



Central Texas

2023 Plan Comparison

Medicare Advantage



Baylor Scott & White
Health Plan

BSW SENIORCARE
ADVANTAGE™

HMO Medical Plan Benefits

Effective January 1, 2023

Medical Plan Benefits*	Select	Preferred	Premium
Monthly Premium			
With Part D prescription drug coverage	\$0	\$145	\$253
Without Part D prescription drug coverage.** (See Part B premium note below)	\$0	\$83	\$199
Deductible	\$0	\$0	\$0
Out-of-Pocket Maximum with Part D	\$5,800	\$4,000	\$4,800
Out-of-Pocket Maximum without Part D	\$5,900	\$4,500	\$4,500
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay	\$25 copay	\$0 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay	\$0 copay	\$0 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay	\$15 copay	\$0 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$25 copay	\$10 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day	\$700/stay	\$100 copay
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day	\$700/stay	\$100 copay
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$196/day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$15/day
Outpatient Surgery (facility)	\$325 copay	\$15 copay	\$0 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$100 copay	\$0 copay
Ambulance with Part D	\$300 copay	\$75 copay	\$40 copay
Ambulance without Part D	\$265 copay	\$75 copay	\$40 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$90 copay	\$90 copay	\$90 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$40 copay	\$40 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance	\$0 copay
Podiatry	\$40 copay	\$15 copay	\$0 copay
Chemotherapy Drugs	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance

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

** BSW SeniorCare Advantage Select, Preferred and Premium plans without Part D coverage pay \$50 toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to SSA.gov for more information. If you have Part D 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.

PPO Medical Plan Benefits

Effective January 1, 2023

Medical Plan Benefits*	Basic ¹	Platinum ²
Monthly Premium	\$37	\$140
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$6,800	\$4,200
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$40 copay	\$20 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay	\$0-\$20 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay	\$200 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$25 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day	Days 1-5: \$250/day Days 6-90: \$0/day
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day	Days 1-5: \$250/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$196/day	Days 1-20: \$0/day Days 21-100: \$50/day
Outpatient Surgery (facility)	\$350 copay	\$100 copay
Ambulatory Surgical Center (facility)	\$275 copay	\$75 copay
Ambulance	\$325 copay	\$75 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$90 copay	\$90 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$50 copay
Worldwide Emergency/ Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Podiatry	\$45 copay	\$45 copay
Chemotherapy Drugs	20% coinsurance	20% coinsurance
Other Part B Drugs	20% coinsurance	20% coinsurance

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

¹To 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 \$300 deductible and \$10,000 out-of-pocket maximum for services received out-of-network. ² To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Platinum PPO is 30%. There is no deductible and \$8,950 out-of-pocket maximum for services received out-of-network.

HMO Rx and Dental Benefits

Effective January 1, 2023

Prescription Drug Benefits (applies to HMO plans <i>with</i> Part D only)	Select Rx	Preferred Rx	Premium Rx
Initial Coverage Amount	\$4,660	\$4,660	\$4,660
Deductible	\$0	\$0	\$0
Retail Copays During Initial Coverage Period			
Tier 1 - Preferred Generic Drugs	\$5 copay	\$3 copay	\$2 copay
Tier 2 - Generic Drugs	\$20 copay	\$15 copay	\$12 copay
Tier 3 - Preferred Brand Drugs	\$47 copay	\$45 copay	\$45 copay
Tier 4 - Non-Preferred Drugs	\$100 copay	\$95 copay	\$95 copay
Tier 5 - Specialty Drugs	30% coinsurance	31% coinsurance	33% coinsurance
Mail Order Copays	Tiers 1 - 2 are \$0 copay; Tiers 3 - 4 are 2 copays for a 90-day supply		
After Initial Coverage Amount - You Pay			
Preferred Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance
Other Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance
Brand-Name Drugs	25% coinsurance	25% coinsurance	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$7,400	\$7,400	\$7,400
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$4.15 for generic drugs (including brand drugs treated as generic) or \$10.35 for all other drugs		

There is no deductible for BSW SeniorCare Advantage for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a 30-day supply during the deductible and initial coverage phase. BSW SeniorCare Advantage also offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will also be \$35 for a 30-day supply. You pay \$0 for Part D vaccines.

Dental Benefits (for all HMO plans)	
Monthly Premium	Included
Yearly Benefit Maximum	\$2,500
Deductible	\$0
Oral Exams, Cleanings (every 6 months)	\$0
Dental X-rays (every 3 years)	\$0
Extractions and Fillings	50%
Dentures (every 5 years)	50%
Restorative Services (every 2 years)	50%

