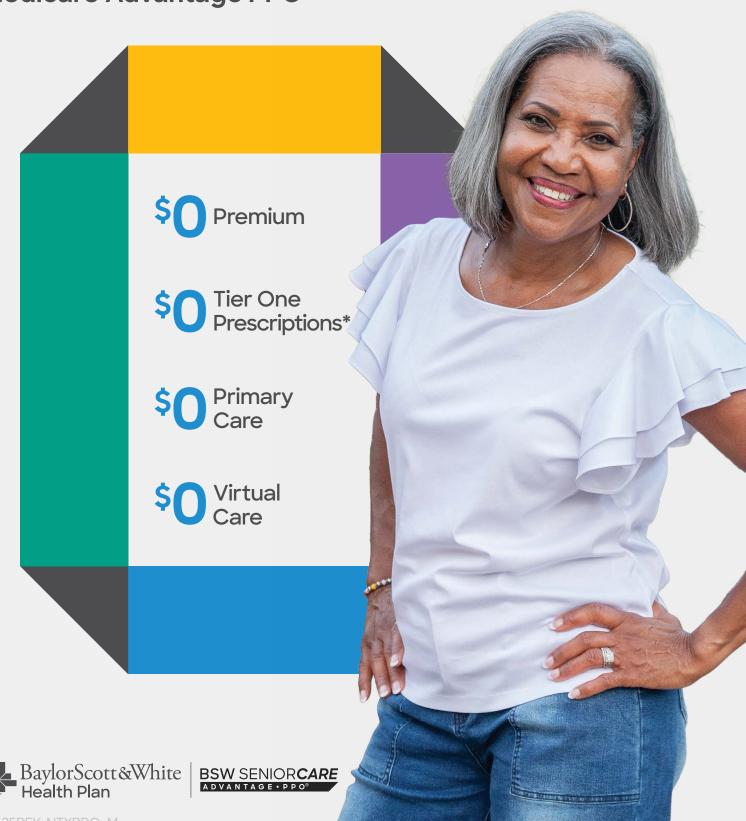
Your 2025 guide to

ENROLLMENT

Medicare Advantage PPO



This guide highlights the benefits of the **BSW SeniorCare Advantage PPO** plan and provides the information you need to make an informed decision about your Medicare benefits plan.

When you're ready to enroll, you'll find all the forms you need in the front pocket of this guide.

Inside the guide

- Introduction and Enrollment Information
- 2025 Summary of Benefits

Inside the pocket

- Individual Enrollment Request Form (required to enroll in Medicare Advantage)
- Medicare Prescription Payment Plan Participation Request Form (optional)
- Business Reply Mail Envelope
- Medicare Advantage Star Rating
- Scope of Appointment Form (for broker/agent use only)

Contact info

Sales/licensed insurance agent

1.800.782.5068 TTY: 711

Oct. 1 - March 31: 7 days a week, 8 AM to 8 PM. Closed on major holidays.

April 1 - Sept. 30: Monday-Friday, 8 AM to 5 PM. Closed on major holidays.

Customer service

1.866.334.3141 TTY: 711

Oct. 1 - March 31: 7 days a week, 7 AM to 8 PM. Closed on major holidays.

April 1 - Sept. 30: Monday-Friday, 7 AM to 8 PM. Closed on major holidays.

^{*\$0} Tier 1 prescriptions through preferred pharmacies and mail order only. \$0 Tier 2 prescriptions are also available through mail order only.

Medicare Advantage coverage that keeps you at the center of it all

Your budget.

The BSW SeniorCare Advantage PPO plan is made with not only your health, but also your budget in mind. This \$0 premium plan offers a \$0 medical deductible and \$0 primary care physician copay, and also includes prescription drug and mail order benefits.

Your doctor.

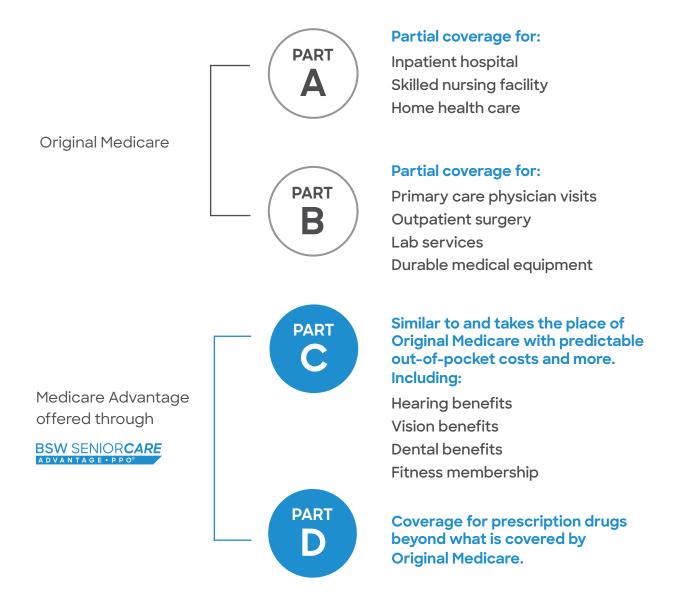
Choose from among Baylor Scott & White Health's extensive network of providers, plus thousands of additional in-network providers across North, Central and West Texas. You'll also enjoy the freedom of having out-of-network benefits, worldwide urgent and emergency care coverage, and the opportunity to see any doctor without a referral.

