



2026 Medicare Advantage **Comparison Guide**



BSW SENIORCARE
ADVANTAGE®

At Baylor Scott & White Health Plan, we make your healthcare as easy as possible, so you have the freedom to explore, engage and focus on what matters most. Whether it's putting the information you need at your fingertips (like this Medicare Plan Comparison Guide) or connecting you to convenient, quality care—we're here for you in whatever way you need us.

Contact us at 1.800.782.5068 (TTY: 711) to speak with a licensed insurance agent.

Sincerely,



Stephanie Motter, Senior Vice President

Contact info

Sales/licensed insurance agent
1.800.782.5068 TTY: 711

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

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

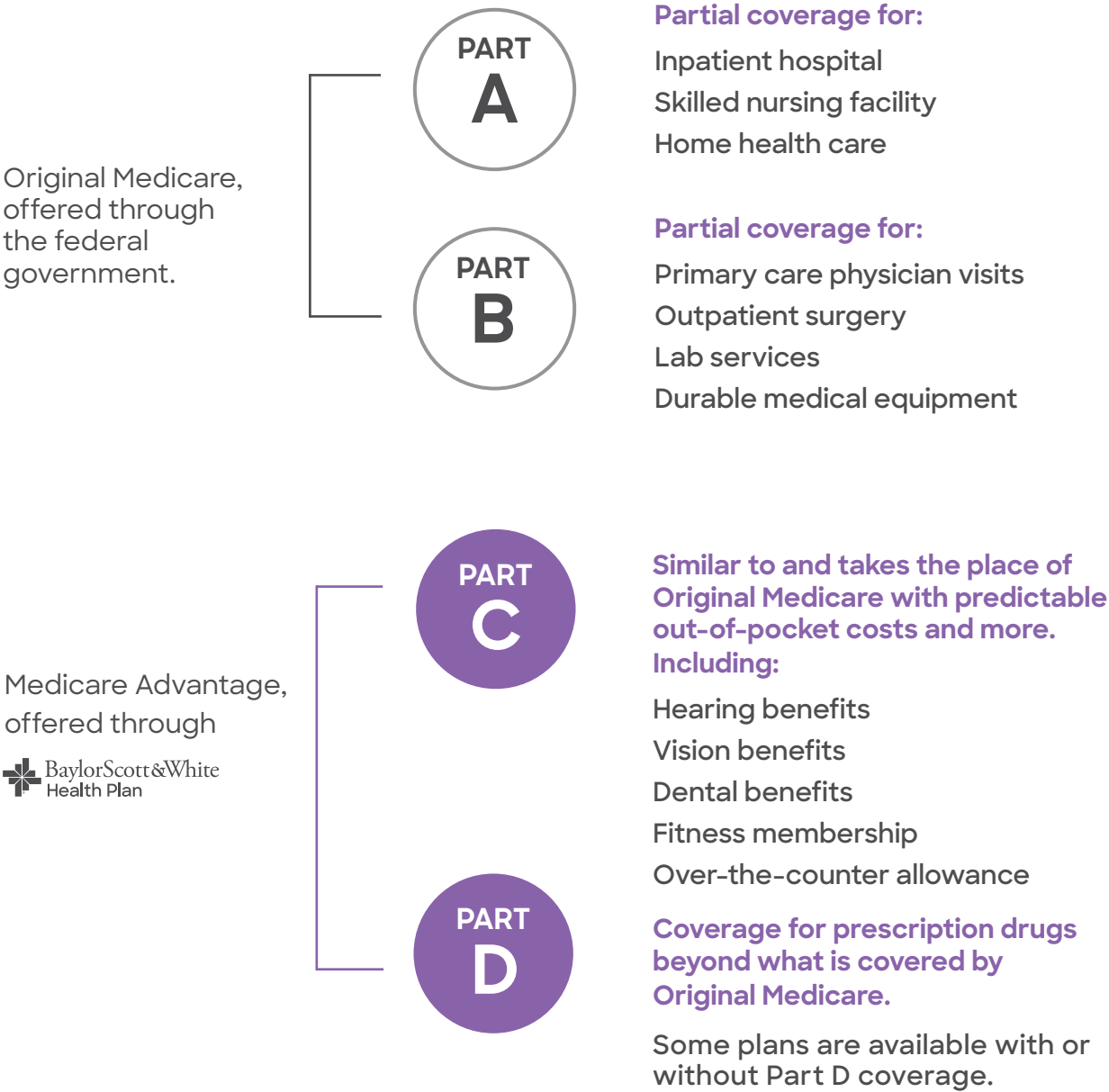
Customer service
1.866.334.3141 TTY: 711

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

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

What are the “parts” of Medicare?

