2026 Central Texas

Benefits of Membership

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE®

Y0058_26CTXBOM_C

Contact information at a glance

Baylor Scott & White Health Plan	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. Customer Engagement (Plan Changes/Annual Enrollment Assistance) 1.877.845.3901 8 AM to 5 PM · Monday-Friday Email: HPCustomerEngagement@BSWHealth.org
MetLife Dental	1.855.676.9337 MetLife.com
Mail Order Prescriptions	1.833.502.3340
Silver&Fit® (fitness benefit)	1.877.427.4788 · TTY: 711 SilverandFit.com
OTC Card (over-the-counter)	1.866.334.3141 · TTY: 711 Baylor Scott & White Health Plan Customer Service
Modivcare (transportation benefit for HMO-POS plans)	1.866.428.0212 Modivcare.com
Medicare	1.800.MEDICARE (1.800.633.4227) TTY: 1.877.486.2048 24 hours a day/7 days a week Medicare.gov

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.

Other pharmacies, physicians and providers are available in our network.

We are glad to have you as a member

These days, many health plans compete for your membership, and we're glad you chose Baylor Scott & White Health Plan. With affordable copays, no referrals required to see a specialist, and access to renowned Baylor Scott & White Health system providers and hospitals throughout Central, North and West Texas, you can be confident Baylor Scott & White Health Plan is the right choice for your healthcare needs.

This guide provides contact information you may need throughout your journey with us, and shares helpful tips on how to manage your benefits and your healthcare experience.

How your plan works

You don't have to have a primary care physician to get the care you need. You can see a specialist without a referral anytime.*

You can find in-network doctors, specialists, hospitals and other providers online through **BSWHealthPlan.com/FindProvider** or by calling Customer Service.

HMO-POS

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

PPO

Except for urgent and emergency care, you will pay more out of pocket when you visit out-of-network providers, because your out-of-network healthcare services are subject to a higher deductible and coinsurance percentage. Refer to your plan's Evidence of Coverage at **BSWHealthPlan.com/Medicare** for details.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call Customer Service or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Here to help you

Call Customer Service for answers to benefits questions or claims inquiries, or help finding providers and using online tools.

1.866.334.3141 (TTY: 711)

Preventive care is covered at 100%

Preventive services are covered at 100% (no copay) when you use in-network providers for services such as:

Annual wellness visits **Cancer screenings** **Immunizations**

For a complete list of covered preventive services, refer to your plan's Evidence of Coverage at **BSWHealthPlan.com/Medicare**.

*HMO-POS members may only see in-network specialists without a referral.

Where to go for care

Choosing the right option for your condition can save you time and money.

VIRTUAL CARE—$0 COPAY
Using your mobile device or computer.
For conditions such as allergies, bladder infections, colds, flu, pink eye, quitting tobacco, sinus infections, stomach problems or yeast infections.

PRIMARY CARE DOCTOR
Another choice for care when it's not an emergency.
For conditions such as asthma, diabetes management, earaches, high blood pressure, headaches, preventive health, sprains and more.

WALK-IN CLINICS
Same-day appointments when your doctor is not available.
Includes select primary care clinics and some pharmacy locations.
For conditions such as asthma, bladder infections, ear or sinus pain, flu, sore throat or sprains.

URGENT CARE
Needs immediate attention but is not life-threatening, or an appointment is not available with your doctor.
For conditions such as back pain, bladder infections, earaches, minor burns, minor eye injuries, minor cuts that may need stitches, sore throat or sprains.

EMERGENCY ROOM
Any condition you believe to be life-threatening.
For conditions such as chest pain, deep cuts or wounds, difficulty breathing, poisoning, overdoses and suicidal behavior, abdominal pain, coughing or vomiting blood, severe burns, severe head injuries, sudden loss of balance, vision change, facial droop, and arm or leg weakness.

Need help finding a doctor, urgent care, walk-in clinic or emergency room near you?

Use the Provider Search Tool at **BSWHealthPlan.com/FindProvider** or call Customer Service at 1.866.334.3141 (TTY: 711).

Need help using the Provider Search Tool?
Scan the code to watch a quick instructional video.

Access care anytime, anywhere

We offer convenient self-service tools so you can get the help you need, 24 hours a day, seven days a week for non-urgent medical conditions, including the flu, sinus infections, bronchitis and more.

