



BSW SeniorCare Advantage (PPO)
offered by Baylor Scott & White Insurance Company,
(a subsidiary of Baylor Scott & White Health)

Annual Notice of Change for 2026

You're enrolled as a member of BSW SeniorCare Advantage (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in BSW SeniorCare Advantage (PPO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at BSWHealthPlan.com/Medicare or call Customer Service at 1-866-334-3141 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Customer Service at 1-866-334-3141 (TTY users call 711) for more information. Hours are 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). This call is free.
- This information is available in alternate formats (e.g. large print).

About BSW SeniorCare Advantage (PPO)

- 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.
- When this material says "we," "us," or "our," it means Baylor Scott & White Health Plan (a subsidiary of Baylor Scott & White Health). When it says "plan" or "our plan," it means BSW SeniorCare Advantage (PPO).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in** BSW SeniorCare Advantage (PPO). Starting January 1, 2026, you'll get your medical and drug coverage through BSW SeniorCare Advantage (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: \$6,400 From network and out-of-network providers combined: \$10,000	From network providers: \$6,400 From network and out-of-network providers combined: \$10,000
Primary care office visits	From network providers: \$0 copay per visit From out-of-network providers: 35% coinsurance per visit	From network providers: \$0 copay per visit From out-of-network providers: 35% coinsurance per visit
Specialist office visits	From network providers: \$35 copay per visit From out-of-network providers: 35% coinsurance per visit	From network providers: \$35 copay per visit From out-of-network providers: 35% coinsurance per visit

	2025 (this year)	2026 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	From network providers: Inpatient Acute Maximum Out-of-Pocket: After you pay the \$1,950 maximum out-of-pocket amount every stay for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services. \$325 copay per day for days 1-6; \$0 copay per day for days 7-90 Cost per lifetime reserve day: \$325 copay per day for days 1-6; \$325 copay per day for days 7-60	From network providers: Inpatient Acute Maximum Out-of-Pocket: After you pay the \$1,950 maximum out-of-pocket amount every stay for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services. \$325 copay per day for days 1-6; \$0 copay per day for days 7-90 Cost per lifetime reserve day: \$325 copay per day for days 1-6; \$325 copay per day for days 7-60
	From out-of-network providers: 35% coinsurance per day	From out-of-network providers: 35% coinsurance per day
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$300 (Tiers 3-5) except for covered insulin products and most adult Part D vaccines.	\$300 (Tiers 3-5) except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Sections 1.6 and 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage:	Copayment/Coinsurance during the Initial Coverage Stage:

	2025 (this year)	2026 (next year)
	Drug Tier 1 Preferred Generic: \$0 copay at a preferred network pharmacy or \$5 copay at a network pharmacy	Drug Tier 1 Preferred Generic: \$0 copay at a preferred network pharmacy or \$5 copay at a network pharmacy
	Drug Tier 2 Generic: \$7 copay at a preferred network pharmacy or \$14 copay at a network pharmacy	Drug Tier 2 Generic: \$7 copay at a preferred network pharmacy or \$14 copay at a network pharmacy
	Drug Tier 3 Preferred Brand: \$47 copay at a preferred network pharmacy or \$47 copay at a network pharmacy You pay \$35 copay at a preferred network pharmacy or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.	Drug Tier 3 Preferred Brand: \$47 copay at a preferred network pharmacy or \$47 copay at a network pharmacy You pay the lesser of 25% coinsurance or \$35 copay at a preferred network pharmacy or the lesser of 25% coinsurance or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	Drug Tier 4 Non-Preferred Drug: \$99 copay at a preferred network pharmacy or \$99 copay at a network pharmacy You pay \$35 copay at a preferred network pharmacy or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.	Drug Tier 4 Non-Preferred Drug: 35% coinsurance at a preferred network pharmacy or 35% coinsurance at a network pharmacy You pay the lesser of 25% coinsurance or \$35 copay at a preferred network pharmacy or the lesser of 25% coinsurance or \$35 copay at a network pharmacy per month supply of each covered insulin product on this tier.
	Drug Tier 5 Specialty Tier: 29% coinsurance at a preferred network pharmacy or 29% coinsurance at a network pharmacy	Drug Tier 5 Specialty Tier: 29% coinsurance at a preferred network pharmacy or 29% coinsurance at a network pharmacy
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Our costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,400 Once you've paid \$6,400 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	\$6,400 There is no change for the upcoming benefit year. Once you've paid \$6,400 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$10,000 Once you've paid \$10,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.	\$10,000 There is no change for the upcoming benefit year. Once you've paid \$10,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* BSWHealthPlan.com/Medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at BSWHealthPlan.com/Medicare.
- Call Customer Service at 1-866-334-3141 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-866-334-3141 (TTY users call 711) for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* BSWHealthPlan.com/Medicare to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at BSWHealthPlan.com/Medicare.
- Call Customer Service at 1-866-334-3141 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 1-866-334-3141 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Annual Physical Exam (Non-Medicare-covered)	<u>In-Network</u>	<u>In-Network</u>
	Annual physical exam is <u>not</u> covered.	\$0 copay for an annual physical exam.
	<u>Out-of-Network</u>	<u>Out-of-Network</u>
	Annual physical exam is <u>not</u> covered.	35% coinsurance for an annual physical exam.

