2024 Benefits of Membership

CENTRAL TEXAS

THE POWER TO LIVE BETTER
Contact information at a glance

Baylor Scott & White Health Plan
Customer Service
1.866.334.3141 • TTY: 711

Oct. 1 - March 31: 7 days a week, 8 AM to 8 PM. Closed on major holidays.
April 1 - Sept. 30: Monday-Friday, 8 AM to 5 PM. Closed on major holidays.

Customer Engagement
(Plan Changes/Annual Enrollment Assistance)
1.877.845.3901
8 AM to 5 PM • Monday–Friday
Email: HPCustomerEngagement@BSWHealth.org

MetLife Dental
1.855.676.9337
MetLife.com

OptumRx
(mail order prescriptions)
1.844.230.9357

Silver&Fit®
(fitness benefit)
1.877.427.4788 • TTY: 711
SilverandFit.com

OTC Card
(over-the-counter)
1.866.334.3141 • TTY: 711
Baylor Scott & White Health Plan Customer Service

Modivcare (transportation benefit for HMO-POS plans)
1.866.428.0212
Modivcare.com

Medicare
1.800.MEDICARE (1.800.633.4227)
TTY: 1.877.486.2048
24 hours a day/7 days a week
Medicare.gov

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 renowned Baylor Scott & White Health system providers and hospitals throughout Central and North Texas, you can be confident Baylor Scott & White Health Plan is the right choice for your healthcare needs.

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.
How your plan works

You do not have to select a primary care physician (PCP) to direct your care. You can see a specialist without a referral anytime.

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

PPO: Except for urgent and emergency care, you will pay more out-of-pocket when you visit out-of-network providers, because your out-of-network healthcare services are subject to a higher deductible and coinsurance percentage. Refer to your plan’s Evidence of Coverage at BSWHealthPlan.com/Medicare for details.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call Customer Service or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

HMO-POS: 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 personally responsible for payment of all out-of-network charges.

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.
1.866.334.3141 (TTY: 711)

You can see a 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.

*HMO-POS members may only see in-network specialists without a referral.

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 1.866.334.3141 (TTY 711). You can also visit our website at BSWHealthPlan.com/FindProvider.
Virtual care with MyBSWHealth

With MyBSWHealth, you can receive care from the comfort of your home or anywhere in Texas and have a prescription called in to the network pharmacy of your choice. Virtual care visits are available for a $0 copay; prescription drug copays will apply.

- Conduct an eVisit (online questionnaire) for common medical conditions and get care fast OR
- Schedule a same-day Video Visit with a provider, face-to-face.

Virtual care is available 24 hours a day, seven days a week.

Self-service tools ensure access anywhere, anytime

Using the MyBSWHealth app, you can access your healthcare and health insurance information in one secure portal, 24 hours a day, seven days a week.

You can:
- Find a provider
- Schedule appointments and access virtual care
- Message your BSWH provider
- Access a digital copy of your member ID card
- View test results
- Review and pay bills
- Reorder and manage prescriptions at BSWH pharmacies (refer to page 5 for additional prescription drug options through OptumRx)
- View claims and payments toward your out-of-pocket maximum

Visit MyBSWHealth.com OR download the MyBSWHealth app

Our mail order prescription tools

At BSWHealthPlan.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

Signing up for mail order delivery can be done in one of three simple ways:

1. Ask your doctor to send an electronic prescription to OptumRx Home Delivery.
2. Visit MyBSWHealth.com and log in to your member portal. From there, you can fill new prescriptions, transfer others to home delivery and more.
3. Call OptumRx at 1.844.230.9357.

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.

For your health and safety, some prescription drugs may have additional requirements or limits on coverage, including:
- **Prior Authorization:** BSW SeniorCare Advantage 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
As a valued member of Baylor Scott & White Health Plan, we care about your health and well-being. Whether it’s helping you manage a chronic condition like diabetes, encouraging you to take advantage of your Silver&Fit membership or equipping you with the tools necessary to take control of your health, we are here to give you the resources you need to feel your best.

