

2023

# Enrollment Guide

Medicare Advantage

CovenantHealth  <sup>SM</sup>  
Advantage HMO



offered by



Baylor Scott & White  
Health Plan

This guide highlights the benefits of the **Covenant Health Advantage HMO** plan, offered by Baylor Scott & White Health Plan,\* and provides the information you need to make an informed decision about your Medicare benefits plan.

## Inside this guide

- Introduction/Enrollment Information
- 2023 Summary of Benefits
- Scope of Appointment Form
- Enrollment Application
- Business Reply Mail Envelope

## Contact info

### Sales/licensed insurance agent

**1.833.738.2460** TTY: 711

8 AM - 5 PM Monday - Friday

### Enroll online

**[BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare)**

### Mail completed enrollment applications to:

**Baylor Scott & White Health Plan**

**Attn: Enrollment Department**

**1206 W. Campus Drive**

**Temple, TX 76502**

### Fax completed enrollment applications to:

**1.254.298.3334**

### Customer service

**1.833.442.2405** TTY: 711

7 AM - 8 PM 7 days a week

\*The Covenant Health Advantage HMO plan is offered by Baylor Scott & White Care Plan, a subsidiary of Baylor Scott & White Health Plan.

# Feel secure with the Covenant Health Advantage HMO plan.

**Cost effective.** The **Covenant Health Advantage HMO** plan includes a \$0 monthly premium, affordable copays, and is available with or without prescription drug benefits. The plan with prescription benefits also includes mail order service.

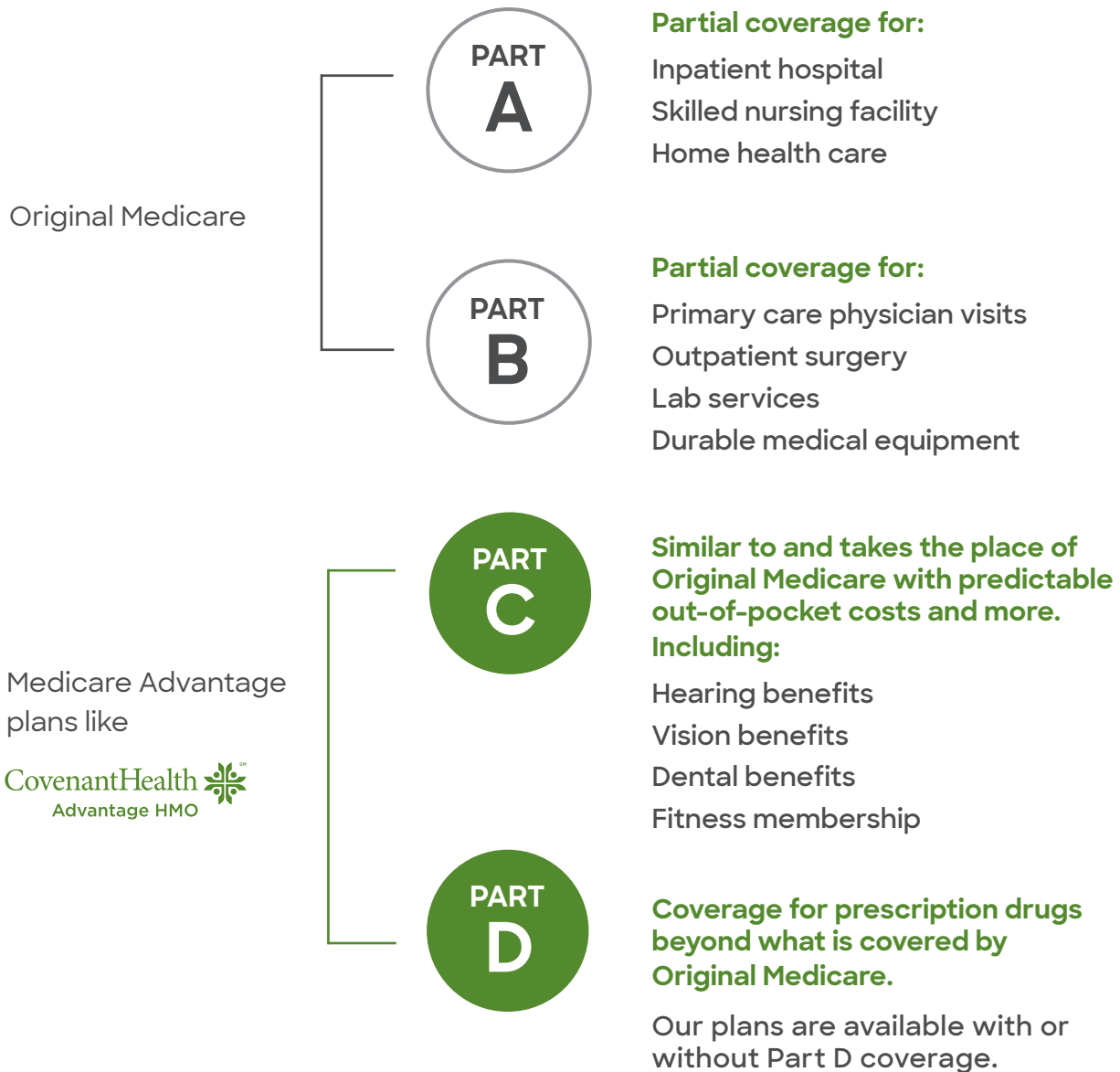
**Convenient.** Access to the **Covenant Health** network consisting of hundreds of physicians and clinics as well as cornerstone hospital facilities across West Texas. Referrals are not required to see network specialists.