Medicare is a federal health insurance program for people 65 and older, certain younger people with disabilities and people with End-Stage Renal Disease. There are four parts of Medicare, and Baylor Scott & White Health Plan offers Part C and D.



Are you eligible to enroll in a Medicare Advantage plan?

This guide shows you the Medicare Advantage plans offered by Baylor Scott & White Health Plan in North, Central and West Texas. Plans vary by region, and you must live in the county where the plan is offered to be eligible to enroll in the plan. Also:

- 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.

Don't miss your important enrollment dates

October



Annual Enrollment Period begins. If you're ready to enroll in a new plan or change your existing one, this is the first day you can sign up for coverage.

December



Annual Enrollment Period ends. This is the last day to sign up for a new plan or change your existing one until the next Annual Enrollment Period.

January



Your new plan begins. Relax and enjoy the peace of mind that comes with having the Medicare Advantage plan coverage you need.

Turning 65?

There is a 7-month window during the calendar year that you turn 65 in which you can enroll in Medicare. You are eligible to enroll in Medicare for the first time during the three months leading up to your 65th birthday, your birthday month and the three months afterward. This timeframe is called your Initial Enrollment Period or IEP.



3 months before your 65th birthday



The month of your 65th birthday



3 months after your 65th birthday

Avoid the penalties.

You might have to pay penalty fees if you do not enroll in Part A, Part B or Part D coverage on time.

Call a licensed insurance agent.

Learn how to avoid these fees and make your Medicare Advantage experience as seamless as possible. Contact information is on the first page of this guide.

Important terms to understand

Coinsurance: The percentage of costs you pay for a covered healthcare service, after you pay your deductible (if applicable).

Copayment (copay): The fixed amount you pay for a covered healthcare service, after you pay your deductible (if applicable). For example, in a Medicare Part D plan, you might pay \$2 for each prescription you receive. In some plans, your copayment might be \$0.

Deductible: The amount you pay for covered healthcare services before your Medicare plan starts to pay.

Formulary: A list of the prescription drugs covered by a Medicare Part D plan.

Initial Enrollment Period (IEP): The seven-month period when someone is first eligible to enroll in Medicare.

Maximum Out-of-Pocket Limit: A limit that Medicare Advantage plans set on the amount of money you will have to spend out of your own pocket in a plan year.

Premium: The amount you have to pay to participate in a plan or program. With private insurance, it's the price you pay for a policy—usually as a monthly payment.

Does my current plan meet my needs?

Medicare may seem complicated, and there are a lot of plans to choose from. But you can find the right plan by asking yourself these questions and matching a plan to your needs.

- Are you in good health, or do you have chronic conditions?
- Do you take prescription drugs?
- Are your drugs listed on the plan’s prescription drug formulary?
- What are the plan’s drug copayments?
- Are your doctors in the plan’s network?
- If not, does the plan offer out-of-network coverage?
- Are you willing to change doctors in exchange for lower deductibles or higher quality care?
- How does healthcare fit into your budget?
- How much can you afford each month?
- How much will you spend each year on your share of the costs?

Do you qualify for a Low-Income Subsidy?

Extra Help, also referred to as a Low-Income Subsidy, is a Medicare program that helps people with limited income and resources pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty.

Find out if you qualify:

Medicare.gov/basics/costs/help/drug-costs; OR
Social Security Administration at ssa.gov/medicare/part-d-extra-help

Why choose Baylor Scott & White Health Plan?

Your budget. Plans are available with \$0 to low premiums and cover primary care and virtual care for \$0 copay. Some plans are available with or without prescription drug coverage, too, which gives you the option to buy only the coverage you need. Nothing more. Nothing less.

