

# WELCOME

## Annual Notice of Change 2025

**BSW SENIORCARE**  
**ADVANTAGE™**



# Disclaimers

Baylor Scott & White Health Plan offers BSW SeniorCare Advantage HMO-POS plans as a Medicare Advantage (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.

You must continue to pay your Medicare Part B premium.

Other pharmacies, physicians, and providers are available in our network.

This is not a complete description of benefits. Call 1.866.334.3141 (TTY: 711) for more information.

# Today's discussion

1. What's Changing for 2025?
2. BSW SeniorCare Advantage Highlights
3. Medicare Advantage Election Periods
4. BSW SeniorCare Advantage Medicare Plans
5. Extra Benefits
6. Contact Information

# Medicare Plan Highlights

No referrals  
required to see a  
specialist

Worldwide ER and  
Urgent Care  
Coverage is  
included

\$0 telehealth visits  
including primary  
care, specialists,  
and psychiatry

\$0 copays available  
for many mail order  
prescriptions

Preferred  
pharmacies with  
lower prescription  
copays

Dental, vision,  
fitness, and hearing  
benefits included in  
all plans



# Medicare Advantage Election Periods

- **Annual Election Period (AEP)**

Medicare Advantage-eligible individuals may enroll in or disenroll from a Medicare Advantage plan during AEP, which runs from October 15 through December 7 of each year.

- **Medicare Advantage Open Enrollment Period (OEP)**

OEP takes place annually from January 1 through March 31, and allows individuals enrolled in an MA plan, to make a one-time election to go to another MA plan or Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.



# What's Changing for 2025?

- Capital Rx replaces Optum Rx

Prescription Benefit Administrator

- Separate MetLife Dental ID cards
- New Grocery benefit for BSW SeniorCare Advantage  
HMO-POS Select Rx Assist



# 360 Visit Overview

65+ Care Model



## **A DEDICATED VISIT UP TO ONE HOUR TO ACCURATELY CAPTURE PATIENT DIAGNOSES AND ADDRESS CARE NEEDS**

- Comprehensive assessment performed by an APP to update problem list and ensure preventive screenings are up-to-date
- Coordinates follow-up visit scheduled with the patient's Primary Care Provider
- Convenient and personalized care with increased patient access
- Offered in-office or virtually
- Refer patients to needed resources via CareNav+
- Accurate risk assessment for acute needs



# New Medicare Drug Phases

	2025
Deductible Phase	Cost sharing is 100% before deductible is met (if plan has deductible)
Out-of-Pocket Threshold	\$2,000
Catastrophic Phase	Member pays \$0





# Medicare Prescription Payment Plan (M3P)



Voluntary program allowing members to spread prescription costs over monthly installments. Can be elected prior to and during the plan year.



Plan sponsors and pharmacies will notify members if they are likely to benefit from the M3P program.



Plan sponsors are responsible for billing M3P members monthly using a CMS prescribed payment methodology. Payments may change monthly.

M3P helps manage monthly expenses but does **NOT** lower drug costs.



M3P

# Who Benefits from the Medicare Prescription Payment Plan (M3P)?

## Who may benefit from M3P?

- High drug costs early in the calendar year
- Electing early in the plan year (prior to September)

## Who may NOT benefit from M3P?

- Yearly drug costs are low
- Member is low-income subsidy (LIS)
- Electing late in the plan year (after September)
- Drug costs are the same each month
- Receives prescription assistance from other sources (Patient Assistance Programs/PAP, other health coverage, etc.)



# M3P Program Overview

- Key Program Components:
  - Target Letter to those most likely to benefit
  - Application to opt-in to M3P
  - Website with calculation tool, pharmacy directory, and formulary
  - Monthly billing to M3P participants
  - Deliver late letters to non-paying members
  - Term members based on member directive or for non-payment
  - Send term letter to impacted members
- URL: [https://enrollment.cap-rx.com/BSW\\_Medicare](https://enrollment.cap-rx.com/BSW_Medicare)
- Phone: (833) 502-3340





