

2026 **SUMMARY of BENEFITS**

Get the care you need and the service you deserve with
BSW SeniorCare Advantage PPO.

WEST TEXAS



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

Summary of Benefits

January 1, 2026 - December 31, 2026

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

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2025.

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: Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, and Terry.

What is the service area for West Texas BSW SeniorCare Advantage (PPO)?



The counties in the service area are listed below:

Crosby, Floyd, Garza, Hale, Hockley, Lamb,
Lubbock, Lynn, and Terry.



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 must use network providers and pharmacies for covered services, unless authorized by the Plan.

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 must continue to pay your Medicare Part B Premium.	You pay \$0.
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 in-network and out-of-network services combined.
Inpatient Hospital*	In-Network You pay \$325 copay per day for days 1-6; \$0 copay per day for days 7-90. Out-of-Network You pay 35% coinsurance per day for days 1-6; 35% coinsurance per day for days 7-90 per stay.
Outpatient Hospital* <ul style="list-style-type: none"> <li data-bbox="203 1233 769 1427">Ambulatory Surgery Center <li data-bbox="203 1481 769 1676">Outpatient Hospital Services <li data-bbox="203 1708 769 1902">Intensive Outpatient Program Services 	In-Network You pay \$275 copay per visit. Out-of-Network You pay 35% coinsurance per visit. In-Network You pay \$350 copay per visit. Out-of-Network You pay 35% coinsurance per visit. In-Network You pay \$40 copay per visit. Out-of-Network You pay 35% coinsurance per visit.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Doctor Visits <p>Primary Care Providers</p> <p>Specialist</p>	<p>In-Network You pay \$0 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> <p>In-Network You pay \$35 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>
Preventive Care	<p>In-Network You pay \$0 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>
Emergency Care If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	<p>In-Network You pay \$130 copay per visit.</p> <p>Out-of-Network You pay \$130 copay per visit.</p>
Urgently Needed Services If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	<p>In-Network You pay \$50 copay per visit.</p> <p>Out-of-Network You pay \$50 copay per visit.</p>

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Diagnostic Services/Labs/Imaging*	
Diagnostic Tests and Procedures	<p>In-Network You pay \$0 copay.</p>
	<p>Out-of-Network You pay 35% coinsurance.</p>
Lab Services	<p>In-Network You pay \$0 copay.</p>
	<p>Out-of-Network You pay 35% coinsurance.</p>
Diagnostic Radiology Services (e.g. MRI)	<p>In-Network You pay \$0 to \$300 copay.</p>
	<p>Out-of-Network You pay 35% coinsurance.</p>
Outpatient X-Rays	<p>In-Network You pay \$0 copay.</p>
	<p>Out-of-Network You pay 35% coinsurance.</p>
Hearing Services	
Medicare-covered Hearing Exam	<p>In-Network You pay \$40 copay per Medicare-covered hearing exam.</p>
	<p>Out-of-Network You pay 35% coinsurance per Medicare-covered hearing exam.</p>
Routine Hearing Exam Limited to one exam each year.	<p>In-Network You pay \$0 copay per exam.</p>
	<p>Out-of-Network You pay 35% coinsurance per exam.</p>
Hearing Aids	<p>\$1,000 maximum plan coverage amount every 3 years (for both ears combined) for in- and out-of-network prescription hearing aids.</p>

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Dental Services	In-Network and Out-of-Network Combined
Diagnostic and Preventive Dental	
Oral Exams:	You pay \$0 copay for each oral exam.
One exam every six months.	
Dental X-Rays:	You pay \$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:	You pay \$0 copay for each periapical X-ray.
Periapical X-rays every six months.	
Prophylaxis (Cleaning):	You pay \$0 copay for each cleaning.
One cleaning every six months.	
Other Preventive Dental:	You pay \$0 copay for labs and other tests.
Labs and other tests (e.g. pulp vitality tests)	
Yearly Benefit Maximum:	\$3,500 maximum plan coverage amount every year
	for in- and out-of-network diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.
Comprehensive Dental Services	
Restorative Services:	You pay 0% to 50% coinsurance for each restorative service.
One resin or amalgam filling per surface per tooth every 24 months.	
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Premiums and Benefits	BSW SeniorCare Advantage (PPO)
<p>Endodontics:</p> <p>Root canals are covered once per tooth per lifetime.</p> <p>Pulp capping as needed.</p> <p>One pulpal therapy, apexification, and calcification per lifetime per tooth.</p>	<p>You pay 50% coinsurance for each endodontics service.</p>
<p>Periodontics:</p> <p>Periodontal surgery once per quadrant every 36 months.</p> <p>Periodontal maintenance up to two times every calendar year in combination with Prophylaxis cleaning.</p> <p>Scaling and root planing once per quadrant every 24 months.</p>	<p>You pay 50% coinsurance for each periodontics service.</p>
<p>Prosthodontics, removable</p> <p>Dentures through Prosthodontist once every 5 calendar years.</p> <p>Denture adjustments once every 6 months.</p> <p>Dental rebases or relines once every 36 months.</p> <p>Tissue conditioning once every 36 months.</p>	<p>You pay 0% to 50% coinsurance for each prosthodontics, removable service.</p> <p>You pay 0%.</p> <p>You pay 0%.</p> <p>You pay 0%.</p> <p>You pay 50%.</p>
<p>Implant Services</p> <p>One implant per tooth every 10 calendar years.</p> <p>One implant repair and supported prosthetic per tooth every 10 calendar years.</p>	<p>You pay 50% coinsurance for each implant service.</p>
<p>Prosthodontics, fixed</p> <p>Dentures through Prosthodontist once every 5 calendar years.</p> <p>Denture adjustments once every 6 months.</p> <p>Dental rebases or relines once every 36 months.</p> <p>Tissue conditioning once every 36 months.</p> <p>Bridges covered through Prosthodontist once every 10 calendar years.</p>	<p>You pay 0% to 50% coinsurance for each prosthodontics, fixed service.</p> <p>You pay 0%.</p> <p>You pay 0%.</p> <p>You pay 0%.</p> <p>You pay 50%.</p> <p>You pay 50%.</p>

