

Your 2025 guide to

ENROLLMENT

Medicare Advantage HMO

\$0 Premium

\$0 Tier One
Prescriptions*

\$0 Primary
Care

\$0 Virtual
Care



CovenantHealth 
Advantage HMO

offered by
 Baylor Scott & White
Health Plan

This guide highlights the benefits of the **Covenant Health Advantage HMO** 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

1.833.738.2460 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

1.833.442.2405 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.

*Plans with prescription drug coverage include \$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.

With \$0 premium and affordable copays, **Covenant Health Advantage HMO** is made with not only your health, but also your budget in mind. The plan is available with or without prescription drug and mail order benefits. The choice is yours.

Your doctor.

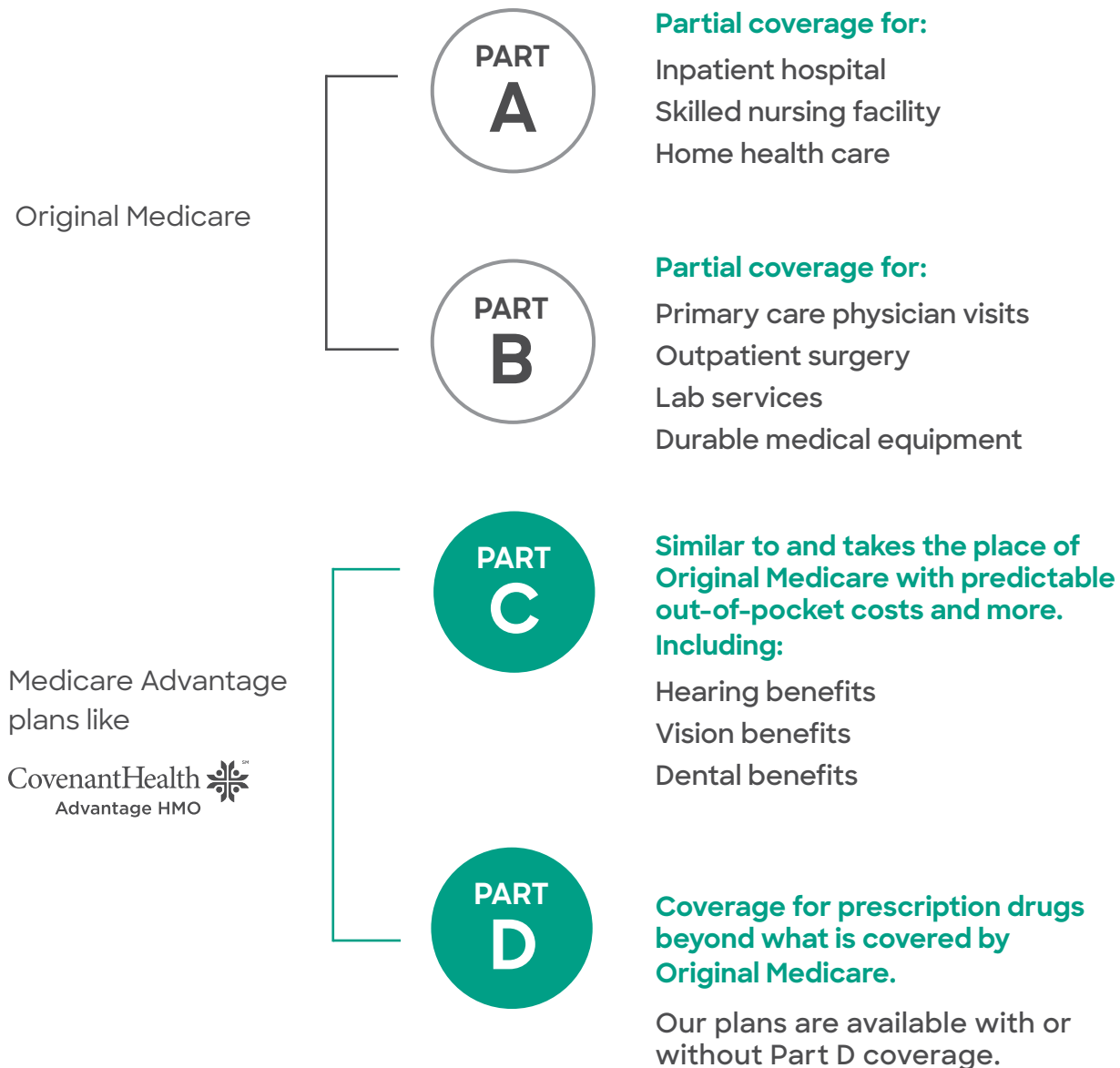
Choose from among hundreds of **Covenant Health** physicians and clinics as well as cornerstone hospital facilities across West Texas. You'll also enjoy the freedom of having worldwide urgent and emergency care coverage, and the opportunity to see in-network specialists without a referral.