Virtual care with MyBSWHealth

Using the MyBSWHealth app, you can access your healthcare and health insurance information in one secure portal.

Conduct an eVisit (online questionnaire)
for common medical conditions and get care fast.

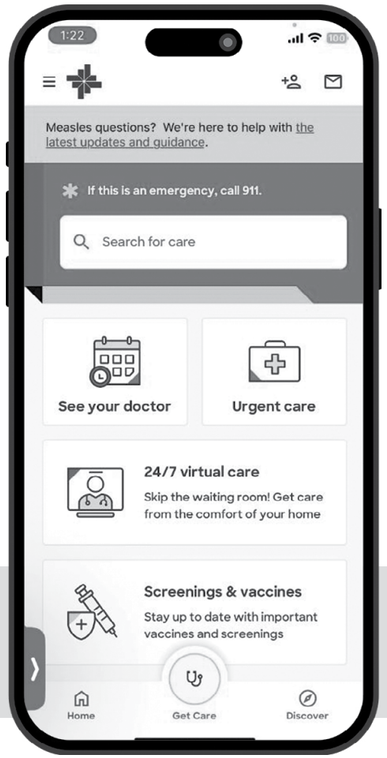
OR

Schedule a same-day Video Visit
with a provider, face to face.

GET IT ON Google Play

Download on the App Store

Visit MyBSWHealth.com OR download the MyBSWHealth app.



Google Play is a trademark of Google LLC.

Virtual care with Teladoc

With Teladoc, you can talk to a licensed healthcare provider for non-urgent medical conditions.

Confidential therapy is also available. Get help for anxiety, depression, negative thoughts, not feeling like yourself and more.

Call 1.800.835.2362 for more information.

Affordable prescriptions

If your plan includes prescription drug benefits, simply present your member ID card at a network pharmacy when you need to fill a prescription.

Additional requirements or limits on prescription drug coverage include:

Prior authorization:

BSW SeniorCare Advantage requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from the health plan before you fill your prescriptions.

Quantity limits:

Coverage may be limited to how much medication you can get during a specified period of time, typically based on a 30-day period.

Step therapy:

This process applies to certain drugs and encourages you to try less costly but equally effective drugs before the plan covers another drug.

Mail order prescriptions

Prescriptions can also be conveniently mailed to your home. For a 90-day supply, Tier 1 and Tier 2 prescriptions are available for a $0 copay; Tier 3 prescriptions for two copays rather than three; and Tier 4 is 35% coinsurance (applies to all plans except Essentials). HMO-POS Essentials: Tiers 1-4 25% coinsurance. (See page 15 for details.)

You'll benefit from:

- Three-month supplies of your medications
- Free standard shipping
- Telephone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders to take or refill your medications

Vision care

Regular eye exams may do more than help maintain your vision. They may also help detect other serious health issues such as diabetes or high blood pressure.* Our plans provide coverage for a routine annual exam, plus an annual allowance toward the purchase of contacts, frames and lenses. You can visit any licensed provider, in- or out-of-network, to receive benefits. (PPO plans: Services received from an out-of-network provider will incur an out-of-network coinsurance.)

Hearing care

As part of our commitment to helping with our members' overall quality of life, we offer essential hearing services that are not covered by Original Medicare, including a routine hearing exam and an allowance every three years toward the purchase of hearing aids. You can visit an in-network or out-of-network provider-the choice is yours. (PPO plans: Services received from an out-of-network provider will incur an out-of-network coinsurance.) Refer to the Evidence of Coverage for details. Find a provider at **BSWHealthPlan.com/FindProvider.**

Dental care

Baylor Scott & White Health Plan's plans include dental benefits through MetLife for no additional premium. Coverage includes things like exams, cleanings, X-rays, extractions and fillings, restorative services and even dentures. Refer to the Evidence of Coverage for complete details, including limitations and exclusions.

MetLife's Preferred Dentist Program is a dental PPO plan. You can visit any licensed dentist–in or out of the MetLife **PDP Plus** network–and receive benefits. However, if you use an out-of-network provider, your share of the costs for your covered services may be higher. Find a participating dentist at **MetLife.com**.

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

*American Academy of Ophthalmology, "20 Surprising Health Problems an Eye Exam Can Catch," by Reena Mukamal, April 29, 2022, American Academy of Ophthalmology, aao.org

Have you taken your Health Assessment?

