What you must do to get covered care

Now that you have chosen Baylor Scott & White Health Plan (BSWHP), your next choice will be deciding who will provide most of your health care services. BSWHP is an Open Access Health Plan. A member can go to any network provider without a referral.

- **Primary care**

Members may choose a network primary care provider (PCP) if they would like, but PCP designation is not required by BSWHP. If you choose a PCP, you may choose from the following:

- Family Medicine doctors treat all age groups from newborn to the elderly
- Internal Medicine doctors treat patients 18 age or older
- Pediatric doctors treat children up to age 18

In selecting a PCP, consider which clinic or doctor would be most convenient to meet your own medical needs. You and your dependents may select his or her own PCP. You can change your PCP at any time you choose.

- **Specialty care**

All non-emergent medical care must be provided by BSW Premier HMO network providers. BSWHP does not require a referral from a primary care provider before you can access a specialist. Simply call the specialist's office and make an appointment.

Please note: Due to the nature of some specialties, some provider offices may require a referral prior to making your appointment. This is the choice of that physician's office and not a requirement of BSWHP.

Behavioral Health Services as well as certain other services may require prior authorization through BSWHP Health Services. Examples of services, procedures, or tests that may require prior notification and/or authorization by BSWHP are listed on page 16.

Here are some other things you should know about specialty care:

- If your current specialist does not participate with us, you must receive treatment from a specialist who does. Generally, we will not pay for you to see a specialist who does not participate with our Plan.
- If you are seeing a specialist and your specialist leaves the Plan, call Health Services and they will arrange for you to see another specialist. You may receive services from your current specialist until we can make arrangements for you to see someone else.
- You may continue seeing your specialist for up to 90 days if you are undergoing treatment for a chronic or disabling condition and you lose access to your specialist because:
  - we terminate our contract with your specialist for other than cause;
  - we drop out of the Federal Employees Health Benefits (FEHB) Program and you enroll in another FEHB Plan or
  - we reduce our service area and you enroll in another FEHB Plan;

Contact us at 844-633-5325, or if we drop out of the Program, contact your new plan.

If you are in the second or third trimester of pregnancy and you lose access to your specialist based on the above circumstances, you can continue to see your specialist until the end of your postpartum care, even if it is beyond the 90 days.

Note: If you lose access to your specialist because you changed your carrier or plan option enrollment, contact your new plan.

- Sex-Trait Modification: If you are mid-treatment, within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received covered under the 2025 Plan brochure, you may seek an exception to continue care. Our exceptions process is as follows:

- Counseling services (must be provided by a licensed mental health provider and may include those who provide faith-based counseling) for possible or diagnosed gender dysphoria.
- Chemical or surgical treatment for gender reassignment may be covered, with prior authorization, for those who are mid-treatment (defined as initiation of surgical and/or hormonal treatments prior to January 1, 2026) if ALL of the following are met:
- 19 years of age or older
- Clinical notes documenting surgical and/or hormonal treatments for the purpose of gender transition that were initiated prior to January 1, 2026
- A letter of referral from a qualified mental health professional
- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- No significant medical or mental health concerns are present OR if present, they must be reasonably well controlled
- AND, requirements for the specific procedures listed below within this medical policy are met.

- The exception process will be applied on a case-by-case basis and in order to apply for an exception to the CL 2025-01-b exclusion of sex-trait medical interventions/transgender services, please contact our Customer Service Department by writing to: Baylor Scott or call 844-633-5325. You will also find more information on our member website at: https://bswhealthplan.com/fehb. If you disagree with this information, please contact our member service department at 844-633-5325 to speak to a representative.
- *Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*

- **Hospital care**

For elective hospital admissions and certain types of procedures, you need a prior authorization from the BSWHP Health Services before the day of the procedure, if you want to be sure BSWHP will pay for the hospital and procedure. Each day you are in the hospital, BSWHP nurses and Medical Directors review with your physician the level of care you require and work with him/her to determine the amount of time you need to stay in the hospital.