Your complete care.

With BSW SeniorCare Advantage, you get all the benefits of Original Medicare plus many supplemental benefits that help reduce out-of-pocket expenses and make life easier, like:

- Vision
- Hearing
- Dental
- Fitness membership
- Over-the-counter allowance

How Medicare works



How to qualify

- You must live in our service area. Check the map located in the Summary of Benefits to ensure you live within our service area.
- You must be enrolled in Medicare Part B.
- You must be entitled to benefits under Medicare Part A. If you do not have Medicare Part A, you can purchase it from Social Security.

Medicare enrollment periods



INITIAL ENROLLMENT PERIOD

You are eligible to enroll in Medicare for the first time during the three months leading up to your 65th birthday, the month of your birthday and the three months following.



ANNUAL ENROLLMENT PERIOD

Make changes to your medical and prescription drug coverage.



OPEN ENROLLMENT PERIOD

Medicare Advantage enrollees can switch plans or return to Original Medicare.



SPECIAL ENROLLMENT PERIOD

You can change your coverage after a qualifying event, such as if you move to a different service area or if you lose your current coverage.

BSW SeniorCare Advantage

Enrolling in a Medicare Advantage plan like BSW SeniorCare Advantage PPO can help lower your out-of-pocket healthcare expenses and give you many bonus benefits not available through Original Medicare.

Is a primary care physician (PCP) required to direct care?

No. You do not have to select a PCP to direct your care with BSW SeniorCare Advantage PPO plans. You can see a specialist without a referral.

How do you know if your provider is in our network?

Before you enroll, ask your local insurance agent about our provider directory or view "Find a Provider" online at **BSWHealthPlan.com/Medicare**.

How do you know if your prescriptions are covered?

Ask your local insurance agent or visit **BSWHealthPlan.com/Medicare** to view the formulary (drug list) and pharmacy directory.

Can you get treatment outside the network?

To maximize your BSW SeniorCare Advantage PPO benefits, all care (except for emergencies) should be provided by network providers; however, you have the choice to obtain services out-of-network at the time of service. Just know that if you use out-of-network providers, you will pay more in out-of-pocket expenses.

Coordinated care with zero hassle

Baylor Scott & White Health Plan offers an integrated healthcare experience, which means your Baylor Scott & White Health doctors and your Medicare Advantage plan are on the same team, sharing resources and collaborating to help give you the best healthcare experience possible.

- Your Baylor Scott & White Health providers and your health plan use the same electronic medical records system to monitor your care. They collaborate easily and relieve you from reporting and sharing your information with each of your providers.
- You can access your medical information AND your health plan information in the same place—MyBSWHealth.com.
- There's also a convenient app when you need your information on-the-go (MyBSWHealth app, available on the App Store or Google Play).
- MyBSWHealth is also your connection to \$0 virtual care visits with a Baylor Scott & White provider, anywhere in Texas.

It's thoughtful, coordinated medical care and coverage, from a system you can trust.





Supplemental highlights

Hearing. As part of our commitment to helping with our members' overall quality of life, we offer essential hearing services that are not covered by Original Medicare, including a routine hearing exam and an allowance every three years toward the purchase of hearing aids.

Vision. Regular eye exams may do more than help maintain your vision. They may also help detect other serious health issues such as diabetes or high blood pressure.* Our 2025 plans provide coverage for a routine annual eye exam, plus an annual allowance toward the purchase of contacts, frames and lenses. You must use a network vision provider.

Dental. Original Medicare does not cover traditional dental care, but the BSW SeniorCare Advantage PPO plan features dental benefits through MetLife for no additional premium.

MetLife's Preferred Dentist Program is a dental PPO benefit. You can visit any licensed dentist—in or out of the MetLife PDP Plus dentist network—to receive benefits. However, if you use an out-of-network provider, your share of the costs for your covered services may be higher.

Find a participating dentist at **MetLife.com**.

Dental insurance policies are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

^{*}American Academy of Ophthalmology, "20 Surprising Health Problems an Eye Exam Can Catch," by Reena Mukamal, April 29, 2022, American Academy of Ophthalmology, aao.org

Fitness membership. Your BSW SeniorCare Advantage PPO plan includes fitness benefits with the Silver&Fit® program. This program helps you maintain or improve your fitness with classes, digital tools and healthy aging resources.

Over-the-counter allowance. The BSW SeniorCare Advantage PPO plan features a quarterly purchase allowance (based on calendar quarter) from participating retailers for eligible over-the-counter items such as bandages, cold and allergy medicines, pain relievers and more.

The BSW SeniorCare Advantage PPO plan includes supplemental benefits for no additional premium.

The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, Silver&Fit Signature Series Classes, FitnessCoach, Silver&Fit Connected!, and Something for Everyone are trademarks of ASH. Limitations, and restrictions may apply. Fitness center participation may vary by location and is subject to change. Kits and rewards are subject to change.

Affordable prescriptions

Affordable prescription drug benefits are included with the BSW SeniorCare Advantage PPO plan. Our plan offers a \$300 prescription drug deductible and copayments as low as \$0 for Preferred Generic Drugs. Your costs for some drugs may be less at pharmacies that offer preferred cost sharing. View the pharmacy directory to find preferred pharmacies near you.

