WELCOME

Annual Notice of Change 2026
Central Texas

BSW SENIORCARE ADVANTAGE®

BaylorScott&White Health Plan

Today's discussion

1. What's Changing for 2026?
2. BSW SeniorCare Advantage Highlights
3. Medicare Advantage Election Periods
4. BSW SeniorCare Advantage Medicare Plans
5. Extra Benefits
6. Contact Information

Medicare Plan Highlights

- Routine Vision Visits and Eye Wear
- Routine Hearing Visits and Hearing Aids
- Over The Counter Allowance
- No Referral required to see a Specialist
- $0 copays available for many mail order prescriptions
- Routine Dental Visits
- Worldwide ER and Urgent Care Coverage

Medicare Advantage Election Periods

- **Annual Election Period (AEP)**

  Medicare Advantage-eligible individuals may enroll in or disenroll from a Medicare Advantage plan during AEP, which runs from **October 15 through December 7** of each year.

- **Medicare Advantage Open Enrollment Period (OEP)**

  OEP takes place annually from **January 1 through March 31**, and allows individuals enrolled in an MA plan, to make a one-time election to go to another MA plan or Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.

What's Changing for 2026?

- CMS is ending the Value-Based Insurance Design (VBID) program on December 31, 2025.
- **BSW SeniorCare Advantage Select Rx Assist** will change its name to **BSW SeniorCare Advantage Essentials.**

Live Your Best Life

As a Baylor Scott & White Health Plan member, you have access to the Baylor Scott & White Quality Alliance and their suite of unique resources – including specialized 65+ care coordination tools.

We help you get the **right care** at the **right time** at the **right place.**

BaylorScott&White QUALITY ALLIANCE

360 Visits

A DEDICATED VISIT UP TO ONE HOUR, TO ENHANCE THE CARE PROVIDED BY YOUR PRIMARY CARE PROVIDER

- Personalized assessment and review of your health history performed by an advanced practice provider
- An opportunity to discuss your health needs and goals to support your need to live well
- Offered in-office or virtually
- Follow-up visit with your Primary Care Provider scheduled after the 360 Visit
- Connects you to resources that may be helpful

"I felt like the providers were truly listening to my problems and were able to connect me to resources the same day."

– 360 Visit patient

Ask your doctor about 360 Visits.

Available to BSW SeniorCare Medicare Advantage patients 65 years and older, if eligibility is met. Baylor Scott & White Health reserves the right to modify or change this program at any time. In-office 360 Visits are geographically limited.

65+ Clinics

A DEDICATED CARE TEAM WHO PROVIDES HIGH-TOUCH CARE FOR OUR MEDICALLY COMPLEX PATIENTS

- An hour-long initial visit to review your medical history and introduce members of the care team
- Reserved, priority access for appointments
- Dedicated phone line for 65+ Clinic patients
- Frequent, longer follow-up visits as needed
- An expanded care team, including an advanced practice provider, care manager, community health worker, social worker, pharmacist and dietitian

> *"The amount of time I get to spend with my provider is priceless."*
>
> – 65+ Clinic patient

Talk with your primary care provider about 65+ Clinics.

Available to BSW SeniorCare Medicare Advantage patients 50 years and older, if eligibility is met. Baylor Scott & White Health reserves the right to modify or change this program at any time. This program is geographically limited.

CareNav+

A COMPREHENSIVE SINGLE POINT OF CONTACT COVERING THE FULL RANGE OF HEALTHCARE NEEDS AND SERVICES

- Assists with clinical needs and guides to the right level of care
- Initiates medication refill requests
- Answers billing questions
- Supports MyBSWHealth app needs
- Educates on insurance benefits

