

2027 Medicare Advantage Comparison Guide

A Medicare Advantage
plan from a name you trust.



Baylor Scott & White
Health Plan

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 Advantage Comparison Guide) or connecting you to convenient, quality care—we're here for you in whatever way you need us.

Contact us at **844.783.4486** (TTY: 711) to speak with a licensed insurance agent.

Sincerely,



Stephanie Motter
President
Baylor Scott & White Health Plan

Contact info

Licensed insurance agent
844.783.4486 TTY: 711

October 1 - March 31: 7 days a week,
8:00 AM to 8:00 PM. Closed on major holidays.
April 1 - September 30: Monday-Friday,
8:00 AM to 5:00 PM. Closed on major holidays.

Customer service
866.334.3141 TTY: 711

October 1 - March 31: 7 days a week,
7:00 AM to 8:00 PM. Closed on major holidays.
April 1 - September 30: Monday-Friday,
7:00 AM to 8:00 PM. Closed on major holidays.

Never lose access to Baylor Scott & White Health doctors.

Baylor Scott & White Health Plan is the only health plan that guarantees in-network access to Baylor Scott & White Health providers and facilities. At Baylor Scott & White Health Plan, we believe the doctor-patient relationship is essential to your health in so many ways. It's all about you and your doctor. That's why our Medicare Advantage plans are informed by Baylor Scott & White Health physicians.*

Your needs come first with BSW SeniorCare Advantage plans.

\$0 medical deductibles

\$0 annual physical exam

\$0 telehealth visits (primary care, specialty care, urgent care, psychiatry and mental health services)

\$0 primary care visits, both in office and virtual care

\$0 copay on select retail prescription drugs

\$0 copay on select mail-order prescription drugs
PLUS, get a 3-month supply of mail-order prescriptions for the cost of 2 months on Tier 3 drugs

\$0 copay on routine eye exam and an eyewear allowance up to \$200

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

Medicare Advantage from a name you trust.

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.

Your doctor. Choose from among Baylor Scott & White Health’s extensive network of providers, plus thousands of additional in-network providers across Texas. You’ll also enjoy the freedom of having emergency care coverage and the opportunity to see in-network specialists without a referral.

Your convenience. Our Medicare Advantage plans include emergency care when you’re away from home and 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. With BSW SeniorCare Advantage, you get all the benefits of Original Medicare plus many supplemental benefits that help reduce out-of-pocket expenses and make life easier, like:

- Vision
- Hearing
- Dental
- Routine transportation to approved locations
- In-home meals after hospital discharge
- Additional support for patients with heart failure

Your navigation experts. You’ll have our CareNav+ team on standby—ready to help you determine what type of doctor you need, find availability and schedule your appointments. They’re a one-stop resource to help you navigate your care and coverage.

How BSW SeniorCare Advantage Plans work.

Before you enroll, ask your local insurance agent about our provider directory or view “Find a doctor/pharmacy” online at BSWHealthPlan.com/Medicare.

HMO-POS

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

With point-of-service dental, vision and hearing benefits, you have the flexibility to visit any provider of your choice.

PPO

To maximize your BSW SeniorCare Advantage PPO benefits, we recommend that all care be provided by network providers. However, you have the choice to obtain services out-of-network at the time of service. Just know that if you use out-of-network providers, you will typically pay more out-of-pocket.

No referrals needed

Our plans give you the liberty to see in-network specialists without the need for time-intensive referrals, which means you can see the network specialist of your choice.