Additional requirements or limits on prescription drug coverage include:

- **Prior authorization:** BSW SeniorCare Advantage requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from the health plan before you fill your prescriptions.
- Quantity limits: Coverage may be limited to how much medication you can get during a specified period of time, typically based on a 30-day period.
- **Step therapy**: This process applies to certain drugs and encourages you to try less costly but equally effective drugs before the plan covers another drug.

Mail order prescriptions

Mail order service is also available. Tier 1 and Tier 2 prescription drugs are available for a \$0 copay; Tier 3 and Tier 4 prescription drugs are available for two copays rather than three for a 90-day supply.

You'll benefit from:

- Three-month supplies of your medications with the option of automatic refills
- Free standard shipping
- Telephone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders to take or refill your medications



Visit BSWHealthPlan.com/Medicare to view the formulary (drug list) and pharmacy directory.

Prescription payment plan option

The **Medicare Prescription Payment Plan** is a new payment option that works with your Medicare Advantage prescription drug coverage. It can help you manage your out-of-pocket drug costs by spreading them across monthly payments that vary throughout the year (January – December). Participation is **not required**.

How it works

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no additional cost to opt in to the Medicare Prescription Payment Plan.

Is this option right for you?

It depends on your situation. This payment option might help you manage your monthly expenses, but **it doesn't save you money or lower your drug costs**. You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives you more months to spread out your drug costs.

Go to Medicare.gov/prescription-payment-plan/will-this-help-me to answer a few questions, and find out if you're likely to benefit from this payment option.

This option might <u>not</u> be the best choice for you if:

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program or other health coverage.

To learn how to opt in to the Medicare Prescription Payment Plan, see next page.

How to opt in to the Medicare Prescription Payment Plan

If you have reviewed the information on the previous page and would like to participate in the optional Medicare Prescription Payment Plan, you may opt in by:

- Filling out the election request form at Enrollment.Cap-Rx.com/BSW_Medicare
- OR calling 1.833.502.3340
- OR completing the Medicare Prescription Payment Plan Participation Request Form included in the front pocket of this enrollment guide and returning it in the Business Reply Mail Envelope

If you have questions or need help completing this form, call us at **1.833.502.3340**, seven days a week, 24 hours a day. TTY users can call 711.

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	participation reque	est form	
coverage to help you manage calendar year (January-Dece	yment Plan is a voluntary paym your out-of-pocket Medicare Pa mber). This payment option m esn't save you money or lower	ent option that works art D drug costs by spi ay help you manage	reading them across the
This payment option might not b			
through programs like Extra	Help from Medicare or a State P		ance Program (SPAP).
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Birth date: (MM/DD/YYYY)	Phone number:		
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OPTIONAL

How to enroll in our Medicare Advantage plan

You may enroll in BSW SeniorCare Advantage by:

- Visiting MyBSWMedicare.com and enrolling online
- OR calling 1.800.782.5068 to speak to a licensed agent

Oct. 1 - March 31: 7 days a week, April 1 - Sept. 30: Monday-Friday, 8 AM to 8 PM. Closed on major holidays. 8 AM to 5 PM. Closed on major holidays.

- OR completing the Individual Enrollment Request form included in the front pocket of this enrollment guide and returning it in the Business Reply Mail Envelope. If you'd rather email it to us, you may do so at MedicareEnrollment@BSWHealth.org, or you may fax it to 1.254.298.3334.
- Or enrolling through the CMS Medicare Online Enrollment Center at Medicare.gov



OMB No. 0938-1378 Expires: 6/30/26

BSW SENIORCARE

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- ${\boldsymbol{\cdot}}$ Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans.

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- · Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15-December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: Baylor Scott & White Health Plan 1206 W. Campus Drive Temple, TX 76502

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Baylor Scott & White Health Plan at 1-800-782-5068. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Baylor Scott & White Health Plan al 1-800-782-5068/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

 If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB contro number. The valid OMB control number for this information collection is 03981-1392. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review this information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevierd, Attr. PRA Reports Clearance Officer, Hall Suptor L42-645. Battomer, Maryland 22424-850.

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in ONB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the olan. See "What happeans next"? on this case to send your completed form to the Jean.

REQUIRED



What to expect after enrollment

Extra Help

If you qualify for "Extra Help," you will receive information regarding Low Income Subsidy within 7 days of verified enrollment.

Confirmation

You will receive an Acknowledgment and Confirmation of Enrollment letter within 7 days of enrollment. This is also the confirmation that Medicare has approved your enrollment form. Be sure to continue your current coverage until your BSW SeniorCare Advantage plan becomes effective.

If you opted in to the Medicare Prescription Payment Plan, you will receive an acknowledgement of your participation within 10 days.

A new member kit

After enrollment confirmation, your New Member Kit will be sent to you. This kit will include your Benefits of Membership Guide that provides details about your coverage, a Health Risk Assessment (HRA), important plan contact information and more.

Your member ID card

You will receive your member ID card within 10 days of enrollment or by the last day of the month prior to your plan's effective date.