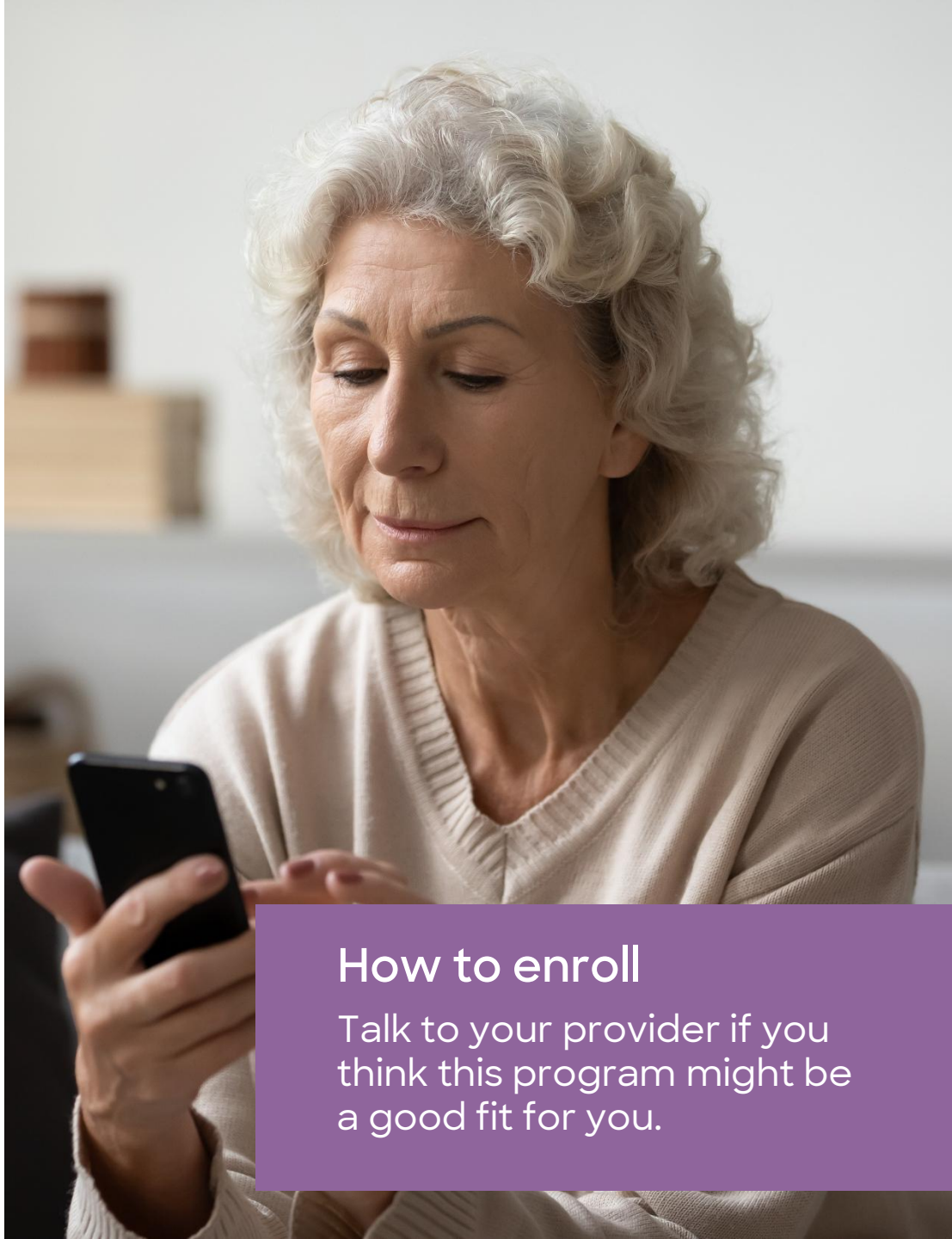
HOURS OF OPERATION: MONDAY – FRIDAY 8 AM – 5 PM

833.818.1339

Kidney Health Program

SUPPORTING PATIENTS WITH CHRONIC KIDNEY DISEASE (CKD) OR END-STAGE RENAL DISEASE (ESRD)

- Helps you manage kidney disease and related conditions that effect your kidneys like diabetes or high blood pressure
- Supports you in making important decisions for your kidney health
- Could lower healthcare costs for you
- Offers care management through telephone, video and/or two-way texting



How to enroll

Talk to your provider if you think this program might be a good fit for you.

BSWQA patients (age 18 and over) with CKD or ESRD may be eligible. BSWQA reserves the right to modify or change this program at any time.

New Medicare Drug Phases

	2026
Deductible Phase	Cost sharing is 100% before deductible is met (if plan has deductible)
Out-of-Pocket Threshold	$2,100
Catastrophic Phase	Member pays $0

Medicare Prescription Payment Plan (MPPP)

Voluntary program allowing members to spread prescription costs over monthly installments. Can be elected prior to and during the plan year.