Your convenience. Our Medicare Advantage plans include worldwide urgent and emergency care when you’re away from home, and also offer access to quality in-network providers in your community. And, referrals to in-network specialists are never required by our Medicare Advantage plans, which means you can see the network specialist of your choice, whenever you need to.

Your complete care. Medicare Advantage not only gives you all the benefits of Original Medicare, like access to doctors and hospitals, but it also includes many supplemental benefits like hearing, dental and vision care. Depending on the plan you select or where you live, you may also have access to routine transportation to doctor’s appointments, home-delivered meals after a hospital stay, an over-the-counter allowance for things you buy at the store, or a membership to a fitness center in your community. This complete approach to care and coverage isn’t available with Original Medicare, but you’ll find it in a Medicare Advantage plan from Baylor Scott & White Health Plan.

Prescription payment plan option.

The **Medicare Prescription Payment Plan** is a 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 (Jan. – Dec.). This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs. You can opt in to the Medicare Prescription Payment Plan when you enroll in a Medicare Advantage plan or any time during the year as a Medicare Advantage member.

To find out more about the Medicare Prescription Payment Plan, call **1.833.502.3340** TTY 711.

BSW SeniorCare Advantage HMO-POS and PPO Benefits

Effective January 1, 2026

Medical Plan Benefits	HMO-POS Select/Select Rx	HMO-POS Preferred/Preferred Rx	HMO-POS Premium/Premium Rx	HMO-POS Essentials	PPO Basic ³ (In-Network Costs)	PPO Platinum ⁴ (In-Network Costs)
Monthly Premium (see Part B premium note below)						
With Part D prescription drugs (Rx)	\$0	\$143	\$255	\$0/\$4.80*	\$0	\$135
Without Part D prescription drugs ¹	\$0	\$89	\$199	Not available	Not available	Not available
Part B Premium Reduction (for plans without Part D) ²	\$50	\$50	\$50	Not available	Not available	Not available
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum with Part D (Rx)	\$5,800	\$4,600	\$4,800	\$5,800	\$6,750	\$4,600
Out-of-Pocket Maximum without Part D	\$5,900	\$4,500	\$4,500	Not available	Not available	Not available
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$30 copay	\$30 copay	\$0 copay	\$25 copay	\$35 copay	\$20 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA)	\$0-\$300 copay	\$0-\$15 copay	\$0 copay	\$0-\$300 copay	\$0-\$300 copay	\$0-\$200 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$25 copay	\$10 copay	\$35 copay	\$35 copay	\$25 copay
Inpatient Hospital	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay	\$700/stay	\$100/stay	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay	Day 1-6: \$250/day per stay Day 7-90: \$0/day per stay
Inpatient Mental Health	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	\$700/stay	\$100/stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$250/day per stay Day 6-90: \$0/day per stay
Skilled Nursing Facility (SNF)	Day 1-20: \$0/day Day 21-100: \$218/day	Day 1-20: \$0/day Day 21-100: \$100/day	Day 1-20: \$0/day Day 21-100: \$50/day	Day 1-20: \$0/day Day 21-100: \$218/day	Day 1-20: \$0/day Day 21-100: \$218/day	Day 1-20: \$0/day Day 21-100: \$50/day
Outpatient Surgery (facility)	\$325 copay	\$15 copay	\$0 copay	\$325 copay	\$350 copay	\$100 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$100 copay	\$0 copay	\$250 copay	\$275 copay	\$75 copay
Ambulance with Part D (Rx)	\$300 copay	\$75 copay	\$40 copay	\$300 copay	\$325 copay	\$75 copay
Ambulance without Part D	\$265 copay	\$75 copay	\$40 copay	Not available	Not available	Not available
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$130 copay	\$130 copay	\$90 copay	\$130 copay	\$130 copay	\$130 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$40 copay	\$40 copay	\$50 copay	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance
Podiatry	\$40 copay	\$15 copay	\$0 copay	\$40 copay	\$45 copay	\$45 copay
Chemotherapy Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Other Part B Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance

This is not a complete description of benefits. Please refer to the plan’s Evidence of Coverage at BSWHealthPlan.com/Medicare.