	2025 (this year)	2026 (next year)
Colorectal Cancer Screening (Barium Enemas)	<u>In-Network</u> \$0 copay for each Medicare-covered barium enema. <u>Out-of-Network</u> 35% coinsurance for each Medicare-covered barium enema.	<u>In-Network</u> Medicare-covered barium enema benefit is <u>not</u> covered. <u>Out-of-Network</u> Medicare-covered barium enema benefit is <u>not</u> covered out-of-network.
Dental Services	<u>In- and Out-of-Network</u> 0% coinsurance for diagnostic casts. 50% coinsurance for occlusal adjustments.	<u>In- and Out-of-Network</u> 50% coinsurance for diagnostic casts as needed. Occlusal adjustments <u>not</u> covered.
Diabetes Self-Management Training, Diabetic Services and Supplies	Prior authorization is required for diabetic therapeutic shoes and inserts.	No prior authorization required for diabetic therapeutic shoes or inserts.
Emergency Care	<u>In- and Out-of-Network</u> \$120 copay for each visit for Medicare-covered emergency care services.	<u>In- and Out-of-Network</u> \$130 copay for each visit for Medicare-covered emergency care services.

	2025 (this year)	2026 (next year)
Hearing Services	<u>In- and Out-of-Network</u> OTC hearing aids benefit is <u>not</u> covered.	<u>In- and Out-of-Network</u> \$0 copay for OTC hearing aids (1 hearing aid per ear every 3 years). \$1,000 maximum plan coverage amount every 3 years for OTC hearing aids. This amount is combined with prescription hearing aids.
Intensive Outpatient Program Services	<u>Out-of-Network</u> Prior authorization is required for intensive outpatient services.	<u>Out-of-Network</u> No prior authorization required for intensive outpatient services.
Outpatient Hospital Observation	Prior authorization is required for outpatient hospital observation services.	No prior authorization required for outpatient hospital observation services.
Outpatient Substance Use Disorder Services	Prior authorization is required for individual sessions for outpatient substance use disorder services.	No prior authorization required for individual sessions for outpatient substance use disorder services.

	2025 (this year)	2026 (next year)
Outpatient Substance Use Disorder Services (continued)	Prior authorization is required for group sessions for outpatient substance use disorder services.	No prior authorization required for group sessions for outpatient substance use disorder services.
Over-the-Counter Items	Nicotine Replacement Therapy (NRT) is covered. \$100 maximum plan coverage amount every 3 months for OTC items.	Nicotine Replacement Therapy (NRT) is <u>not</u> covered. \$130 over-the-counter allowance every 3 months.
Skilled Nursing Facility (SNF) Care	<u>In-Network</u> For Medicare-covered SNF stays, \$0 copay per day for days 1-20; \$214 copay per day for days 21-100. <u>Out-of-Network</u> For Medicare-covered SNF stays, 35% coinsurance per day for days 1-20; 35% coinsurance per day for days 21-100.	<u>In-Network</u> For Medicare-covered SNF stays, \$0 copay per day for days 1-20; \$218 copay per day for days 21-100. <u>Out-of-Network</u> For Medicare-covered SNF stays, 35% coinsurance per day for days 1-20; 35% coinsurance per day for days 21-100.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-866-334-3141 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30th, call Customer Service at 1-866-334-3141 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty Tier drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our 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 year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$300 During this stage, you pay \$0-\$14 cost sharing for drugs on Tier 1 Preferred Generic, Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until	\$300 During this stage, you pay \$0-\$14 cost sharing for drugs on Tier 1 Preferred Generic, Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until

	2025 (this year)	2026 (next year)
	you've reached the yearly deductible.	you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 4 Non-Preferred Drugs, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply at a network pharmacy that offers preferred cost sharing, or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Preferred Generic: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost sharing:</i> You pay \$5 copay <i>Preferred cost sharing:</i> You pay \$0 copay Your cost for a one-month mail-order prescription is \$0 copay	<i>Standard cost sharing:</i> You pay \$5 copay <i>Preferred cost sharing:</i> You pay \$0 copay Your cost for a one-month mail-order prescription is \$0 copay