A welcome call

Within 30 days of enrollment, you will receive a phone call from our member engagement team to welcome you and answer any questions you may have. We also will discuss how to schedule your annual wellness visit.

An over-the-counter allowance card

You will receive your over-the-counter allowance card in the mail within 30 days of enrollment. The card will be ready for use as soon as you receive it in the mail. Make sure to keep your card after use, as it will be reloaded with funds on a quarterly basis.





SUMMARY OF BENEFITS

Medicare Advantage PPO

NORTH TEXAS

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

Summary of Benefits

January 1, 2025 - December 31, 2025

BSW SeniorCare Advantage PPO is offered by Baylor Scott & White Insurance Company, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. 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 <u>BSWHealthPlan.com/Medicare</u> by October 15, 2024.

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, 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

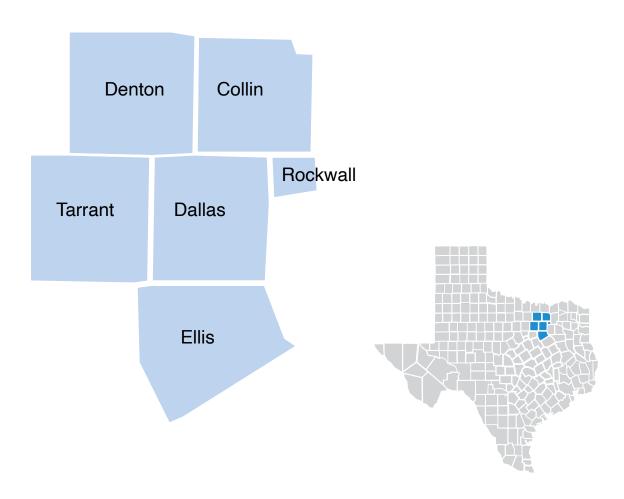
This document is available in other formats such as large print. The document may be available in a non-English language.

Who can join?

To join BSW SeniorCare Advantage 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: Collin, Dallas, Denton, Ellis, Rockwall, and Tarrant.

What is the service area for North Texas

BSW SeniorCare Advantage PPO?



The counties in the service area are listed below:

Collin, Dallas, Denton, Ellis, Rockwall and Tarrant

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 BSWHealthPlan.com/Medicare. You may use in- or out-of-network doctors, hospitals, and other 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.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)	
Monthly Plan Premium	You pay \$0 per month.	
You must continue to pay your Medicare Part B Premium.		
Deductible	In-Network You pay \$0.	
	Out-of-Network You pay \$0 for Medicare-covered services.	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	In-Network You pay \$6,400 annually.	
	Out-of-Network You pay \$10,000 annually.	
	Maximum out-of-pocket will not exceed \$10,000 for innetwork and out-of-network services combined.	
Inpatient Hospital*	In-Network Days 1 - 6: \$320 copay each day per stay. Days 7 - 90: \$0 copay each day per stay.	
	Out-of-Network You pay 40% coinsurance per stay.	
Outpatient Hospital*		
Ambulatory Surgery Center	In-Network You pay \$275 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Outpatient Hospital Services	In-Network You pay \$350 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Doctor Visits		
Primary Care Providers	In-Network You pay \$0 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Specialist	In-Network You pay \$35 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	

^{*}Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Preventive Care	In-Network You pay \$0 copay.
	Out-of-Network You pay 35% coinsurance.
Emergency Care If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	In-Network You pay \$120 copay per visit.
	Out-of-Network You pay \$120 copay per visit.
Urgently Needed Services	In-Network
If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$50 copay per visit.
	Out-of-Network You pay \$50 copay per visit.
Diagnostic Services/Labs/Imaging*	
Diagnostic Tests and Procedures	In-Network You pay \$0 copay.
	Out-of-Network You pay 35% coinsurance.
Lab Services	In-Network You pay \$0 copay.
	Out-of-Network You pay 35% coinsurance.
Diagnostic Radiology Services (e.g. MRI)	In-Network You pay \$0 - \$300 copay.
	Out-of-Network You pay 35% coinsurance.
Outpatient X-Rays	In-Network You pay \$0 copay.
	Out-of-Network You pay 35% coinsurance.

^{*}Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)	
Hearing Services		
Medicare-covered Hearing Exam	In-Network You pay \$40 copay per Medicare-covered hearing exam.	
	Out-of-Network You pay 35% coinsurance per Medicare-covered hearing exam.	
Routine Hearing Exam Limited to one exam each year.	In-Network You pay \$0 copay per exam.	
,	Out-of-Network You pay 35% coinsurance per exam.	
Hearing Aids	\$1,100 allowance toward the purchase of hearing aids every three years.	
Dental Services	In-Network and Out-of-Network Combined	
Diagnostic and Preventive Dental		
Oral Exams:	\$0 copay for each oral exam.	
One exam every six months.		
Dental X-Rays:	\$0 copay for each X-ray.	
One full mouth X-ray every 60 months.		
Bite-wing X-rays every 12 months.		
Other Diagnostic Dental Services:	\$0 copay for each periapical X-ray.	
Periapical X-rays as needed.		
Prophylaxis (Cleaning):	\$0 copay for each cleaning.	
One cleaning every six months.		
Other Preventive Dental:	\$0 copay for labs and other tests.	
Labs and other tests (e.g. pulp vitality tests and diagnostic casts)		
Yearly Benefit Maximum:	\$3,500 for all covered preventive and comprehensive dental services combined.	