## BSW SeniorCare Advantage HMO-POS

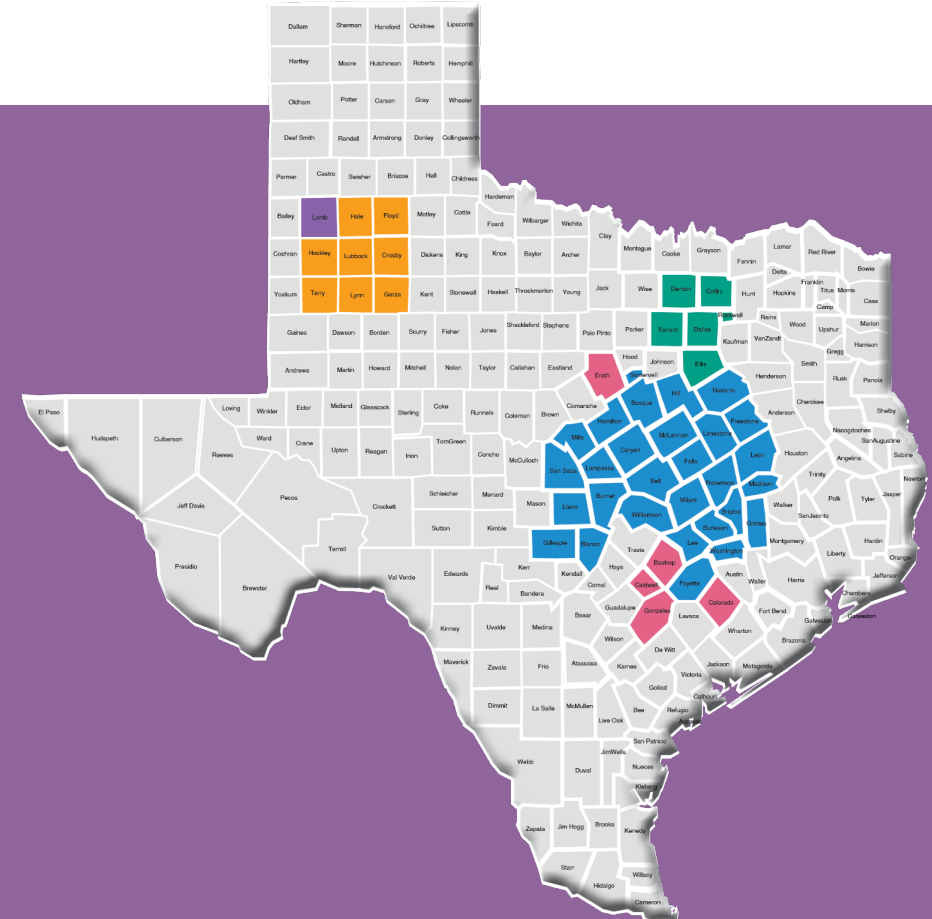
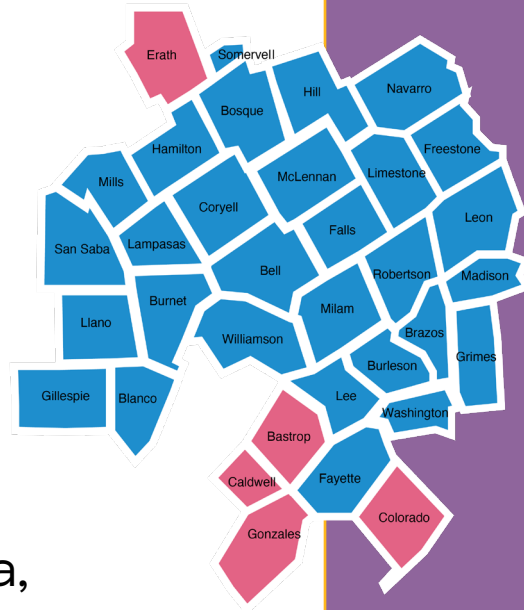


# Central Texas HMO-POS

**BSW SENIORCARE**  
ADVANTAGE • HMO-POS

## 34 COUNTIES:

Bastrop, Bell, Blanco, Bosque,  
Brazos, Burleson, Burnet,  
Caldwell, Colorado, Coryell,  
Erath, Falls, Fayette,  
Freestone, Gillespie,  
Gonzales, Grimes, Hamilton,  
Hill, Lampasas, Lee, Leon,  
Limestone, Llano, Madison,  
McLennan, Milam, Mills,  
**Navarro**, Robertson, San Saba,  
Somervell, Washington,  
Williamson