¹If you have Part D (Rx) prescription drug coverage through another carrier, your drug coverage will end when your new BSW SeniorCare Advantage plan starts. Medicare Advantage plans do not allow members to have medical coverage and prescription drug coverage through two different Medicare Advantage plans. (Stand-alone prescription drug plans (PDPs) are considered Medicare Advantage plans.) If you enroll in a BSW SeniorCare Advantage medical plan without prescription drug coverage, you may owe a late enrollment penalty if you try to sign up for prescription drug coverage later.

²Certain plans without Part D (Rx) prescription drug coverage pay toward your Part B premium. This reduction is applied on your Social Security check. For more information, go to ssa.gov.

³To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Basic PPO is 35%.There is a \$10,000 out-of-pocket maximum for services received out-of-network.

⁴To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Platinum PPO is 30%. There is an \$8,950 out-of-pocket maximum for services received out-of-network.

*Extra Help, also known as a Low Income Subsidy, is a Medicare program that helps people with limited incomes pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty. In the Essentials plan, if you qualify for Extra Help, your monthly premium is \$0 and your covered prescription drugs are \$0. If you don't qualify, you'll pay a \$4.80 monthly premium and 25% of the cost of covered drugs after a \$615 deductible.

Find out if you qualify for Extra Help:
Medicare.gov/basics/costs/help/drug-costs; or Social Security Administration at ssa.gov/medicare/part-d-extra-help

Prescription Drug Benefits Applies to plans <i>with</i> Part D (Rx) only	HMO-POS Select Rx	HMO-POS Preferred Rx	HMO-POS Premium Rx	HMO-POS Essentials	PPO Basic	PPO Platinum
Deductible	\$250 (applies to Tiers 3-5)	\$0	\$0	\$615*	\$250 (applies to Tiers 3-5)	\$50 (applies to Tiers 3-5)
Total Out-of-Pocket Amount	\$2,100	\$2,100	\$2,100	\$2,100	\$2,100	\$2,100
Retail Copays During Initial Coverage Period (30-day supply)	Preferred/Standard Pharmacy					
Tier 1 – Preferred Generic Drugs	\$0/\$10 copay	\$0/\$8 copay	\$0/\$7 copay	25% coinsurance*	\$0/\$5 copay	\$0/\$5 copay
Tier 2 – Generic Drugs	\$13/\$20 copay	\$8/\$15 copay	\$5/\$12 copay	25% coinsurance*	\$7/\$14 copay	\$5/\$12 copay
Tier 3 – Preferred Brand Drugs	\$47/\$47 copay	\$45/\$45 copay	\$45/\$45 copay	25% coinsurance*	\$47/\$47 copay	\$45/\$45 copay
Tier 4 – Non-Preferred Drugs	35% coinsurance	35% coinsurance	35% coinsurance	25% coinsurance*	35% coinsurance	35% coinsurance
Tier 5 – Specialty Drugs	30% coinsurance	33% coinsurance	33% coinsurance	25% coinsurance*	30% coinsurance	32% coinsurance
Mail Order Copays (90-day supply)	Tiers 1-2 are \$0 copay; Tier 3 is two copays; and Tier 4 is 35% coinsurance (applies to all plans except Essentials) HMO-POS Essentials: Tiers 1-4 25% coinsurance*					
Catastrophic Coverage Amounts - You Pay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Dental Benefits That Vary by Plan						
Annual Dental Benefit Maximum Plans with Part D prescription drugs (Rx) Plans without Part D prescription drugs	\$3,500 \$3,000	\$3,000 \$3,000	\$3,000 \$3,000	\$3,000 Not available	\$3,000 Not available	\$3,000 Not available
Dental Benefits for All Plans			HMO-POS Essentials \$0 premium and prescriptions*			
Monthly Premium	Included		* Extra Help, also known as a Low Income Subsidy, is a Medicare program that helps people with limited incomes pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty. In the Essentials plan, if you qualify for Extra Help, your prescription copays range from \$0 to \$5.10 for generic drugs and \$0 to \$12.65 for all other drugs, based your Low Income Subsidy level and your monthly premium will be \$0. If you don’t qualify, you’ll pay 25% of the cost of covered drugs after a \$615 deductible, and your monthly premium will be \$4.80. Find out if you qualify: Medicare.gov/basics/costs/help/drug-costs; OR Social Security Administration at ssa.gov/medicare/part-d-extra-help			
Deductible	\$0					
Oral Exams (one every 6 months)	\$0					
Cleanings (one every 6 months)	\$0					
Dental X-rays	\$0					
Extractions	50% coinsurance					
Fillings (one filling per surface, per tooth every 24 months)	50% coinsurance					
Dentures (every 5 years)	50% coinsurance (0% for Select Rx)					
Restorative Services	50% coinsurance					

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 no cost for most adult Part D vaccines.