^{*}Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)	
Comprehensive Dental Services		
Restorative Services:	0% - 50% coinsurance for each restorative service.	
One resin or amalgam filling per surface per tooth every 24 months.		
One set of dentures every five years covered at 100%.		
Crowns/inlays/onlays/bridges/ implants are covered once every 10 years covered at 50%.		
Endodontics:	50% coinsurance for each endodontics service.	
One root canal one per tooth per lifetime.		
Pulp capping as needed.		
One pulpal therapy, apexification, and calcification per lifetime per tooth.		
Periodontics:	50% coinsurance for each periodontics service.	
Periodontal surgery once per quadrant every 36 months.		
Periodontal maintenance up to two times every calendar year.		
Scaling and root planing once per quadrant every 24 months.		
Prosthodontics, removable	0% - 50% coinsurance for each prosthodontics, removable service.	
One set of dentures through prosthodontist every five calendar years covered at 100%.		
One denture adjustment every six months.		
One dental rebase or reline every 36 months.		
One tissue conditioning every 36 months.		
Implant Services	50% coinsurance for each implant service.	
One implant per tooth every 10 calendar years.		
One implant repair and supported prosthetic per tooth every 10 calendar years.		

^{*}Prior Authorization is required.

Down Coming Com Advantage (DDO)			
Premiums and Benefits	BSW SeniorCare Advantage (PPO)		
Comprehensive Dental Services continued			
Prosthodontics, fixed	0% - 50% coinsurance for each prosthodontics, fixed service.		
One set of dentures every five calendar years covered at 100%.	078 0078 combarance for each prostriction like a service.		
One denture adjustment every six months.			
One dental rebase or reline every 36 months.			
One tissue conditioning every 36 months.			
Bridges covered every 10 years.			
Oral and Maxillofacial Surgery	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	50% coinsurance for each adjunctive general service.		
One consultation and occlusal adjustment every 12 months.			
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 <i>Evidence of Coverage</i> 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			

^{*}Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Dental Services continued	
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. 	
Vision Services	In-Network and Out-of-Network Combined
Eyewear	\$150 allowance toward the purchase of eyewear each year.
	The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts.
Routine Eye Exam	In-Network You pay \$0 copay for one routine eye exam per year.
	Out-of-Network You pay 35% coinsurance for one routine eye exam per year.
Medicare-covered Eye Exam	In-Network and Out-of-Network Combined You pay \$40 copay for Medicare-covered eye exams.
Mental Health Services	
Inpatient*	In-Network Days 1 - 5: \$318 copay each day per stay. Days 6 - 90: \$0 copay each day per stay.
	Out-of-Network You pay 35% coinsurance per stay.
Outpatient Individual or Group Therapy	In-Network You pay \$40 copay per visit
	Out-of-Network You pay 35% coinsurance per visit.
Skilled Nursing Facility (SNF) Care*	In-Network Days 1 - 20: \$0 copay each day. Days 21 - 100: \$214 copay each day.
	Out-of-Network You pay 35% coinsurance per day.

^{*}Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)	
Physical Therapy		
Occupational Therapy	In-Network You pay \$35 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Physical Therapy and Speech and Language Therapy	In-Network You pay \$35 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Ambulance Service		
Ground Ambulance	In-Network You pay \$325 copay per trip.	
	Out-of-Network You pay 35% coinsurance per trip.	
Air Ambulance*	In-Network You pay \$325 copay.	
	Out-of-Network You pay 35% coinsurance.	
Transportation (Additional Routine)	Not covered.	
Medicare Part B Prescription Drugs		
Chemotherapy Drugs Prior Authorization may be required.	In-Network You pay 0% - 20% coinsurance.	
Step Therapy may be required.	Out-of-Network You pay 35% coinsurance.	
Other Part B Drugs Prior Authorization may be required.	In-Network You pay 0% - 20% coinsurance.	
Step Therapy may be required.	Out-of-Network	
You pay no more than \$35 for a one- month supply of covered insulin when used in an insulin pump.	You pay 35% coinsurance.	
Wellness Program (e.g. fitness)	e.g. fitness) Silver&Fit is a fitness program that provides members with a complimentary gym membership at participating gym in your area along with home fitness options. This benefit is no additional cost to you.	

^{*}Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)	
Home Health Care*	In-Network You pay \$0 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	In-Network You pay \$45 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Telehealth Services - PCP, Specialist, and Individual or Group Sessions for Psychiatric Services	In-Network You pay \$0 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Opioid Treatment Service*	In-Network You pay \$45 copay per visit.	
	Out-of-Network You pay 35% coinsurance per visit.	
Over-the-Counter Items	Quarterly \$80 swipe and save allowance toward over-the- counter items such as medicine, or products related to eye care, wellness, or personal care.	
Worldwide Emergency/Urgent Services		
Emergency Care	You pay \$0 copay per visit.	
Urgent Care	You pay \$0 copay per visit.	
Emergency/Urgent Transportation	You pay \$0 copay per trip.	
Yearly Benefit Maximum	\$5,000 maximum plan benefit coverage amount.	

