# 2027
# Summary of Benefits

Get the care you need and the service you deserve with **BSW SeniorCare Advantage HMO-POS Preferred Rx.**

Central Texas

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE • HMO-POS

H8142_002CTXSB2027_M

**This is a summary of drug and health services covered in the BSW SeniorCare Advantage Preferred Rx (HMO-POS) plan, offered by Baylor Scott & White Health Plan.**

**Summary of Benefits**

**January 1, 2027 - December 31, 2027**

BSW SeniorCare Advantage Preferred Rx (HMO-POS) is offered by Baylor Scott & White Health Plan, a Medicare Advantage organization with a Medicare contract. Enrollment in BSW SeniorCare Advantage depends on contract renewal with Medicare.

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 BSWHealthPlan.com/Medicare by October 15, 2026.

## Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what BSW SeniorCare Advantage Preferred Rx (HMO-POS) 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 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 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 Preferred Rx (HMO-POS)

- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (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, October 1 through March 31 from 8 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 8 a.m. – 5 p.m., Monday through Friday (excluding major holidays).
- Our website: BSWHealthPlan.com/Medicare

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 Preferred Rx (HMO-POS), you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: 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, Navarro, Robertson, San Saba, Somervell, Washington, and Williamson.

# What is the service area for Central Texas **BSW SeniorCare Advantage Preferred Rx (HMO-POS)?**






The counties in the service area are listed below:

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, Navarro, Robertson, San Saba, Somervell, Washington, and Williamson.

**Which doctors, hospitals, and pharmacies can I use?**

BSW SeniorCare Advantage Preferred Rx (HMO-POS) has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at BSWHealthPlan.com/Medicare. 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 Preferred Rx (HMO-POS) covers Medicare Part B and Part D drugs. Certain limitations may apply.

| Premiums and Benefits | BSW SeniorCare Advantage Preferred Rx (HMO-POS) |
|---|---|
| **Monthly Plan Premium**<br>You must continue to pay your Medicare Part B Premium. | You pay $152 per month. |
| **Deductible** | You pay $0. |
| **Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)** | You pay $5,400 annually. |
| **Inpatient Hospital*** | You pay $700 copay per stay for days 1-90. |
| **Outpatient Hospital** | |
| **Ambulatory Surgery Center*** | You pay $100 copay per visit. |
| **Outpatient Hospital Services*** | You pay $15 copay per visit. |
| **Intensive Outpatient Program Services** | You pay $15 copay per visit. |
| **Doctor Visits** | |
| **Primary Care Providers** | You pay $0 copay per visit. |
| **Specialist** | You pay $30 copay per visit. |
| **Preventive Care** | You pay $0 copay. |
| **Emergency Care**<br>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. | You pay $130 copay per visit. |
| **Urgently Needed Services**<br>If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. | You pay $40 copay per visit. |
| **Diagnostic Services/Labs/Imaging** | |
| **Diagnostic Tests and Procedures*** | You pay $0 copay. |
| **Lab Services*** | You pay $0 copay. |
| **Diagnostic Radiology Services (e.g. MRI)*** | You pay $15 copay. |
| **Outpatient X-Rays** | You pay $0 copay. |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage Preferred Rx (HMO-POS) |
|---|---|
| **Hearing Services** | |
| **Medicare-covered Hearing Exam** | You pay $15 copay per Medicare-covered hearing exam. |
| **Routine Hearing Exam**<br>Limited to one exam each year. | You pay $0 copay per exam. |
| **Hearing Aids** | $1,100 maximum plan coverage amount every 3 years (for both ears combined) for prescription hearing aids. This amount is combined with OTC hearing aids. |
| **Dental Services** | **In-Network and Out-of-Network Combined** |
| **Diagnostic and Preventive Dental** | |
| **Oral Exams**:<br>One exam every six months. | You pay $0 copay for each oral exam. |
| **Dental X-Rays:**<br>One full mouth X-ray every 60 months.<br>Bite-wing X-rays every 12 months. | You pay $0 copay for each X-ray. |
| **Other Diagnostic Dental Services:**<br>Periapical X-rays as needed. | You pay $0 copay for each periapical X-ray. |
| **Prophylaxis (Cleaning):**<br>One cleaning every six months. | You pay $0 copay for each cleaning. |
| **Other Preventive Dental:**<br>Labs and other tests (e.g. pulp vitality tests) | You pay $0 copay for labs and other tests. |
| 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.<br><br>***Note:*** *Additional Comprehensive Dental coverage is available for an extra monthly premium. See "Dental – Optional Supplemental Benefit" section below for details.* | |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage Preferred Rx (HMO-POS) |
|---|---|
| **Vision Services** | |
| **Eyewear** | $150 maximum coverage amount every year for all non-Medicare-covered eyewear. The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts in-or out-of-network. Upgrades, including lens tinting, coatings and sunglasses are not covered by the plan. Limited to one pair of glasses every year unrelated to post-cataract surgery. Members may receive benefits from any provider. |
| **Routine Eye Exam** | You pay $0 copay for one routine eye exam per year in- or out-of-network. |
| **Medicare-covered Eye Exam** | You pay $15 copay for Medicare-covered eye exams. |
| **Mental Health Services** | |
| **Inpatient*** | You pay $700 copay per stay for days 1-90. |
| **Outpatient Individual or Group Therapy** | You pay $15 copay per visit. |
| **Skilled Nursing Facility (SNF) Care*** | You pay $0 copay per day for days 1-20;<br>$125 copay per day for days 21-100. |
| **Physical Therapy** | |
| **Occupational Therapy** | You pay $25 copay per visit. |
| **Physical Therapy and Speech and Language Therapy** | You pay $25 copay per visit. |
| **Ambulance Service** | |
| **Ground Ambulance** | You pay $75 copay. |
| **Air Ambulance*** | You pay $75 copay. |
| **Transportation (Additional Routine)** | You pay $0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way. |
| **Medicare Part B Prescription Drugs** | |
| **Chemotherapy Drugs*** | You pay 0% to 20% coinsurance. |
| Prior Authorization may be required. | |
| Step Therapy may be required. | |
| **Other Part B Drugs*** | You pay 0% to 20% coinsurance. |
| Prior Authorization may be required. | |
| Step Therapy may be required. | |
| You pay no more than $35 copay for a one-month supply of covered insulin when used in an insulin pump. | |

