



***BSW SeniorCare Advantage (PPO)  
offered by Baylor Scott & White Insurance Company,  
a subsidiary of Baylor Scott & White Health***

## **Annual Notice of Changes for 2025**

You are currently enrolled as a member of BSW SeniorCare Advantage (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don’t join another plan by December 7, 2024, you will stay in BSW SeniorCare Advantage (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with BSW SeniorCare Advantage (PPO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-866-334-3141 for additional information. (TTY users should call 711.) Hours are 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). This call is free.
- This information is available in alternate formats (e.g. large print).
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About BSW SeniorCare Advantage (PPO)

- BSW SeniorCare Advantage PPO is offered by Baylor Scott & White Insurance Company, a Medicare Advantage organization with a Medicare contract and subsidiary

of Baylor Scott & White Health Plan. Enrollment in BSW SeniorCare Advantage depends on contract renewal with Medicare.

- When this document says “we,” “us,” or “our,” it means Baylor Scott & White Health Plan. When it says “plan” or “our plan,” it means BSW SeniorCare Advantage (PPO).

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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for BSW SeniorCare Advantage (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amounts</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$6,400.</p> <p>From network and out-of-network providers combined: \$10,000.</p>	<p>From network providers: \$6,400.</p> <p>From network and out-of-network providers combined: \$10,000.</p>
<p><b>Doctor office visits</b></p>	<p><b><u>In-Network:</u></b></p> <p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$40 copay per visit.</p> <p><b><u>Out-of-Network:</u></b></p> <p>Primary care visits: 35% coinsurance per visit.</p> <p>Specialist visits: 35% coinsurance per visit.</p>	<p><b><u>In-Network:</u></b></p> <p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$35 copay per visit.</p> <p><b><u>Out-of-Network:</u></b></p> <p>Primary care visits: 35% coinsurance per visit</p> <p>Specialist visits: 35% coinsurance per visit.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays</b></p>	<p><b><u>In-Network:</u></b>  <b>Inpatient Acute Maximum</b>  <b>Out-of-Pocket:</b> \$1,950 every stay.</p> <p><b>Inpatient Hospital Stay:</b>  Days 1 - 6: \$325 copay each day.  Days 7 - 90: \$0 copay each day.</p> <p><b>Cost per lifetime reserve day:</b>  Days 1 - 6: \$325 copay for day for Medicare-covered hospital stay.  Days 7 - 60: \$325 copay for day for Medicare-covered hospital stay.</p> <p><b><u>Out-of-Network:</u></b>  35% coinsurance.</p>	<p><b><u>In-Network:</u></b>  <b>Inpatient Acute Maximum</b>  <b>Out-of-Pocket:</b> \$1,920 every stay.</p> <p><b>Inpatient Hospital Stay:</b>  Days 1 - 6: \$320 copay each day per stay.  Days 7 - 90: \$0 copay each day per stay.</p> <p><b>Cost per lifetime reserve day:</b>  Days 1 - 6: \$320 copay per day for each Medicare-covered hospital stay.  Days 7 - 60: \$320 copay per day for each Medicare-covered hospital stay.</p> <p><b><u>Out-of-Network:</u></b>  40% coinsurance.</p>
<p><b>Part D prescription drug coverage</b>  (See Section 1.5 for details.)</p>	<p>Deductible: \$300 (Tiers 3-5) except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5 at a standard network pharmacy or \$0 at a preferred network pharmacy.</li> <li>• Drug Tier 2: \$14 at a standard network pharmacy or \$7 at a preferred network pharmacy.</li> </ul>	<p>Deductible: \$300 (Tiers 3-5) except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$5 at a standard network pharmacy or \$0 at a preferred network pharmacy.</li> <li>• Drug Tier 2: \$14 at a standard network pharmacy or \$7 at a preferred network pharmacy.</li> </ul>

Cost	2024 (this year)	2025 (next year)
<b>Part D prescription drug coverage continued</b>	<ul style="list-style-type: none"> <li>• Drug Tier 3: \$47 at a standard network pharmacy or \$47 at a preferred network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$99 at a standard network pharmacy or \$99 at a preferred network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 28% at a network pharmacy or 28% at a preferred network pharmacy.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 3: \$47 at a standard network pharmacy or \$47 at a preferred network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$99 at a standard network pharmacy or \$99 at a preferred network pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 29% at a network pharmacy or 29% at a preferred network pharmacy.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0  There is no change for the upcoming benefit year.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b>  Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,400	\$6,400  There is no change for the upcoming benefit year.  Once you have paid \$6,400 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.