If you are hospitalized as a result of an emergency, you should contact the BSWHP Health Services within 24 – 48 hours of any admission at 844-633-5325. Coverage for continued treatment is assured when approval is obtained from BSWHP Health Services. BSWHP will approve or deny the requested post-stabilization treatment within one hour if contacted by the provider or facility. Emergency care in a hospital emergency room requires a copayment**,** which will be waived if hospital admission occurs within 24 hours.

- **If you are hospitalized when your enrollment begins**

We pay for covered services from the effective date of your enrollment. However, if you are in the hospital when your enrollment in our Plan begins, call our customer service department immediately at 844-633-5325. If you are new to the FEHB Program, we will arrange for you to receive care and provide benefits for your covered services while you are in the hospital beginning on the effective date of your coverage.

If you changed from another FEHB plan to us, your former plan will pay for the hospital stay until:

- you are discharged, not merely moved to an alternative care center;
- the day your benefits from your former plan run out; or
- the 92nd day after you become a member of this Plan, whichever happens first.

Section 5(a). Medical Services and Supplies Provided by Physicians and Other HealthCare Professionals

Important things you should keep in mind about these benefits.

- The Standard Option, Basic and Value Option are HMO plans and are only available in certain areas. Please refer to the Service Area descriptions in *Section 1. How this plan works* to see if your county is included.
- **The Standard Option, the Basic Option and the Value Option utilize the BSW Premier HMO Network.**
- Please remember that all benefit is subject to definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- Plan physicians must provide or arrange your care.
- A facility copay applies to services that appear in this section but are performed in an ambulatory surgical center or the outpatient department of a hospital.
- For the Standard Option, the calendar year deductible is $300 for Self Only, $600 for Self Plus One or $600 for Self and Family. For the Basic Option, the calendar year deductible is $1,500 for Self Only, $3,000 for Self Plus One or $3,000 for Self and Family. For the Value Option, the calendar year deductible is $2,000 for Self Only, $4,000 for Self Plus One or $4,000 for Self and Family. The calendar year deductible is applied to almost all benefits in this Section. We added "(deductible applies)" to show when the calendar year deductible does apply.
- Be sure to read Section 4, *Your Costs for Covered Services,* for valuable information about how cost sharing works. Also, read Section 9 about coordinating benefits with other coverage, including with Medicare.
- The coverage and cost-sharing listed below are for services provided by physicians and other health care professionals for your medical care. See Section 5(c) for cost-sharing associated with the facility (i.e., hospital, surgical center, etc.).
- The exclusion for hormone treatments for Sex-Trait Modification for gender dysphoria only pertains to chemical and surgical modification of an individual's sex traits (including as part of "gender transition" services). We do not exclude coverage for entire classes of pharmaceuticals, e.g., GnRH agonists may be prescribed during IVF, for reduction of endometriosis or fibroids, and for cancer treatment or prostate cancer/tumor growth prevention.

Benefit Description	You Pay		
Diagnostic and treatment services	**Standard**	**Basic**	**Value**
Outpatient professional services of physicians and other healthcare professionals • Physician's office • Office medical consultations • Second Surgical opinions • Home visits • Advance care planning • Blood Pressure Monitor Training	Primary Care Provider (PCP) Office Visit • $25 Copay • $0 Copay for first adult non-preventive visit • $0 Copay for dependents ages 0 - 18 Specialist Office Visit • $50 Copay	Primary Care Provider (PCP) Office Visit • $25 Copay • $0 Copay for first adult non-preventive visit • $0 Copay for dependents ages 0 - 18 Specialist Office Visit • $50 Copay	Primary Care Provider (PCP) Office Visit • $30 Copay • $0 Copay for first adult non-preventive visit • $0 Copay for dependents ages 0 - 18 Specialist Office Visit • $75 Copay