Plan sponsors and pharmacies will notify members if they are likely to benefit from the MPPP program.

Plan sponsors are responsible for billing MPPP members monthly using a CMS prescribed payment methodology. Payments may change monthly.

MPP enrollment will continue automatically if the member does not change Part D plans. This includes changing to another one of our plans or another carrier.

Mail Order Prescriptions from Costco

Sign up for Mail Order in one of three simple ways:

- Ask your doctor to send an electronic prescription to **Costco Pharmacy**.
- If you pick up your prescription(s) in person from a retail pharmacy, you are NOT impacted by this change.
- You DO need to create a Costco Pharmacy account—even if your prescription(s) is automatically transferred. This account is available at no cost to you.
- Call **CapitalRX** at 1.833.502.3340 to assist with questions.

Prefer to use your retail pharmacy to receive 90-day prescriptions? No problem.

- Receive 90-day prescriptions at preferred pharmacies for 2 copays for most medications in Tiers 1-4
- Visit BSWHealthPlan.com/Medicare to view the formulary (drug list) and pharmacy directory

Visit MyBSWHealth.com and log in to your member portal to enroll and manage your active mail order prescriptions.

Central Texas HMO-POS

BSW SENIORCARE ADVANTAGE • HMO-POS

34 COUNTIES:

Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Navarro, Robertson, San Saba, Somervell, Washington, Williamson

- BSW SeniorCare Advantage HMO-POS
  - Select & Select Rx
  - Preferred & Preferred Rx
  - Premium & Premium Rx
- BSW SeniorCare Advantage Essentials HMO-POS

Central Texas
BSW SeniorCare Advantage HMO-POS

Medical Benefits	Select	Preferred	Premium
Monthly Premium with Rx Benefits	$0	$143	$255
Monthly Premium without Rx Benefits	$0	$89	$199
Part B Buy Down (BSW SeniorCare Advantage HMO-POS **without Rx** plans pay $50 toward Part B premium.	$50	$50	$50
Deductible (medical)	$0	$0	$0
Out-of-Pocket Maximum with Rx Benefits	$5,800	$4,600	$4,800
Out-of-Pocket Maximum without Rx Benefits	$5,900	$4,500	$4,500
Primary Care Physician (PCP) **Office Visit**	$0 copay	$0 copay	$0 copay
Specialty Care Physician (SCP) **Office Visit**	$30 copay	$30 copay	$0 copay
Diagnostic Radiological Services including X-rays	$0–$300 copay	$0–$15 copay	$0 copay
Telehealth Services (PCP, SCP, Psychiatry)	$0 copay	$0 copay	$0 copay
Skilled Nursing Facility (SNF) Care	Days 1–20: **$0/day** Days 21–100: **$218/day**	Days 1–20: **$0/day** Days 21–100: **$100/day**	Days 1–20: **$0/day** Days 21–100: **$50/day**
Inpatient Hospital	Days 1–6: **$325/day** Days 7–90: **$0/day**	$700/stay	$100/stay
Outpatient Surgery (facility)	$325 copay	$15 copay	$0 copay
Ambulatory Surgical Center (facility)	$250 copay	$100 copay	$0 copay
Emergency Care (copay waived if admitted within 24 hours)	$130 copay	$130 copay	$90 copay
Urgent Care (copay waived if admitted within 24 hours)	$50 copay	$40 copay	$40 copay
Chiropractic Services	$15 copay	$15 copay	$0 copay
Worldwide Emergency (outside the U.S.)	$5,000 maximum	$5,000 maximum	$5,000 maximum