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
<p>Oral and Maxillofacial Surgery</p> <p>Oral surgery for simple and surgical extractions.</p> <p>One brush biopsy every 24 months.</p> <p>One Alveoloplasty in conjunction with extractions included once per quadrant per lifetime.</p> <p>Adjunctive General Services</p> <p>One consultation every 12 months.</p> <p>Diagnostic casts as needed.</p> <p>General anesthesia and IV sedation, if medically/dentally necessary.</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>You pay 50% coinsurance for each oral and maxillofacial surgery.</p> <p>You pay 50% coinsurance for each adjunctive general service.</p>
<p>Vision Services</p> <p>Eyewear</p> <p>Routine Eye Exam</p> <p>Medicare-covered Eye Exam</p>	<p>In-Network and Out-of-Network Combined</p> <p>\$150 maximum plan coverage amount every year for all in- and out-of-network non-Medicare-covered eyewear.</p> <p>In-Network You pay \$0 copay for one routine eye exam per year.</p> <p>Out-of-Network You pay 35% coinsurance for one routine eye exam per year.</p> <p>In-Network and Out-of-Network Combined You pay \$40 copay for Medicare-covered eye exams.</p>

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Mental Health Services <p>Inpatient*</p> <p>Outpatient Individual or Group Therapy</p>	<p>In-Network You pay \$318 copay per day for days 1-5; \$0 copay per day for days 6-90.</p> <p>Out-of-Network You pay 35% coinsurance per day for days 1-5; 35% coinsurance per day for days 6-90 per stay.</p> <p>In-Network You pay \$40 copay per visit</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>
Skilled Nursing Facility (SNF) Care*	<p>In-Network You pay \$0 copay per day for days 1-20; \$218 copay per day for days 21-100.</p> <p>Out-of-Network You pay 35% coinsurance per day for days 1-20; 35% coinsurance per day for days 21-100 per day.</p>
Physical Therapy <p>Occupational Therapy</p> <p>Physical Therapy and Speech and Language Therapy</p>	<p>In-Network You pay \$35 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p> <p>In-Network You pay \$35 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>
Ambulance Service <p>Ground Ambulance</p> <p>Air Ambulance*</p>	<p>In-Network You pay \$325 copay per trip.</p> <p>Out-of-Network You pay 35% coinsurance per trip.</p> <p>In-Network You pay \$325 copay.</p> <p>Out-of-Network You pay 35% coinsurance.</p>
Transportation (Additional Routine)	Not covered.

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
<p>Medicare Part B Prescription Drugs</p> <p>Chemotherapy Drugs Prior Authorization may be required. Step Therapy may be required.</p> <p>Other Part B Drugs Prior Authorization may be required. Step Therapy may be required. You pay no more than \$35 for a one-month supply of covered insulin when used in an insulin pump.</p>	<p>In-Network You pay 0% to 20% coinsurance.</p> <p>Out-of-Network You pay 35% coinsurance.</p> <p>In-Network You pay 0% to 20% coinsurance.</p> <p>Out-of-Network You pay 35% coinsurance.</p>
<p>Wellness Program (e.g. fitness)</p>	<p>Silver&Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area along with home fitness options. This benefit is at no additional cost to you.</p>
<p>Home Health Care*</p>	<p>In-Network You pay \$0 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>
<p>Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.</p>	<p>In-Network You pay \$45 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>
<p>Telehealth Services - PCP, Specialist, and Individual or Group Sessions for Psychiatric Services</p>	<p>In-Network You pay \$0 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>
<p>Opioid Treatment Service*</p>	<p>In-Network You pay \$45 copay per visit.</p> <p>Out-of-Network You pay 35% coinsurance per visit.</p>

Premiums and Benefits	BSW SeniorCare Advantage (PPO)
Over-the-Counter Items	\$130 maximum plan coverage amount every 3 months for OTC items. 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 every year for the worldwide benefit.