	2025 (this year)	2026 (next year)
Generic:	<i>Standard cost sharing:</i> You pay \$14 copay <i>Preferred cost sharing:</i> You pay \$7 copay Your cost for a one-month mail-order prescription is \$0 copay	<i>Standard cost sharing:</i> You pay \$14 copay <i>Preferred cost sharing:</i> You pay \$7 copay Your cost for a one-month mail-order prescription is \$0 copay
Preferred Brand:	<i>Standard cost sharing:</i> You pay \$47 copay <i>Preferred cost sharing:</i> You pay \$47 copay Your cost for a one-month mail-order prescription is \$47 copay. You pay \$35 copay per month supply of each covered insulin product on this tier.	<i>Standard cost sharing:</i> You pay \$47 copay <i>Preferred cost sharing:</i> You pay \$47 copay Your cost for a one-month mail-order prescription is \$47 copay. You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.
Non-Preferred Drug:	<i>Standard cost sharing:</i> You pay \$99 copay <i>Preferred cost sharing:</i> You pay \$99 copay Your cost for a one-month mail-order prescription is \$99 copay. You pay \$35 copay per month supply of each covered insulin product on this tier.	<i>Standard cost sharing:</i> You pay 35% coinsurance <i>Preferred cost sharing:</i> You pay 35% coinsurance Your cost for a one-month mail-order prescription is 35% coinsurance. You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
Specialty Tier:	<i>Standard cost sharing:</i> You pay 29% coinsurance <i>Preferred cost sharing:</i> You pay 29% coinsurance Your cost for a one-month mail-order prescription is 29% coinsurance.	<i>Standard cost sharing:</i> You pay 29% coinsurance <i>Preferred cost sharing:</i> You pay 29% coinsurance Your cost for a one-month mail-order prescription is 29% coinsurance.

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	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. To learn more about this payment option, call us at 1-833-502-3340 (Capital Rx) (TTY users call 711) or visit www.Medicare.gov .

SECTION 3 How to Change Plans

To stay in BSW SeniorCare Advantage (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our BSW SeniorCare Advantage (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from BSW SeniorCare Advantage (PPO).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from BSW SeniorCare Advantage (PPO).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Customer Service at 1-866-334-3141 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Baylor Scott & White Health Plan offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid

- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users call, 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Texas Kidney Health Care Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Texas HIV Medication

Program (THMP) at 1-800-255-1090. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** 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). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-833-502-3340 (Capital Rx) (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from BSW SeniorCare Advantage (PPO)

- **Call Customer Service at 1-866-334-3141. (TTY users call 711.)**

We're available for phone calls 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). Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for BSW SeniorCare Advantage (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at BSWHealthPlan.com/Medicare or call Customer Service at 1-866-334-3141 (TTY users call 711) to ask us to mail you a copy.

- **Visit BSWHealthPlan.com/Medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (Formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Texas Health Information Counseling and Advocacy Program (HICAP).

Call Texas Health Information Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Texas Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. Learn more about Texas Health Information Counseling and Advocacy Program (HICAP) by visiting (<https://www.hhs.texas.gov/services/health/medicare>).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§92.11)

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-334-3141 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-334-3141 (TTY: 711) o hable con su proveedor.

Simplified Chinese: 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-334-3141（文本电话：711）或咨询您的服务提供商。

Traditional Chinese: 注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-334-3141（TTY：711）或與您的提供者討論。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-334-3141 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-334-3141 (TTY : 711) ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-334-3141 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-334-3141 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Korean: 주의: 한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-334-3141 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-334-3141 (TTY: 711) или обратитесь к своему поставщику услуг.

(العربية) Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر مجانا الوسائل والخدمات المساعدة المناسبة لتوفير المعلومات في أشكال يسهل الوصول إليها وفهمها. اتصل بالرقم 1-866-334-3141 (TTY: 711) أو تحدث إلى مقدم الخدمة الخاص بك.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-334-3141 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-866-334-3141 (tty: 711) o parla con il tuo fornitore.

Português: ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-334-3141 (TTY: 711) ou fale com seu provedor.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-866-334-3141 (TTY: 711) oswa pale avèk founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-334-3141 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Japanese: 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-334-3141 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください



Nondiscrimination Notice

Baylor Scott & White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baylor Scott & White Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baylor Scott & White Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Baylor Scott & White Health Plan Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org.

If you believe that Baylor Scott & White Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Baylor Scott & White Health Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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