Cost	2024 (this year)	2025 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$10,000	<p>\$10,000</p> <p>There is no change for the upcoming benefit year.</p> <p>Once you have paid \$10,000 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Pharmacy Directory at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Ambulance Services, Ground</b>	<u><b>In- Network</b></u> Prior Authorization is required.	<u><b>In- Network</b></u> Prior Authorization is no longer required.
<b>Dental Services</b>  <b>Diagnostic and Preventive Dental</b>  <b>Prophylaxis (Cleaning)</b>  <b>Other Diagnostic Dental Services:</b>  <b>Other Preventive Dental:</b> Labs and other tests (e.g. pulp vitality tests and diagnostic casts)  <b>Yearly Benefit Maximum:</b>	<u><b>In- and Out-of-Network</b></u>  Three cleanings every year.  Covered under Comprehensive Dental Services: Non-routine services Up to eight periapical X-rays per visit.  Not covered  \$3,500 for all comprehensive dental services.	<u><b>In- and Out-of-Network</b></u>  One cleaning every six months.  Covered under Diagnostic and Preventive Dental  Periapical X-rays as needed.  \$0 copay for other preventive dental.  \$3,500 for all covered preventive and comprehensive dental services combined.

Cost	2024 (this year)	2025 (next year)
<p data-bbox="203 310 443 380"><b>Dental Services continued</b></p> <p data-bbox="203 420 516 489"><b>Comprehensive Dental Services</b></p> <p data-bbox="235 525 532 558"><b>Non-routine Services:</b></p> <p data-bbox="235 1365 521 1398"><b>Restorative Services:</b></p>	<p data-bbox="618 525 951 674">0% - 50% coinsurance for each non-routine service. One non-routine service every six months.</p> <p data-bbox="618 684 992 833">0% coinsurance for problem-focused urgent or emergent exam and periapical X-rays (problem-focused X-rays).</p> <p data-bbox="618 844 997 1014">Other services rendered, such as fillings, endodontic services, periodontics, and extractions are 50% coinsurance.</p> <p data-bbox="618 1031 992 1171">Problem-Focused exams and periapical X-rays do not count toward the \$3,500 plan maximum.</p> <p data-bbox="618 1188 1000 1329">Other non-routine services such as crowns, implants, and bridges do not count toward the \$3,500 plan maximum.</p> <p data-bbox="618 1365 951 1434">0% - 50% coinsurance for each restorative service.</p> <p data-bbox="618 1470 979 1539">One filling every 24 months covered at 100%.</p> <p data-bbox="618 1587 1003 1656">One set of dentures every five years covered at 100%.</p> <p data-bbox="618 1673 1000 1814">One crown/inlays/onlays/bridges/implants (one per tooth position) every 10 years covered at 50%.</p>	<p data-bbox="1032 525 1369 594">Covered under Diagnostic and Preventive Dental.</p> <p data-bbox="1032 1365 1369 1434">0% - 50% coinsurance for each restorative service.</p> <p data-bbox="1032 1470 1401 1577">One resin or amalgam filling per surface per tooth every 24 months covered at 50%.</p> <p data-bbox="1032 1587 1385 1656">One set of dentures every five years covered at 100%.</p> <p data-bbox="1032 1673 1393 1814">Crowns/inlays/onlays/bridges/implants one per tooth every 10 years covered at 50%.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Dental Services continued</b></p> <p><b>Restorative Services continued:</b></p> <p><b>Endodontics:</b></p> <p><b>Periodontics:</b></p> <p><b>Extractions:</b> Unlimited</p> <p><b>Prosthodontics, removable</b></p>	<p>Dentures and fillings count toward the \$3,500 plan maximum.</p> <p>Crowns/inlays/onlays/bridges /implants count toward the \$3,500 plan maximum.</p> <p>Root canal one per tooth per lifetime.</p> <p>One periodontal surgery every 36 months. Periodontal maintenance up to four times every calendar year. One scaling and root planing every 24 months.</p> <p>\$0 copay for each extraction service.</p> <p>Prosthodontics combined with Prosthodontics, Other oral/Maxillofacial Surgery, Other services. One set of dentures through prosthodontist every five calendar years covered at 100%.</p>	<p>Root canal one per tooth per lifetime. Pulp capping as needed. One pulpal therapy, apexification, and calcification per lifetime per tooth.</p> <p>Periodontal surgery once per quadrant every 36 months. Periodontal maintenance up to two times every calendar year. Scaling and root planing once per quadrant every 24 months.</p> <p>Extractions are now offered under Oral/Maxillofacial Surgery, Other Services.</p> <p>0% - 50% coinsurance for each prosthodontics, removeable service. One set of dentures through prosthodontist every five calendar years covered at 100%. One denture adjustment every six months. One dental rebase or reline every 36 months. One tissue conditioning every 36 months.</p>