Supplemental Benefits	HMO-POS Select/Select Rx	HMO-POS Preferred/Preferred Rx	HMO-POS Premium/Premium Rx	HMO-POS Essentials	PPO Basic	PPO Platinum
Routine Eye Exam (one per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyewear (annually) With Part D prescription drugs (Rx) Without Part D prescription drugs	\$185 allowance \$125 allowance	\$150 allowance \$125 allowance	\$125 allowance \$125 allowance	\$150 allowance Not available	\$150 allowance Not available	\$150 allowance Not available
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing Aids (every 3 years) With Part D prescription drugs (Rx) Without Part D prescription drugs	\$1,600 allowance \$1,000 allowance	\$1,100 allowance \$1,000 allowance	\$1,000 allowance \$1,000 allowance	\$1,000 allowance Not available	\$1,000 allowance Not available	\$1,500 allowance Not available
Fitness Membership (home fitness programs, activity tracker, and/or gym/fitness club membership at participating locations)	\$0	\$0	\$0	\$0	\$0	\$0
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) With Part D prescription drugs (Rx) Without Part D prescription drugs	\$80 per quarter \$30 per quarter	\$30 per quarter \$30 per quarter	\$30 per quarter \$30 per quarter	\$50 per quarter Not available	\$30 per quarter Not available	\$30 per quarter Not available
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not available	Not available
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	\$0 copay	Not available	Not available

The counties in the **Central Texas HMO-POS** service area are:

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

The counties in the **Central Texas PPO** service area are:

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 HMO-POS and PPO Benefits

Effective January 1, 2026

Medical Plan Benefits	HMO-POS Select	HMO-POS Select Rx	HMO-POS Essentials	PPO ³ (In-Network Costs)
Monthly Premium (see Part B premium note below)	\$0 ¹ (plan does not include Rx)	\$0	\$0/\$4.80*	\$0
Part B Premium Reduction (for plans without Part D Rx) ²	\$50	Not available	Not available	Not available
Deductible	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum	\$5,550	\$5,000	\$5,000	\$6,400
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay	\$25 copay	\$20 copay	\$35 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA)	\$0-\$200 copay	\$0-\$200 copay	\$0-\$200 copay	\$0-\$300 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Inpatient Hospital	Day 1-6: \$225/day per stay Day 7-90: \$0/day per stay	Day 1-6: \$225/day per stay Day 7-90: \$0/day per stay	Day 1-6: \$225/day per stay Day 7-90: \$0/day per stay	Day 1-6: \$320/day per stay Day 7-90: \$0/day per stay
Inpatient Mental Health	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay
Skilled Nursing Facility (SNF)	Day 1-20: \$0/day Day 21-100: \$218/day	Day 1-20: \$0/day Day 21-100: \$218/day	Day 1-20: \$0/day Day 21-100: \$218/day	Day 1-20: \$0/day Day 21-100: \$218/day
Outpatient Surgery (facility)	\$275 copay	\$275 copay	\$275 copay	\$350 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$250 copay	\$250 copay	\$275 copay
Ambulance	\$265 copay	\$300 copay	\$300 copay	\$325 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$130 copay	\$130 copay	\$130 copay	\$130 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Podiatry	\$40 copay	\$40 copay	\$40 copay	\$45 copay
Chemotherapy Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Other Part B Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance

This is not a complete description of benefits. Please refer to the plan’s Evidence of Coverage at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

¹If you have Part D (Rx) prescription drug coverage through another carrier, your drug coverage will end when your new BSW SeniorCare Advantage plan starts. Medicare Advantage plans do not allow members to have medical coverage and prescription drug coverage through two different Medicare Advantage plans. (Stand-alone prescription drug plans (PDPs) are considered Medicare Advantage plans.) If you enroll in a BSW SeniorCare Advantage medical plan without prescription drug coverage, you may owe a late enrollment penalty if you try to sign up for prescription drug coverage later.

