2024 Benefits of Membership
We are glad to have you as a member

These days, many health plans compete for your membership, and we’re glad you chose Baylor Scott & White Health Plan. With affordable copays, no referrals required to see a specialist and access to the Covenant Health Advantage network, Baylor Scott & White Health Plan is the right choice for your healthcare needs. The Covenant Health Advantage network consists of hundreds of physicians and clinics as well as cornerstone hospital facilities across West Texas.

This guide provides contact information you may need throughout your journey with us, and shares helpful tips on how to manage your benefits and your healthcare experience.

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.
How your plan works

As a Covenant Health Advantage member, you have hundreds of in-network providers to choose from in the Covenant Health network. You do not have to select a primary care physician (PCP) to direct your care. You can see an in-network specialist without a referral anytime.

Except for urgent and emergency care, you must get your care and services from in-network providers. If you choose to get non-emergency or non-urgent services out-of-network, you will be responsible for payment of all out-of-network charges.

You can find in-network doctors, specialists, hospitals and other providers online through BSWHealthPlan.com/FindProvider or by calling Customer Service.

Ready to help:
Call a customer advocate for answers to benefits questions, claims inquiries, and assistance in locating providers and using online tools and resources.
1.833.442.2405 (TTY: 711)

You can see an in-network specialist without a referral.*

Preventive care is covered at 100%

Preventive services are covered at 100% (no copay) when you use in-network providers for services such as:

- Annual wellness visits
- Cancer screenings
- Immunizations

For a complete list of covered preventive services, refer to your plan’s Evidence of Coverage at BSWHealthPlan.com/Medicare and select Find Your Plan Information.

Where to go for care

Choosing the right option for your condition can save you time and money.

VIRTUAL CARE – $0 COPAY*
Using your mobile device or computer
For conditions like acne, allergies, bladder infection, cold, flu, pink eye, quitting tobacco, sinus infection, stomach problems or yeast infections.

PRIMARY CARE DOCTOR
Another choice for care when it’s not an emergency
For conditions like asthma, diabetes management, earache, high blood pressure, headaches, preventive health, sprains, etc.

WALK-IN CLINICS
Same-day appointments when your doctor is not available; includes select primary care clinics and some pharmacy locations
For conditions like asthma, bladder infection, ear or sinus pain, flu, sore throat or sprains.

URGENT CARE
Needs immediate attention but is not life-threatening, or an appointment is not available with your doctor
For conditions like back pain, bladder infection, earache, minor burns, minor eye injuries, minor cuts that may need stitches, sore throat or sprains.

EMERGENCY ROOM
Any condition you believe to be life-threatening
For conditions like chest pain, deep cuts or wounds, difficulty breathing, poisoning, overdoses and suicidal behavior, abdominal pain, coughing or vomiting blood, severe burns, severe head injuries, sudden loss of balance, vision change, facial droop, arm or leg weakness.

Need help finding a doctor, urgent care, walk-in clinic or emergency room near you? Contact Customer Service by phone at 1.833.442.2405 (TTY 711). You can also visit BSWHealthPlan.com/FindProvider.
For your health and safety, some prescription drugs may have additional requirements or limits on coverage, including:

- **Prior Authorization:** Covenant Health Advantage HMO requires you or your physician to get prior authorization for certain drugs. This means 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.

**Affordable prescriptions**

If your plan includes prescription drug benefits, simply present your member ID card at a network pharmacy when you need to fill a prescription. Mail order service is also available. Mail order copays for 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.

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**Our mail order prescription tools**

At BSHealthPlan.com/Medicare, you can locate network pharmacies, or log in to the member portal to:

- Compare medication prices at different pharmacies
- Find drug prices and lower-cost alternatives
- Manage medication reminders
- View real-time benefits and claims history

Getting your prescription medications delivered to your home is reliable, simple and cost-efficient. You’ll benefit from:

- Three-month supplies of your medications with the option of automatic refills
- Free standard shipping
- Telephone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders to take or refill your medications

**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.

**Self-service tools ensure access anywhere, anytime**

Using the member portal at Covenant.BSWHealthPlan.com, you can access your health insurance information 24 hours a day, seven days a week.

