can join?

To join BSW SeniorCare Advantage PPO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Gillespie, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Somervell, Washington, and Williamson.

What is the service area for Central Texas **BSW SeniorCareAdvantage PPO?**



The counties in the service area
are listed below:

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, Williamson



Which doctors, hospitals, and pharmacies can I use?

BSW SeniorCare Advantage PPO has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at advantage.swhp.org. You may use in- or out-of-network providers.

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

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

BSW SeniorCare Advantage PPO covers Medicare Part B and Part D drugs. Certain limitations may apply.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, advantage.swhp.org.

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Monthly Plan Premium	\$37 per month. You must continue to pay your Medicare Part B premium.	\$140 per month. You must continue to pay your Medicare Part B premium.
Deductible	<p>In-Network You pay \$0.</p> <p>Out-of-Network You pay \$750 for Medicare-covered services.</p>	<p>In-Network You pay \$0.</p> <p>Out-of-Network You pay \$0 for Medicare-covered services.</p>
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>In-Network You pay \$7,000 annually.</p> <p>Out-of-Network You pay \$10,000 annually. Maximum out-of-pocket will not exceed \$10,000 for in-network and out-of-network services combined.</p>	<p>In-Network You pay \$4,700 annually.</p> <p>Out-of-Network You pay \$10,000 annually. Maximum out-of-pocket will not exceed \$10,000 for in-network and out-of-network services combined.</p>
Inpatient Hospital*	<p>In-Network Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network Days 1 - 5: \$250 copay each day. Days 6 - 90: \$0 copay each day.</p> <p>Out-of-Network You pay 30% coinsurance.</p>

***Prior Authorization is required.**

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<p>Outpatient Hospital*</p> <p>Ambulatory Surgery Center</p> <p>Outpatient Hospital Services</p>	<p>In-Network You pay \$275 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> <p>In-Network You pay \$350 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>	<p>In-Network You pay \$75 copay per visit.</p> <p>Out-of-Network You pay 30% coinsurance per visit.</p> <p>In-Network You pay \$100 copay per visit.</p> <p>Out-of-Network You pay 30% coinsurance per visit.</p>
<p>Doctor Visits</p> <p>Primary Care Providers</p> <p>Specialists</p>	<p>In-Network You pay \$0 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> <p>In-Network You pay \$40 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>	<p>In-Network You pay \$0 copay per visit.</p> <p>Out-of-Network You pay 30% coinsurance per visit.</p> <p>In-Network You pay \$20 copay per visit.</p> <p>Out-of-Network You pay 30% coinsurance per visit.</p>
<p>Preventive Care</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 30% coinsurance per visit.</p>

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Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
Emergency Care	<p>In-Network You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p> <p>Out-of-Network You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>In-Network You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p> <p>Out-of-Network You pay \$90 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>
Urgently Needed Services	<p>In-Network You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p> <p>Out-of-Network You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>In-Network You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p> <p>Out-of-Network You pay \$50 copay per visit. If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>
<p>Diagnostic Services/Labs/Imaging</p> <p>Diagnostic Tests and Procedures</p> <p>Lab Services</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p>

***Prior Authorization is required.**

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<p>Diagnostic Services/Labs/Imaging (continued)</p> <p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>In-Network You pay \$75 - \$300 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay \$20 - \$200 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p> <p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p>
<p>Hearing Services</p> <p>Medicare-covered Hearing Exam</p> <p>Routine Hearing Exam</p> <p>Hearing Aids</p>	<p>In-Network You pay \$40 copay for Medicare-covered hearing exam.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay \$0 copay. Limited to 1 visit every year.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>\$1,000 allowance toward the purchase of hearing aids every three years.</p>	<p>In-Network You pay \$20 copay for Medicare-covered hearing exam.</p> <p>Out-of-Network You pay 30% coinsurance.</p> <p>In-Network You pay \$0 copay. Limited to 1 visit every year.</p> <p>Out-of-Network You pay 30% coinsurance.</p> <p>\$1,000 allowance toward the purchase of hearing aids every three years.</p>