²Certain plans without Part D (Rx) prescription drug coverage pay toward your Part B premium. This reduction is applied on your Social Security check. For more information, go to [ssa.gov](https://www.ssa.gov).

³To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost sharing is 35% for most services and 40% for inpatient hospital. There is a \$10,000 out-of-pocket maximum for services received out-of-network.

*Extra Help, also known as a Low Income Subsidy, is a Medicare program that helps people with limited incomes pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty. In the Essentials plan, if you qualify for Extra Help, your monthly premium is \$0 and your covered prescription drugs are \$0. If you don’t qualify, you’ll pay a \$4.80 monthly premium and 25% of the cost of covered drugs after a \$615 deductible.

Find out if you qualify for Extra Help:
[Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs); or Social Security Administration at [ssa.gov/medicare/part-d-extra-help](https://www.ssa.gov/medicare/part-d-extra-help)

Prescription Drug Benefits Applies to plans <i>with</i> Part D (Rx) only		HMO-POS Select	HMO-POS Select Rx	HMO-POS Essentials	PPO (In-Network Costs)
Deductible		Not available	\$250 (applies to Tiers 3-5)	\$615*	\$300 (applies to Tiers 3-5)
Total Out-of-Pocket Amount		Not available	\$2,100	\$2,100	\$2,100
Retail Copays During Initial Coverage Period (30-day supply)		Preferred/Standard Pharmacy			
Tier 1 – Preferred Generic Drugs	Not available	\$0/\$10 copay	25% coinsurance*	\$0/\$5 copay	
Tier 2 – Generic Drugs	Not available	\$13/\$20 copay	25% coinsurance*	\$7/\$14 copay	
Tier 3 – Preferred Brand Drugs	Not available	\$47/\$47 copay	25% coinsurance*	\$47/\$47 copay	
Tier 4 – Non-Preferred Drugs	Not available	35% coinsurance	25% coinsurance*	35% coinsurance	
Tier 5 – Specialty Drugs	Not available	30% coinsurance	25% coinsurance*	29% coinsurance	
Mail Order Copays (90-day supply)		Tiers 1-2 are \$0 copay; Tier 3 is two copays; and Tier 4 is 35% coinsurance (applies to all plans except Essentials) HMO-POS Essentials: Tiers 1-4 25% coinsurance*			
Catastrophic Coverage Amounts - You Pay		Not available	\$0 copay	\$0 copay	\$0 copay
Dental Benefits That Vary by Plan					
Annual Dental Benefit Maximum		\$3,000	\$3,500	\$3,000	\$3,500
Dentures (every 5 years)		50% coinsurance	\$0 copay	50% coinsurance	\$0 copay
Fillings (one filling per surface, per tooth every 24 months)		50% coinsurance	0% - 50% coinsurance	50% coinsurance	0% - 50% coinsurance
Restorative Services		50% coinsurance	0% - 50% coinsurance	50% coinsurance	0% - 50% coinsurance
Dental Benefits for All Plans			HMO-POS Essentials \$0 premium and prescriptions*		
Monthly Premium	Included		* Extra Help, also known as a Low Income Subsidy, is a Medicare program that helps people with limited incomes pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty. In the Essentials plan, if you qualify for Extra Help, your prescription copays range from \$0 to \$5.10 for generic drugs and \$0 to \$12.65 for all other drugs, based your Low Income Subsidy level and your monthly premium will be \$0. If you don't qualify, you'll pay 25% of the cost of covered drugs after a \$615 deductible, and your monthly premium will be \$4.80. Find out if you qualify: Medicare.gov/basics/costs/help/drug-costs; OR Social Security Administration at ssa.gov/medicare/part-d-extra-help		
Deductible	\$0				
Oral Exams (one every 6 months)	\$0				
Cleanings (one every 6 months)	\$0				
Dental X-rays	\$0				
Extractions	50% coinsurance				

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 no cost for most adult Part D vaccines.