Cost	2024 (this year)	2025 (next year)
<p data-bbox="203 310 443 380"><b>Dental Services continued</b></p> <p data-bbox="224 415 456 449"><b>Implant Services</b></p> <p data-bbox="224 716 513 749"><b>Prosthodontics, fixed</b></p> <p data-bbox="224 1255 561 1325"><b>Oral/Maxillofacial Surgery, Other Services:</b></p>	<p data-bbox="615 415 773 449">Not offered.</p> <p data-bbox="615 716 964 854">Prosthodontics combined with Prosthodontics, Other oral/Maxillofacial Surgery, Other services.</p> <p data-bbox="615 869 972 1008">One set of dentures through prosthodontist every five calendar years covered at 100%.</p> <p data-bbox="615 1255 1000 1394">Prosthodontics, Other oral/Maxillofacial Surgery, Other services combined with Prosthodontics.</p> <p data-bbox="615 1409 987 1547">Bridges covered through prosthodontist once every 10 calendar years covered at 50%.</p>	<p data-bbox="1036 415 1377 525">One implant per tooth position every 10 calendar years.</p> <p data-bbox="1036 539 1349 678">One implant repair and supported prosthetic per tooth every 10 calendar years.</p> <p data-bbox="1036 716 1373 825">0% - 50% coinsurance for each prosthodontics, fixed service.</p> <p data-bbox="1036 869 1390 978">One set of dentures every five calendar years covered at 100%.</p> <p data-bbox="1036 993 1344 1062">One denture adjustment every six months.</p> <p data-bbox="1036 1077 1382 1146">One dental rebase or reline every 36 months.</p> <p data-bbox="1036 1161 1341 1230">One tissue conditioning every 36 months.</p> <p data-bbox="1036 1409 1390 1478">Oral surgery for simple and surgical extractions.</p> <p data-bbox="1036 1493 1382 1562">One brush biopsy every 24 months.</p> <p data-bbox="1036 1577 1401 1715">One Alveoloplasty in conjunction with extractions included once per quadrant per lifetime.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Dental Services continued</b></p> <p><b>Adjunctive General Services</b> One consultation and occlusal adjustment every 12 months. General anesthesia and IV sedation, if medically/dentally necessary.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• any other part of the maximum allowed charge for which we do not pay benefits; and</li> <li>• any amount in excess of the maximum allowed charge charged by the out-of-network dentist.</li> </ul>	Not offered.	50% coinsurance for adjunctive general services.