Diagnostic and treatment services - continued on next page

Benefit Description	You Pay		
Reconstructive surgery (cont.)	**Standard**	**Basic**	**Value**
• *Cosmetic surgery – any surgical procedure (or any portion of a procedure) performed primarily to improve physical appearance through change in bodily form, except repair of accidental injury. (See Section 5(d) Accidental injury)* • *Surgery for Sex-Trait Modification to treat gender dysphoria* • Sex-Trait Modification: If you are mid-treatment, within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received covered under the 2025 Plan brochure, you may seek an exception to continue care. Our exceptions process is as follows: - Counseling services (must be provided by a licensed mental health provider and may include those who provide faith-based counseling) for possible or diagnosed gender dysphoria. - Chemical or surgical treatment for gender reassignment may be covered, with prior authorization, for those who are mid-treatment (defined as initiation of surgical and/or hormonal treatments prior to January 1, 2026) if ALL of the following are met: • 19 years of age or older • Clinical notes documenting surgical and/or hormonal treatments for the purpose of gender transition that were initiated prior to January 1, 2026 • A letter of referral from a qualified mental health professional • Persistent, well-documented gender dysphoria • Capacity to make a fully informed decision and to consent for treatment • No significant medical or mental health concerns are present OR if present, they must be reasonably well controlled • AND, requirements for the specific procedures listed below within this medical policy are met.	*All charges*	All charges	*All charges*

Reconstructive surgery - continued on next page

Benefit Description	You Pay		
Reconstructive surgery (cont.)	**Standard**	**Basic**	**Value**
• The exception process will be applied on a case-by-case basis and in order to apply for an exception to the CL 2025-01-b exclusion of sex-trait medical interventions/ transgender services, please contact our Customer Service Department by writing to: Baylor Scott or call 844-633-5325. You will also find more information on our member website at: https://bswhealthplan.com/fehb. If you disagree with this information, please contact our member service department at 844-633-5325 to speak to a representative. • *Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*	*All charges*	All charges	*All charges*
Gender Dysphoria Surgery	**Standard**	**Basic**	**Value**
Gender Dysphoria Care Surgical treatment includes but may not be limited to the following, based on medical necessity and with prior authorization: • Urethroplasty (reconstruction of female urethra) • Amputation of penis • Mastectomy - Penile prothesis - Orchiectomy - Insertion of testicular prosthesis - Scrotoplasty - Intersex surgery male to female [a series of staged procedures] - Intersex surgery female to male [a series of staged procedures] - Vulvectomy - Plastic repair of introitus - Clitoroplasty for intersex state - Perineoplasty - Vaginectomy - Construction of artificial vagina - Vaginoplasty for intersex state - Hysterectomy	10% Coinsurance (deductible applies)	20% Coinsurance (deductible applies)	30% Coinsurance (deductible applies)

Section 5(f). Prescription Drug Benefits

Important things you should keep in mind about these benefits:

- We cover prescribed drugs and medications, as described in the chart beginning on the next page.
- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- Your prescribers must obtain prior approval/authorizations for certain prescription drugs and supplies before coverage applies. Prior approval/authorizations must be renewed periodically.
- Federal law prevents the pharmacy from accepting unused medications.
- Be sure to read Section 4, *Your costs for covered services,* for valuable information about how cost sharing works. Also, read Section 9 about coordinating benefits with other coverage, including with Medicare.
- The exclusion for hormone treatments for Sex-Trait Modification for gender dysphoria only pertains to chemical and surgical modification of an individual's sex traits (including as part of "gender transition" services). We do not exclude coverage for entire classes of pharmaceuticals, e.g., GnRH agonists may be prescribed during IVF, for reduction of endometriosis or fibroids, and for cancer treatment or prostate cancer/ tumor growth prevention.

We cover prescribed drugs and medications, as described in the chart beginning on the next page.