***Prior Authorization is required.**

| Premiums and Benefits | BSW SeniorCare Advantage Preferred Rx (HMO-POS) |
|---|---|
| **Home Health Care*** | You pay $0 copay per visit. |
| **Foot Care (Podiatry Services)**<br>Medicare-covered foot exams and treatment. | You pay $15 copay per visit. |
| **Telehealth Services -** PCP, Specialist, Individual or Group Sessions for Psychiatric Services, Urgently Needed Services and Individual or Group Sessions for Mental Health Specialty. | You pay $0 copay per visit. |
| **Opioid Treatment Service*** | You pay $15 copay per visit. |
| **Meal Benefit** | You pay $0 copay for 14 meals per hospital discharge to home; limit three discharges per year. |
| **Special Supplemental Benefits for the Chronically Ill (heart health program)** | • $0 copay for cardiology physician specialist services.<br>• 48 total one-way trips to plan approved locations<br>• Four 30-minute Nutritional/Dietary Benefit visits per year.<br><br>Special Supplemental Benefits for the Chronically Ill (SSBCI) are available only to qualifying members with chronic heart failure. Having chronic heart failure alone does not automatically qualify you for these benefits. Eligibility also depends on meeting the Centers for Medicare & Medicaid Services' definition of a chronically ill enrollee and the plan's SSBCI eligibility criteria. For complete eligibility requirements and benefit details, refer to Chapter 4 of the *Evidence of Coverage* (EOC), visit BSWHealthPlan.com/HeartHealth, or contact Customer Service. |

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 BSWHealthPlan.com/Medicare by October 15, 2026.

***Prior Authorization is required.**

| Medicare Part D Prescription Drugs | | |
|---|---|---|
| | **BSW SeniorCare Advantage Preferred Rx (HMO-POS)** | |
| **Deductible** | $250<br>Applies to Tier 3, Tier 4 and Tier 5. | |
| | **Initial Coverage** | |
| | **Standard Retail<br>30-Day Supply** | **Mail Order<br>90-Day Supply** |
| **Tier 1** (Preferred Generic) | You pay $0 copay. | You pay $0 copay. |
| **Tier 2** (Generic) | You pay $5 copay. | You pay $0 copay. |
| **Tier 3** (Preferred Brand) | You pay $47 copay. | You pay $94 copay. |
| **Tier 4** (Non-Preferred) | You pay 35% coinsurance. | You pay 35% coinsurance. |
| **Tier 5** (Specialty) | You pay 30% coinsurance. | Not Available |
| **Catastrophic Coverage** | After your yearly out-of-pocket drug costs reach $2,400, you pay $0. | |

Even if you haven't paid your deductible, you won't pay more than $35 copay for a one-month supply of each covered insulin product regardless of the cost-sharing tier and most adult Part D vaccines are covered at no cost to you.