Cost	2024 (this year)	2025 (next year)
<b>Emergency Care</b>	<p><b><u>In- and Out-of-Network</u></b> You pay \$100 copay for each visit for Medicare-covered emergency care services.</p>	<p><b><u>In- and Out-of-Network</u></b> You pay \$120 copay for each visit for Medicare-covered emergency care services.</p>
<b>Hearing Aids</b>	<p><b><u>In- Network</u></b> \$1,000 credit for both ears every three years for hearing aids.</p>	<p><b><u>In- Network</u></b> \$1,100 credit for both ears combined every three years for hearing aids.</p>
<b>Inpatient Hospital Care</b>	<p><b><u>In-Network:</u></b> <b>Inpatient Acute Maximum Out-of-Pocket:</b> \$1,950 every stay.</p> <p><b>Inpatient Hospital Stay:</b> Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.</p> <p>Cost per lifetime reserve day: Days 1 - 6: \$325 copay each day per stay. Days 7 - 60: \$325 copay each per stay.</p> <p><b><u>Out-of-Network:</u></b> 35% coinsurance.</p>	<p><b><u>In-Network:</u></b> <b>Inpatient Acute Maximum Out-of-Pocket:</b> \$1,920 every stay.</p> <p><b>Inpatient Hospital Stay:</b> Days 1 - 6: \$320 copay each day per stay. Days 7 - 90: \$0 copay each day per stay.</p> <p>Cost per lifetime reserve day: Days 1 - 6: \$320 copay per day for each Medicare-covered hospital stay. Days 7 - 60: \$320 copay per day for each Medicare-covered hospital stay.</p> <p><b><u>Out-of-Network:</u></b> 40% coinsurance.</p>

Cost	2024 (this year)	2025 (next year)
<b>Outpatient Diagnostic Radiological Services</b>	<p><b><u>In-Network:</u></b> For Medicare-covered outpatient diagnostic radiology services (such as MRIs), you pay \$75 - \$300 copay.</p>	<p><b><u>In-Network:</u></b> For Medicare-covered outpatient diagnostic radiology services (such as MRIs), you pay \$0 - \$300 copay.</p>
<b>Over-the-Counter Items</b>	<p>Quarterly \$50 allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.</p>	<p>Quarterly \$80 allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.</p>
<b>Physical Therapy and Speech and Language Therapy</b>	<p><b><u>In- Network</u></b> Prior Authorization is required.</p>	<p><b><u>In- Network</u></b> Prior Authorization is no longer required.</p>
<b>Skilled Nursing Facility (SNF) Care</b>	<p><b><u>In-Network:</u></b> For Medicare-covered SNF stays: Days 1 - 20: \$0 copay each day. Days 21 - 100: \$200 copay each day.</p> <p>Plan covers up to 100 days each benefit period. Prior Authorization is required.</p>	<p><b><u>In-Network:</u></b> For Medicare-covered SNF stays: Days 1 - 20: \$0 copay each day. Days 21 - 100: \$214 copay each day.</p> <p>Plan covers up to 100 days each benefit period. Prior Authorization is required.</p>



Cost	2024 (this year)	2025 (next year)
<b>Specialist Office Visit</b>	<p><b><u>In-Network:</u></b> Specialist visits: \$40 copay per visit.</p>	<p><b><u>In-Network:</u></b> Specialist visits: \$35 copay per visit.</p>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are

taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We send you a separate insert, called the *Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by October 1, please call Customer Service and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3, Tier 4, and Tier 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$5 for drugs on Tier 1 at a standard network pharmacy or \$0 for drugs on Tier 1 at a preferred network pharmacy; \$14 for drugs on Tier 2 at a standard network pharmacy or \$7 for Tier 2 at a preferred network pharmacy. You pay the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$5 for drugs on Tier 1 at a standard network pharmacy or \$0 for drugs on Tier 1 at a preferred network pharmacy; \$14 for drugs on Tier 2 at a standard network pharmacy or \$7 for Tier 2 at a preferred network pharmacy. You pay the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1: Preferred Generic:</b>  <i>Standard cost sharing:</i>            You pay \$5 per prescription.  <i>Preferred cost sharing:</i>            You pay \$0 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0.</p>	<p>Your cost for a one-month supply is:</p> <p><b>Tier 1: Preferred Generic:</b>  <i>Standard cost sharing:</i>            You pay \$5 per prescription.  <i>Preferred cost sharing:</i>            You pay \$0 per prescription.</p> <p>Your cost for a one-month mail-order prescription is \$0.</p>