**Complete.** **Covenant Health Advantage** not only gives you all the benefits of Original Medicare, like access to doctors and hospitals, but also includes many supplemental benefits to help reduce your out-of-pocket expenses. These benefits include:

- Vision
- Hearing
- Dental
- Routine transportation to approved locations
- Fitness membership
- In-home meals
- Over-the-counter allowance

Speak to a Licensed Insurance Agent **1.833.738.2460/TTY: 711**

# How Medicare works



## How to qualify

- You must live in our service area. Check the map located in the Summary of Benefits to ensure you live within our service area.
- 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.

# Medicare enrollment periods



## IEP

Seven Months

### INITIAL ENROLLMENT PERIOD

You are eligible to enroll in Medicare for the first time during the three months leading up to your 65th birthday, the month of your birthday, and the three months following.



## AEP

Oct 15 to Dec 7

### ANNUAL ENROLLMENT PERIOD

Make changes to your medical and prescription drug coverage.



## OEP

Jan 1 to March 31

### OPEN ENROLLMENT PERIOD

Medicare Advantage enrollees can switch plans or return to Original Medicare.



## SEP

A qualifying event

### SPECIAL ENROLLMENT PERIOD

You can change your coverage after a qualifying event, such as if you move to a different service area or if you lose your current coverage.

## Covenant Health Advantage

Enrolling in a Medicare Advantage plan like **Covenant Health Advantage HMO** can help lower your out-of-pocket healthcare expenses and give you many bonus benefits not available through Original Medicare.

### Is a primary care physician (PCP) required to direct care?

**No.** You do not have to select a PCP to direct your care with **Covenant Health Advantage HMO** plans. You can see a network specialist without a referral.

### How do you know if your provider is in our network?

Before you enroll, ask your local insurance agent about our provider directories or view “Find a Provider” online at [BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare).

### How do you know if your prescriptions are covered?

Ask your local insurance agent or visit [BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare) to view the formulary (drug list) and pharmacy directory.

### Can you get treatment outside the network?

Except for urgent and emergency care, you must get your care and services from providers in the **Covenant Health Advantage** 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.

## Self-service tools help ensure access anywhere, anytime

Using the member portal at [Covenant.BSWHealthPlan.com](https://Covenant.BSWHealthPlan.com), you can access your health insurance information 24 hours a day, seven days a week.

### You can:



- Find a provider
- Take a health risk assessment
- Access a digital copy of your member ID card
- Access plan documents and benefits overview
- View an Explanation of Benefits for your claims
- View claims and payments toward your out-of-pocket maximum

### Virtual care through MDLIVE

We've teamed up with MDLIVE to allow you to visit a doctor, counselor or psychiatrist by phone, tablet or computer. MDLIVE allows you to conveniently access care while staying at home. This telehealth service is provided for \$0 copay for members of the **Covenant Health Advantage HMO** plan.

## 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.

**Vision.** Regular eye exams may do more than help maintain your vision. They may also help detect other serious health issues such as diabetes or high blood pressure.\* Our 2023 plans provide coverage for a routine annual eye exam, plus an annual allowance toward the purchase of contacts, frames and lenses. You must use a network vision provider.

**Dental.** Original Medicare does not cover traditional dental care, but the **Covenant Health Advantage HMO** 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 – to receive benefits. 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](https://www.MetLife.com).

\*American Academy of Ophthalmology, "20 Surprising Health Problems an Eye Exam Can Catch," by Reena Mukamal, April 29, 2022, American Academy of Ophthalmology, [aao.org](https://www.aao.org)"



**Fitness membership.** Your **Covenant Health Advantage HMO** plan includes fitness benefits with the Silver&Fit® program. This program empowers you to help maintain or improve your fitness with classes, digital tools, and healthy aging resources.

**Routine transportation.** **Covenant Health Advantage HMO** plans include routine transportation to approved locations such as medical appointments, physical therapy visits, labs, grocery stores and drug stores.