To help us determine your overall wellness and any health-related needs you may have, go to BSWHealthPlan.com/HRA and complete a brief online questionnaire. When you’re finished, you will be presented with simple and actionable lifestyle and health choices along with online health coaching that will help you achieve your personal health goals.

Have you taken your Health Assessment?

As a valued member of Baylor Scott & White Health Plan, we care about your health and well-being. Whether it’s helping you manage a chronic condition like diabetes, encouraging you to take advantage of your Silver&Fit membership or equipping you with the tools necessary to take control of your health, we are here to give you the resources you need to feel your best.

To help us determine your overall wellness and any health-related needs you may have, go to BSWHealthPlan.com/HRA and complete a brief online questionnaire. When you’re finished, you will be presented with simple and actionable lifestyle and health choices along with online health coaching that will help you achieve your personal health goals.

Complete your Health Assessment at BSWHealthPlan.com/HRA.

Dental insurance policies are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

Over-the-counter (OTC) allowance

Most BSW SeniorCare Advantage 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. The BSW SeniorCare Advantage PPO Platinum plan does not include an over-the-counter allowance. Members with plans that include OTC 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.

In-home meals benefit (HMO-POS plans only)

BSW SeniorCare Advantage HMO-POS plans include a meal benefit to ease your recovery when you return home from the hospital.

- 14 meals per hospital discharge to home; limit 3 discharges per year.
- Upon being discharged from the hospital, HMO-POS members receive home-delivered meals at no additional cost. GA Foods will contact you to arrange delivery.
- All meals are low in salt, sugar, fat and cholesterol, and are suitable for diabetics and those with cardiac conditions.

Routine transportation (HMO-POS plans only)

BSW SeniorCare Advantage HMO-POS plans include routine transportation to approved locations such as medical appointments, physical therapy visits, labs, grocery stores and drug stores.

To get started, schedule an appointment by contacting Modivcare at 1.866.428.0212. There is no additional cost for this service. It includes up to 24 one-way trips per year, OR 12 round trips up to 50 miles each way.

The Modivcare App makes it easy to book a ride for your doctor visit when and where you like, right from your smartphone or tablet. Just search for the Modivcare App on Google Play® or the Apple App Store®, and download it to book and manage trips.
Care management
If you’re interested in personal assistance related to a disease or chronic condition, our nurse care managers can provide you with free and confidential guidance over the phone. Support includes:

- Information to help you better understand and manage your condition or disease;
- Personalized answers to your health or medication questions;
- Facilitating multiple services such as homecare, medical supplies or medical equipment; and
- Advice on how to live safely at home.

To hear more about these or other care management services, please call 1.866.334.3141 (TTY: 711).

Disease management
Disease Management empowers you to manage your chronic condition and help prevent complications. We work with your healthcare providers to identify chronic conditions quickly and treat them effectively. We can also identify self-care activities that help you manage your condition at home. Together, we’ll work to slow down the progression of your disease and help you stay healthy.

Complex case management
If you have chronic conditions or complex care needs, our nurse case managers will work with you, your family and your physician to create and manage your care plan. Case managers advocate for you and can help you navigate the healthcare system and arrange the services you need. They can also answer questions and help you understand your condition and care plan. If you are also enrolled in a Disease Management program, your case manager will coordinate that program with your Complex Case Management plan. There is no additional cost to you for this voluntary program. It’s all part of our goal to help you get the best possible results and the greatest value from your health plan.

Access the program by calling 1.866.334.3141.

Additional care programs
Members also have access to care programs that offer support for kidney disease and other chronic conditions, at no additional cost.

Kidney health program
Members diagnosed with kidney disease may be eligible for a specialized kidney program. This program is included in all BSW SeniorCare Advantage plans and includes many benefits such as:

- Personalized approach to managing different medications and diet plans
- Help with monitoring your daily vitals

In-home acute care
Members with multiple chronic conditions may be eligible for care being extended into the home through in-home medical visits by doctors and other providers.