Your complete care.

With **Covenant Health 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
- 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



IEP

Seven Months

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.

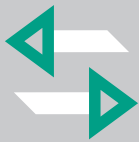


AEP

Oct 15 to Dec 7

ANNUAL ENROLLMENT PERIOD

Make changes to your medical and prescription drug coverage.



OEP

Jan 1 to March 31

OPEN ENROLLMENT PERIOD

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



SEP

A qualifying event

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.

Covenant Health Advantage

Enrolling in a Medicare Advantage plan like **Covenant Health Advantage HMO** 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 **Covenant Health Advantage HMO** plans. You can see a network 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?

Except for urgent and emergency care, you must get your care and services from providers in the **Covenant Health Advantage** network. If you choose to get non-urgent or non-emergency services out-of-network, you will be personally responsible for payment of all charges.

Self-service tools help ensure access anywhere, anytime

Using the member portal at Covenant.BSWHealthPlan.com, you can access your health insurance information 24 hours a day, seven days a week.

You can:



- Find a provider
- Take a health risk assessment
- Access a digital copy of your member ID card
- Access plan documents and benefits overview
- View an Explanation of Benefits for your claims
- View claims and payments toward your out-of-pocket maximum

Virtual care through Teladoc Health®

We've teamed up with Teladoc Health to allow you to visit a doctor, counselor or psychiatrist by phone, tablet or computer. Teladoc Health allows you to conveniently access care while staying at home. This telehealth service is provided for \$0 copay for members of the Covenant Health Advantage HMO plan.

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 **Covenant Health Advantage HMO** plans feature 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](https://www.MetLife.com).

*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

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

Over-the-counter (OTC) allowance. Covenant Health Advantage HMO plans feature 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.

For both Covenant Health Advantage HMO plans (with or without prescription drug coverage), supplemental benefits are included for no additional premium.

Affordable prescriptions

The **Covenant Health Advantage HMO** plan can be purchased with or without prescription drug benefits. The prescription drug deductible is \$0, and copayments are 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:** **Covenant Health Advantage** requires you or your physician to get prior authorization for certain drugs. This means that 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](https://www.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](https://www.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 not 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.


Speak to a Licensed Insurance Agent **1.833.738.2460/TTY: 711**

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.

| | |
|--|--|
|  Baylor Scott & White Health Plan | |
| 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. | |
| Complete all fields unless marked optional | |
| FIRST name: | LAST name: MIDDLE initial (optional): |
| Medicare Number: _ _ _ - _ - _ - _ | |
| Birth date: (MM/DD/YYYY) (/ /) | Phone number: () |
| Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness): | |
| City: | County (optional): State: ZIP code: |
| Mailing address, if different from your permanent address (P.O. Box allowed): Address: City: State: ZIP code: | |
| Read and sign below | |
| <ul style="list-style-type: none">• I understand this form is a request to participate in the Medicare Prescription Payment Plan. Baylor Scott & White Health Plan will contact me if they need more information.• I understand that signing this form means that I've read and understand the form and the attached terms and conditions.• Baylor Scott & White Health Plan will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan. | |
| Signature: | Date: |
| If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it. | |
| Name: | Address (Street, City, State, ZIP code): |
| Phone number: () | Relationship to participant: |


Y0058_M3POptIn_C

OPTIONAL


How to enroll in our Medicare Advantage plan

You may enroll in Covenant Health Advantage by:

- Visiting [MyBSWMedicare.com](https://www.MyBSWMedicare.com) and enrolling online
- OR calling **1.833.738.2460** to speak to a licensed agent
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.
- 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](https://www.Medicare.gov)



offered by



OMB No. 0938-1378

Expires: 6/30/26

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 1-833-738-2460. 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 1-833-738-2460/TTY 711 o a Medicare gratis al 1-800-633-4227 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.