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, 2024.

^{*}Prior Authorization is required.

	Outpatient Prescription Drugs BSW SeniorCare Advantage (PPO)			
Deductible	\$300 Applies to Tier 3, Tier 4, and Tier 5.			
	Initial Coverage			
	Standard Retail 30-Day Supply	Preferred Retail 30-Day Supply	Mail Order 90-Day Supply	
Tier 1 (Preferred Generic)	You pay \$5.	You pay \$0.	You pay \$0.	
Tier 2 (Generic)	You pay \$14.	You pay \$7.	You pay \$0.	
Tier 3 (Preferred Brand)	You pay \$47.	You pay \$47.	You pay \$94.	
Tier 4 (Non-Preferred)	You pay \$99.	You pay \$99.	You pay \$198.	
Tier 5 (Specialty)	You pay 29% of the cost.		Not Available.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,000, you pay \$0.			

Even if you haven't paid your deductible, you won't pay more than \$35 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. Your costs for some drugs may be less at pharmacies that offer preferred cost sharing. To view the formulary (drug list) and pharmacy directory, go to BSWHealthPlan.com/Medicare.

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

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 (TTY: 711), 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).

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).

Un	derstanding 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.
Un	derstand Important Rules
	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, 2026.
	Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
	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.







You must continue to pay your Medicare Part B premium.

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.

Our mission

Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.





Learn more today!

MyBSWMedicare.com

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

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.

Not connected with or endorsed by the United States government or the federal Medicare program.



SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



Thank you for agreeing to meet with a licensed insurance agent who is either employed by or contracted with Baylor Scott & White Health Plan. During your meeting, you are not required to enroll in a plan. The sales agent will not automatically enroll you in any plan you may discuss. Your current or future Medicare enrollment status will not be impacted.

Please initial below which type of product(•	
Medicare Advantage Plans with Pa Medicare Advantage Plans withou		
Beneficiary or Authorized Representative s	signature, phone number and sign	nature date:
	()	
Signature	Phone Number	Signature Date
If you are the authorized representative, p	lease sign above and print below	:
Representative's Name (printed)	— Your Relationship	to the Beneficiary
To be completed by Agent:		
If the form is signed by the beneficiary at tir signed prior to meeting.	me of appointment, provide an ex	planation why SOA was not
Panaficiary Nama	Panaficiany Phono	
Beneficiary Name	Beneficiary Phone	
Beneficiary Address		
Initial Method of Contact (indicate if benef	ficiary was a walk-in)	
Where the walk-in took place (i.e., agent's	office)	
Plan(s) the agent represented during this r	meeting	
Agent Name	Agent Phone	
Date Appointment Completed	Agent Writing # c	or NPN
Agent Signature		

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



Plan Descriptions

Medicare Advantage Plans with Part D Prescription Drug Plans

- Medicare Health Maintenance Organization (HMO) Plan A Medicare Advantage plan that
 provides all Original Medicare Part A and Part B health coverage and includes Part D
 prescription drug coverage. Except for emergency and urgent care situations, you can only get
 your care from doctors or hospitals in the plan's network.
- Health Maintenance Organization (HMO) with added Point of Service (POS) benefits Plan An HMO plan that offers an additional, mandatory supplemental benefit, that allows the enrollee the option of receiving specified services outside of the plan's provider network.
- Medicare Preferred Provider Organization (PPO) Plan A Medicare Advantage plan that
 provides all Original Medicare Part A and Part B health coverage and includes Part D
 prescription drug coverage. PPOs have network doctors and hospitals, but you can also use
 out-of-network providers, usually at a higher cost.

Medicare Advantage Plans without Part D Prescription Drug Plans

- Medicare Health Maintenance Organization (HMO) Plan A Medicare Advantage plan that
 provides all Original Medicare Part A and Part B health coverage but does not include Part D
 prescription drug coverage. Except in emergencies, you can only get your care from doctors or
 hospitals in the plan's network.
- Health Maintenance Organization (HMO) with added Point of Service (POS) benefits Plan An HMO plan that offers an additional, mandatory supplemental benefit, that allows the enrollee the option of receiving specified services outside of the plan's provider network.

Agent Reminders:

The Scope of Appointment (SOA) is valid for 12 months following the date of beneficiary's signature date or the date of the beneficiary's initial request for information.

The SOA should be completed and agreed upon with the beneficiary at least 48 hours prior to the scheduled personal marketing, except for:

- SOAs that are completed during the last four days of a valid election period for the beneficiary.
- Unscheduled in person meetings (walk-ins) initiated by the beneficiary.

SOA distribution is prohibited at educational events.

SOA documentation is subject to CMS record retention requirements of 10 years.





INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- · Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- · Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans.

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15-December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to: Baylor Scott & White Health Plan 1206 W. Campus Drive Temple, TX 76502

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Baylor Scott & White Health Plan at 1-800-782-5068. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Baylor Scott & White Health Plan al 1-800-782-5068/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

 If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.