- Routine and urgent house calls, and 24/7 phone support
- Prescribing and reviewing medications
- In-home labs and interventions
- Behavioral health, nutrition and social work support

We’re glad to have you as part of the Baylor Scott & White Health Plan family. We look forward to serving you in 2024.
### Medical Plan Benefits

**Medical Plan Benefits**

**Effective January 1, 2024**

<table>
<thead>
<tr>
<th>Medical Plan Benefits</th>
<th>HMO-POS Select</th>
<th>HMO-POS Preferred</th>
<th>HMO-POS Premium</th>
<th>HMO-POS Select Rx Assist</th>
<th>PPO Basic&lt;sup&gt;3&lt;/sup&gt; (In-Network Costs)</th>
<th>PPO Platinum&lt;sup&gt;4&lt;/sup&gt; (In-Network Costs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium (See Part B premium note below)</td>
<td>$0</td>
<td>$135</td>
<td>$243</td>
<td>$0*</td>
<td>$0</td>
<td>$132</td>
</tr>
<tr>
<td>With Part D prescription drug coverage</td>
<td>$0</td>
<td>$83</td>
<td>$199</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Without Part D prescription drug coverage&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$50</td>
<td>$50</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Part B premium reduction (For plans without Part D)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$0</td>
<td>$0</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum with Part D</td>
<td>$5,800</td>
<td>$4,600</td>
<td>$4,800</td>
<td>Not available</td>
<td>$6,800</td>
<td>$4,600</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum without Part D</td>
<td>$5,900</td>
<td>$4,500</td>
<td>$4,500</td>
<td>Not available</td>
<td>$6,800</td>
<td>$4,600</td>
</tr>
<tr>
<td>Annual Physical Exam</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</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>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Telehealth Visit (PC, SCR, Psychiatry Services)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</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>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CT A, CT, PET, Nuclear Cardiology)</td>
<td>$75-$300 copay</td>
<td>$0-$15 copay</td>
<td>$0 copay</td>
<td>$75-$300 copay</td>
<td>$75-$300 copay</td>
<td>$20-$200 copay</td>
</tr>
<tr>
<td><strong>Physical/Occupational/Speech Therapy (per visit)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Day 1-6: $325/day per stay</td>
<td>Day 7-90: $0/day per stay</td>
<td>Day 91-180/day per stay</td>
<td>$700/day</td>
<td>$100/day</td>
<td>$100/day</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>Day 1-6: $325/day per stay</td>
<td>Day 7-90: $0/day per stay</td>
<td>Day 91-180/day per stay</td>
<td>$700/day</td>
<td>$100/day</td>
<td>$100/day</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Day 1-20: $0/day</td>
<td>Day 21-100: $200/day</td>
<td>Day 21-100: $50/day</td>
<td>$325/day</td>
<td>$15 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Outpatient Surgery (facility)</td>
<td>$325 copay</td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>$325 copay</td>
<td>$350 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Ambulatory Surgical Center (facility)</td>
<td>$250 copay</td>
<td>$100 copay</td>
<td>$0 copay</td>
<td>$250 copay</td>
<td>$275 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Ambulance with Part D</td>
<td>$300 copay</td>
<td>$75 copay</td>
<td>$40 copay</td>
<td>$300 copay</td>
<td>$325 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Ambulance without Part D</td>
<td>$265 copay</td>
<td>$75 copay</td>
<td>$40 copay</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</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>
<td>$90 copay</td>
<td>$90 copay</td>
<td>$90 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>Urgent Care (within the U.S.; copay waived if admitted within 24 hours)</td>
<td>$50 copay</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>$50 copay</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>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Podiatry</td>
<td>$40 copay</td>
<td>$15 copay</td>
<td>$0 copay</td>
<td>$40 copay</td>
<td>$45 copay</td>
<td>$45 copay</td>
</tr>
<tr>
<td>Chemotherapy Drugs</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</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>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
<td>0%-20% coinsurance</td>
</tr>
</tbody>
</table>

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<sup>1</sup>Certain plans without Part D prescription drug coverage pay toward your Part B premium. This reduction is applied on your Social Security check. For more information, go to ssa.gov.