You can:

- Find a provider
- Access a digital copy of your member ID card
- Access plan documents and benefits overview
- See a copy of your Explanation of Benefits
- View claims and payments toward your out-of-pocket maximum

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Vision care

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 plans provide coverage for a routine annual exam, plus an annual allowance toward the purchase of contacts, frames and lenses. You must use a network vision provider. Find a provider at BSWHealthPlan.com/FindProvider.

Hearing care

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. Refer to the Evidence of Coverage for details. Find a provider at BSWHealthPlan.com/FindProvider.

Dental care

Our Covenant Health Advantage HMO plans include dental benefits through MetLife for no additional premium. Coverage includes things like exams, cleanings, X-rays, extractions and fillings, restorative services and even dentures. Refer to the Evidence of Coverage for complete details, including limitations and exclusions.

MetLife’s Preferred Dentist Program is a dental PPO plan. You can visit any licensed dentist – in or out of the MetLife PDP Plus network – and 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.

Over-the-Counter (OTC) allowance

Covenant Health Advantage HMO plans feature a quarterly purchase allowance (based on calendar quarter) from participating retailers to purchase eligible over-the-counter items, such as bandages, cold and allergy medicines, pain relievers, and more. Members will receive a mailing for the OTC Network with a card and instructions for setting up an account to view available items and for making purchases. Participating retailers include: Albertsons, CVS, Discount Drug Mart, Dollar General, Family Dollar, HEB, Kroger, Walmart, Walgreens and other independent pharmacy locations.

Note: CVS Pharmacies at Target do not accept OTC Network cards. Unused amounts do not roll over from quarter to quarter or to next year.


Dental insurance policies are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.
2024 Covenant Health Advantage HMO plans include a fitness membership at no additional cost.

National Network of Fitness Centers
Join a participating fitness center or select YMCA, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences, for a buy-up price.*

Home Fitness Kits
Pick your favorite kit (one per benefit year):**
- • Fitt® or Garmin® Wearable Fitness Tracker
- • Walking/Trekking
- • Pilates
- • Beginner, Intermediate, or Advanced Strength
- • Beginner or Advanced Swim
- • Beginner or Intermediate/Advanced Yoga

FitnessCoach® Virtual Personal Fitness Training
Challenge yourself with up to 8 live virtual sessions per benefit year with a certified personal fitness trainer. Each session costs $30.

Go to SilverandFit.com to get started today! For questions, call Silver&Fit toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 7 a.m. to 8 p.m. Central time.

On-Demand Workout Videos
Visit the Silver&Fit website to find workout videos for all fitness levels.

Workout Plans
Answer a few online questions about your fitness level and goals to get workouts to help you start or continue an exercise routine.

Well-Being Club
Learn new skills and focus on well-being by:
- • Connecting with others
- • Enjoying live virtual classes and events on the Silver&Fit website
- • Viewing existing articles and videos

Healthy Aging Coaching
Get support with your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions with a trained coach.

Medical Plan Benefits
Effective January 1, 2024

<table>
<thead>
<tr>
<th>Medical Plan Benefits</th>
<th>HMO</th>
<th>HMO Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium (See Part B premium note below)</td>
<td>$0*</td>
<td>$0</td>
</tr>
<tr>
<td>Part B premium reduction</td>
<td>$50</td>
<td>Not available</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,600</td>
<td>$5,900</td>
</tr>
<tr>
<td>Annual Physical Exam</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Primary Care Physician (PCP), Office Visit</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Specialty Care Physician (SCP), Office Visit</td>
<td>$25 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Telehealth Visit (PCP, SCP, Psychiatry Services)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)</td>
<td>$75-$325 copay</td>
<td>$75-$325 copay</td>
</tr>
<tr>
<td>Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CT, CTA, CT, PET, Nuclear Cardiology)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Physical/Occupational/Speech Therapy (per visit)</td>
<td>$35 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Day 1-6: $325/day per stay</td>
<td>Day 1-6: $325/day per stay</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>Day 1-5: $118/day per stay</td>
<td>Day 1-5: $118/day per stay</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Day 1-20: $0/day</td>
<td>Day 1-20: $0/day</td>
</tr>
<tr>
<td></td>
<td>Day 21-100: $200/day</td>
<td>Day 21-100: $200/day</td>
</tr>
<tr>
<td>Outpatient Surgery (facility)</td>
<td>$275 copay</td>
<td>$275 copay</td>
</tr>
<tr>
<td>Ambulatory Surgical Center (facility)</td>
<td>$250 copay</td>
<td>$250 copay</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$265 copay</td>
<td>$300 copay</td>
</tr>
<tr>
<td>Emergency Care (within the U.S.; copay waived if admitted within 24 hours)</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Urgent Care (within the U.S.; copay waived if admitted within 24 hours)</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Worldwide Emergency/Urgent Services (outside the U.S.)</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td>$5,000 maximum</td>
<td>$5,000 maximum</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Podiatry</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
</tr>
<tr>
<td>Chemotherapy Drugs</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
</tr>
<tr>
<td>Other Part B Drugs</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
</tr>
</tbody>
</table>

