

Your 2027 guide to ENROLL

A Medicare Advantage HMO-POS
plan from a name you trust.





BSW SENIORCARE
ADVANTAGE • HMO • POS

INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans.

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
Baylor Scott & White Health Plan
1206 W. Campus Drive
Temple, TX 76502

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Baylor Scott & White Health Plan at 1.800.782.5068. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Baylor Scott & White Health Plan al 1.800.782.5068/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join: Without Prescription Drugs ☐ BSW SeniorCare Advantage HMO-POS Select \$0		With Prescription Drugs ☐ BSW SeniorCare Advantage HMO-POS Select w/Rx \$0	
☐ Optional Comprehensive Dental Coverage + \$30			
FIRST Name:		LAST Name:	
		Optional: Middle Initial:	
Birth Date: (MM/DD/YYYY) (/ /)		Sex: ☐ Male ☐ Female	
Phone Number: ()			
Permanent residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):			
City:		Optional: County:	State: ZIP Code:
Mailing address, if different from your permanent address (PO Box allowed) Street Address: City: State: ZIP Code:			
Your Medicare information:			
Medicare Number: — —			
Answer these important questions:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to BSW SeniorCare Advantage? ☐ Yes ☐ No Name of other coverage: Member number for this coverage: Dates of coverage:			
IMPORTANT: Read and sign below:			
• I must keep both Hospital (Part A) and Medical (Part B) to stay in BSW SeniorCare Advantage. • By joining this Medicare Advantage Plan, I acknowledge that BSW SeniorCare Advantage will share my information with Medicare, which may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan. • I understand that I can be enrolled in only one MA plan at a time—and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans). • I understand that when my BSW SeniorCare Advantage coverage begins, I must get all of my medical and prescription drug benefits from BSW SeniorCare Advantage. Benefits and services provided by BSW SeniorCare Advantage and contained in my BSW SeniorCare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor BSW SeniorCare Advantage will pay for benefits or services that are not covered. • The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. • I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: 1) This person is authorized under State law to complete this enrollment, and 2) Documentation of this authority is available upon request by Medicare.			
Signature:		Today's date:	
If you're the authorized representative, sign above and fill out these fields:			
Name:		Address:	
Phone number:		Relationship to enrollee:	

Name: _____ Date: _____

Section 2 - All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact Baylor Scott & White Health Plan at 1.866.334.3141 (TTY: 711) if you need information in an accessible format other than what's listed above. Our office hours are:

October 1 – March 31: 7 days a week, 7:00 AM – 8:00 PM. Closed on major holidays.

April 1 – September 30: Monday – Friday, 7:00 AM – 8:00 PM. Closed on major holidays.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your primary care physician (PCP), clinic, or health center:

Your email address:

Emergency Contact

Name:

Phone number:

Relationship to enrollee:

Name: _____ Date: _____

Paying your plan premiums (if applicable)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe)

- ☐ By mail; get a monthly bill.
- ☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ Bank account number: _____

Account type: ☐ Checking ☐ Savings

You can also choose to pay your premium by having it automatically taken out of your

- ☐ **Social Security or** ☐ **Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Baylor Scott & White Health Plan the Part D-IRMAA.

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e., agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number (Agents/Brokers only): _____

Agent/Broker Use Only:

Enrollment Period: ☐ IEP ☐ AEP ☐ SEP (type): _____ ☐ Not Eligible

Effective Date of Coverage: _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (insert date)_____.
- ☐ I recently was released from incarceration. I was released on (insert date)_____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date)_____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date)_____.
- ☐ I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date)_____.
- ☐ I recently left a PACE program on (insert date)_____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.
- ☐ I am leaving employer or union coverage on (insert date)_____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- ☐ I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency [FEMA]) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements apply to you or you're not sure, please contact Baylor Scott & White Health Plan at 1.800.782.5068 (TTY users should call 711) to see if you are eligible to enroll. From October 1 - March 31, we are open 7 days a week, 8:00 AM – 8:00 PM (closed on major holidays). From April 1 – September 30, we are open Monday – Friday, 8:00 AM – 5:00 PM (closed on major holidays).