**In-home meals.** **Covenant Health Advantage HMO** plans include a meal benefit to ease your recovery when you return home from the hospital.

**Over-the-counter (OTC) allowance.** **Covenant Health Advantage HMO** plans feature a quarterly purchase allowance (based on calendar quarter) from participating retailers for eligible over-the-counter items such as bandages, cold and allergy medicines, pain relievers, and more.

**For both Covenant Health Advantage HMO plans (with or without prescription drug coverage), supplemental benefits are included for no additional premium.**

Speak to a Licensed Insurance Agent **1.833.738.2460/TTY: 711**

## Affordable prescriptions

The **Covenant Health Advantage HMO** plan can be purchased with or without prescription drug benefits. The prescription drug deductible is \$0, and copayments are as low as \$5 for Preferred Generic Drugs. Additional requirements or limits on prescription drug coverage include:

- **Prior authorization:** **Covenant Health Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the health plan before you fill your prescriptions.
- **Quantity limits:** Coverage may be limited to how much medication you can get during a specified period of time, typically based on a 30-day period.
- **Step therapy:** This process applies to certain conditions and encourages you to try less costly but equally effective drugs before the plan covers another drug.

## Mail order prescriptions

Mail order service available for maintenance drugs. Tier 1 and Tier 2 prescription drugs are available for a \$0 copay; Tier 3 and Tier 4 prescription drugs are available for two copays rather than three for a 90-day supply.



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

# What to expect after enrollment

## Confirmation

You will receive an Acknowledgment and Confirmation of Enrollment letter within 7 days of enrollment. This is also the confirmation that Medicare has approved your enrollment form. Be sure to continue your current coverage until your **Covenant Health Advantage HMO** plan becomes effective.

## A welcome call

Within 30 days of enrollment, you will receive a phone call from our member engagement team to welcome you and answer any questions you may have.

## Your member ID card

Within 7-10 business days of your enrollment, you will receive your member ID card. Use your member ID card to access benefits.

## A new member kit

After enrollment confirmation, your New Member Kit will be sent to you. This kit will include your Benefits of Membership Guide that provides details about your coverage, a Health Risk Assessment (HRA), important plan contact information, and more.

## An over-the-counter allowance card

You will receive your over-the-counter allowance card in the mail within 30 days of enrollment. To activate the card, call the number provided in the card packet. Then it will be ready to use.

## Extra help

If you qualify for “Extra Help,” you will receive information regarding Low Income Subsidy within 7 days of verified enrollment.

# Three simple ways to enroll

## 1. Enroll online. [BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare)

This is a secure website, so any information you provide is kept confidential.

## 2. Enroll by phone. **1.833.738.2460**/TTY: 711

8 AM – 5 PM Monday – Friday

## 3. Fill out an application. *(included within this guide)*

- Select your plan choice at the top of the form.
- Provide information from your Medicare card as requested on the form. DO NOT send your Medicare card to us.
- Sign and date the enrollment form. Your signature is required to process your enrollment request.
- Return your application in one of three ways:

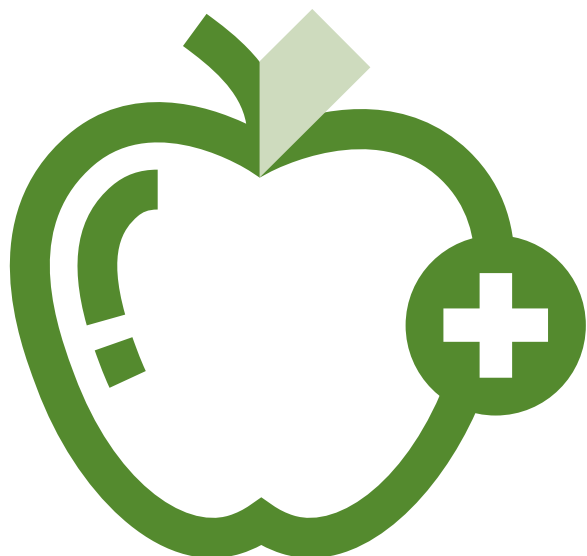
 **Email:** [MedicareEnrollment@BSWHealth.org](mailto:MedicareEnrollment@BSWHealth.org)

 **Mail:** Place each page of the completed and signed enrollment form into the postage-paid return envelope included in this guide.

 **Fax:** 1.254.298.3334

Refer to Page 2 in this guide for information on how to qualify for the Covenant Health Advantage HMO plan.

Medicare beneficiaries may also enroll in a **Covenant Health Advantage HMO** plan through the CMS Medicare Online Enrollment Center located at [medicare.gov](https://www.medicare.gov).