As a valued member of Baylor Scott & White Health Plan, we care about your health and well-being. Whether it's helping you manage a chronic condition like diabetes, encouraging you to take advantage of your Silver&Fit membership or equipping you with the tools necessary to take control of your health, we are here to give you the resources you need to feel your best.

To help us determine your overall wellness and any health-related needs you may have, go to **BSWHealthPlan.com/HRA** and complete a brief online questionnaire. When you're finished, you will be presented with simple and actionable lifestyle and health choices along with online health coaching that will help you achieve your personal health goals.

Complete your Health Assessment at
BSWHealthPlan.com/HRA

Over-the-counter (OTC) allowance

BSW SeniorCare Advantage plans feature a quarterly purchase allowance (based on calendar quarter) from participating retailers to purchase eligible OTC items, such as bandages, cold and allergy medicines, pain relievers and more. Members will continue to use their current card to make purchases.

Participating retailers include: Albertsons, CVS Health, Discount Drug Mart, Dollar General, Family Dollar, HEB, Kroger, Walmart, Walgreens and other independent pharmacy locations.

For a full list of participating stores, visit: MyBenefitsCenter.com

Note: CVS Pharmacies at Target do not accept OTC Network cards. Unused amounts do not roll over from quarter to quarter or to next year.

Your OTC card will arrive separately in the mail.

HMO-POS plans only

In-home meals benefit

BSW SeniorCare Advantage HMO-POS plans include a meal benefit to ease your recovery when you return home from the hospital.

- Fourteen meals per hospital discharge to home; limited to three discharges per year.
- Upon being discharged from the hospital, HMO-POS members receive home-delivered meals at no additional cost. GA Foods will contact you to arrange delivery.
- All meals are low in salt, sugar, fat and cholesterol, and are suitable for diabetics and those with cardiac conditions.

Routine transportation

BSW SeniorCare Advantage HMO-POS plans include routine transportation to approved locations, such as medical appointments, physical therapy visits, labs, grocery stores and drug stores.

To get started, schedule an appointment by contacting Modivcare at 1.866.428.0212.

There is no additional cost for this service. It includes up to 24 one-way trips per year, OR 12 round trips up to 50 miles each way.

The Modivcare App makes it easy to book a ride for your doctor visit, right from your smartphone or tablet. Just search for the Modivcare App on Google Play® or the Apple App Store®, and download it to book and manage trips.

Silver&Fit® Living Boldly™ together

2026 BSW SeniorCare Advantage HMO-POS and PPO plans include a fitness membership at no additional cost.

National network of fitness centers

Get access to a network of participating fitness centers or select YMCAs. You also have access to Premium locations, including fitness centers, studios and unique fitness experiences, for a buy-up price.*

Home fitness kits

Pick one kit per benefit year from the available options.**

Well-being coaching

Get support in areas such as fitness, healthy eating, stress, sleep and weight loss while taking GLP-1 or anti-obesity medications. Trained coaches are available by phone, video or chat.***

On-demand workout videos

Visit the Silver&Fit website to find workout videos for all fitness levels.

Workout plans

Answer a few online questions to get a custom exercise plan that focuses on goals such as getting stronger, staying fit during recovery and chronic condition management.

Well-being club

Learn new skills and focus on well-being with live virtual classes and events, opportunities to connect in-person, and exclusive articles and videos.

FitnessCoach™ virtual personal training

Challenge yourself through live virtual sessions with a certified personal trainer.****

Go to SilverandFit.com to get started today!

For questions, speak to a Silver&Fit team member toll-free at **1.877.427.4788 (TTY/TDD: 711),** Monday – Friday, 7 AM to 8 PM, Central time.

*Fitness center participation may vary by location and is subject to change. Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

**Home Fitness Kit promo codes cannot be used in combination with any other promotions on third-party vendor websites. Promo codes will expire at the end of the benefit year. Once selected, kits cannot be exchanged. Kits are based on availability and subject to change.

***The Silver&Fit program is not a medical provider or pharmacist, and its coaches do not offer medical or pharmaceutical advice. They cannot and do not diagnose or treat medical, mental health, or other health conditions. Coaches provide general information for educational purposes only. For any medical or health concerns, consult a qualified healthcare professional.

****Fees and limitations apply.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. Persons shown are not Silver&Fit members. Silver&Fit, Living Boldly, FitnessCoach, and the Silver&Fit logo are trademarks of ASH. Other names and logos may be trademarks of their respective owners. Limitations, member fees, and restrictions may apply.