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



Thank you for agreeing to meet with a licensed insurance agent who is either employed by or contracted with Baylor Scott & White Health Plan. During your meeting, you are not required to enroll in a plan. The sales agent will not automatically enroll you in any plan you may discuss. Your current or future Medicare enrollment status will not be impacted.

Please initial below which type of product(s) you want the agent to discuss.

☐ Medicare Advantage Plans with Part D Prescription Drug Plans

☐ Medicare Advantage Plans without Part D Prescription Drug Plans

☐ Optional Comprehensive Dental (not available as a stand-alone dental plan)

Beneficiary or authorized representative signature, phone number and signature date:

Signature

(_____)_____
Phone number

Signature date

If you are the authorized representative, please sign above and print below:

Representative's name (*printed*)

Your relationship to the beneficiary

To be completed by agent:

Beneficiary name

Beneficiary phone

Beneficiary address

Initial method of contact (indicate if beneficiary was a walk-in)

Where the walk-in took place (i.e., agent's office)

Plan(s) the agent represented during this meeting

Agent name

Agent phone

Date appointment completed

Agent writing # or NPN

Agent signature

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



For plan use only

Scope of Appointment (SOA) documentation is subject to CMS record retention requirements.

Agent: This form must be completed to define the scope PRIOR to any sales discussion.

Plan Descriptions

Medicare Advantage Plans with Part D Prescription Drug Plans

- **Medicare Health Maintenance Organization (HMO) Plan**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. Except for emergency and urgent care situations, you can only get your care from doctors or hospitals in the plan's network.
- **Medicare Preferred Provider Organization (PPO) Plan**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and includes Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Advantage Plans without Part D Prescription Drug Plans

- **Medicare Health Maintenance Organization (HMO) Plan**—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage but does not include Part D prescription drug coverage. Except in emergencies, you can only get your care from doctors or hospitals in the plan's network.

Optional Supplemental Dental Plan

The plan offers additional benefits for consumers who are looking to cover needs for dental services. This plan is not affiliated or connected to Medicare. It is not a stand-alone dental plan.

Dental insurance is provided by Metropolitan Life Insurance Company (MetLife). Each insurer has sole financial responsibility for its own products.

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.

2027 Summary of Benefits

Get the care you need and the service you deserve with
BSW SeniorCare Advantage HMO-POS.

NORTH TEXAS



Baylor Scott & White
Health Plan

BSW SENIORCARE
ADVANTAGE • HMO-POS

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

Summary of Benefits

January 1, 2027 - December 31, 2027

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

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2026.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what BSW SeniorCare Advantage HMO-POS covers and what you pay.

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [Medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [Medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to know about BSW SeniorCare Advantage HMO-POS

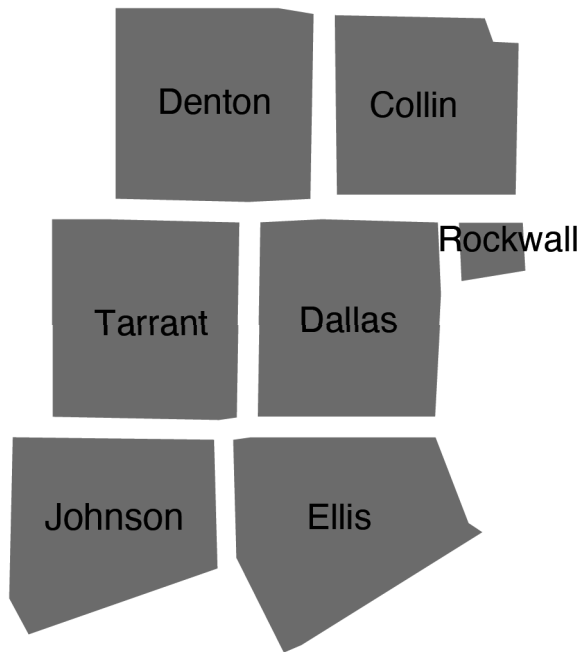
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 or TTY 711,
- October 1 through March 31 from 8 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 8 a.m. – 5 p.m., Monday through Friday (excluding major holidays).
- Our website: BSWHealthPlan.com/Medicare

This document is available in other formats such as large print. The document may be available in a non-English language.

Who can join?