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REQUIRED



MS-A4-126

Enrollment Dept.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 54 TEMPLE TX

POSTAGE WILL BE PAID BY ADDRESSEE

BAYLOR SCOTT & WHITE HEALTH PLAN

MS-A4-126

1206 W CAMPUS DR

TEMPLE TX 76502-9916

Speak to a Licensed Insurance Agent **1.833.738.2460**/TTY: 711

11

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 **Covenant Health Advantage HMO** 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, 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 HMO

WEST TEXAS

**This is a summary of drug and health services covered in the
Covenant Health Advantage HMO plan, offered by
Baylor Scott & White Care Plan,
a subsidiary Baylor Scott & White Health Plan.**

Summary of Benefits

January 1, 2025 - December 31, 2025

Covenant Health Advantage HMO is offered by Baylor Scott & White Care Plan, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. Enrollment in Covenant Health Advantage HMO 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](https://www.bswhealthplan.com/Medicare) by October 15, 2024.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what Covenant Health 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 Covenant Health Advantage HMO

- If you are a member of this plan, you can call us toll free at 1-833-442-2405 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 1-833-738-2460 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](https://www.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?

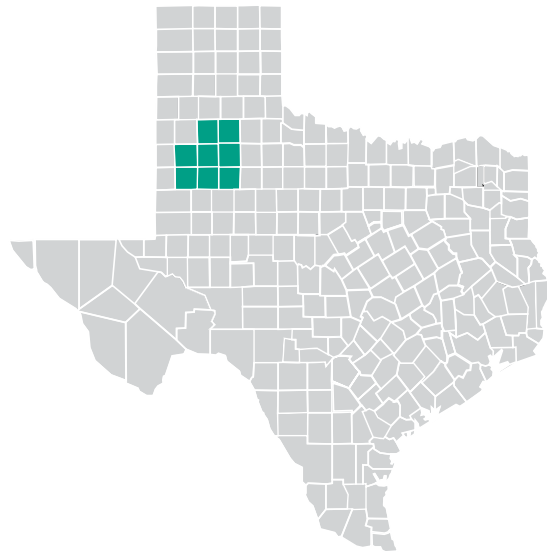
To join Covenant Health Advantage HMO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, and Terry.

What is the service area for West Texas Covenant Health Advantage HMO?

| | | |
|---------|---------|--------|
| | Hale | Floyd |
| Hockley | Lubbock | Crosby |
| Terry | Lynn | Garza |

The counties in the service area are listed below.

Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, Terry



Which doctors and hospitals, and pharmacies can I use?

Covenant Health Advantage HMO 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.

Covenant Health Advantage HMO covers Medicare Part B and Part D drugs. Certain limitations may apply.

| Premiums and Benefits | Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage | Covenant Health Advantage (HMO) Without Part D prescription drug coverage |
|--|---|---|
| Monthly Plan Premium You must continue to pay your Medicare Part B Premium. | You pay \$0 per month. | You pay \$0 per month. Covenant Health Advantage (HMO) without Part D prescription drug coverage pays \$50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about Social Security, please contact or go to SSA.gov for more information. |
| Deductible | You pay \$0. | You pay \$0. |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | You pay \$5,900 annually. | You pay \$5,600 annually. |
| Inpatient Hospital* | Days 1 - 6: \$325 copay each day per stay. Days 7 - 90: \$0 copay each day per stay. | Days 1 - 6: \$325 copay each day per stay. Days 7 - 90: \$0 copay each day per stay. |
| Outpatient Hospital* Ambulatory Surgery Center Outpatient Hospital Services | You pay \$250 copay per visit. You pay \$275 copay per visit. | You pay \$250 copay per visit. You pay \$275 copay per visit. |
| Doctor Visits Primary Care Providers Specialist | You pay \$0 copay per visit. You pay \$30 copay per visit. | You pay \$0 copay per visit. You pay \$30 copay per visit. |
| Preventive Care | You pay \$0 copay. | You pay \$0 copay. |
| Emergency Care If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. | You pay \$120 copay per visit. | You pay \$120 copay per visit. |