Supplemental Benefits	HMO-POS Select	HMO-POS Select Rx	HMO-POS Essentials	PPO (In-Network Costs)
Routine Eye Exam (one per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyewear (annually)	\$125 allowance	\$200 allowance	\$130 allowance	\$150 allowance
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing Aids (every 3 years)	\$1,000 allowance	\$1,200 allowance	\$1,000 allowance	\$1,100 allowance
Fitness Membership (home fitness programs, activity tracker, and/or gym/fitness club membership at participating locations)	\$0	\$0	\$0	\$0
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$30 per quarter	\$100 per quarter	\$100 per quarter	\$80 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$0 copay	\$0 copay	Not available
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	Not available

The counties in the North Texas HMO-POS and PPO service area are:
Collin, Dallas, Denton, Ellis, Johnson, Rockwall, Tarrant

BSW SeniorCare Advantage PPO Benefits

Effective January 1, 2026

Medical Plan Benefits	PPO ¹ (In-Network Costs)
Monthly Premium (see Part B premium note below)	\$0 ²
Part B premium reduction	\$5
Deductible	\$0
Out-of-Pocket Maximum	\$6,400
Annual Physical Exam	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$35 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply) Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA)	\$0 copay \$0-\$300 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay
Inpatient Hospital	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay
Inpatient Mental Health	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay
Skilled Nursing Facility (SNF)	Day 1-20: \$0/day Day 21-100: \$218/day
Outpatient Surgery (facility)	\$350 copay
Ambulatory Surgical Center (facility)	\$275 copay
Ambulance	\$325 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$130 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance
Podiatry	\$45 copay
Chemotherapy Drugs	0%-20% coinsurance
Other Part B Drugs	0%-20% coinsurance

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 no cost for most adult Part D vaccines.

This is not a complete description of benefits. For more information, please refer to the plan's Evidence of Coverage available at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

You must continue to pay your Medicare Part B premium.

¹To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the PPO is 35%. There is a \$10,000 out-of-pocket maximum for services received out-of-network.

²This plan pays \$5 per month toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to [SSA.gov](https://www.ssa.gov) for more information.