# Summary of Benefits

CovenantHealth <sup>SM</sup>  
Advantage HMO

offered by  
 Baylor Scott & White  
Health Plan

**This is a summary of drug and health services covered in the  
Covenant Health Advantage HMO plan, offered by  
Baylor Scott & White Care Plan,  
a subsidiary Baylor Scott & White Health Plan.**

**Summary of Benefits**

**January 1, 2023 - December 31, 2023**

Covenant Health Advantage HMO is offered by Baylor Scott & White Care Plan, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. Enrollment in Covenant Health Advantage HMO depends on contract renewal with Medicare.

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare) by October 15, 2022.

**Tips for comparing your Medicare choices**

This Summary of Benefits gives you a summary of what Covenant Health Advantage HMO covers and what you pay.

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

**Things to know about Covenant Health Advantage HMO**

- If you are a member of this plan, you can call us toll free at 1-833-442-2405 or TTY 711, 7 a.m. – 8 p.m., seven days a week (including major holidays).
- If you are not a member of this plan, you can call us toll free at 1-833-738-2460 or TTY 711, 8 a.m. – 8 p.m., Monday – Friday.
- Our website: [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare)

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

**Who can join?**

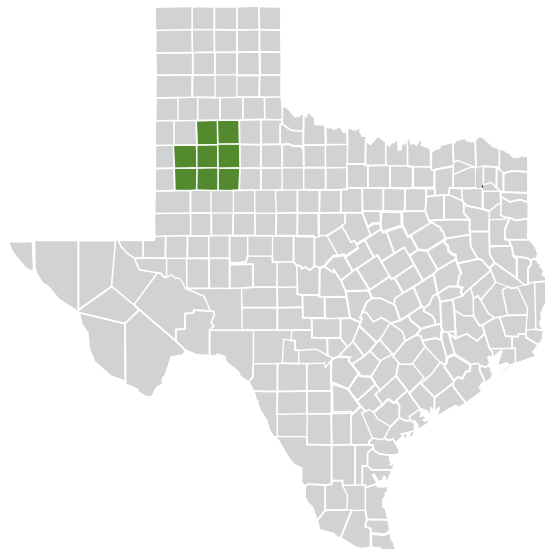
To join Covenant Health Advantage HMO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, Terry.

# What is the service area for West Texas Covenant Health Advantage HMO?

	Hale	Floyd
Hockley	Lubbock	Crosby
Terry	Lynn	Garza

The counties in the service area are listed below.

Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, Terry



## **Which doctors and hospitals, and pharmacies can I use?**

Covenant Health Advantage HMO has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at [BSWHealthPlan.com/Medicare](https://www.BSWHealthPlan.com/Medicare). You must use network providers and pharmacies for covered services, unless authorized by the Plan.

## **What do we cover?**

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

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

Covenant Health Advantage HMO covers Medicare Part B and Part D drugs. Certain limitations may apply.

## **How will I determine my drug costs?**

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [BSWHealthPlan.com/Medicare](https://www.BSWHealthPlan.com/Medicare).



<b>Premiums and Benefits</b>	<b>Covenant Health Advantage Rx HMO</b> With Part D prescription drug coverage	<b>Covenant Health Advantage HMO</b> Without Part D prescription drug coverage
<b>Monthly Plan Premium</b>  You must continue to pay your Medicare Part B premium.	You pay \$0 per month.	You pay \$0 per month.  Covenant Health Advantage (HMO) without Part D prescription drug coverage pays \$50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about social security, please contact Social Security or go to <a href="http://SSA.gov">SSA.gov</a> for more information.
<b>Deductible</b>	You pay \$0.	You pay \$0.
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	You pay \$6,000 annually.	You pay \$5,900 annually.
<b>Inpatient Hospital*</b>	Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.	Days 1 - 6: \$325 copay each day. Days 7 - 90: \$0 copay each day.
<b>Outpatient Hospital*</b>  Ambulatory Surgery Center  Outpatient Hospital Services	You pay \$250 copay per visit.  You pay \$325 copay per visit.	You pay \$250 copay per visit.  You pay \$325 copay per visit.
<b>Doctor Visits</b>  Primary Care Providers  Specialists	You pay \$0 copay per visit.  You pay \$25 copay per visit.	You pay \$0 copay per visit.  You pay \$25 copay per visit.
<b>Preventive Care</b>	You pay \$0 copay.	You pay \$0 copay.