***Prior Authorization is required.**

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2025.

Medicare Part D 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 copay.	You pay \$0 copay.	You pay \$0 copay.
Tier 2 (Generic)	You pay \$14 copay.	You pay \$7 copay.	You pay \$0 copay.
Tier 3 (Preferred Brand)	You pay \$47 copay.	You pay \$47 copay.	You pay \$94 copay.
Tier 4 (Non-Preferred)	You pay 35% coinsurance.	You pay 35% coinsurance.	You pay 35% coinsurance.
Tier 5 (Specialty)	You pay 29% coinsurance.	You pay 29% coinsurance.	Not Available
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,100, 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 payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.** If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-866-334-3141, 7 a.m. – 8 p.m., October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m. Monday through Friday (excluding major holidays).

Pre-Enrollment Checklist

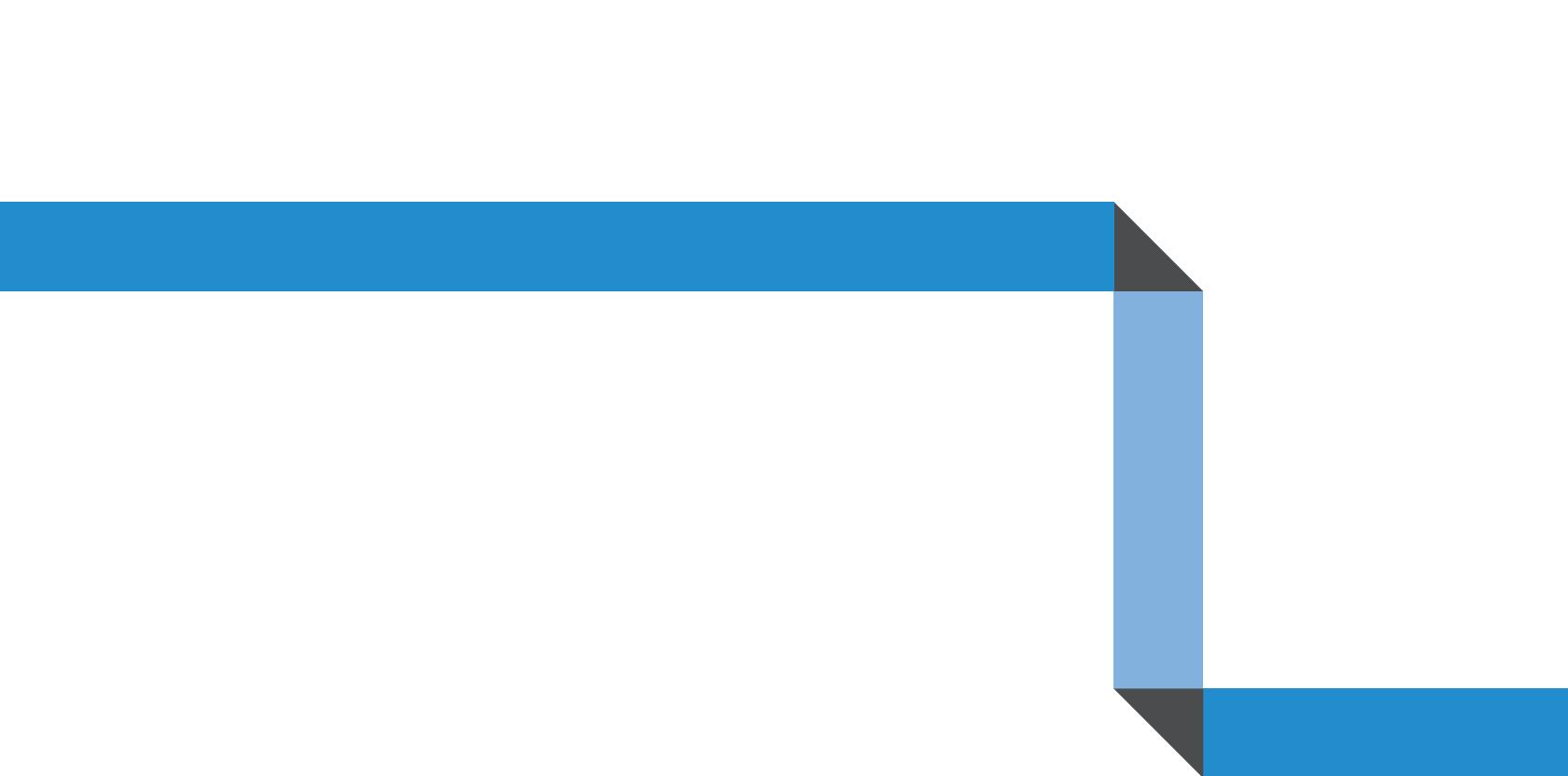
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-334-3141 (TTY: 711), October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m. Monday through Friday (excluding major holidays).

Understand the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit BSWHealthPlan.com/Medicare or call 1-866-334-3141 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understand Important Rules

- 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, 2027.
- 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.



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.

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