Section 1 – All fie	lds on this page are	required (unless	marked optional)			
Select the plan you want to join:			•			
☐ BSW SeniorCare Advantage PPO \$0						
FIRST Name:	LAST Name:	T	Optional: Middle Initial:			
Birth Date: (M M / D D / Y Y Y Y) (/ /)	Sex: □ Male □ Female	Phone Number:				
Permanent residence street addr	i):	Т .			
City:	Optional: County:		State: ZIP Code:			
Mailing address, if different from Street Address:	your permanent address City:	(PO Box allowed) State:	ZIP Code:			
	Your Medicare					
Medicare Number:	_	_				
	Answer these impo	ortant questions:				
Will you have other prescription	drug coverage (like VA, T	RICARE) in addition to				
BSW SeniorCare Advantage?						
Name of other coverage:	Member number for thi	s coverage: Grou	up number for this coverage:			
	IMPORTANT: Read	and sign below:				
 I must keep both Hospital (Part A) and Medical (Part B) to stay in BSW SeniorCare Advantage. By joining this Medicare Advantage Plan, I acknowledge that BSW SeniorCare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan. I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans). I understand that when my BSW SeniorCare Advantage coverage begins, I must get all of my medical and prescription drug benefits from BSW SeniorCare Advantage. Benefits and services provided by BSW SeniorCare Advantage and contained in my BSW SeniorCare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BSW SeniorCare Advantage will pay for benefits or services that are not covered. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) This person is authorized under State law to complete this enrollment, and 2) Documentation of this authority is available upon request by Medicare. 						
Signature:		Today's date:				
If you're the authorized represen	ntative, sign above and fill					
Name:		Address:				
Phone number:		Relationship to enrollee:				

Name:	Date:
-------	-------

Section 2 - All fields on this page are optional				
Answering these questions is your choice. You can't be denied coverage because you don't fill them out.				
Are you Hispanic, Latino/a, or Spanish origin? Select □ No, not of Hispanic, Latino/a, or Spanish origin □ Yes, Puerto Rican □ Yes, another Hispanic, Latino/a, or Spanish origin □ I choose not to answer.	all that apply. □ Yes, Mexican, Mexican American, Chicano/a □ Yes, Cuban			
What's your race? Select all that apply. ☐ American Indian or Alaska Native	☐ Black or African American			
Asian: Asian Indian Chinese Filipino Japanese	Native Hawaiian and Pacific Islander: ☐ Guamanian or Chamorro ☐ Native Hawaiian ☐ Samoan ☐ Other Pacific Islander			
□ Korean □ Vietnamese	☐ White			
☐ Other Asian	☐ I choose not to answer.			
What's your gender? Select one. □ Woman □ I use a different term: □ Man □ I choose not to answer. □ Non-binary				
Which of the following best represents how you	think of yourself? Select one.			
☐ Straight, that is, not gay or lesbian ☐ I don't l	different term: know se not to answer.			
Select one if you want us to send you information in a language other than English. ☐ Spanish				
Select one if you want us to send you information in an accessible format. ☐ Large print				
Please contact Baylor Scott & White Health Plan at 1-866-334-3141 (TTY: 711) if you need information in an accessible format other than what's listed above. Our office hours are: Oct. 1 - March 31: 7 days a week, 7 AM to 8 PM. Closed on major holidays. April 1 - Sept. 30: Monday-Friday, 7 AM to 8 PM. Closed on major holidays.				
Do you work? ☐ Yes ☐ No	Does your spouse work? □Yes □No			
List your Primary Care Physician (PCP), clinic, or health center:				
Your email address:				

Name:	Date:		
•	ing your plan premiums (if applicable) remium (including any late enrollment penalty that you currently have or		
may owe)			
□ By mail; get a monthly bill.□ Electronic funds transfer (EFT or provide the following:) from your bank account each month. Please enclose a VOIDED check		
Account holder name:			
Bank routing number:	Bank account number:		
Account type: Checking	ng 🗆 Savings		
	r premium by having it automatically taken out of your ad Retirement Board (RRB) benefit each month.		
pay this extra amount in addition	me Related Monthly Adjustment Amount (Part D-IRMAA), you must on to your plan premium. The amount is usually taken out of your y get a bill from Medicare (or the RRB). DON'T pay Baylor Scott & White		
For individuals I	helping enrollee with completing this form only		
Complete this section if you're an third parties) helping an enrollee	individual (i.e. agents, brokers, SHIP counselors, family members, or other fill out this form.		
Name:	Relationship to enrollee:		
	National Producer Number (Agents/Brokers only):		
Ament/Duelces Hee Only			
Agent/Broker Use Only:			
Enrollment Period: LIEP LI	AEP SEP (type): Not Eligible		
Effective Date of Coverage:			