**\*Prior Authorization is required.**

<b>Premiums and Benefits</b>	<b>Covenant Health Advantage Rx HMO</b> With Part D prescription drug coverage	<b>Covenant Health Advantage HMO</b> Without Part D prescription drug coverage
<b>Emergency Care</b>	You pay \$90 copay per visit.  If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$90 copay per visit.  If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
<b>Urgently Needed Services</b>	You pay \$50 copay per visit.  If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$50 copay per visit.  If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.
<b>Diagnostic Services/Labs/Imaging*</b>  Diagnostic Tests and Procedures  Lab Services  Diagnostic Radiology Services (e.g. MRI, CAT Scan)  Outpatient X-rays	You pay \$0 copay.  You pay \$0 copay.  You pay \$75 - \$300 copay per visit.  You pay \$0 copay.	You pay \$0 copay.  You pay \$0 copay.  You pay \$75 - \$300 copay per visit.  You pay \$0 copay.
<b>Hearing Services</b>  Medicare-covered Hearing Exam  Routine Hearing Exam	You pay \$40 copay for Medicare-covered hearing exam.  You pay \$0 copay. Limited to 1 visit every year.	You pay \$40 copay for Medicare-covered hearing exam.  You pay \$0 copay. Limited to 1 visit every year.

**\*Prior Authorization is required.**

Premiums and Benefits	Covenant Health Advantage Rx HMO With Part D prescription drug coverage	Covenant Health Advantage HMO Without Part D prescription drug coverage
<p><b>Hearing Services</b> (continued)</p> <p>Hearing Aids</p>	<p>\$1,000 allowance toward the purchase of hearing aids every three years.</p>	<p>\$1,000 allowance toward the purchase of hearing aids every three years.</p>
<p><b>Dental Services</b></p> <p>Yearly Benefit Maximum</p> <p>Deductible</p> <p>Oral Exams, Cleanings (every six months)</p> <p>Dental X-rays (certain X-rays every three years)</p> <p>Endodontics (one root canal one per lifetime)</p> <p>Extractions and Fillings (unlimited)</p> <p>Periodontics (every three years)</p> <p>Restorative Dental (dentures once every five years)</p> <p>Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (Every five years. Dentures through prosthodontist once every five years.)</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>\$2,500</p> <p>You pay \$0.</p> <p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p>	<p>\$2,500</p> <p>You pay \$0.</p> <p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p> <p>You pay 50% coinsurance.</p>

**\*Prior Authorization is required.**

<b>Premiums and Benefits</b>	<b>Covenant Health Advantage Rx HMO</b> With Part D prescription drug coverage	<b>Covenant Health Advantage HMO</b> Without Part D prescription drug coverage
<b>Vision Services</b>  Eyewear  Routine Eye Exam	\$125 allowance toward the purchase of eyewear every year.  You pay \$0 copay for one routine eye exam per year.	\$125 allowance toward the purchase of eyewear every year.  You pay \$0 copay for one routine eye exam per year.
<b>Mental Health Services</b>  Inpatient Visit*  Outpatient Individual or Group Therapy Visit	Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.  You pay \$30 copay.	Days 1 - 5: \$318 copay each day. Days 6 - 90: \$0 copay each day.  You pay \$30 copay.
<b>Skilled Nursing Facility (SNF) Care*</b>	Days 1 - 20: \$0 copay each day. Days 21 - 100: \$196 copay each day.	Days 1 - 20: \$0 copay each day. Days 21 - 100: \$196 copay each day.
<b>Physical Therapy</b>  Occupational therapy visit  Physical therapy and speech and language therapy visit*	You pay \$35 copay.  You pay \$35 copay.	You pay \$35 copay.  You pay \$35 copay.
<b>Ambulance Services</b>  Ground Ambulance  Air Ambulance	You pay \$300 copay.  You pay \$300 copay.	You pay \$265 copay.  You pay \$265 copay.
<b>Transportation (additional routine)</b>	You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.	You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.

**\*Prior Authorization is required.**

<b>Premiums and Benefits</b>	<b>Covenant Health Advantage Rx HMO</b> With Part D prescription drug coverage	<b>Covenant Health Advantage HMO</b> Without Part D prescription drug coverage
<p><b>Medicare Part B Prescription Drugs</b></p> <p><b>Chemotherapy Drugs</b> Prior Authorization may be required. Step Therapy may be required.</p> <p><b>Other Part B Drugs</b> Prior Authorization may be required. Step Therapy may be required.</p>	<p>You pay 20% coinsurance.</p> <p>You pay 20% coinsurance.</p>	<p>You pay 20% coinsurance.</p> <p>You pay 20% coinsurance.</p>
<p><b>Wellness Program (e.g. fitness)</b></p>	<p>Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.</p>	<p>Silver and Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.</p>
<p><b>Home Health Care*</b></p>	<p>You pay \$0 copay.</p>	<p>You pay \$0 copay.</p>
<p><b>Foot Care (Podiatry Services)</b></p> <p>Medicare-covered foot exams and treatment.</p>	<p>You pay \$40 copay.</p>	<p>You pay \$40 copay.</p>
<p><b>Telehealth Services – PCP, Specialist, and Individual or Group Sessions for Psychiatric Services.</b></p>	<p>You pay \$0 copay.</p>	<p>You pay \$0 copay.</p>
<p><b>Opioid Treatment Service*</b></p>	<p>You pay \$45 copay.</p>	<p>You pay \$45 copay.</p>
<p><b>Meal Benefit</b></p>	<p>You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.</p>	<p>You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.</p>
<p><b>Over-the-Counter Items</b></p>	<p>Quarterly \$50 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.</p>	<p>Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.</p>