# BSW SeniorCare Advantage HMO-POS

Medical Benefits	Select	Preferred	Premium
Monthly Premium with Rx Benefits	\$0	\$135	\$243
Monthly Premium without Rx Benefits	\$0	\$83	\$199
Part B Buy Down (BSW SeniorCare Advantage HMO-POS without Rx plans pay \$50 toward Part B premium. This reduction is applied on the member's Social Security check. Contact Social Security or go to SSA.gov for more information.)	(\$50)	(\$50)	(\$50)
Deductible (medical)	\$0	\$0	\$0
Out-of-Pocket Maximum with Rx Benefits	\$5,800	\$4,600	\$4,800
Out-of-Pocket Maximum without Rx Benefits	\$5,900	\$4,500	\$4,500
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$30 copay	\$30 copay	\$0 copay
Diagnostic Radiological Services <i>including X-rays</i>	\$0-\$300 copay	\$0-\$15 copay	\$0 copay
Telehealth Services (PCP, SCP, Psychiatry)	\$0 copay	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF) Care	Days 1-20: \$0/day	Days 1-20: \$0/day	Days 1-20: \$0/day
	Days 21-100: \$214/day	Days 21-100: \$50/day	Days 21-100: \$15/day
Inpatient Hospital	Days 1-6: \$325/day	\$700/stay	\$100/stay
	Days 7-90: \$0/day		
Outpatient Surgery (facility)	\$325 copay	\$15 copay	\$0 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$100 copay	\$0 copay
Emergency Care (copay waived if admitted within 24 hours)	\$120 copay	\$120 copay	\$90 copay
Urgent Care (copay waived if admitted within 24 hours)	\$50 copay	\$40 copay	\$40 copay
Worldwide Emergency/Urgent Services	\$0 copay	\$0 copay	\$0 copay
	\$5,000 maximum	\$5,000 maximum	\$5,000 maximum



Benefits in purple reflect changes from 2024

# BSW SeniorCare Advantage HMO-POS

Prescription Drug Benefits	Select Rx	Preferred Rx	Premium Rx
Deductible	\$0	\$0	\$0
Total Out-of-Pocket Amount	\$2,000	\$2,000	\$2,000
Copays (30-day supply)	Preferred / Standard Pharmacies		
Tier 1: Preferred Generic Drugs	\$0/\$10 copay	\$0/\$8 copay	\$0/\$7 copay
Tier 2: Generic Drugs	\$13/\$20 copay	\$8/\$15 copay	\$5/\$12 copay
Tier 3: Preferred Brand Drugs	\$47/\$47 copay	\$45/\$45 copay	\$45/\$45 copay
Tier 4: Non-Preferred Brand Drugs	\$100/\$100 copay	\$95/\$95copay	\$95/\$95copay
Tier 5: Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance
Mail-Order Copays (90-day supply)			
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$0 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brand Drugs (Two 30-day supply copays for 90-day supply)	\$94 copay	\$95 copay	\$95 copay
Tier 4: Non-Preferred Brand Drugs (2 copays of \$100 for 90-day supply)	\$200 copay	\$190 copay	\$190 copay
During the Catastrophic Phase, You Pay	\$0 copay	\$0 copay	\$0 copay



Benefits in purple reflect changes from 2024

# BSW SeniorCare Advantage Select Rx Assist (HMO-POS)

- Designed specifically for members who qualify for Extra Help (including those with limited income and resources)
- Assists with Part D premiums
- No Rx Deductible\*
- No Rx Copays\*
- Includes similar Bonus Benefits to our HMO-POS Select Rx

**\*Medicare approved BSW SeniorCare Advantage Select Rx Assist to provide \$0 copays for all Part D medications as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.**

**\*Important:** If at any time you lose Extra Help, members enrolled in Select Rx Assist will be subject to defined standard benefits including an \$18.30 Plan premium, \$590 deductible, 25% copays, and other costs.

If you lose Extra Help, you qualify for a SEP to choose another plan.