Date

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Name:	Date:
	ledicare Advantage plan only during the annual enrollment period mber 7 of each year. There are exceptions that may allow you to enroll in de of this period.
checking any of the following box	ents carefully and check the box if the statement applies to you. By xes you are certifying that, to the best of your knowledge, you are eligible ter determine that this information is incorrect, you may be disenrolled.
☐ I am new to Medicare.	
□ I am enrolled in a Medicare Ad Advantage Open Enrollment P	vantage plan and want to make a change during the Medicare Period (MA OEP).
☐ I recently moved outside of the a new option for me. I moved o	e service area for my current plan or I recently moved and this plan is on (insert date)
☐ I recently was released from in-	carceration. I was released on (insert date)
☐ I recently returned to the Unite U.S. on (insert date)	ed States after living permanently outside of the U.S. I returned to the
☐ I recently obtained lawful pres	ence status in the United States. I got this status on (insert date)
☐ I recently had a change in my Massistance, or lost Medicaid) or	Medicaid (newly got Medicaid, had a change in level of Medicaid (insert date)
	Extra Help paying for Medicare prescription drug coverage (newly got e level of Extra Help, or lost Extra Help) on (insert date)
	licaid (or my state helps pay for my Medicare premiums) or I get Extra prescription drug coverage, but I haven't had a change.
_	ently moved out of a Long-Term Care Facility (for example, a nursing I moved/will move into/out of the facility on (insert date)
☐ I recently left a PACE program of	on (insert date)
☐ I recently involuntarily lost my I lost my drug coverage on (ins	creditable prescription drug coverage (coverage as good as Medicare's). sert date)
☐ I am leaving employer or unior	n coverage on (insert date)
☐ I belong to a pharmacy assista	nce program provided by my state.
☐ My plan is ending its contract \	with Medicare, or Medicare is ending its contract with my plan.
☐ I was enrolled in a plan by Med in that plan started on (insert o	dicare (or my state) and I want to choose a different plan. My enrollment date)
	ds Plan (SNP) but I have lost the special needs qualification required olled from the SNP on (insert date)
Agency [FEMA]) or by a Federa	y or major disaster (as declared by the Federal Emergency Management II, state or local government entity. One of the other statements here e to make my enrollment request because of the disaster.
Plan at 1-800-782-5068 (TTY user - March 31, we are open 7 days a	es to you or you're not sure, please contact Baylor Scott & White Health rs should call 711) to see if you are eligible to enroll. From Oct. 1 week, 8 AM to 8 PM (closed on major holidays). From April 1 - Sept. 30, M to 5 PM (closed on major holidays).
1	



IMPORTANT INFORMATION:

2025 Medicare Star Ratings



Baylor Scott & White Health Plan - H2032

For 2025, Baylor Scott & White Health Plan - H2032 received the following Star Ratings from Medicare:

Overall Star Rating: $\star\star\star\star$ $\dot{\Leftrightarrow}$ Health Services Rating: $\star\star\star\star$ $\dot{\Leftrightarrow}$ Drug Services Rating: $\star\star\star\star$

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.

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 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 7:00 a.m. to 8:00 p.m. Central time. Current members please call 866-334-3141 (toll-free) or 711 (TTY).



Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP).

Call your plan for more information

	Call your plan for more info	ormati	on.		
Compl	ete all fields unless ma	ırked	optional		
FIRST name:	LAST name:				
Medicare Number:					
D: 1.1. 0.0 (/DD //HHH)	DI 1				
Birth date: (MM/DD/YYYY)	Phone number:				
Permanent residence street address (do	n't antan a D.O. Pay unlage	· ***	va avnarianaina	r homologgnogg);	
remaient residence street address (do	on tenter a r.O. Box unless	s you i	e experiencing	g nomelessness).	
City:	County (optional):		State:	ZIP code:	
Mailing address, if different from your	r permanent address (P.O. I	Box all	owed):	'	
Address:	City:	Stat		de:	
	Read and sign belo	W			
I understand this form is a request to White Health Plan will contact me			cription Paymo	ent Plan. Baylor Scott &	
• I understand that signing this form to conditions.	means that I've read and un	dersta	nd the form an	d the attached terms and	
Baylor Scott & White Health Plan v Medicare Prescription Payment F Medicare Prescription Payment Plan	Plan is active. Until then, I		•		
Signature:]	Date:		
If you're completing this form for som you're authorized under State law to fi available if Medicare asks for it.	•		•	_	
Name:	Address (Street, Ci	Address (Street, City, State, ZIP code):			
Phone number: ()	Relationship to par	ticipan	t:		

How to submit this form

Submit your completed form to:

Baylor Scott & White Health Plan Attn: Medicare Enrollment Department 1206 W. Campus Drive Temple, TX 76502

You can also complete the participation request form online at www.Enrollment.Cap-Rx.com/BSW_Medicare or call us at 833.502.3340 to submit your request via telephone.

If you have questions or need help completing this form, call us at 833.502.3340, seven days a week, 24 hours a day. TTY users can call 711.

Terms and Conditions:

You attest and understand you must be a Medicare Part D member to participate in this program. You acknowledge and agree your participation in the Medicare Prescription Drug Plan (MPPP) program is not required by law and is a voluntary program managed by the Centers for Medicare & Medicaid Services (CMS). CMS may adjust the MPPP program requirements at any time, and you acknowledge that such changes may impact your standing in the MPPP program, how the MPPP program may work, or other aspects of the program. When you participate in the MPPP, you agree to the repayment of any and all applicable prescription costs incurred during your participation in the MPPP program. You further acknowledge your private information, including protected health information, may be communicated to third-party entities to provide you with certain services or functions of the MPPP program. See Capital Rx's Privacy Policy at www.cap-rx.com/legal#legal-notice-privacy-policy for more information. When utilizing any of the MPPP digital platforms, you understand that the contents, logo and other visual media created is property of its respectful owner and is protected by copyright laws.

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