

# Summary of Benefits

North 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**

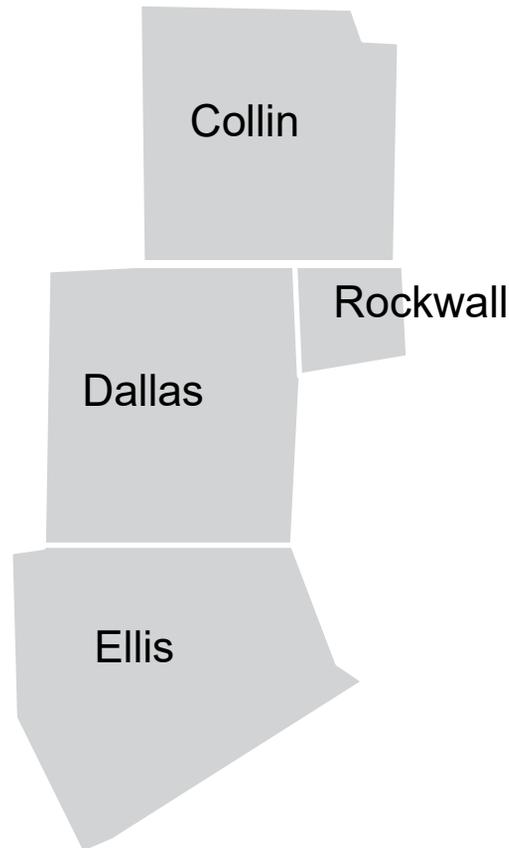
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, 7 a.m. – 8 p.m., seven days a week (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [advantage.swhp.org](https://www.advantage.swhp.org)

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: Collin, Dallas, Ellis, and Rockwall.

# What is the service area for North Texas **BSW SeniorCare Advantage HMO?**



The counties in the service area are listed below:

Collin, Dallas, Ellis, Rockwall



## **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).

<b>Premiums and Benefits</b>	<b>Select With Part D prescription drug coverage</b>	<b>Select Without Part D prescription drug coverage</b>
<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium.	You pay \$0 per month.	You pay \$0 per month.
<b>Deductible</b>	You pay \$0.	You pay \$0.
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	You pay \$6,300 annually.	You pay \$5,900 annually.
<b>Inpatient Hospital*</b>	Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.	Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.
<b>Outpatient Hospital*</b>  Ambulatory Surgery Center  Outpatient Hospital Services	You pay \$275 copay per visit.  You pay \$350 copay per visit.	You pay \$275 copay per visit.  You pay \$350 copay per visit.
<b>Doctor Visits</b>  Primary Care Providers  Specialists	You pay \$0 copay per visit.  You pay \$25 copay per visit.	You pay \$0 copay per visit.  You pay \$25 copay per visit.
<b>Preventive Care</b>	You pay \$0 copay.	You pay \$0 copay.

**\*Prior Authorization is required.**

<b>Premiums and Benefits</b>	<b>Select</b> With Part D prescription drug coverage	<b>Select</b> Without Part D prescription drug coverage
<b>Emergency Care</b>	<p>You pay \$90 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>You pay \$90 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>
<b>Urgently Needed Services</b>	<p>You pay \$50 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>	<p>You pay \$50 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.</p>
<b>Diagnostic Services/Labs/Imaging*</b>  Diagnostic Tests and Procedures  Lab Services  Diagnostic Radiology Services (e.g. MRI, CAT Scan)  Outpatient X-rays	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> <p>You pay \$75 - \$300 copay per visit.</p> <p>You pay \$0 copay.</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> <p>You pay \$75 - \$300 copay per visit.</p> <p>You pay \$0 copay.</p>
<b>Hearing Services</b>  Medicare-covered Hearing Exam  Routine Hearing Exam	<p>You pay \$40 copay for Medicare-covered hearing exam.</p> <p>You pay \$0 copay. Limited to 1 visit every year.</p>	<p>You pay \$40 copay for Medicare-covered hearing exam.</p> <p>You pay \$0 copay. Limited to 1 visit every year.</p>