***Prior Authorization is required.**

| Premiums and Benefits | Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage | Covenant Health Advantage (HMO) Without Part D prescription drug coverage |
|--|--|--|
| Urgently Needed Services If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived. | You pay \$50 copay per visit. | You pay \$50 copay per visit. |
| Diagnostic Services/Labs/Imaging* Diagnostic Tests and Procedures Lab Services Diagnostic Radiology Services (e.g. MRI) Outpatient X-Rays | You pay \$0 copay. You pay \$0 copay. You pay \$0 - \$325 copay. You pay \$0 copay. | You pay \$0 copay. You pay \$0 copay. You pay \$0 - \$325 copay. You pay \$0 copay. |
| Hearing Services Medicare-covered Hearing Exam Routine Hearing Exam Limited to one exam each year. Hearing Aids | You pay \$40 copay per Medicare-covered hearing exam. You pay \$0 copay per exam. \$1,000 allowance toward the purchase of hearing aids every three years. | You pay \$40 copay per Medicare-covered hearing exam. You pay \$0 copay per exam. \$1,000 allowance toward the purchase of hearing aids every three years. |
| Dental Services Diagnostic and Preventive Dental Oral Exams: One exam every six months. | In-Network and Out-of-Network Combined \$0 copay for each oral exam. | In-Network and Out-of-Network Combined \$0 copay for each oral exam. |

***Prior Authorization is required.**

| Premiums and Benefits | Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage | Covenant Health Advantage (HMO) Without Part D prescription drug coverage |
|---|--|--|
| <p>Dental Services continued</p> <p>Dental X-Rays: One full mouth X-ray every 36 months. Bite-wing X-rays every 12 months.</p> <p>Other Diagnostic Dental Services: Periapical X-rays as needed.</p> <p>Prophylaxis (Cleaning): One cleaning every six months.</p> <p>Yearly Benefit Maximum:</p> <p>Comprehensive Dental Services</p> <p>Restorative Services: One filling per surface per tooth every 24 months. Crowns/inlays/onlays/bridges/implants are covered once every 10 years.</p> <p>Endodontics: One root canal per tooth per lifetime.</p> <p>Periodontics: Periodontal surgery once per quadrant every 36 months. Periodontal maintenance up to four times every calendar year. One scaling and root planing once per quadrant every 24 months.</p> | <p>\$0 copay for each X-ray.</p> <p>\$0 copay for each periapical X-ray.</p> <p>\$0 copay for each cleaning.</p> <p>\$3,000 for all covered preventive and comprehensive dental services combined.</p> <p>50% coinsurance for each restorative service.</p> <p>50% coinsurance for each endodontics service.</p> <p>50% coinsurance for each periodontics service.</p> | <p>\$0 copay for each X-ray.</p> <p>\$0 copay for each periapical X-ray.</p> <p>\$0 copay for each cleaning.</p> <p>\$2,500 for all covered preventive and comprehensive dental services combined.</p> <p>50% coinsurance for each restorative service.</p> <p>50% coinsurance for each endodontics service.</p> <p>50% coinsurance for each periodontics service.</p> |

***Prior Authorization is required.**

| Premiums and Benefits | Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage | Covenant Health Advantage (HMO) Without Part D prescription drug coverage |
|--|--|--|
| <p>Dental Services</p> <p>Prosthodontics, removable One set of dentures every five years.</p> <p>Oral and Maxillofacial Surgery One brush biopsy every 24 months. One Alveoloplasty in conjunction with extractions one per quadrant per lifetime.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. | <p>50% coinsurance for each prosthodontics, removable service.</p> <p>50% coinsurance for each oral and maxillofacial surgery.</p> | <p>50% coinsurance for each prosthodontics, removable service.</p> <p>50% coinsurance for each oral and maxillofacial surgery.</p> |