To join BSW SeniorCare Advantage HMO-POS, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Collin, Dallas, Denton, Ellis, Johnson, Rockwall and Tarrant.

What is the service area for North Texas BSW SeniorCare Advantage HMO-POS?



The counties in the service area are listed below:

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



Which doctors, hospitals, and pharmacies can I use?

BSW SeniorCare Advantage HMO-POS has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at BSWHealthPlan.com/Medicare. You must use network providers and pharmacies for covered services, unless authorized by the Plan.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

BSW SeniorCare Advantage HMO-POS covers Medicare Part B and Part D drugs. Certain limitations may apply.

Premiums and Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Monthly Plan Premium You must continue to pay your Medicare Part B Premium.	You pay \$0 per month.	You pay \$0 per month.
Deductible	You pay \$0.	You pay \$0.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay \$7,150 annually.	You pay \$5,750 annually.
Inpatient Hospital*	You pay \$305 copay per day for days 1-6; \$0 copay per day for days 7-90.	You pay \$225 copay per day for days 1-6; \$0 copay per day for days 7-90.
Outpatient Hospital Ambulatory Surgery Center* Outpatient Hospital Services* Intensive Outpatient Program Services	You pay \$250 copay per visit. You pay \$275 copay per visit. You pay \$40 copay per visit.	You pay \$250 copay per visit. You pay \$275 copay per visit. You pay \$40 copay per visit.
Doctor Visits Primary Care Providers Specialist	You pay \$0 copay per visit. You pay \$25 copay per visit.	You pay \$0 copay per visit. You pay \$25 copay per visit.
Preventive Care	You pay \$0 copay.	You pay \$0 copay.
Emergency Care If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$130 copay per visit.	You pay \$130 copay per visit.
Urgently Needed Services If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$50 copay per visit.	You pay \$50 copay per visit.
Diagnostic Services/Labs/Imaging Diagnostic Tests and Procedures* Lab Services* Diagnostic Radiology Services (e.g. MRI)* Outpatient X-Rays	You pay \$0 copay. You pay \$0 copay. You pay \$0 to \$200 copay. You pay \$0 copay.	You pay \$0 copay. You pay \$0 copay. You pay \$200 copay. You pay \$0 copay.

*Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Hearing Services Medicare-covered Hearing Exam Routine Hearing Exam Limited to one exam each year. Hearing Aids	You pay \$40 copay per Medicare-covered hearing exam. You pay \$0 copay per exam. \$1,200 maximum plan coverage amount every 3 years (for both ears combined) for prescription hearing aids. This amount is combined with OTC hearing aids.	You pay \$40 copay per Medicare-covered hearing exam. You pay \$0 copay per exam. \$1,000 maximum plan coverage amount every 3 years (for both ears combined) for prescription hearing aids. This amount is combined with OTC hearing aids.
Dental Services Diagnostic and Preventive Dental Oral Exams: One exam every six months. Dental X-Rays: One full mouth X-ray every 60 months. Bite-wing X-rays every 12 months. Other Diagnostic Dental Services: Periapical X-rays as needed. Prophylaxis (Cleaning): One cleaning every six months. Other Preventive Dental: Labs and other tests (e.g. pulp vitality tests) Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the <i>Evidence of Coverage</i> for full details on the dental benefit. Note: Additional Comprehensive Dental coverage is available for an extra monthly premium. See “Dental – Optional Supplemental Benefit” section below for details.	In-Network and Out-of-Network Combined You pay \$0 copay for each oral exam. You pay \$0 copay for each X-ray. You pay \$0 copay for each periapical X-ray. You pay \$0 copay for each cleaning. You pay \$0 copay for each cleaning.	In-Network and Out-of-Network Combined You pay \$0 copay for each oral exam. You pay \$0 copay for each X-ray. You pay \$0 copay for each periapical X-ray. You pay \$0 copay for each cleaning. You pay \$0 copay for each cleaning.