There are important features you should be aware of. These include:

- **Who can write your prescription.** A licensed physician or dentist, and in states allowing it, licensed/or certified providers with prescriptive authority prescribing within their scope of practice must prescribe your medication.
- **Where you can obtain them.** You can fill your retail prescriptions at in-network pharmacies within the broad retail network with over 60,000+ options including all major chains. Specialty drug prescriptions can be filled at Costco Specialty Pharmacy by calling 833.502.3339 or BSW Specialty Pharmacy by calling 844.288.3179.
- **Mail Order Prescription Drugs.** Mail order is available through Costco Mail Order. Access Costco Mail Order through the member portal or call 833.502.3339.
- **We use a managed formulary.** BSWHP uses a standard formulary called the Group Value Formulary which is a list of medications that are both medically appropriate and cost-effective. All drugs have been reviewed and approved by a team of health care providers including doctors and pharmacists to be included on our formulary. If your drug is not listed on the formulary, you can talk with your doctor about switching to a formulary drug that may be lower in cost and as effective. If you need to continue using the drug not listed and the drug is not excluded, you or your physician may submit a request for coverage based on medical necessity. If approved, you'll pay the applicable copayment or coinsurance. If not approved and you still want to take it, you'll pay the full cost. Please visit https://bswhealthplan.com/fehb for the formulary list of drugs.
- **These are the dispensing limitations.** There may be limitations on drugs that require prior authorization. "Prior Authorization Required" drugs are usually those that have multiple uses, have a high potential for waste, or require close monitoring by the physician. These are the dispensing limitations:
  - **Prior Authorization**: BSWHP requires you or your physician to get prior authorization before filling certain drugs. Drugs needing prior authorization are noted on the formulary by a "PA" next to the drug name.
  - **Step Therapy**: In some cases, BSWHP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Drugs with step therapy are noted on the formulary by an "ST" next to the drug name.
  - **Drug Exception**: A medication may require a drug exception for a variety of reasons, i.e.; may be limited to certain Specialty prescribers, limited to certain pharmacies, may be a medication that is part of the therapeutic interchange programs, or various other reasons. Please contact our customer service department for questions regarding these medications.
  - **Quantity Limit**: For certain drugs, BSWHP limits the amount of medication covered. Quantity limits help ensure the appropriate use of medications. Quantity limits are often applied for safety reasons (e.g. limiting products containing acetaminophen to maximum safe limits). Drugs with quantity limits are noted on the formulary by a "QL" next to the drug name.
  - **Age Restriction**: There are certain medications which may be limited to a certain age group. Drugs with age restrictions are noted on the formulary by an "AL" next to the drug name.

Benefits Description	You Pay		
Covered medications and supplies (cont.)	**Standard**	**Basic**	**Value**
• *Drugs to enhance athletic performance* • *Drugs obtained at a non-Plan pharmacy; except for out-of-area emergencies* • *Nonprescription medications unless specifically indicated elsewhere* • *A prescription that has an over the counter alternative* • *Drugs prescribed in connection with Sex-Trait Modification for treatment of gender dysphoria* • Sex-Trait Modification: If you are mid-treatment, within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received covered under the 2025 Plan brochure, you may seek an exception to continue care. Our exceptions process is as follows: - Counseling services (must be provided by a licensed mental health provider and may include those who provide faith-based counseling) for possible or diagnosed gender dysphoria. - Chemical or surgical treatment for gender reassignment may be covered, with prior authorization, for those who are mid-treatment (defined as initiation of surgical and/or hormonal treatments prior to January 1, 2026) if ALL of the following are met: • 19 years of age or older • Clinical notes documenting surgical and/or hormonal treatments for the purpose of gender transition that were initiated prior to January 1, 2026 • A letter of referral from a qualified mental health professional • Persistent, well-documented gender dysphoria • Capacity to make a fully informed decision and to consent for treatment • No significant medical or mental health concerns are present OR if present, they must be reasonably well controlled • AND, requirements for the specific procedures listed below within this medical policy are met. • The exception process will be applied on a case-by-case basis and in order to apply for an exception to the CL 2025-01-b exclusion of sex-trait medical interventions/transgender services, please contact our Customer Service Department by writing to: Baylor Scott or call 844-633-5325. You will also find more information on our member website at: https://bswhealthplan.com/fehb. If you disagree with this information, please contact our member service department at 844-633-5325 to speak to a representative. • *Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*	*All charges*	All charges	All charges

Covered medications and supplies - continued on next page