**Information on Your Prescription Benefit**

You can view the formulary (drug list) and any formulary restrictions on our website. To view the formulary (drug list) and pharmacy directory, go to BSWHealthPlan.com/Medicare.

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.** If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027.

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., October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m. Monday through Friday (excluding major holidays).

**Dental – Optional Supplemental Benefit**

Comprehensive dental coverage is an optional supplemental benefit for the **BSW SeniorCare Advantage Preferred Rx (HMO-POS)** plan, available for an additional $30 per month.

| Dental Benefits | BSW SeniorCare Advantage Preferred Rx (HMO-POS) |
|---|---|
| Monthly Optional Dental Premium | $30 per month |
| Yearly Benefit Maximum | $2,000 |
| Deductible | You pay $0 |
| **Comprehensive Dental Services** | |
| **Restorative Services:** | |
| Resin and amalgam fillings are covered once per surface per tooth every 24 months. | You pay 50% coinsurance. |
| Dentures are covered once every 5 years. | You pay 50% coinsurance. |
| Crowns, inlays, onlays and bridges are covered once every 10 years. | You pay 75% coinsurance. |
| **Endodontics:** | You pay 75% coinsurance for each endodontics service. |
| Root canals are covered once per tooth per lifetime. | |
| Pulp capping is covered as needed. | |
| One pulpal therapy, apexification, and calcification are covered once per tooth per lifetime. | |
| **Periodontics:** | You pay 50% coinsurance for each periodontics service. |
| Periodontal surgery once per quadrant every 36 months. | |
| Periodontal maintenance up to two times every calendar year in combination with Prophylaxis cleanings. | |
| Scaling and root planing once per quadrant every 24 months. | |
| **Prosthodontics, removable** | |
| Dentures through Prosthodontist once every 5 calendar years. | You pay 50% coinsurance. |
| Denture adjustments once every 6 months. | You pay 50% coinsurance. |
| Dental rebases or relines once every 36 months. | You pay 75% coinsurance. |
| Tissue conditioning once every 36 months. | You pay 75% coinsurance. |

| Dental Benefits | BSW SeniorCare Advantage Preferred Rx (HMO-POS) |
|---|---|
| **Prosthodontics, fixed** | |
| Dentures through Prosthodontist once every 5 calendar years. | You pay 50% coinsurance. |
| Denture adjustments once every 6 months. | You pay 50% coinsurance. |
| Dental rebases or relines once every 36 months. | You pay 75% coinsurance |
| Tissue conditioning once every 36 months. | You pay 75% coinsurance |
| Bridges through Prosthodontist once every 10 calendar years | You pay 75% coinsurance. |
| **Oral and Maxillofacial Surgery** | You pay 50% coinsurance for each oral and maxillofacial surgery. |
| Oral surgery for simple and surgical extractions. | |
| One brush biopsy every 24 months. | |
| One Alveoloplasty in conjunction with extractions included once per quadrant per lifetime. | |
| **Adjunctive General Services** | You pay 50% coinsurance for each adjunctive general service. |
| One consultation every 12 months. | |
| Diagnostic casts as needed. | |
| General anesthesia and IV sedation, if medically/dentally necessary. | |

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.

If a covered service is performed by an out-of-network dentist, we will base the benefit on the covered percentage of the maximum allowed charge.

Out-of-network dentists may charge more than the maximum allowed charge. If an out-of-network dentist performs a covered service, you will be responsible for paying:

- any other part of the maximum allowed charge for which we do not pay benefits; and
- any amount in excess of the maximum allowed charge charged by the out-of-network dentist.

**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), October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m. Monday through Friday (excluding major holidays).

**Understand the Benefits**

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit BSWHealthPlan.com/Medicare 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

**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, 2028.
- ☐ 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).
- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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You must continue to pay your Medicare Part B premium.

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