## Extra Benefits



# BSW SeniorCare Advantage HMO-POS

Supplemental Benefits	Select	Preferred	Premium
Routine Eye Exam (one per year; must use a network provider)	\$0 copay	\$0 copay	\$0 copay
Eyewear (annual allowance toward purchase; must use a network provider, <i>any upgrades, such as lens tinting is not included in the eyewear allowance and not covered by the plan</i> ) Plan with Rx Benefits Plan without Rx Benefits	\$150 allowance \$125 allowance	<i>\$150 allowance</i> \$125 allowance	\$125 allowance \$125 allowance
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay	\$0 copay
Hearing Aids (allowance toward purchase every 3 years) Plan with Rx Benefits Plan without Rx Benefits	\$1,500 allowance \$1,000 allowance	<i>\$1,100 allowance</i> \$1,000 allowance	\$1,000 allowance \$1,000 allowance
Fitness (at participating Silver&Fit locations)	\$0	\$0	\$0
Dental Monthly Premium Annual Benefit Max with Rx Annual Benefit Max without Rx	\$0 \$3,500 <i>\$3,000</i>	\$0 <i>\$3,000</i> \$3,000	\$0 \$3,500 <i>\$3,000</i>
Dentures ( <i>All services count toward maximum</i> ) Plan with Rx Benefits Plan without Rx Benefits	<i>50% coinsurance</i> 50% coinsurance	<i>50% coinsurance</i> <i>50% coinsurance</i>	<i>50% coinsurance</i> <i>50% coinsurance</i>
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) <i>Walmart as a new online retailer</i> Plan with Rx Benefits Plan without Rx Benefits	\$50 per quarter \$30 per quarter	\$30 per quarter \$30 per quarter	\$30 per quarter \$30 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$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	\$0 copay

Benefits in purple reflect changes from 2024



# HMO-POS Dental Benefits



Monthly Premium	Included
<b>Yearly Benefit Maximum</b>	\$3,000 – \$3,500
<b>Deductible</b>	\$0
<b>Oral Exams, Cleanings</b> (every 6 months)	\$0
<b>Dental X-rays</b> (Full mouth x-rays every 60 months. Bite-wing x-rays every 12 months)	\$0
<b>Extractions</b>	50%
<b>Dentures</b> (Once every 5 years )	50%
<b>Fillings</b> (1 every 24 months)	\$0 – 50%
<b>Crowns, Inlays, Onlays, Bridges, Implants</b> (1 per tooth position every 10 years)	50%
<b>Other Restorative Services</b>	50%
<b>Other Oral/Maxillofacial Surgery</b>	50%

MetLife ID cards coming in 2025!

# Over-the-Counter (OTC) Allowance

Quarterly allowance toward purchase of bandages, cold and allergy medicines, pain relievers, and more (\$30 - \$50 per quarter)

- Unused amounts do not rollover – must use or lose

Participating retailers:

- |                      |                 |             |   |
|----------------------|-----------------|-------------|---|
| – CVS                | – Family Dollar | – Rite Aid  | – Whole Foods                             |
| – Discount Drug Mart | – HEB           | – Walgreens | – Other independent<br>pharmacy locations |
| – Dollar General     | – Kroger        | – Walmart   | – Online through CVS                      |

Members will receive a mailing with an OTC Network card and instructions

Beginning January 1, 2025, [mybenefitscenter.com](https://mybenefitscenter.com) will have both Walmart and CVS Health links available as online retailers.



# BSW SeniorCare Advantage

## Select Rx Assist



# BSW SeniorCare Advantage Select Rx Assist (HMO-POS)

- Designed specifically for members who qualify for Extra Help (including those with limited income and resources)
- Assists with Part D premiums
- No Rx Deductible\*
- No Rx Copays\*
- Includes supplemental benefits, including a new grocery benefits.

\*Medicare approved BSW for 2025 SeniorCare Advantage Select Rx Assist to provide \$0 copays for all Part D medications as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

\*Important: If at any time you lose Extra Help, members enrolled in Select Rx Assist will be subject to defined standard benefits including \$18.30 Plan premium, \$590 deductible, 25% copays, and other costs. If you lose Extra Help, you qualify for an SEP to choose another plan.