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

Speak to a licensed insurance agent today. **844.783.4486/TTY: 711**

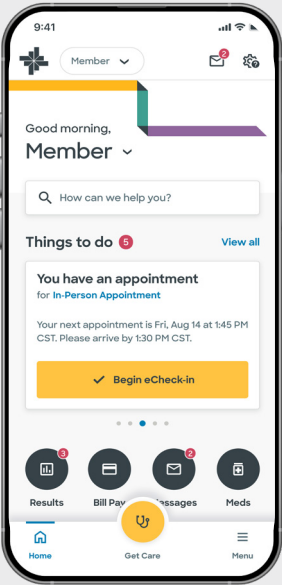
Medical Plan Benefits	HMO-POS Select	HMO-POS Select Rx	HMO-POS Preferred	HMO-POS Preferred Rx	HMO-POS Premium	HMO-POS Premium Rx	PPO Basic ² (In-Network Costs)	PPO Platinum ³ (In-Network Costs)
Monthly Premium	\$0	\$0	\$65	\$152	\$170	\$258	\$32	\$145
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum	\$6,400	\$7,150	\$4,500	\$5,400	\$4,500	\$5,000	\$7,150	\$6,600
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Annual Wellness Visit	\$0 copay	\$0 copay	\$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	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$0 copay	\$0 copay	\$35 copay	\$20 copay
Telehealth Visit (PCP, SCP, urgent care, psychiatry and mental health services)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$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	\$0 copay \$0 – \$300 copay	\$0 copay \$15 copay	\$0 copay \$15 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 – \$300 copay	\$0 copay \$200 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$50 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$50 copay	\$50 copay

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.

²To 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.

³To 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.



Coordinated care with zero hassle

Baylor Scott & White Health Plan offers an integrated healthcare experience, which means your Baylor Scott & White Health doctors and your Medicare Advantage plan are on the same team, sharing resources and collaborating to help give you the best healthcare experience possible.

It’s thoughtful, coordinated medical care and coverage from a name you trust.

- Your Baylor Scott & White Health providers and your health plan use the same electronic medical records system to monitor your care. They collaborate easily and relieve you from reporting and sharing your information with each of your providers.
- You can access your medical information AND your health plan information in the same place—[MyBSWHealth.com](#).
- There’s also a convenient app when you need your information on the go (MyBSWHealth app, available on the App Store or Google Play).
- MyBSWHealth is also your connection to \$0 virtual care visits with a Baylor Scott & White Health provider, anywhere in Texas.

Supplemental highlights

Hearing. 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 any licensed provider, in- or out-of-network, to receive benefits.

Vision. Our 2027 plans provide coverage for a routine annual eye 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.

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.

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

Heart health program.* Our new heart health program is focused on members living with heart failure. Eligible participants who engage with the heart failure care program on the MyBSWHealth app will receive additional benefits such as \$0 copay for visits with a Baylor Scott & White Health cardiologist, nutritional counseling and routine transportation to plan-approved locations. The heart health program is available to members on the BSW SeniorCare Advantage HMO-POS Select Rx, Preferred Rx and Premium Rx plans. To learn more about the program and how you can opt in, visit BSWHealthPlan.com/HearHealth.

Dental. Original Medicare does not cover traditional dental care, but BSW SeniorCare Advantage plans feature dental benefits through MetLife for no additional premium. MetLife’s Preferred Dentist Program is a dental PPO benefit. You can visit any licensed dentist—in or out of the MetLife PDP Plus dentist network. 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.

Preventive Dental Benefits	
Monthly Premium	Included
Deductible	\$0
Oral Exams (one every 6 months)	\$0
Cleanings (one every 6 months)	\$0
Dental X-rays	\$0
Comprehensive Dental Benefits	
Additional Monthly Premium	\$30
Deductible	\$0
Annual Dental Benefit Maximum	\$2,000
Dentures (every 5 years)	50% coinsurance
Fillings (one filling per surface, per tooth every 24 months)	50% coinsurance
Extractions	50% coinsurance

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

Supplemental Benefits	HMO-POS Select	HMO-POS Select Rx	HMO-POS Preferred	HMO-POS Preferred Rx	HMO-POS Premium	HMO-POS Premium Rx	PPO Basic	PPO Platinum
Routine Eye Exam (one per year)	\$0 copay						\$0 copay	
Eyewear (annually)	\$125 allowance	\$115 allowance	\$125 allowance	\$150 allowance	\$125 allowance	\$125 allowance	\$150 allowance	
Routine Hearing Exam (one per year)	\$0 copay						\$0 copay	
Hearing Aids (every 3 years)	\$1,000 allowance	\$1,000 allowance	\$1,000 allowance	\$1,100 allowance	\$1,000 allowance	\$1,000 allowance	\$1,000 allowance	\$1,500 allowance
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$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						Not available	

*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.