Benefits in red reflect changes from 2025

Central Texas
BSW SeniorCare Advantage HMO-POS

Extra Benefits	Select	Preferred	Premium
Routine Eye Exam (one per year) Members may receive benefits from any provider. (POS)	$0 copay	$0 copay	$0 copay
Eyewear Allowance (any upgrades, such as lens tinting or coatings, are not covered by the plan). Members may receive benefits from any provider. (POS) Plan with Rx Benefits Plan without Rx Benefits	$185 allowance $125 allowance	$150 allowance $125 allowance	$125 allowance $125 allowance
Routine Hearing Exam Members may receive benefits from any provider. (POS)	$0 copay	$0 copay	$0 copay
Hearing Aids (allowance toward purchase every 3 years) OTC Hearing Aids. Members may receive benefits from any provider. (POS) Plan with Rx Benefits Plan without Rx Benefits	$1,600 allowance $1,000 allowance	$1,100 allowance $1,000 allowance	$1,000 allowance $1,000 allowance
Fitness (at participating Silver&Fit locations)	$0	$0	$0
Dental Monthly Premium (no monthly premium) Annual Benefit Max with Rx Annual Benefit Max without Rx	$3,500 allowance $3,000 allowance	$3,000 allowance $3,000 allowance	$3,000 allowance $3,000 allowance
Dentures (All services count toward max. Must use MetLife PDP Plus provider.) Plan with Rx Benefits Plan without Rx Benefits	0% coinsurance 50% coinsurance	50% coinsurance 50% coinsurance	50% coinsurance 50% coinsurance
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) Plan with Rx Benefits Plan without Rx Benefits	$80 per quarter $30 per quarter	$30 per quarter $30 per quarter	$30 per quarter $30 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	$0 copay	$0 copay	$0 copay
Routine Transportation (Up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	$0 copay	$0 copay	$0 copay

Benefits in red reflect changes from 2025

Central Texas
BSW SeniorCare Advantage HMO-POS

Prescription Drug Benefits	Select Rx	Preferred Rx	Premium Rx
Deductible	$250 (applies to Tiers 3-5)	$0	$0
Total Out-of-Pocket Amount	$2,100	$2,100	$2,100
Copays (30-day supply)	Preferred / Standard Pharmacies		
Tier 1: Preferred Generic Drugs	$0/$10 copay	$0/$8 copay	$0/$7 copay
Tier 2: Generic Drugs	$13/$20 copay	$8/$15 copay	$5/$12 copay
Tier 3: Preferred Brand Drugs	$47/$47 copay	$45/$45 copay	$45/$45 copay
Tier 4: Non-Preferred Brand Drugs	35% coinsurance	35% coinsurance	35% coinsurance
Tier 5: Specialty Drugs	30% coinsurance	33% coinsurance	33% coinsurance
Mail-Order Copays (90-day supply)			
Tier 1: Preferred Generic Drugs	$0 copay	$0 copay	$0 copay
Tier 2: Generic Drugs	$0 copay	$0 copay	$0 copay
Tier 3: Preferred Brand Drugs (Two 30-day supply copays for 90-day supply)	$94 copay	$90 copay	$90 copay
Tier 4: Non-Preferred Brand Drugs	35% coinsurance	35% coinsurance	35% coinsurance
During the Catastrophic Phase, You Pay	$0 copay	$0 copay	$0 copay

Benefits in red reflect changes from 2025

Central Texas

BSW SeniorCare Advantage Essentials HMO-POS

Central Texas
BSW SeniorCare Advantage Essentials HMO-POS

Medical Benefits	
Monthly Premium with LIS	$0
Monthly Premium without LIS	$4.80
Deductible (medical)	$0
Out-of-Pocket Maximum	$5,800
Primary Care Physician (PCP) Office Visit	$0 copay
Specialty Care Physician (SCP) Office Visit	$25 copay
Diagnostic Radiological Services including X-rays	$0–$300 copay
Telehealth Services (PCP, SCP, Psychiatry)	$0 copay
Skilled Nursing Facility (SNF) Care	Days 1-20: $0/day
	Days 21-100: $218/day
Inpatient Hospital	Days 1-6: $325/day
	Days 7-90: $0/day
Outpatient Surgery (facility)	$325 copay
Ambulatory Surgical Center (facility)	$250 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	$130 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	$50 copay
Chiropractic Services	$15 copay
Worldwide Emergency (outside the U.S.)	$5,000 maximum