**\*Prior Authorization is required.**

Premiums and Benefits	Covenant Health Advantage Rx HMO With Part D prescription drug coverage	Covenant Health Advantage HMO Without Part D prescription drug coverage
<b>Worldwide Emergency/Urgent Services</b> Emergency Care Urgent Care Emergency/Urgent Transportation Yearly Benefit Max	You pay \$0 copay. You pay \$0 copay. You pay \$0 copay. \$5,000 maximum plan benefit coverage amount.	You pay \$0 copay. You pay \$0 copay. You pay \$0 copay. \$5,000 maximum plan benefit coverage amount.

**\*Prior Authorization is required .**

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

**Referrals and Authorizations**

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at [BSWHealthPlan.com/Medicare](http://BSWHealthPlan.com/Medicare) by October 15, 2022.

<b>Outpatient Prescription Drugs</b>		
	<b>Covenant Health Advantage Rx HMO</b>	
<b>Deductible</b>	\$0 Applies to Tiers 1 – 5.	
<b>Initial Coverage</b> (after you pay your deductible, if applicable)	<p>You stay in this stage until your yearly drug costs total \$4,660. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30- or 90-day supply).</p>	
	<b>Standard Retail 30-Day Supply</b>	<b>Mail Order 90-Day Supply</b>
<b>Tier 1</b> (Preferred Generic)	You pay \$5.	You pay \$0.
<b>Tier 2</b> (Generic)	You pay \$20.	You pay \$0.
<b>Tier 3</b> (Preferred Brand)	You pay \$47. Select Insulins for a \$35 copayment.	You pay \$94. Select Insulins for a \$70 copayment.
<b>Tier 4</b> (Non-Preferred)	You pay \$100.	You pay \$200.
<b>Tier 5</b> (Specialty)	You pay 30% of the cost.	Not Available
<b>Part D Senior Savings Model</b>	<p>There is no deductible for Covenant Health Advantage Rx HMO for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a one-month supply during the deductible and initial coverage stage. Covenant Health Advantage Rx HMO 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 one-month supply. Select Insulins are Tier 3 medications and can be identified by the abbreviation “SI” in the Drug List.</p>	
<b>Coverage Gap</b>	<p>After your total drug costs (including what our plan has paid and what you have paid) reach \$4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs.</p>	
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$4.15 copayment for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.</li> </ul>	

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

### **Information on Your Prescription Benefit**

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-833-442-2405, 7 a.m. – 8 p.m., seven days a week.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online.



## **Pre-Enrollment Checklist**

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-833-442-2405 (TTY: 711) from 7 a.m. to 8 p.m. seven days a week.

### **Understand the Benefits**

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [BSWHealthPlan.com/Medicare](https://www.BSWHealthPlan.com/Medicare) or call 1-833-442-2405 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### **Understand Important Rules**

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



CovenantHealth  <sup>SM</sup> | offered by  
BaylorScott&White  
Health Plan 

Covenant Health Advantage HMO is offered by Baylor Scott & White Care Plan, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. Enrollment in Covenant Health Advantage HMO depends on contract renewal with Medicare.

You must continue to pay your Medicare Part B premium.

**SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM**



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

Please initial below which type of product(s) you want the agent to discuss.
<input type="checkbox"/> Medicare Advantage Plans with Part D Prescription Drug Plans
<input type="checkbox"/> Medicare Advantage Plans without Part D Prescription Drug Plans
<input type="checkbox"/> Optional Supplemental Dental Insurance Plan
<input type="checkbox"/>

**Beneficiary or Authorized Representative signature, phone number and signature date:**

_____ (_____) _____		
Signature	Phone Number	Signature Date

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

_____	_____
Representative's Name ( <i>printed</i> )	Your Relationship to the Beneficiary

**To be completed by Agent:**

_____	_____
Beneficiary Name	Beneficiary Phone
_____	
Beneficiary Address	
_____	
Initial Method of Contact (indicate if beneficiary was a walk-in)	
_____	
Where the walk-in took place (i.e., agent's office)	
_____	
Plan(s) the agent represented during this meeting	
_____	
_____	_____
Agent Name	Agent Phone
_____	
_____	_____
Date Appointment Completed	Agent Writing # or NPN
_____	
Agent Signature	

**Plan Use Only**  
**Scope of Appointment (SOA) documentation is subject to CMS record retention requirements.**  
Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

## SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



### Plan Descriptions

#### Medicare Advantage Plans with Part D Prescription Drug Plans

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

#### Medicare Advantage Plans without Part D Prescription Drug Plans

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

#### Optional Supplemental Dental Plan

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

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

Baylor Scott & White Health Plan offers BSW SeniorCare Advantage HMO plans as a Medicare Advantage (MA) organization through a contract with Medicare. Baylor Scott & White Care Plan offers Covenant Health Advantage HMO plans as an 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.