Speak to a licensed insurance agent today. 844.783.4486/TTY: 711

Affordable prescriptions

Prescription drug benefits are automatically included in BSW SeniorCare Advantage PPO plans—and also available on select BSW SeniorCare Advantage HMO-POS plans. Our plans offer copayments as low as \$0 for preferred generic drugs.

Here are some of the benefits you’ll see on these plans:

- **\$0 copays:** Pay a \$0 copay on Tier 1 prescriptions at retail pharmacies.
- **Convenient mail delivery:** Use our mail order service to have eligible prescriptions delivered directly to your door, often at a lower cost than filling a 30-day supply at a retail pharmacy.
- **Access to a broad pharmacy network:** Baylor Scott & White Health Plan allows you to fill prescriptions at a wide range of retail pharmacies nationwide.
- **Savings on 90-day prescriptions:** You can get up to a 90-day (3-month) supply of Tier 2 and Tier 3 medications for 2 copays (instead of 3 copays) at all in-network retail pharmacies.

Get more value with 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 2 copays rather than 3; Tier 4 prescriptions for 30% – 35% coinsurance; and Tier 5 prescriptions for 28% – 30% coinsurance. Copays vary by plan.

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. Automatic refills are available.



Visit [BSWHealthPlan.com/Medicare](https://www.BSWHealthPlan.com/Medicare) to view the formulary (drug list) and pharmacy directory.

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	PPO Basic	PPO Platinum
Deductible	\$500 (applies to Tiers 3 – 5)	\$250 (applies to Tiers 3 – 5)	\$250 (applies to Tiers 3 – 5)	\$500 (applies to Tiers 3 – 5)	\$250 (applies to Tiers 3 – 5)
Total Out-of-Pocket Amount	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400
Retail Copays During Initial Coverage Period (30-day supply)	Standard Pharmacy				
Tier 1 – Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 – Generic Drugs	\$10 copay	\$5 copay	\$5 copay	\$10 copay	\$5 copay
Tier 3 – Preferred Brand Drugs	\$47 copay	\$47 copay	\$47 copay	\$47 copay	\$47 copay
Tier 4 – Non-Preferred Drugs	30% coinsurance	35% coinsurance	35% coinsurance	35% coinsurance	35% coinsurance
Tier 5 – Specialty Drugs	28% coinsurance	30% coinsurance	30% coinsurance	28% coinsurance	30% coinsurance
Mail-Order Copays (90-day supply)	Tiers 1 – 2 are \$0 copay; Tier 3 is \$94; and Tier 4 is 30% – 35% coinsurance				
Catastrophic Coverage	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Even if you haven’t paid your deductible, you won’t pay more than \$35 for a 1-month supply of each covered insulin product, regardless of the cost-sharing tier, and no cost for most adult Part D vaccines.

