PLAN SELECTION FORM

Dear Baylor Scott & White Health Plan Member:

We know you have a choice in health plans, and we are glad you have chosen us.

To make a change in the Medicare Advantage plan you have with Baylor Scott & White Health Plan, fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us.

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you're not happy with your choice in our plan, you can make a change during the first three months you have Medicare.

If you select another plan and we receive your completed selection form by the end of the month, your new benefit plan will begin on the first day of the following month. Your monthly plan premium will be as shown for the plan you select on the following page, and you may continue to see any BSW SeniorCare Advantage primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included a 2024 benefit overview for the available options.

If you have any questions, please call Baylor Scott & White Health Plan at 1-877-845-3901. TTY users should call 711. We are open 8:00 AM to 5:00 PM, Monday through Friday.

Thank you.

Baylor Scott & White Health Plan

PLAN SELECTION FORM

Date: _____
Member Name: _____
Member Number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:	Monthly Premium	PCP/Specialist Office Visit	Maximum Out-of-Pocket
____ BSW SeniorCare Advantage HMO-POS Select without Rx	$0	$0 / $20	$5,550
____ BSW SeniorCare Advantage HMO-POS Select with Rx	$0	$0 / $20	$5,000
____ BSW SeniorCare Advantage HMO-POS Select Rx Assist*	$0	$0 / $20	$5,000

*Members who do not qualify for Extra Help will be subject to defined standard Part D benefits costs including a $28.40 premium, $545 Rx deductible and 25% Rx copays.

Your Plan Premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

☐ Receive a 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

☐ Automatic deduction from your monthly Social Security or RRB benefit check.
I get monthly benefits from ☐ Social Security ☐ RRB

(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB

benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

The fields in this section 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, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ **I choose not to answer.**
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Cuban

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native

Asian:

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

- ☐ Black or African American

Native Hawaiian and Pacific Islander:

- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

- ☐ White
- ☐ **I choose not to answer.**

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

_____ Spanish _____ Large Print

Please contact Baylor Scott & White Health Plan at 1-866-334-3141 (TTY users should call 711) if you need information in an accessible format or language than what is listed above. We are available October 1 - March 31, 7:00 AM to 8:00 PM, seven days a week (excluding major holidays); April 1 - September 30, 7:00 AM to 8:00 PM, Monday through Friday (excluding major holidays).

Baylor Scott & White Health Plan offers plan documents electronically through our member portal at MyBSWHealth.com and on our website at BSWHealthPlan.com/Medicare. Please call Customer Service at the number above to request paper copies of these documents.

Signature:	**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: ( )

PLAN SELECTION FORM

Relationship to Enrollee: _____

Please mail this form to:

Baylor Scott & White Health Plan
ATTN: Customer Engagement Dept.
MS-A4-126
1206 West Campus Drive
Temple, TX 76502

Fax: (254) 298-3567
Email: HPCustomerEngagement@BSWHealth.org

Phone: 1-877-845-3901

Office Use Only
Tracking Number: _____
(Example: time/mo/date/yr/first & last initials (0915 11052017 ES)
Division #: _____ **Plan Representative #:** _____ **Area #** _____
Effective Date of Coverage: _____ ☐ IEP ☐ AEP ☐ OEP ☐ SEP (type):
Confirmed Current Plan Information: (initials) **Date:**

BSW SeniorCare Advantage HMO-POS is offered by Baylor Scott & White Health Plan, a Medicare Advantage organization with a Medicare contract. Enrollment in BSW SeniorCare Advantage depends on contract renewal with Medicare. BSW SeniorCare Advantage HMO-POS es ofrecido por Baylor Scott & White Health Plan, una organización de Medicare Advantage con un contrato de Medicare. La inscripción en BSW SeniorCare Advantage depende de la renovación del contrato con Medicare.

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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Baylor Scott & White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.