***Prior Authorization is required.**

Premiums and Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Vision Services		
Eyewear	\$200 maximum coverage amount every year for all non-Medicare-covered eyewear. The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts in-or out-of-network. Upgrades, including lens tinting, coatings, and sunglasses are not covered by the plan. Limited to one pair of glasses every year unrelated to post-cataract surgery. Members may receive benefits from any provider.	\$125 maximum coverage amount every year for all non-Medicare-covered eyewear. The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts in-or out-of-network. Upgrades, including lens tinting, coatings, and sunglasses are not covered by the plan. Limited to one pair of glasses every year unrelated to post-cataract surgery. Members may receive benefits from any provider.
Routine Eye Exam	You pay \$0 copay for one routine eye exam per year.	You pay \$0 copay for one routine eye exam per year.
Medicare-covered Eye Exam	You pay \$40 copay for Medicare-covered eye exams.	You pay \$40 copay for Medicare-covered eye exams.
Mental Health Services		
Inpatient*	You pay \$318 copay per day for days 1-5; \$0 copay per day for days 6-90.	You pay \$318 copay per day for days 1-5; \$0 copay per day for days 6-90.
Outpatient Individual or Group Therapy	You pay \$30 copay per visit.	You pay \$30 copay per visit.
Skilled Nursing Facility (SNF) Care*	You pay \$0 copay per day for days 1-20; \$221 copay per day for days 21-100.	You pay \$0 copay per day for days 1-20; \$221 copay per day for days 21-100.
Physical Therapy		
Occupational Therapy	You pay \$35 copay per visit.	You pay \$35 copay per visit.
Physical Therapy and Speech and Language Therapy	You pay \$35 copay per visit.	You pay \$35 copay per visit.
Ambulance Service		
Ground Ambulance	You pay \$300 copay.	You pay \$265 copay.
Air Ambulance*	You pay \$300 copay.	You pay \$265 copay.

*Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Transportation (Additional Routine)	You pay \$0 copay for 12 one-way trips per year, or 6 round trips up to 50 miles each way.	You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.
Medicare Part B Prescription Drugs Chemotherapy Drugs* Prior Authorization may be required. Step Therapy may be required. Other Part B Drugs* Step Therapy may be required. Prior Authorization may be required. You pay no more than \$35 copay for a one-month supply of covered insulin when used in an insulin pump.	You pay 0% to 20% coinsurance. You pay 0% to 20% coinsurance.	You pay 0% to 20% coinsurance. You pay 0% to 20% coinsurance.
Home Health Care*	You pay \$0 copay per visit.	You pay \$0 copay per visit.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	You pay \$40 copay per visit.	You pay \$40 copay per visit.
Telehealth Services - PCP, Specialist, Individual or Group Sessions for Psychiatric Services, Urgently Needed Services and Individual or Group Sessions for Mental Health Specialty.	You pay \$0 copay per visit.	You pay \$0 copay per visit.
Opioid Treatment Service*	You pay \$45 copay per visit.	You pay \$45 copay per visit.
Meal Benefit	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.

*Prior Authorization is required.

Premiums and Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Special Supplemental Benefits for the Chronically Ill (heart health program)	• \$0 copay for cardiology physician specialist services. • 48 total one-way trips to plan approved locations • Four 30-minute Nutritional/Dietary Benefit visits per year. Special Supplemental Benefits for the Chronically Ill (SSBCI) are available only to qualifying members with chronic heart failure. Having chronic heart failure alone does not automatically qualify you for these benefits. Eligibility also depends on meeting the Centers for Medicare & Medicaid Services' definition of a chronically ill enrollee and the plan's SSBCI eligibility criteria. For complete eligibility requirements and benefit details, refer to Chapter 4 of the <i>Evidence of Coverage</i> (EOC), visit BSWHealthPlan.com/HearHealth, or contact Customer Service.	Not available for this plan.

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

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2026.

***Prior Authorization is required.**

Medicare Part D Prescription Drugs		
	BSW SeniorCare Advantage Select Rx (HMO-POS)	
Deductible	\$500. Applies to Tier 3, Tier 4 and Tier 5.	
	Initial Coverage	
	Standard Retail 30-Day Supply	Mail Order 90-Day Supply
Tier 1 (Preferred Generic)	You pay \$0 copay.	You pay \$0 copay.
Tier 2 (Generic)	You pay \$10 copay.	You pay \$0 copay.
Tier 3 (Preferred Brand)	You pay \$47 copay.	You pay \$94 copay.
Tier 4 (Non-Preferred)	You pay 30% coinsurance.	You pay 30% coinsurance.
Tier 5 (Specialty)	You pay 28% coinsurance.	Not Available
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,400, you pay \$0.	