**SCOPE OF SALES APPOINTMENT  
CONFIRMATION FORM**



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

Please initial below which type of product(s) you want the agent to discuss.	
_____	Medicare Advantage Plans with Part D Prescription Drug Plans
_____	Medicare Advantage Plans without Part D Prescription Drug Plans
_____	Optional Supplemental Dental Insurance Plan
_____	

**Beneficiary or Authorized Representative signature, phone number and signature date:**

_____ (____)	_____	_____
Signature	Phone Number	Signature Date

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

_____	_____
Representative's Name ( <i>printed</i> )	Your Relationship to the Beneficiary

**To be completed by Agent:**

_____	_____
Beneficiary Name	Beneficiary Phone
_____	
Beneficiary Address	
_____	
Initial Method of Contact (indicate if beneficiary was a walk-in)	
_____	
Where the walk-in took place (i.e., agent's office)	
_____	
Plan(s) the agent represented during this meeting	
_____	
_____	_____
Agent Name	Agent Phone
_____	
_____	_____
Date Appointment Completed	Agent Writing # or NPN
_____	
Agent Signature	

**Plan Use Only**

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

Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

## SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



### Plan Descriptions

#### Medicare Advantage Plans with Part D Prescription Drug Plans

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

#### Medicare Advantage Plans without Part D Prescription Drug Plans

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

#### Optional Supplemental Dental Plan

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

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

Baylor Scott & White Health Plan offers BSW SeniorCare Advantage HMO plans as a Medicare Advantage (MA) organization through a contract with Medicare. Baylor Scott & White Care Plan offers Covenant Health Advantage HMO plans as an 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.

## INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN

### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

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

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

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

### When do I use this form?

You can join a plan:

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

Visit Medicare.gov to learn more about when you can sign up for a plan.

### What do I need to complete this form?

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

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

### Reminders:

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

### What happens next?

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

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

### How do I get help with this form?

Call Baylor Scott & White Health Plan at 1-833-738-2460. TTY users can call 711.

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

**En español:** Llame a Baylor Scott & White Health Plan al 1-833-738-2460/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

### Individuals experiencing homelessness

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

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

#### IMPORTANT

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







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

Select the plan you want to join:

**Without Prescription Drugs**

Covenant Health Advantage HMO \$0

**With Prescription Drugs**

Covenant Health Advantage Rx HMO \$0

FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_ Optional: Middle Initial: \_\_\_\_\_

Birth Date: (MM/DD/YYYY)  
( / / )

Sex:  Male  Female

Phone Number:  
( )

Permanent residence street address (Don't enter a PO Box):

City: \_\_\_\_\_ Optional: County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address, if different from your permanent address (PO Box allowed)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Your Medicare information:**

**Medicare Number:** \_\_\_\_\_

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to

Covenant Health Advantage?  Yes  No

Name of other coverage: \_\_\_\_\_ Member number for this coverage: \_\_\_\_\_ Group number for this coverage: \_\_\_\_\_

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Covenant Health Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Covenant Health Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Covenant Health Advantage coverage begins, I must get all of my medical and prescription drug benefits from Covenant Health Advantage. Benefits and services provided by Covenant Health Advantage and contained in my Covenant Health Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Covenant Health Advantage will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

If you're the authorized representative, sign above and fill out these fields:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to enrollee: \_\_\_\_\_



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 2 - All fields on this page are optional**

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer.**

What's your race? Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- I choose not to answer.**

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

- Spanish

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

- Large print

Please contact Baylor Scott & White Health Plan at 1-833-442-2405 if you need information in an accessible format other than what's listed above. Our office hours are 7 AM to 8 PM seven days a week. TTY users can call 711.