*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website. Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, kits cannot be exchanged.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. Please contact your existing provider for eligibility and availability of specific programs. Home Fitness Kit promotional codes cannot be used in combination with other promotions on third-party vendor websites. Once selected, kits cannot be exchanged.

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You won’t pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier and no cost for most adult Part D vaccines.

This is not a complete description of benefits. For more information, please refer to the plan’s Evidence of Coverage available by October 15, 2023 at BSWHealthPlan.com/Medicare.

You must continue to pay your Medicare Part B premium.

*The HMO plan (without Part D) pays $50 per month toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to SSA.gov for more information.

*If you have Part D prescription drug coverage through another carrier, your drug coverage will end when your new Medicare 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.

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**Rx and Dental Benefits**  Effective January 1, 2024

<table>
<thead>
<tr>
<th>Prescription Drug Benefits</th>
<th>HMO Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Initial Coverage Amount</strong></td>
<td>$5,030</td>
</tr>
<tr>
<td><strong>Retail Copays During Initial Coverage Period (30-day supply)</strong></td>
<td>Preferred/Standard Pharmacy</td>
</tr>
<tr>
<td>Tier 1 - Preferred Generic Drugs</td>
<td>$0/$5</td>
</tr>
<tr>
<td>Tier 2 - Generic Drugs</td>
<td>$5/$10</td>
</tr>
<tr>
<td>Tier 3 - Preferred Brand Drugs</td>
<td>$47/$47</td>
</tr>
<tr>
<td>Tier 4 - Non-Preferred Drugs</td>
<td>$100/$100</td>
</tr>
<tr>
<td>Tier 5 - Specialty Drugs</td>
<td>33% coinsurance</td>
</tr>
<tr>
<td><strong>Mail Order Copays</strong></td>
<td>Tiers 1 - 2 are $0 copay; Tiers 3 - 4 are 2 copays for a 90-day supply</td>
</tr>
</tbody>
</table>

**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**
- $8,000

**Catastrophic Coverage Amounts - You Pay**
- $0

**Dental Benefits**

- **Monthly Premium**: Included
- **Yearly Benefit Maximum**: $2,500
- **Deductible**: $0
- **Oral Exams, Cleanings (every 6 months)**: $0
- **Dental X-rays (Certain X-ray services are covered every 3 years at 100%)**: $0
- **Extractions**: 50% coinsurance
- **Fillings (One filling every 6 months)**: $0 copay
- **Dentures (every 5 years)**: 50% coinsurance
- **Restorative Services**: 50% coinsurance

**Medical Plan Benefits**  Effective January 1, 2024

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Eye Exam (one per year; must use a network provider)</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Eyewear (annually; must use network provider)</strong></td>
<td>$200 allowance</td>
<td>$200 allowance</td>
</tr>
<tr>
<td><strong>Routine Hearing Exam (one per year)</strong></td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Hearing Aids (every 3 years)</strong></td>
<td>$1,000 allowance</td>
<td>$2,500 allowance</td>
</tr>
<tr>
<td><strong>Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&amp;Fit locations and YMCAs)</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)</strong></td>
<td>$30 per quarter</td>
<td>$75 per quarter</td>
</tr>
</tbody>
</table>

**West Texas Coverage Area**

The counties in the West Texas HMO service area are: Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, Terry

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Important Covenant Health Advantage Information

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