PPO Rx and Dental Benefits

Effective January 1, 2023

Prescription Drug Benefits	Basic Rx	Platinum Rx
Initial Coverage Amount	\$4,660	\$4,660
Deductible	\$250	\$50
Deductible Applies to:	Tiers 3-5	Tiers 3-5
Retail Copays During Initial Coverage Period		
Tier 1 - Preferred Generic Drugs	\$3 copay	\$2 copay
Tier 2 - Generic Drugs	\$14 copay	\$12 copay
Tier 3 - Preferred Brand Drugs	\$47 copay	\$45 copay
Tier 4 - Non-Preferred Drugs	\$99 copay	\$95 copay
Tier 5 - Specialty Drugs	28% coinsurance	32% coinsurance
Mail Order Copays	Tiers 1 - 2 are \$0 copay; Tiers 3 - 4 are 2 copays for a 90-day supply	
After Initial Coverage Amount - You Pay		
Preferred Generic Drugs	25% coinsurance	25% coinsurance
Other Generic Drugs	25% coinsurance	25% coinsurance
Brand-Name Drugs	25% coinsurance	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$7,400	\$7,400
Catastrophic Coverage Amounts - You Pay	The greater of 5% or \$4.15 for generic drugs (including brand drugs treated as generic) or \$10.35 for all other drugs	

There is no deductible for BSW SeniorCare Advantage for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a 30-day supply during the deductible and initial coverage phase. BSW SeniorCare Advantage also offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will also be \$35 for a 30-day supply. You pay \$0 for Part D vaccines.

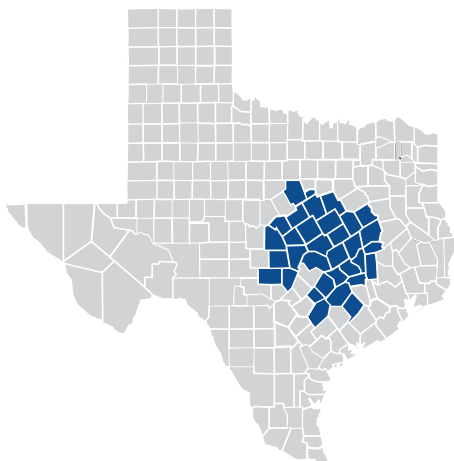
Dental Benefits	Basic	Platinum
Monthly Premium	\$20	Included
Yearly Benefit Maximum	\$2,000	\$2,500
Deductible	\$0	\$0
Oral Exams, Cleanings (every 6 months)	\$0	\$0
Dental X-rays (every 3 years)	\$0	\$0
Extractions and Fillings	50%	50%
Dentures (every 5 years)	50%	50%
Restorative Services (every 2 years)	50%	50%

HMO Supplemental Benefits

Effective January 1, 2023

Supplemental Benefits	Select	Preferred	Premium
Routine Eye Exam (one per year; must use a network provider)	\$0 copay	\$0 copay	\$0 copay
Eyewear (must use a network provider)	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase
Routine Hearing Exam	\$0 copay (one per year)	\$0 copay (one per year)	\$0 copay (unlimited)
Hearing Aids	\$1,000 allowance toward purchase every 3 years	\$1,000 allowance toward purchase every 3 years	\$1,000 allowance toward purchase every 3 years
Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&Fit locations and YMCAs)	\$0 cost	\$0 cost	\$0 cost
Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$50 allowance per quarter in Select Rx plan; \$30 per quarter in Select plan	\$30 per quarter	\$30 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$0 copay	\$0 copay
Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$0 copay	\$0 copay	\$0 copay

HMO Coverage Area



The counties in the Central Texas HMO service area are:

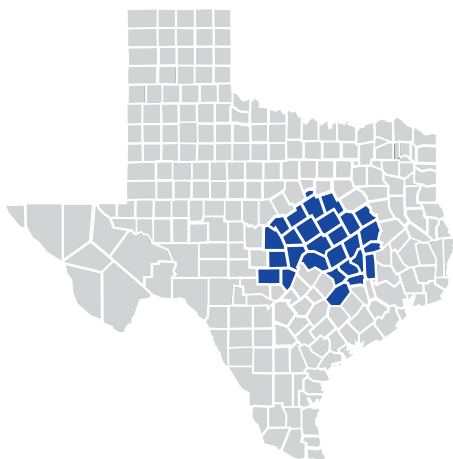
Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Colorado, Coryell, Erath, Falls, Fayette, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington, Williamson

PPO Supplemental Benefits

Effective January 1, 2023

Supplemental Benefits	Basic	Platinum
Routine Eye Exam (one per year; must use a network provider)	\$0 copay	\$0 copay
Eyewear (must use a network provider)	\$125 annual allowance toward purchase	\$125 annual allowance toward purchase
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay
Hearing Aids	\$1,000 allowance toward purchase every 3 years	\$1,000 allowance toward purchase every 3 years
Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&Fit locations and YMCAs)	\$0 cost	\$0 cost

PPO Coverage Area



The counties in the Central Texas PPO service area are:

Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Gillespie, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington, Williamson

Baylor Scott & White Health Plan offers HMO plans as a Medicare Advantage organization through a contract with Medicare. Enrollment in these HMO plans depends on contract renewal with Medicare. Its subsidiary, Baylor Scott & White Insurance Company, offers PPO plans as a Medicare Advantage organization through a contract with Medicare. Enrollment in these PPO plans depends on 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.