**\*Prior Authorization is required.**

Premiums and Benefits	Select With Part D prescription drug coverage	Select Without Part D prescription drug coverage
<b>Hearing Services</b> (continued) 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.
<b>Dental Services</b>  Yearly Benefit Maximum  Deductible  Oral Exams, Cleanings (every six months)  Dental X-rays (every three years)  Extractions and Fillings  Restorative Dental (every two years)  Dentures (every five years)  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.	\$2,000  You pay \$0.  You pay \$0 copay.  You pay \$0 copay.  You pay 50% coinsurance.  You pay 50% coinsurance.  You pay 50% coinsurance.	\$2,000  You pay \$0.  You pay \$0 copay.  You pay \$0 copay.  You pay 50% coinsurance.  You pay 50% coinsurance.  You pay 50% coinsurance.

**\*Prior Authorization is required.**

<b>Premiums and Benefits</b>	<b>Select</b> With Part D prescription drug coverage	<b>Select</b> Without Part D prescription drug coverage
<b>Vision Services</b>  Eyewear  Routine Eye Exam	\$125 allowance toward the purchase of eyewear every year.  You pay \$0 copay for one routine eye exam per year.	\$125 allowance toward the purchase of eyewear every year.  You pay \$0 copay for one routine eye exam per year.
<b>Mental Health Services</b>  Inpatient Visit*  Outpatient Individual or Group Therapy Visit	Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.  You pay \$40 copay.	Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.  You pay \$40 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: \$188 copay each day.
<b>Physical Therapy</b>  Occupational therapy visit  Physical therapy and speech and language therapy visit	You pay \$35 copay.  You pay \$35 copay.	You pay \$35 copay.  You pay \$35 copay.
<b>Ambulance Services</b>  Ground Ambulance  Air Ambulance	You pay \$300 copay.  You pay \$300 copay.	You pay \$265 copay.  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.

**\*Prior Authorization is required.**

<b>Premiums and Benefits</b>	<b>Select</b> With Part D prescription drug coverage	<b>Select</b> Without Part D prescription drug coverage
<b>Medicare Part B Prescription Drugs*</b>		
Chemotherapy Drugs	You pay 20% coinsurance.	You pay 20% coinsurance.
Other Part B Drugs	You pay 20% coinsurance.	You pay 20% coinsurance.
<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.
<b>Home Health Care*</b>	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 \$45 copay.
<b>Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services.</b>	You pay \$0 copay.	You pay \$0 copay.
<b>Opioid Treatment Service*</b>	You pay \$45 copay.	You pay \$45 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.
<b>In-Home Support Services</b>	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 20 hours of assistance in performing activities of daily living (ADLS) yearly.
<b>Over-the-Counter Items</b>	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.

**\*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.

<b>Outpatient Prescription Drugs</b>		
	<b>Select</b>	
<b>Deductible</b>	\$300 Applies to Tier 4 and Tier 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>Tier 1</b> (Preferred Generic)	You pay \$6.	You pay \$0.
<b>Tier 2</b> (Generic)	You pay \$20.	You pay \$0.
<b>Tier 3</b> (Preferred Brand)	You pay \$47.	You pay \$94.
<b>Tier 4</b> (Non-Preferred)	You pay \$100.	You pay \$200.
<b>Tier 5</b> (Specialty)	You pay 27% of the cost.	Not Available
<b>Part D Senior Savings Model</b>	<p>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.</p>	
<b>Coverage Gap</b>	<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>	
<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.

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**

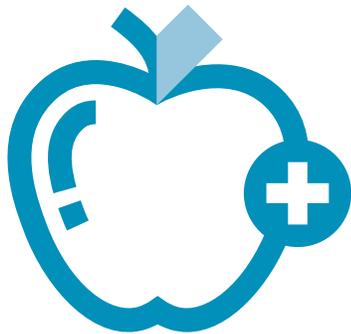
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-334-3141 (TTY: 711) from 7 a.m. to 8 p.m. seven days a week.

### **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).



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You must continue to pay your Medicare Part B premium.