***Prior Authorization is required.**

| Premiums and Benefits | Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage | Covenant Health Advantage (HMO) Without Part D prescription drug coverage |
|--|---|---|
| Vision Services Eyewear The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts. Routine Eye Exam Medicare-covered Eye Exam | \$125 allowance toward the purchase of eyewear each year. You pay \$0 copay for one routine eye exam per year. You pay \$40 copay for Medicare-covered eye exams. | \$125 allowance toward the purchase of eyewear each year. You pay \$0 copay for one routine eye exam per year. You pay \$40 copay for Medicare-covered eye exams. |
| Mental Health Services Inpatient* Outpatient Individual or Group Therapy | Days 1 - 5: \$318 copay each day per stay. Days 6 - 90: \$0 copay each day per stay. You pay \$30 copay per visit. | Days 1 - 5: \$318 copay each day per stay. Days 6 - 90: \$0 copay each day per stay. You pay \$30 copay per visit. |
| Skilled Nursing Facility (SNF) Care* | Days 1 - 20: \$0 copay each day. Days 21 - 100: \$214 copay each day. | Days 1 - 20: \$0 copay each day. Days 21 - 100: \$214 copay each day. |
| Physical Therapy Occupational Therapy Physical Therapy and Speech and Language Therapy | You pay \$35 copay per visit. You pay \$35 copay per visit. | You pay \$35 copay per visit. You pay \$35 copay per visit. |
| Ambulance Service Ground Ambulance Air Ambulance* | You pay \$300 copay. You pay \$300 copay. | You pay \$265 copay. You pay \$265 copay. |
| Transportation (Additional Routine) | Not covered. | Not covered. |

*Prior Authorization is required.

| Premiums and Benefits | Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage | Covenant Health Advantage (HMO) Without Part D prescription drug coverage |
|--|--|--|
| Over-the-Counter Items | Quarterly \$90 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. |
| Worldwide Emergency/Urgent Services Emergency Care Urgent Care Emergency/Urgent Transportation Yearly Benefit Maximum | You pay \$0 copay per visit. You pay \$0 copay per visit. You pay \$0 copay per trip. \$5,000 maximum plan benefit coverage amount. | You pay \$0 copay per visit. You pay \$0 copay per visit. You pay \$0 copay per trip. \$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 | | | |
|--------------------------------------|--|---|-------------------------------------|
| | Covenant Health Advantage Rx (HMO) | | |
| Deductible | \$0. | | |
| | 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 \$10. | You pay \$5. | You pay \$0. |
| Tier 3 (Preferred Brand) | You pay \$47. | You pay \$47. | You pay \$94. |
| Tier 4 (Non-Preferred) | You pay \$100. | You pay \$100. | You pay \$200. |
| Tier 5 (Specialty) | You pay 33% of the cost. | You pay 33% of the cost. | Not Available |
| Catastrophic Coverage | After your yearly out-of-pocket drug costs reach \$2,000, you pay \$0. | | |

Most adult Part D vaccines are covered at no cost to you.

You pay no more than \$35 for a one-month supply of each covered insulin, no matter the cost-sharing tier it is on.

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 1-833-442-2405 (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).

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 1-833-442-2405 (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 1-833-442-2405 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.
- ☐ If your plan includes Part D coverage, review the formulary to make sure your drugs are covered.

Understand 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.
- ☐ 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.

Covenant Health Advantage HMO is offered by Baylor Scott & White Care Plan, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. Enrollment in Covenant Health Advantage HMO depends on contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

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

Covenant Health Advantage HMO is offered by Baylor Scott & White Care Plan, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. Enrollment in Covenant Health Advantage HMO depends on contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

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(s) you want the agent to discuss.

Medicare Advantage Plans with Part D Prescription Drug Plans

Medicare Advantage Plans without Part D Prescription Drug Plans

Beneficiary or Authorized Representative signature, phone number and signature date:

Signature

() _____
Phone Number

Signature Date

If you are the authorized representative, please 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 time of appointment, provide an explanation why SOA was not signed prior to meeting.