Even if you haven't paid your deductible, you won't pay more than \$35 copay for a one-month supply of each covered insulin product regardless of the cost-sharing tier and most adult Part D vaccines are covered at no cost to you.

Information on Your Prescription Benefit

You can view the formulary (drug list) and any formulary restrictions on our website. To view the formulary (drug list) and pharmacy directory, go to BSWHealthPlan.com/Medicare.

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.** If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027.

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-866-334-3141 (TTY: 711), October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m. Monday through Friday (excluding major holidays).

Dental – Optional Supplemental Benefit

Comprehensive dental coverage is an optional supplemental benefit for the **BSW SeniorCare Advantage HMO-POS** plans, available for an additional \$30 per month.

Dental Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Monthly Optional Dental Premium	\$30 per month	\$30 per month
Yearly Benefit Maximum	\$2,000	\$2,000
Deductible	You pay \$0	You pay \$0
Comprehensive Dental Services Restorative Services: Resin and amalgam fillings are covered once per surface per tooth every 24 months. Dentures are covered once every 5 years. Crowns, inlays, onlays and bridges are covered once every 10 years. Endodontics: Root canals are covered once per tooth per lifetime. Pulp capping is covered as needed. One pulpal therapy, apexification, and calcification are covered once per tooth per lifetime. Periodontics: Periodontal surgery once per quadrant every 36 months. Periodontal maintenance up to two times every calendar year in combination with Prophylaxis cleanings. Scaling and root planing once per quadrant every 24 months.	You pay 50% coinsurance. You pay 50% coinsurance. You pay 75% coinsurance. You pay 75% coinsurance for each endodontics service. You pay 50% coinsurance for each periodontics service.	You pay 50% coinsurance. You pay 50% coinsurance. You pay 75% coinsurance. You pay 75% coinsurance for each endodontics service. You pay 50% coinsurance for each periodontics service.

Dental Benefits	BSW SeniorCare Advantage Select Rx (HMO-POS)	BSW SeniorCare Advantage Select (HMO-POS)
Prosthodontics, removable Dentures through Prosthodontist once every 5 calendar years. Denture adjustments once every 6 months. Dental rebases or relines once every 36 months. Tissue conditioning once every 36 months. Prosthodontics, fixed Dentures through Prosthodontist once every 5 calendar years. Denture adjustments once every 6 months. Dental rebases or relines once every 36 months. Tissue conditioning once every 36 months. Bridges through Prosthodontist once every 10 calendar years Oral and Maxillofacial Surgery Oral surgery for simple and surgical extractions. One brush biopsy every 24 months. One Alveoloplasty in conjunction with extractions included once per quadrant per lifetime. Adjunctive General Services One consultation every 12 months. Diagnostic casts as needed. General anesthesia and IV sedation, if medically/dentally necessary.	You pay 50% coinsurance. You pay 50% coinsurance. You pay 75% coinsurance. You pay 75% coinsurance. You pay 50% coinsurance. You pay 50% coinsurance. You pay 75% coinsurance You pay 75% coinsurance You pay 75% coinsurance. You pay 50% coinsurance for each oral and maxillofacial surgery. You pay 50% coinsurance for each adjunctive general service.	You pay 50% coinsurance. You pay 50% coinsurance. You pay 75% coinsurance. You pay 75% coinsurance. You pay 50% coinsurance. You pay 50% coinsurance. You pay 75% coinsurance You pay 75% coinsurance You pay 75% coinsurance. You pay 50% coinsurance for each oral and maxillofacial surgery. You pay 50% coinsurance for each adjunctive general service.

Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the *Evidence of Coverage* for full details on the dental benefit.

If a covered service is performed by an out-of-network dentist, we will base the benefit on the covered percentage of the maximum allowed charge.

Out-of-network dentists may charge more than the maximum allowed charge. If an out-of-network dentist performs a covered service, you will be responsible for paying:

- any other part of the maximum allowed charge for which we do not pay benefits; and
- any amount in excess of the maximum allowed charge charged by the out-of-network dentist.