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage continued</b></p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p><b>Tier 2: Generic:</b>  <i>Standard cost sharing:</i>            You pay \$14 per prescription.  <i>Preferred cost sharing:</i>            You pay \$7 per prescription.            Your cost for a one-month mail-order prescription is \$0.</p> <p><b>Tier 3: Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$47 per prescription.  <i>Preferred cost sharing:</i>            You pay \$47 per prescription.            Your cost for a one-month mail-order prescription is \$47.            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4: Non-Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$99 per prescription.  <i>Preferred cost sharing:</i>            You pay \$99 per prescription.            Your cost for a one-month mail-order prescription is \$99.            You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Tier 2: Generic:</b>  <i>Standard cost sharing:</i>            You pay \$14 per prescription.  <i>Preferred cost sharing:</i>            You pay \$7 per prescription. Your cost for a one-month mail-order prescription is \$0.</p> <p><b>Tier 3: Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$47 per prescription.  <i>Preferred cost sharing:</i>            You pay \$47 per prescription.            Your cost for a one-month mail-order prescription is \$47.            You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4: Non-Preferred Brand:</b>  <i>Standard cost sharing:</i>            You pay \$99 per prescription.  <i>Preferred cost sharing:</i>            You pay \$99 per prescription.            Your cost for a one-month mail-order prescription is \$99.            You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage continued</b>	<p><b>Tier 5: Specialty:</b>  <i>Standard cost sharing:</i>            You pay 28% per prescription.  <i>Preferred cost sharing:</i>            You pay 28% per prescription.            Your cost for a one-month mail-order prescription is 28%.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Tier 5: Specialty:</b>  <i>Standard cost sharing:</i>            You pay 29% per prescription.  <i>Preferred cost sharing:</i>            You pay 29% per prescription.            Your cost for a one-month mail-order prescription is 28%.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Pharmacy Benefit Manager</b>	Pharmacy Benefit Manager is Optum Rx.	Pharmacy Benefit Manager is Capital Rx. Optum pharmacies will still be in the pharmacy network for mail order and specialty prescriptions.
<b>Medicare Prescription Payment Plan</b>	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December). To learn more about this payment option, please contact us at 1-833-502-3340. (TTY: 711.) or visit <a href="https://www.Medicare.gov">Medicare.gov</a> .

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in BSW SeniorCare Advantage (PPO)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our BSW SeniorCare Advantage (PPO).

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## Section 3.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2). As a reminder, Baylor Scott & White Health Plan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BSW SeniorCare Advantage (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from BSW SeniorCare Advantage (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Texas Health Information Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health Information Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Texas Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about Texas Health Information Counseling and Advocacy Program (HICAP) by visiting their website (<https://www.hhs.texas.gov/services/health/medicare>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Texas HIV Medication Program (THMP) that helps people pay for prescription



drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call Texas HIV Medication Program (THMP) at 1-800-255-1090. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-334-3141. (TTY only, call 711.) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from BSW SeniorCare Advantage (PPO)

Questions? We're here to help. Please call Customer Service at 1-866-334-3141. (TTY only, call 711.) We are available for phone calls 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). Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for BSW SeniorCare Advantage (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at

[BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare) . You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### Visit our Website

You can also visit our website at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare) . As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.



Multi-Language  
Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-334-3141. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-334-3141. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-334-3141。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-334-3141。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-334-3141. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-334-3141. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-334-3141 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-334-3141. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-334-3141 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-334-3141. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 1-866-334-3141 فوري، ليس عليك سوى الاتصال بنا على

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-334-3141 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-334-3141. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-334-3141. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-334-3141. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-334-3141. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-334-3141 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



## Nondiscrimination Notice

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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](mailto: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 509E, 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>.