Benefits in red reflect changes from 2025

Central Texas
BSW SeniorCare Advantage Essentials HMO-POS

Extra Benefits	
Routine Eye Exam (one per year) Members may receive benefits from any provider. (POS)	$0 copay
Eyewear Allowance (any upgrades, such as lens tinting or coatings, are not covered by the plan). Members may receive benefits from any provider. (POS)	$150 allowance
Routine Hearing Exam Members may receive benefits from any provider. (POS)	$0 copay
Hearing Aid Allowance (may be purchased once every 3 years) including OTC or prescription hearing aids. Members may receive benefits from any provider. (POS)	$1,000 allowance
Fitness (at participating Silver&Fit locations)	$0
Dental Annual Allowance (no monthly premium) **Dentures** (50% coinsurance - every 5 years) (Member may use any provider in the PDP Plus Network.)	$3,000 allowance
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) Groceries are no longer included	$50 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	$0 copay
Routine Transportation (Up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	$0 copay

Benefits in red reflect changes from 2025

Central Texas
BSW SeniorCare Advantage Essentials HMO-POS

Prescription Drug Benefits	Essentials With Extra Help		Essentials Without Extra Help
Deductible	$0		$615
Total Out-of-Pocket Amount	$2,100		$2,100
Initial Coverage (Your plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your total out-of-pocket costs reach $2,100)	Level 1	Generic Drugs -$5.10	25% Coinsurance
		Other Drugs - $12.65	
	Level 2	Generic Drugs -$1.60	
		Other Drugs - $4.90	
	Level 3	Generic Drugs -$0	
		Other Drugs - $0	
During the Catastrophic Phase, You Pay		$0	$0

Members on the Essentials plan can use preferred or standard pharmacies.

Benefits in red reflect changes from 2025

Central Texas

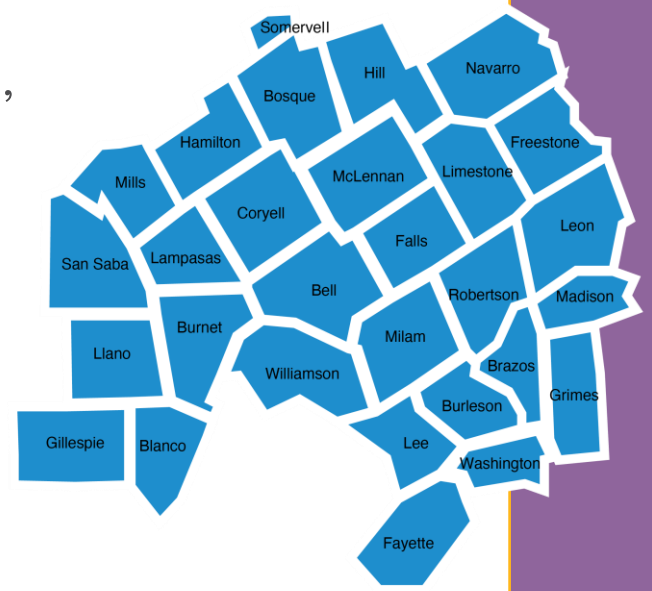
BSW SeniorCare Advantage PPO

Central Texas PPO

BSW SENIORCARE ADVANTAGE • PPO®

29 COUNTIES:

Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Gillespie, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Navarro Robertson, San Saba, Somervell, Washington, Williamson



- BSW SeniorCare Advantage PPO
  - Basic
  - Platinum

Central Texas
BSW SeniorCare Advantage PPO

Medical Benefits	Basic	Platinum
Monthly Premium (You must continue to pay your Medicare Part B premium)	$0	$135
Deductible (medical)	$0	$0
Out-of-Pocket Maximum (in-network, does not include prescription drugs) Out-of-Pocket Maximum (Combined in- and out-of-network)	$6,750 $10,000	$4,600 $8,950
Primary Care Physician (PCP) **Office Visit**	$0 copay	$0 copay
Specialty Care Physician (SCP) **Office Visit**	$35 copay	$20 copay
Diagnostic Radiological Services including X-rays	$0-$300 copay	$0-$200 copay
Telehealth Services (PCP, SCP, Psychiatry)	$0 copay	$0 copay
Skilled Nursing Facility (SNF) Care	Days 1-20: **$0/day**	Days 1-20: **$0/day**
	Days 21-100: **$218/day**	Days 21-100: **$50/day**
Inpatient Hospital	Days 1-6: **$325/day**	Days 1-6: **$250/day**
	Days 7-90: **$0/day**	Days 7-90: **$0/day**
Outpatient Surgery (facility)	$350 copay	$100 copay
Ambulatory Surgical Center (facility)	$275 copay	$75 copay
Emergency Care (copay waived if admitted within 24 hours)	$130 copay	$130 copay
Urgent Care (copay waived if admitted within 24 hours)	$50 copay	$50 copay
Chiropractic Services	$15 copay	$15 copay
Worldwide Emergency (outside the U.S.)	$5,000 maximum	$5,000 maximum