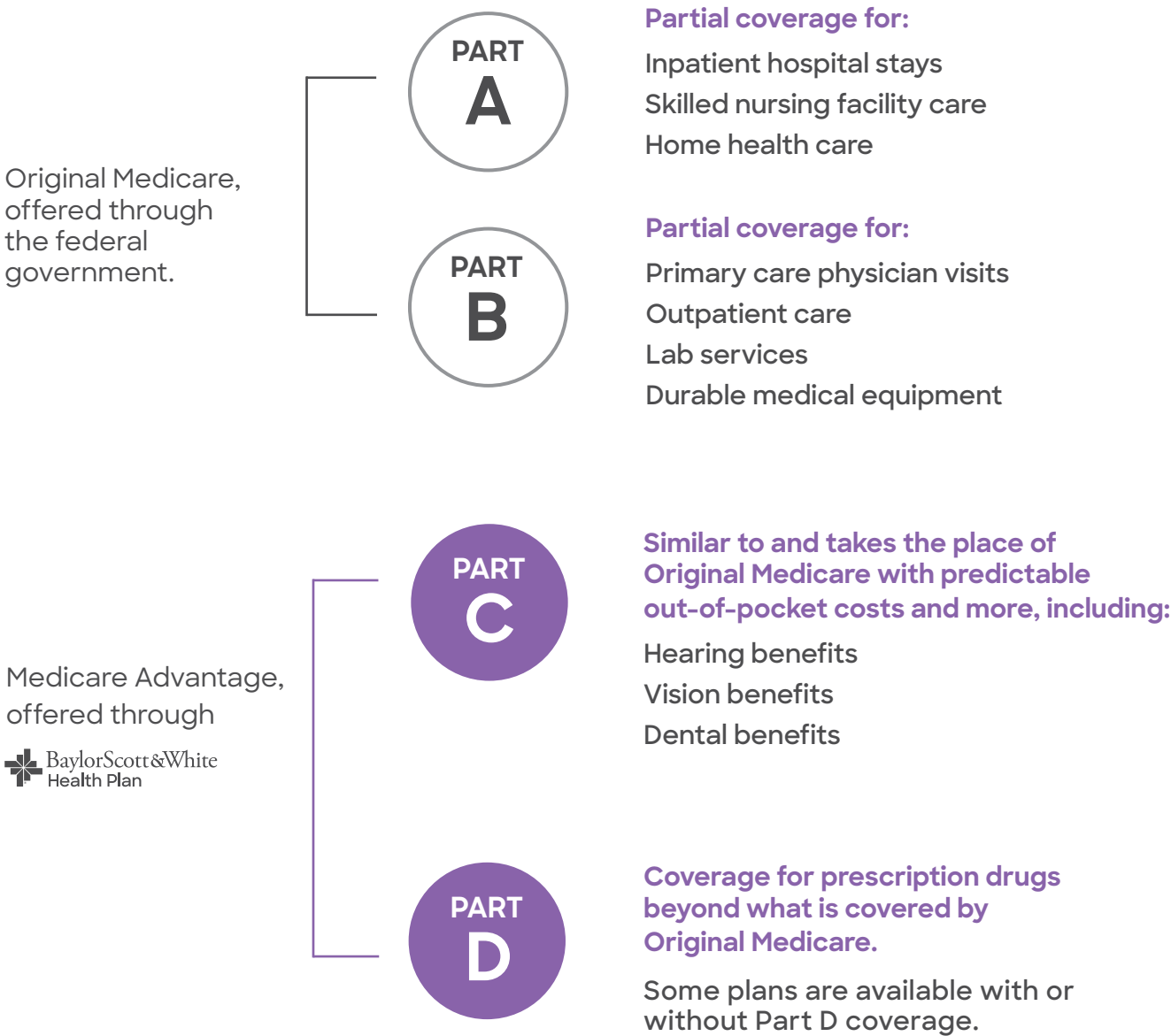
Find out if you qualify for Extra Help:
Medicare.gov/Basics/Costs/Help/Drug-Costs; or Social Security Administration at SSA.gov/Medicare/Part-D-Extra-Help

Speak to a licensed insurance agent today. **844.783.4486/TTY: 711**

Getting started with Medicare.

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.



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.

- Do you need uninterrupted network access to your Baylor Scott & White Health doctor?
- 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 Extra Help?

Extra Help, also referred to as 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](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)

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 Central Texas. 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 3 months leading up to your 65th birthday, your birthday month and the 3 months afterward. This time frame 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 7-month period when someone is first eligible to enroll in Medicare.