<sup>2</sup>Certain plans without Part D prescription drug coverage pay toward your Part B premium. If you try to sign up for Medicare Advantage plans. (Stand-alone prescription drug plans (PDPs) are considered Medicare Advantage plans.) If you enroll in a BSW SeniorCare 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.

<sup>3</sup>Extra Help, also known as a Low Income Subsidy, is a Medicare program that helps people with limited incomes pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty in the Select Rx Assist plan. If you qualify for Extra Help,* your monthly premium is $0 and you get your covered prescription drugs are $0. If you don't qualify, you'll pay a $28.40 monthly premium and 25% of the cost of covered drugs after a $545 deductible.

<sup>4</sup>For help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care, out-of-network cost-sharing for the Basic PPO is 35% There is a $10,000 out-of-pocket maximum for services received out-of-network.

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**To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care, out-of-network cost-sharing for the Basic PPO is 35% There is a $10,000 out-of-pocket maximum for services received out-of-network.**
### Dental Benefits (for all plans)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HMO-POS Select Rx</th>
<th>HMO-POS Preferred Rx</th>
<th>HMO-POS Premium Rx</th>
<th>HMO-POS Select Rx Assist</th>
<th>PPO Basic</th>
<th>PPO Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0*</td>
<td>$250</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Initial Coverage Amount</strong></td>
<td>$5,030</td>
<td>$5,030</td>
<td>$5,030</td>
<td>$5,030*</td>
<td>$5,030</td>
<td>$5,030</td>
</tr>
<tr>
<td><strong>Oral Exams</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Cleanings</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dental X-rays</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Extractions</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Fillings</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dentures</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Restorative Services</strong></td>
<td>0%-50%</td>
<td>0%-50%</td>
<td>0%-50%</td>
<td>0%-50%</td>
<td>0%-50%</td>
<td>0%-50%</td>
</tr>
</tbody>
</table>

### Prescription Drug Benefits (applies to plans with Part D only)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HMO-POS Select Rx</th>
<th>HMO-POS Preferred Rx</th>
<th>HMO-POS Premium Rx</th>
<th>HMO-POS Select Rx Assist</th>
<th>PPO Basic</th>
<th>PPO Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0*</td>
<td>$250</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Initial Coverage Amount</strong></td>
<td>$5,030</td>
<td>$5,030</td>
<td>$5,030</td>
<td>$5,030*</td>
<td>$5,030</td>
<td>$5,030</td>
</tr>
<tr>
<td>Tier 1 - Preferred Generic Drugs</td>
<td>$0/$10 copay</td>
<td>$0/$8 copay</td>
<td>$0/$7 copay</td>
<td>$0* copay</td>
<td>$0</td>
<td>$0/$5 copay</td>
</tr>
<tr>
<td>Tier 2 - Generic Drugs</td>
<td>$13/$20 copay</td>
<td>$8/$15 copay</td>
<td>$5/$12 copay</td>
<td>$0* copay</td>
<td>$7</td>
<td>$5/$12 copay</td>
</tr>
<tr>
<td>Tier 3 - Preferred Brand Drugs</td>
<td>$47/$47 copay</td>
<td>$45/$45 copay</td>
<td>$45/$45 copay</td>
<td>$0* copay</td>
<td>$47</td>
<td>$45/$45 copay</td>
</tr>
<tr>
<td>Tier 4 - Non-Preferred Drugs</td>
<td>$100/$100 copay</td>
<td>$95/$95 copay</td>
<td>$95/$95 copay</td>
<td>$0* copay</td>
<td>$99</td>
<td>$95/$95 copay</td>
</tr>
<tr>
<td>Tier 5 - Specialty Drugs</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>29%</td>
<td>32% coinsurance</td>
</tr>
</tbody>
</table>