Pre-Enrollment Checklist

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

Understand the Benefits

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

Understand Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



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

You must continue to pay your Medicare Part B premium.



BaylorScott&White
Health Plan

BSW SENIORCARE
ADVANTAGE • HMO-POS

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>.

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Baylor Scott & White Health Plan - H8142

For 2027, Baylor Scott & White Health Plan - H8142 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Baylor Scott & White Health Plan 7 days a week from 7:00 a.m. to 8:00 p.m. Central time at 866-334-3141 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 7:00 a.m. to 8:00 p.m. Central time. Current members please call 866-334-3141 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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 Sprachassistenzen 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.

Arabic (العربية)

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر مجاناً 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 fòm 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

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 (January – December). Participation is **voluntary**.

How it works

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no additional cost to opt in to the Medicare Prescription Payment Plan.

Is this option right for you?

It depends on your situation. This payment option might help you manage your monthly expenses, but **it doesn't save you money or lower your drug costs**. You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September) gives you more months to spread out your drug costs.

Go to **[Medicare.gov/Prescription-Payment-Plan/Will-This-Help-Me](https://www.medicare.gov/Prescription-Payment-Plan/Will-This-Help-Me)** to answer a few questions and find out if you're likely to benefit from this payment option.

This option might not be the best choice for you if:

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program or other health coverage.

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option may help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP).
Call your plan for more information.

Complete all fields unless marked optional

FIRST name: _____ LAST name: _____ MIDDLE initial (optional): _____

Medicare Number: ____ - ____ - ____

Birth date: (MM/DD/YYYY) _____ Phone number: _____
(/ /) ()

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness): _____

City: _____ County (optional): _____ State: _____ ZIP code: _____

Mailing address, if different from your permanent address (P.O. Box allowed):
Address: _____ City: _____ State: _____ ZIP code: _____

I want to participate in the Medicare Prescription Payment Plan for the:

☐ Current Plan Year ☐ Upcoming Plan Year

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Baylor Scott & White Health Plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- Baylor Scott & White Health Plan **will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that if I stay in the same health or drug plan, Baylor Scott & White Health Plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact Baylor Scott & White Health Plan to opt out.

Signature: _____

Date: _____

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:

Address (Street, City, State, ZIP code):

Phone number: ()

Relationship to participant:

How to submit this form

Submit your completed form to:

Judi Rx

Attn: M3P Elections

9450 SW Gemini Dr.

Suite 87234

Beaverton, OR 97008-7105

You can also complete the participation request form online at Enrollment.Cap-Rx.com/BSW_Medicare or call us at 833.502.3340 to submit your request via telephone.

If you have questions or need help completing this form, call us at 833.502.3340, seven days a week, 24 hours a day. TTY users can call 711.

Terms and Conditions:

You attest and understand you must be a Medicare Part D member to participate in this program. You acknowledge and agree your participation in the Medicare Prescription Drug Plan (MPPP) program is not required by law and is a voluntary program managed by the Centers for Medicare & Medicaid Services (CMS). CMS may adjust the MPPP program requirements at any time, and you acknowledge that such changes may impact your standing in the MPPP program, how the MPPP program may work, or other aspects of the program. When you participate in the MPPP, you agree to the repayment of any and all applicable prescription costs incurred during your participation in the MPPP program. You further acknowledge your private information, including protected health information, may be communicated to third-party entities to provide you with certain services or functions of the MPPP program. See Judi Rx's Privacy Policy at <https://www.judi.health/legal/privacy-policy#legal-notice-privacy-policy> for more information.. When utilizing any of the MPPP digital platforms, you understand that the contents, logo and other visual media created is property of its respectful owner and is protected by copyright laws.

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.



What our members can expect from us.

Anchored by Baylor Scott & White Health, the largest not-for-profit health system in the state of Texas, Baylor Scott & White Health Plan offers access to all Baylor Scott & White doctors, in addition to thousands of providers outside of Baylor Scott & White. With more than 40 years of member-focused coverage, we plan to continue our pursuit of providing members with the best possible support, care experience and outcomes as they travel on their health journey.

Learn more today!

MyBSWMedicare.com

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

You must continue to pay your Medicare Part B premium.

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

Not connected with or endorsed by the United States government or the federal Medicare program.