Beneficiary Name

Beneficiary Phone

Beneficiary Address

Initial Method of Contact (indicate if beneficiary was a walk-in)

Where the walk-in took place (i.e., agent's office)

Plan(s) the agent represented during this meeting

Agent Name

Agent Phone

Date Appointment Completed

Agent Writing # 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](https://www.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 1-833-738-2460. 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 1-833-738-2460/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 fields on this page are required (unless marked optional)

Select the plan you want to join:

Without Prescription Drugs

☐ Covenant Health Advantage HMO \$0

With Prescription Drugs

☐ Covenant Health Advantage Rx HMO \$0

FIRST Name:

LAST Name:

Optional: Middle Initial:

Birth Date: (MM/DD/YYYY)

(/ /)

Sex:

☐ Male ☐ Female

Phone Number:

()

Permanent residence street address (Don't enter a PO Box):

City:

Optional: County:

State:

ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed)

Street Address:

City:

State:

ZIP Code:

Your Medicare information:

Medicare Number:

— —

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to

Covenant Health Advantage? ☐ Yes ☐ No

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Covenant Health Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Covenant Health 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 Covenant Health Advantage coverage begins, I must get all of my medical and prescription drug benefits from Covenant Health Advantage. Benefits and services provided by Covenant Health Advantage and contained in my Covenant Health Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Covenant Health 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 representative, sign above and fill out these fields:

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 all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | |
| <input type="checkbox"/> I choose not to answer. | |

What's your race? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| Asian: | Native Hawaiian and Pacific Islander: |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Korean | <input type="checkbox"/> White |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> I choose not to answer. |
| <input type="checkbox"/> Other Asian | |

What's your gender? Select one.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> I use a different term: _____ |
| <input type="checkbox"/> Man | <input type="checkbox"/> I choose not to answer. |
| <input type="checkbox"/> Non-binary | |

Which of the following best represents how you think of yourself? Select one.

- | | |
|--|---|
| <input type="checkbox"/> Lesbian or gay | <input type="checkbox"/> I use a different term: _____ |
| <input type="checkbox"/> Straight, that is, not gay or lesbian | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> I choose 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 1-833-442-2405 (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: _____

Paying your plan premiums (if applicable)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe)

- ☐ By mail; get a monthly bill.
- ☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number: _____

Account type: ☐ Checking ☐ Savings

You can also choose to pay your premium by having it automatically taken out of your

- ☐ **Social Security or ☐ Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Baylor Scott & White Health Plan the Part D-IRMAA.

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number (Agents/Brokers only): _____

Agent/Broker Use Only:

Enrollment Period: ☐ IEP ☐ AEP ☐ SEP (type): _____ ☐ Not Eligible

Effective Date of Coverage: _____

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: _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on (insert date)_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.
- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance 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 Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency [FEMA]) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Baylor Scott & White Health Plan at 1-833-738-2460 (TTY users should call 711) to see if you are eligible to enroll. From Oct. 1 - March 31, we are open 7 days a week, 8 AM to 8 PM (closed on major holidays). From April 1 - Sept. 30, we are open Monday-Friday, 8 AM to 5 PM (closed on major holidays).

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Baylor Scott & White Health Plan - H4943

For 2025, Baylor Scott & White Health Plan - H4943 received the following Star Ratings from Medicare:

| | |
|--------------------------------|----------------------------|
| Overall Star Rating: | Not enough data available* |
| Health Services Rating: | Not enough data available |
| Drug Services Rating: | Not enough data available |

**Some plans do not have enough data to rate performance.*

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.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Baylor Scott & White Health Plan 7 days a week from 7:00 a.m. to 8:00 p.m. Central time at 833-442-2405 (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 833-442-2405 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

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.

Complete all fields unless marked optional

FIRST name: _____ LAST name: _____ MIDDLE initial (optional): _____

Medicare Number: ____ - ____ - ____

Birth date: (MM/DD/YYYY)
(/ /)

Phone number:
()

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City: _____ County (optional): _____ State: _____ ZIP code: _____

Mailing address, if different from your permanent address (P.O. Box allowed):
Address: _____ City: _____ State: _____ ZIP code: _____

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Baylor Scott & White Health Plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- Baylor Scott & White Health Plan **will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature: _____ **Date:** _____

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name: _____ Address (Street, City, State, ZIP code): _____

Phone number: () _____ Relationship to participant: _____

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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