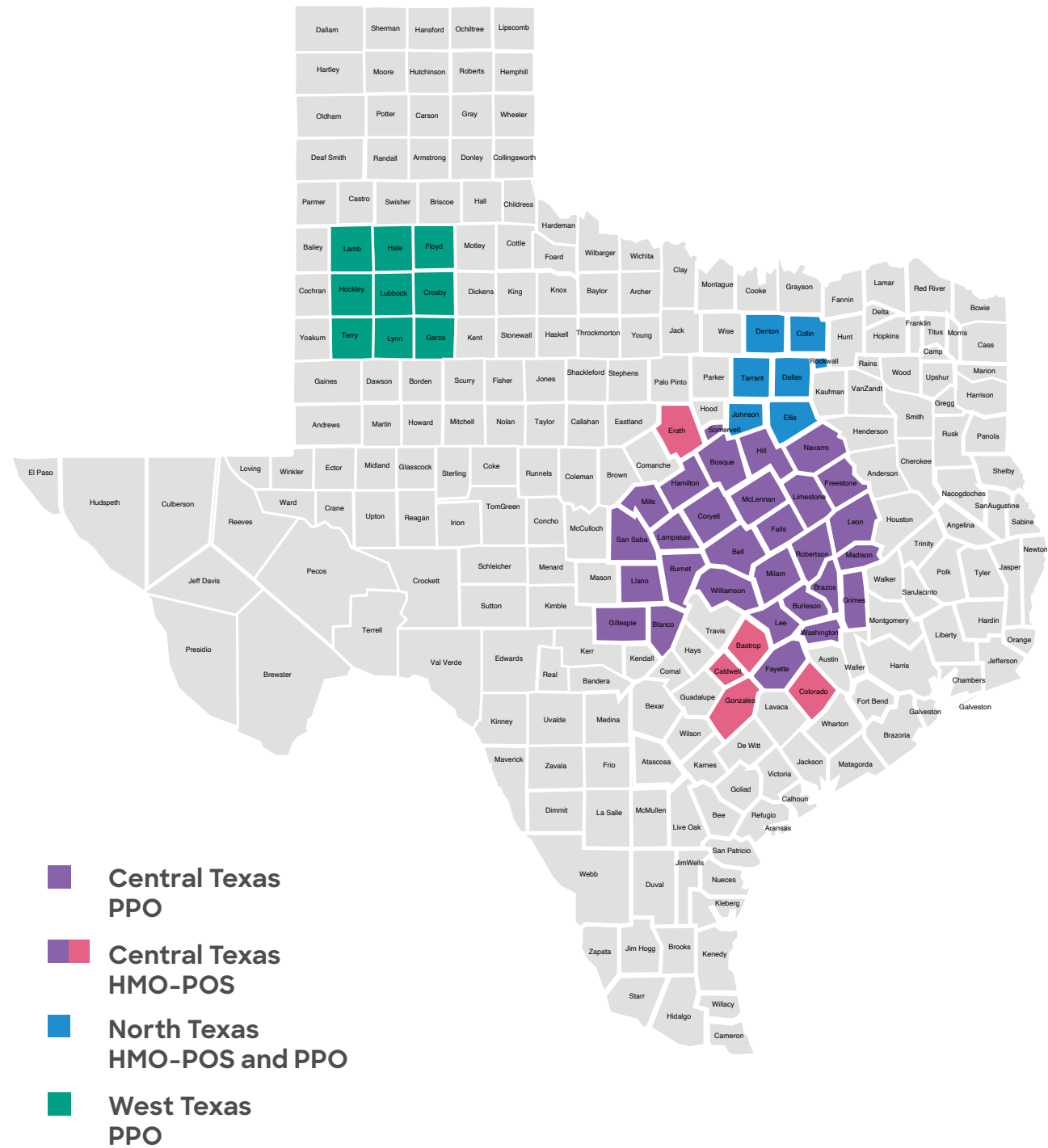
Prescription Drug Benefits	PPO
Deductible	\$300 (applies to Tiers 3-5)
Total Out-of-Pocket Amount	\$2,100
Retail Copays During Initial Coverage Period (30-day supply)	Preferred/Standard Pharmacy
Tier 1 – Preferred Generic Drugs	\$0/\$5
Tier 2 – Generic Drugs	\$7/\$14
Tier 3 – Preferred Brand Drugs	\$47/\$47
Tier 4 – Non-Preferred Drugs	35% coinsurance
Tier 5 – Specialty Drugs	29% coinsurance
Mail Order Copays (90-day supply)	Tiers 1-2 are \$0 copay; Tier 3 is two copays; and Tier 4 is 35% coinsurance
Catastrophic Coverage Amounts - You Pay	\$0

Dental Benefits	
Monthly Premium	Included
Annual Dental Benefit Maximum	\$3,500
Deductible	\$0
Oral Exams (one every 6 months)	\$0
Cleanings (one every 6 months)	\$0
Dental X-rays	\$0
Extractions	50% coinsurance
Fillings (one filling per surface, per tooth every 24 months)	0% - 50% coinsurance
Dentures (every 5 years)	\$0 copay
Restorative Services	0% - 50% coinsurance

The counties in the **West Texas PPO** service area are:
Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry

Supplemental Benefits	PPO
Routine Eye Exam (one per year)	\$0 copay
Eyewear (annually)	\$150 allowance
Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids (every 3 years)	\$1,000 allowance
Fitness Membership (home fitness programs, activity tracker, and/or gym/fitness club membership at participating locations)	\$0
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$130 per quarter

2026 Medicare Advantage Service Areas



Central Texas

 PPO service area:

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

 HMO-POS service area:

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

North Texas

 HMO-POS and PPO service area:

Collin, Dallas, Denton, Ellis, Johnson, Rockwall, Tarrant

West Texas

 PPO service area:

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

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Baylor Scott & White Health Plan offers BSW SeniorCare Advantage HMO-POS plans as a Medicare Advantage (MA) organization through a contract with Medicare. Baylor Scott & White Insurance Company offers BSW SeniorCare Advantage PPO plans as an MA organization through a contract with Medicare. Enrollment in one of these plans depends on the health plan's 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.