Do you work?  Yes  No

Does your spouse work?  Yes  No

List your Primary Care Physician (PCP), clinic, or health center:



Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Section 2 - Continued

#### Paying your plan premiums (if applicable)

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

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

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_ Bank account number: \_\_\_\_\_

Account type:  Checking  Savings

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

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

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

#### Office Use Only:

Agent Name: \_\_\_\_\_ NPN: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Period:**  IEP  AEP  SEP (type): \_\_\_\_\_  Not Eligible

Effective Date of Coverage: \_\_\_\_\_

#### PRIVACY ACT STATEMENT

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



Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)\_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)\_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (insert date)\_\_\_\_\_.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) ) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)\_\_\_\_\_.
- I recently left a PACE program on (insert date)\_\_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)\_\_\_\_\_.
- I am leaving employer or union coverage on (insert date)\_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)\_\_\_\_\_.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)\_\_\_\_\_.
- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency [FEMA]) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Baylor Scott & White Health Plan at 1-833-738-2460 (TTY users should call 711 ) to see if you are eligible to enroll. We are open Monday through Friday, 8 AM - 5 PM.





## INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN

### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

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

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

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

### When do I use this form?

You can join a plan:

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

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

### What do I need to complete this form?

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

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

### Reminders:

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

### What happens next?

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

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

### How do I get help with this form?

Call Baylor Scott & White Health Plan at 1-833-738-2460. TTY users can call 711.

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

**En español:** Llame a Baylor Scott & White Health Plan al 1-833-738-2460/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

### Individuals experiencing homelessness

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

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

#### IMPORTANT

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

Select the plan you want to join:

**Without Prescription Drugs**

Covenant Health Advantage HMO \$0

**With Prescription Drugs**

Covenant Health Advantage Rx HMO \$0

FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_ Optional: Middle Initial: \_\_\_\_\_

Birth Date: (MM/DD/YYYY) ( / / ) Sex:  Male  Female Phone Number: ( )

Permanent residence street address (Don't enter a PO Box): \_\_\_\_\_

City: \_\_\_\_\_ Optional: County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address, if different from your permanent address (PO Box allowed)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Your Medicare information:**

**Medicare Number:** \_\_\_\_\_

**Answer these important questions:**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Covenant Health Advantage?  Yes  No

Name of other coverage: \_\_\_\_\_ Member number for this coverage: \_\_\_\_\_ Group number for this coverage: \_\_\_\_\_

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Covenant Health Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that Covenant Health Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Covenant Health Advantage coverage begins, I must get all of my medical and prescription drug benefits from Covenant Health Advantage. Benefits and services provided by Covenant Health Advantage and contained in my Covenant Health Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Covenant Health Advantage will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

If you're the authorized representative, sign above and fill out these fields:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 2 - All fields on this page are optional

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin   | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican                                  | <input type="checkbox"/> Yes, Cuban                                |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin |  |
| <input type="checkbox"/> <b>I choose not to answer.</b>                     |  |

What's your race? Select all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Guamanian or Chamorro     |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Native Hawaiian           |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                  |  |
| <input type="checkbox"/> <b>I choose not to answer.</b>   |   |  |

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

- Spanish

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

- Large print

Please contact Baylor Scott & White Health Plan at 1-833-442-2405 if you need information in an accessible format other than what's listed above. Our office hours are 7 AM to 8 PM seven days a week. TTY users can call 711.

Do you work?  Yes  No

Does your spouse work?  Yes  No

List your Primary Care Physician (PCP), clinic, or health center:



Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 - Continued

### Paying your plan premiums (if applicable)

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

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

Account holder name: \_\_\_\_\_

Bank routing number: \_\_\_\_\_ Bank account number: \_\_\_\_\_

Account type:  Checking  Savings

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

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

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

#### Office Use Only:

Agent Name: \_\_\_\_\_ NPN: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Period:**  IEP  AEP  SEP (type): \_\_\_\_\_  Not Eligible

Effective Date of Coverage: \_\_\_\_\_

#### PRIVACY ACT STATEMENT

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





Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date)\_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date)\_\_\_\_\_.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)\_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status on (insert date)\_\_\_\_\_.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)\_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)\_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) ) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)\_\_\_\_\_.
- I recently left a PACE program on (insert date)\_\_\_\_\_.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)\_\_\_\_\_.
- I am leaving employer or union coverage on (insert date)\_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)\_\_\_\_\_.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)\_\_\_\_\_.
- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency [FEMA]) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Baylor Scott & White Health Plan at 1-833-738-2460 (TTY users should call 711 ) to see if you are eligible to enroll. We are open Monday through Friday, 8 AM - 5 PM.

# NOTES



## Our mission

Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.



Learn more today!

[MyBSWMedicare.com](https://www.MyBSWMedicare.com)

CovenantHealth<sup>SM</sup>  
Advantage HMO



offered by  
BaylorScott&White  
Health Plan



Covenant Health Advantage HMO is offered by Baylor Scott & White Care Plan, a Medicare Advantage organization with a Medicare contract and subsidiary of Baylor Scott & White Health Plan. Enrollment in Covenant Health Advantage HMO 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.