Benefits in red reflect changes from 2025

Central Texas
BSW SeniorCare Advantage PPO

Out-of-Network Cost-Sharing	35%	30%
Annual Deductible	$0	$0
Annual Out-of-Pocket Maximum for Services Received In and Out-of-Network Combined	$10,000	$8,950

Extra Benefits	Basic	Platinum
Routine Eye Exam (one per year)	$0 copay	$0 copay
Eyewear Allowance (any upgrades, such as lens tinting or coatings, are not covered by the plan).	$150 allowance	$150 allowance
Hearing Aid Allowance (may be purchased once every 3 years) including OTC or prescription hearing aids	$0 copay	$0 copay
Hearing Aids (allowance toward purchase every 3 years) including OTC Hearing Aids	$1,000 allowance	$1,500 allowance
Fitness (at participating Silver&Fit locations)	$0	$0
Dental Annual Allowance (no monthly premium) **Dentures** (50% coinsurance - every 5 years) (Member may use any provider in the PDP Plus Network.)	$3,000 allowance	$3,000 allowance
Annual Physical Exam	$0 copay	$0 copay
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	$30 per quarter	$30 per quarter

Benefits in red reflect changes from 2025

Central Texas
BSW SeniorCare Advantage PPO

Prescription Drug Benefits	Basic	Platinum
Deductible	$250 (applies to Tiers 3-5)	$50 (applies to Tiers 3-5)
Total Out-of-Pocket Amount	$2,100	$2,100
Copays (30-day supply)	Preferred / Standard Pharmacies	
Tier 1: Preferred Generic Drugs	$0/$5 copay	$0/$5 copay
Tier 2: Generic Drugs	$7/$14 copay	$5/$12 copay
Tier 3: Preferred Brand Drugs	$47/$47 copay	$45/$45 copay
Tier 4: Non-Preferred Brand Drugs	35% coinsurance	35% coinsurance
Tier 5: Specialty Drugs	30% coinsurance	32% coinsurance
Mail-Order Copays (90-day supply)		
Tier 1: Preferred Generic Drugs	$0 copay	
Tier 2: Generic Drugs	$0 copay	
Tier 3: Preferred Brand Drugs (Two 30-day supply copays for 90-day supply)	$94 copay	$90 copay
Tier 4: Non-Preferred Brand Drugs (Two 30-day supply copays for 90-day supply)	35% coinsurance	35% coinsurance
During the Catastrophic Phase, You Pay	$0 copay	

Benefits in red reflect changes from 2025

How Can I Change My Plan?

Plan Change Form

Mail or drop off a completed Plan Change form at our Temple office:

1206 West Campus Dr.
Temple, TX 76502

Call Us!

Call our Customer Engagement team to submit your request over the phone:

1.877.845.3901
TTY: 711
8 AM – 5 PM, Monday-Friday

http://www.bswhealthplan.com/individuals-families/Pages/MedicareResources.aspx

Contact Information

BSW SeniorCare Advantage Customer Service

866.334.3141 TTY: 711
7 AM – 8 PM, 7 days a week

MetLife (Dental)

855.676.9337
MetLife.com

Silver&Fit (Fitness)

877.427.4788

SilverandFit.com

Capital Rx (Prescription Payment Plan Information)

833.502.3340

Costco Mail Order Prescriptions

833.502.3340

Customer Engagement

Call for plan changes

877.845.3901 TTY: 711

8 AM – 5 PM, Monday-Friday

HPCustomerEngagement@BSWHeath.org

Modivcare (Transportation)

866.428.0212

Modivcare.com

InComm (OTC Benefit Card)

Order Online @ MyBenefitsCenter.com

Order via phone: 833.875.1816

Thank you!

Please review for 2026 Annual Notice of Change mailing for more details

Baylor Scott & White Health Plan