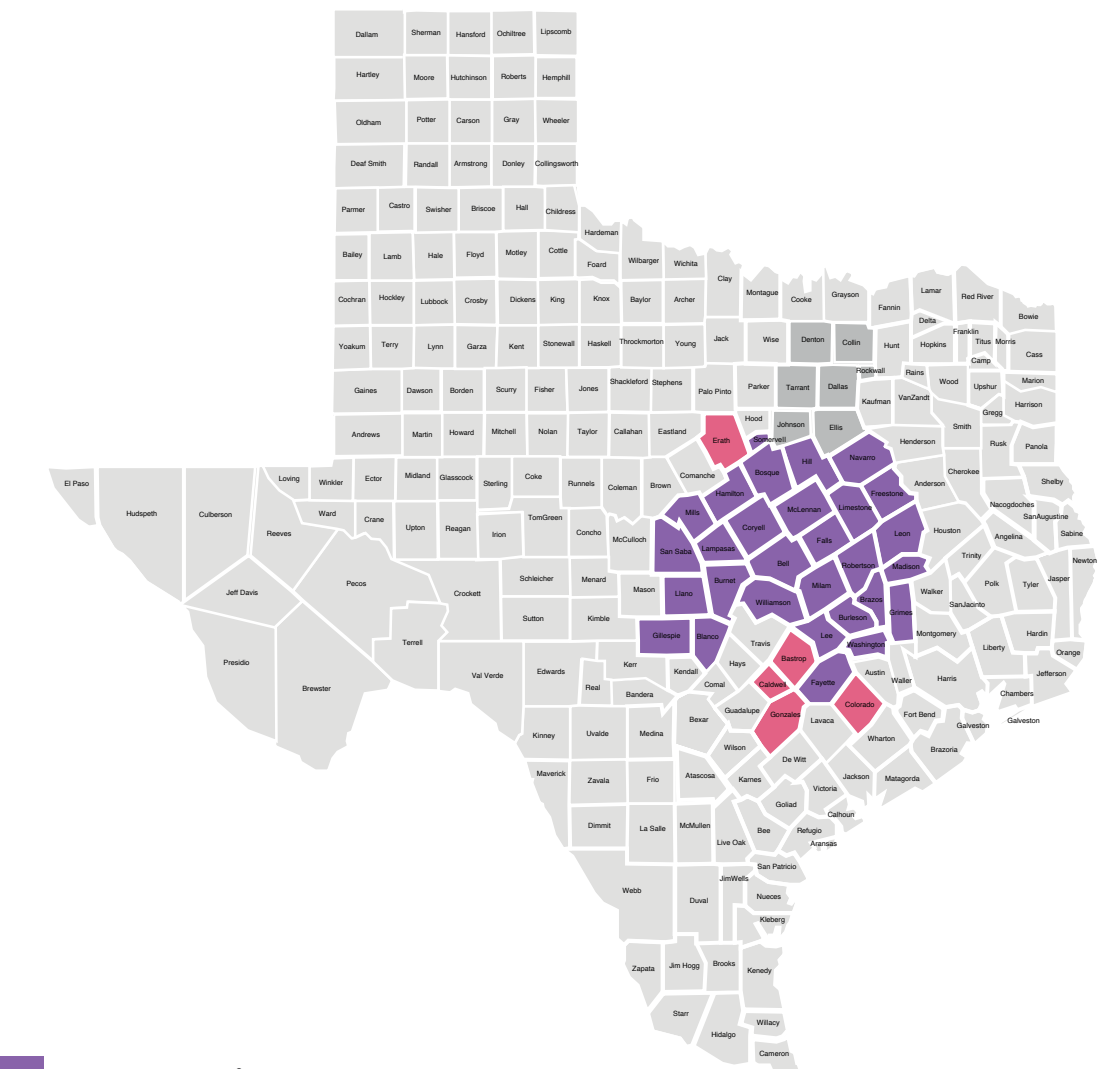
Late Enrollment Penalty (LEP): An amount required by Medicare and added to your monthly plan premium when there has been a gap in qualifying prescription drug coverage. This amount remains part of your monthly payment for as long as the penalty applies.

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.

2027 Medicare Advantage service area

Notes



- 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
- Other service areas**

If you are entitled to Medicare Part A, enrolled in Medicare Part B, and are a resident of our service area in Central Texas, you are eligible to enroll.

Notes



1206 W. Campus Drive
Temple, TX 76502-9916

Your **FREE** Medicare Advantage Comparison Guide is here.

<Name>

<Street Address>

<City, State, ZIP Code>

Our mission

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

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.