Care management services

If you're interested in personal assistance related to a disease or chronic condition, our nurse care managers can provide you with free and confidential guidance over the phone. Support includes:

- Information to help you better understand and manage your condition or disease;
- Personalized answers to your health or medication questions;
- Facilitating multiple services such as homecare, medical supplies or medical equipment; and
- Advice on how to live safely at home.

Disease management

Disease management empowers you to manage your chronic condition and help prevent complications. We work with your healthcare providers to identify chronic conditions quickly and treat them effectively. We can also identify self-care activities that help you manage your condition at home. Together, we'll work to slow down the progression of your disease and help you stay healthy.

Complex case management

If you have chronic conditions or complex care needs, our nurse case managers will work with you, your family and your physician to create and manage your care plan. Case managers advocate for you and can help you navigate the healthcare system and arrange the services you need. They can also answer questions and help you understand your condition and care plan. If you are also enrolled in a disease management program, your case manager will coordinate that program with your complex case management plan. There is no additional cost to you for this voluntary program. It's all part of our goal to help you get the best possible results and the greatest value from your health plan.

Kidney health program

Members diagnosed with kidney disease may be eligible for a specialized kidney program. This program is included in all BSW SeniorCare Advantage plans and includes many benefits such as:

- Personalized approach to managing different medications and diet plans
- Help with monitoring your daily vitals

To access these care management services, call 1.866.334.3141 (TTY: 711).

CareNav+ is your one-stop resource to help you navigate your care and coverage.

Our care navigators can help you:

- Decide what kind of doctor you need, and how quickly
- Find the right level of care
- Initiate prescription refill requests
- Use the MyBSWHealth member portal
- Identify obstacles with your care and coordinate solutions
- Help schedule and manage your appointments

To contact a care navigator, call **1.833.818.1339**, Monday - Friday, 8 AM - 5 PM.

BSW SeniorCare Advantage HMO-POS and PPO Benefits

Effective January 1, 2026

BSW SENIORCARE ADVANTAGE®

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) Without Part D prescription drugs[1]	 $0 $0	 $143 $89	 $255 $199	 $0/$4.80* Not available	 $0 Not available	 $135 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) **Out-of-Pocket Maximum without Part D**	$5,800 $5,900	$4,600 $4,500	$4,800 $4,500	$5,800 Not available	$6,750 Not available	$4,600 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) **Ambulance without Part D**	$300 copay $265 copay	$75 copay $75 copay	$40 copay $40 copay	$300 copay Not available	$325 copay Not available	$75 copay 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.

[1]If 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.

[2]Certain 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.**

[3]To 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.

[4]To 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

BSW SeniorCare Advantage HMO-POS and PPO Benefits
Effective January 1, 2026

BSW SENIORCARE ADVANTAGE®

Prescription Drug Benefits Applies to plans *with* 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	
Monthly Premium	Included
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.

HMO-POS Essentials
$0 premium and prescriptions*

* 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**

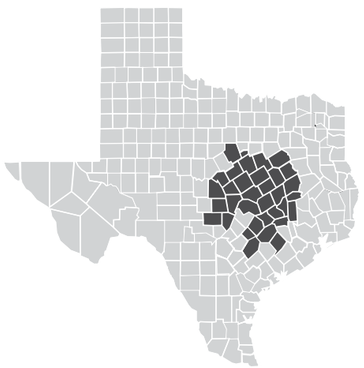
BSW SeniorCare Advantage HMO-POS and PPO Benefits

Effective January 1, 2026

BSW SENIORCARE ADVANTAGE®

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

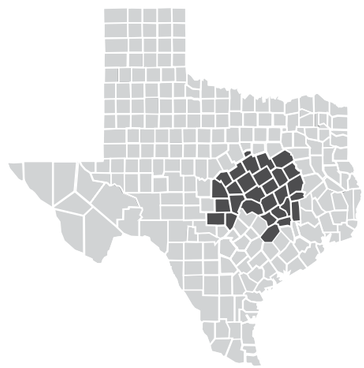
HMO-POS Coverage Area



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

PPO Coverage Area



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

Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE®

1206 West Campus Drive
Temple, TX 76502

Important BSW SeniorCare Advantage Information

2026 Benefits of Membership