



West Texas

2023 Plan Comparison

Medicare Advantage

CovenantHealth 
Advantage HMO

offered by
 Baylor Scott & White
Health Plan

HMO Medical Plan Benefits

Effective January 1, 2023

Medical Plan Benefits*	HMO**	HMO Rx
Monthly Premium	\$0	\$0
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$5,900	\$6,000
Annual Physical Exam	\$0 copay	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay	\$25 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0-\$75 copay	\$0-\$75 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$300 copay	\$300 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$35 copay
Inpatient Hospital	Days 1-6: \$325/day Days 7-90: \$0/day	Days 1-6: \$325/day Days 7-90: \$0/day
Inpatient Mental Health	Days 1-5: \$318/day Days 6-90: \$0/day	Days 1-5: \$318/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$196/day	Days 1-20: \$0/day Days 21-100: \$196/day
Outpatient Surgery (facility)	\$325 copay	\$325 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$250 copay
Ambulance	\$265 copay	\$300 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$90 copay	\$90 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Podiatry	\$40 copay	\$40 copay
Chemotherapy Drugs	20% coinsurance	20% coinsurance
Other Part B Drugs	20% coinsurance	20% coinsurance

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

** Covenant Health Advantage HMO (without Part D) pays \$50 toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to [SSA.gov](https://www.ssa.gov) for more information. If you have Part D prescription drug coverage through another carrier, your drug coverage will end when your new Covenant Health Advantage plan starts. Medicare Advantage plans do not allow members to have medical coverage and prescription drug coverage through two different Medicare Advantage plans. (Stand-alone prescription drug plans (PDPs) are considered Medicare Advantage plans.) If you enroll in a Covenant Health Advantage medical plan without prescription drug coverage, you may owe a late enrollment penalty if you try to sign up for prescription drug coverage later.

HMO Rx and Dental Benefits

Effective January 1, 2023

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

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

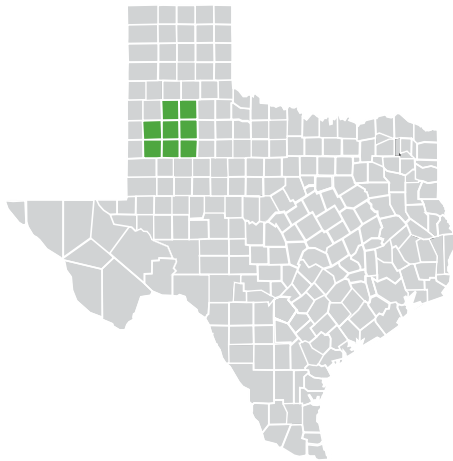
Dental Benefits (for both HMO plans)	
Monthly Premium	Included
Yearly Benefit Maximum	\$2,500
Deductible	\$0
Oral Exams, Cleanings (every 6 months)	\$0
Dental X-rays (every 3 years)	\$0
Extractions and Fillings	50%
Dentures (every 5 years)	50%
Restorative Services (every 2 years)	50%

HMO Supplemental Benefits

Effective January 1, 2023

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

HMO Coverage Area



The counties in the West Texas HMO service area are:

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

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.