**Mail Order Copays**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>HMO-POS Select Rx</th>
<th>HMO-POS Preferred Rx</th>
<th>HMO-POS Premium Rx</th>
<th>HMO-POS Select Rx Assist</th>
<th>PPO Basic</th>
<th>PPO Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After Initial Coverage Amount - You Pay</strong></td>
<td>Preferred Generic Drugs</td>
<td>Preferred Generic Drugs</td>
<td>Preferred Generic Drugs</td>
<td>Preferred Generic Drugs</td>
<td>Preferred Generic Drugs</td>
<td>Preferred Generic Drugs</td>
</tr>
<tr>
<td>Tier 1 - Preferred Generic Drugs</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25%</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>Tier 2 - Generic Drugs</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25%</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>Tier 3 - Preferred Brand Drugs</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25%</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>Tier 4 - Non-Preferred Drugs</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>25%</td>
<td>25% coinsurance</td>
</tr>
</tbody>
</table>

### Dental Benefits (for all plans)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Premium</strong></td>
<td>Included</td>
</tr>
<tr>
<td><strong>Yearly Benefit Maximum</strong></td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Oral Exams - One every 6 months</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Cleanings - One every 6 months</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dental X-rays (One full mouth X-ray every 60 months. One bite-wing X-ray every 12 months.)</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Extractions</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Fillings (One filling every 24 months covered at 100%. 50% coinsurance for additional fillings.)</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Dentures (every 5 years)</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Restorative Services</strong></td>
<td>0%-50%</td>
</tr>
</tbody>
</table>

### Extra Help

Even if you haven’t paid your deductible, 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.

### HMO-POS Select Rx Assist

**$0 premium and prescriptions**

*Extra Help, also known as a Low Income Subsidy, is a Medicare program that helps people with limited incomes pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance and other costs. It also relieves those who qualify from having to pay a Part D late enrollment penalty.

In the Select Rx Assist plan, if you qualify for Extra Help,* your monthly premium is $0 and your covered prescription drugs are $0.

If you don't qualify, you'll pay a $28.40 monthly premium and 25% of the cost of covered drugs after a $545 deductible.

Find out if you qualify:

Medicare.gov/basics/costs/help/drug-costs; OR
Social Security Administration at ssa.gov/medicare/part-d-extra-help

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Rx and Dental Benefits Effective January 1, 2024
## Supplemental Benefits

**Effective January 1, 2024**

<table>
<thead>
<tr>
<th>Supplemental Benefits</th>
<th>HMO-POS Select</th>
<th>HMO-POS Preferred</th>
<th>HMO-POS Premium</th>
<th>HMO-POS Select Rx Assist</th>
<th>PPO Basic</th>
<th>PPO Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam (one per year; must use a network provider)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Eyewear (annually; must use network provider)</td>
<td>$150 allowance</td>
<td>$125 allowance</td>
<td>$125 allowance</td>
<td>Not available</td>
<td>$150 allowance</td>
<td>Not available</td>
</tr>
<tr>
<td>Routine Hearing Exam (one per year)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Hearing Aids (every 3 years)</td>
<td>$1,500 allowance</td>
<td>$1,000 allowance</td>
<td>$1,000 allowance</td>
<td>$1,500 allowance</td>
<td>$1,000 allowance</td>
<td>$1,500 allowance</td>
</tr>
<tr>
<td>Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&amp;Fit locations and YMCAs)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)</td>
<td>$50 per quarter</td>
<td>$30 per quarter</td>
<td>$30 per quarter</td>
<td>$50 per quarter</td>
<td>$30 per quarter</td>
<td>Not available</td>
</tr>
<tr>
<td>In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Routine Transportation (up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

### HMO-POS Coverage Area

The counties in the Central Texas HMO-POS service area are:


### PPO Coverage Area

The counties in the Central Texas PPO service area are:

Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Gillespie, Grimes, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington, Williamson
Important BSW SeniorCare Advantage Information

2024 Benefits of Membership