***Prior Authorization is required.**

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<p>Dental Services</p> <p>Monthly Premium</p> <p>Yearly Benefit Maximum</p> <p>Deductible</p> <p>Oral Exams, Cleanings (every six months)</p> <p>Dental X-rays (every three years)</p> <p>Restorative Services (every two years)</p> <p>Extractions and Fillings</p> <p>Dentures (every five years)</p> <p>Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the Evidence of Coverage for full details on the dental benefit.</p>	<p>Covered with additional premium. See “Dental – Optional Supplemental Benefit” below.</p>	<p>Included.</p> <p>\$2,000</p> <p>You pay \$0.</p> <p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p>
<p>Vision Services</p> <p>Eyewear</p>	<p>In-Network and Out-of-Network Combined</p> <p>\$125 allowance toward the purchase of eyewear every year.</p>	<p>In-Network and Out-of-Network Combined</p> <p>\$125 allowance toward the purchase of eyewear every year.</p>

***Prior Authorization is required.**

Premiums and Benefits	BSW SeniorCare Advantage Basic	BSW SeniorCare Advantage Platinum
<p>Medicare Part B Prescription Drugs* (continued)</p> <p>Other Part B Drugs</p>	<p>In-Network You pay 20% coinsurance.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay 20% coinsurance.</p> <p>Out-of-Network You pay 30% coinsurance.</p>
<p>Wellness Program (e.g. fitness)</p>	<p>Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.</p>	<p>Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.</p>
<p>Home Health Care*</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p>
<p>Foot Care (Podiatry Services)</p> <p>Medicare-covered foot exams and treatment.</p>	<p>In-Network You pay \$45 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay \$45 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p>
<p>Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services.</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p>
<p>Opioid Treatment Service*</p>	<p>In-Network You pay \$45 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>	<p>In-Network You pay \$45 copay.</p> <p>Out-of-Network You pay 30% coinsurance.</p>

***Prior Authorization is required.**

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at advantage.swhp.org by October 15, 2021.

Outpatient Prescription Drugs				
	Basic		Platinum	
Deductible	\$250 Applies to Tier 3, Tier 4, and Tier 5.		\$50 Applies to Tier 3, Tier 4, and Tier 5.	
Initial Coverage (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>			
	Standard Retail 30-Day Supply	Mail Order 90-Day Supply	Standard Retail 30-Day Supply	Mail Order 90-Day Supply
Tier 1 (Preferred Generic)	You pay \$3.	You pay \$0.	You pay \$2.	You pay \$0.
Tier 2 (Generic)	You pay \$14.	You pay \$0.	You pay \$12.	You pay \$0.
Tier 3 (Preferred Brand)	You pay \$47.	You pay \$94.	You pay \$45.	You pay \$90.
Tier 4 (Non-Preferred)	You pay \$99.	You pay \$198.	You pay \$95.	You pay \$190.
Tier 5 (Specialty)	You pay 28%.	Not Available.	You pay 32%.	Not Available.
Part D Senior Savings Model	<p>There is no deductible for BSW SeniorCare Advantage PPO for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a 30-day supply during the deductible and initial coverage stage. BSW SeniorCare Advantage PPO also offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will also be \$35 for a 30-day supply.</p>			
Coverage Gap	<p>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.</p>			
Catastrophic Coverage	<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"> • 5% coinsurance, or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs. 			

Information on Your Prescription Benefit

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-866-334-3141, 7 a.m. – 8 p.m., seven days a week.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online.

Dental – Optional Supplemental Benefit

Dental coverage is an optional supplemental benefit for the BSW SeniorCare Advantage PPO Basic plan, available for an additional \$20 per month.

Dental Services	BSW SeniorCare Advantage PPO Basic
Monthly Premium	\$20 per month
Yearly Benefit Maximum	\$2,000
Deductible	You pay \$0.
Oral Exams, Cleanings (every six months)	You pay \$0 copay.
Dental X-rays (every three years)	You pay \$0 copay.
Extractions and Fillings	You pay 50% coinsurance.
Restorative Dental (every two years)	You pay 50% coinsurance.
Dentures (every five years)	You pay 50% coinsurance.

Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the *Evidence of Coverage* for full details on the dental benefit.

Pre-Enrollment Checklist

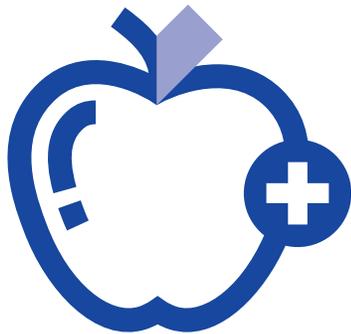
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-334-3141 (TTY: 711) from 7 a.m. to 8 p.m. seven days a week.

Understand the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit advantage.swhp.org or call 1-866-334-3141 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understand Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2022.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.



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You must continue to pay your Medicare Part B premium.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Baylor Scott & White Health Plan - H2032

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

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

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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.