# BSW SeniorCare Advantage HMO-POS Select Rx Assist

Medical Benefits	
Monthly Premium	\$0 with Extra Help    \$18.30 w/o Extra Help
Deductible (medical)	\$0
Out-of-Pocket Maximum	\$5,800
Primary Care Physician (PCP) Office Visit	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay
Diagnostic Radiological Services <i>including X-rays</i>	\$0-\$300 copay
Telehealth Services (PCP, SCP, Psychiatry)	\$0 copay
Skilled Nursing Facility (SNF) Care	Days 1-20: \$0/day
	Days 21-100: \$214/day
Inpatient Hospital	Days 1-6: \$325/day
	Days 7-90: \$0/day
Outpatient Surgery (facility)	\$325 copay
Ambulatory Surgical Center (facility)	\$250 copay
Emergency Care (U.S. only; copay waived if admitted within 24 hours)	\$120 copay
Urgent Care (U.S. only; copay waived if admitted within 24 hours)	\$50 copay
Worldwide Emergency (outside the U.S.)	\$0 copay
	\$5,000 maximum



Benefits in purple reflect changes from 2024



# BSW SeniorCare Advantage HMO-POS Select Rx Assist

Supplemental Benefits	Select Rx Assist
Routine Eye Exam (one per year; must use a network provider)	\$0 copay
Eyewear (annual allowance toward purchase; must use a network provider, <b>any upgrades, such as lens tinting is not included in the eyewear allowance and not covered by the plan</b> )	\$170 allowance
Routine Hearing Exam (one per year)	\$0 copay
Hearing Aids (allowance toward purchase every 3 years)	\$1,500 allowance
Fitness (at participating Silver & Fit locations)	\$0
Dental Monthly Premium	\$0 premium
Dental Annual Benefit Max	\$3,000
Dentures (every 5 years) <b>(All services count toward the maximum)</b>	50% coinsurance
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) <b>Includes select groceries and Walmart as a new online retailer.</b>	\$50 per quarter
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay
Routine Transportation (Up to 24 one-way trips per year, or 12 round trips up to 50 miles each way)	\$0 copay



Benefits in purple reflect changes from 2024



# BSW SeniorCare Advantage HMO-POS Select Rx Assist

Prescription Drug Benefits	Select Rx Assist with Extra Help	Select Rx Assist without Extra Help
Deductible	\$0	\$590
Total Out-of-Pocket Amount	\$2,000	\$2,000
	(Standard or Preferred Pharmacies)	
Copays (30-day supply)	\$0	25% Coinsurance
Mail-Order Copays (90-day supply)	\$0	25% Coinsurance
During the Catastrophic Phase, You Pay	\$0	\$0



Benefits in purple reflect changes from 2024

# Extra Help

To see if you qualify for Extra Help, contact:

**1-800-MEDICARE (1-800-633-4227)**

TTY 1-877-486-2048

24 hours a day, 7 days a week

[Medicare.gov](https://www.Medicare.gov)

**Social Security Administration**

1-800-772-1213

TTY 1-800-325-0778

7:00 a.m. – 7:00 p.m. Monday – Friday

[SSA.gov](https://www.SSA.gov)





# BSW SeniorCare Advantage PPO



# BSW SeniorCare Advantage PPO

Medical Benefits	Basic	Platinum
Monthly Premium (You must continue to pay your Medicare Part B premium)	\$0	\$129
Deductible (medical)	\$0	\$0
Out-of-Pocket Maximum (Does not include prescription drugs)	\$6,750	\$4,600
Out-of-Pocket Maximum (Combined in-and-out of network)	\$10,000	\$8,950
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$35 copay	\$20 copay
Diagnostic Radiological Services <i>including X-rays</i>	\$0-\$300 copay	\$0-\$200 copay
Telehealth Services (PCP, SCP, Psychiatry)	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF) Care	Days 1-20: \$0/day	Days 1-20: \$0/day
	Days 21-100: \$214/day	Days 21-100: \$50/day
Inpatient Hospital	Days 1-6: \$325/day	Days 1-5: \$250/day
	Days 7-90: \$0/day	Days 6-90: \$0/day
Outpatient Surgery (facility)	\$350 copay	\$100 copay
Ambulatory Surgical Center (facility)	\$275 copay	\$75 copay
Emergency Care (copay waived if admitted within 24 hours)	\$120 copay	\$120 copay
Urgent Care (copay waived if admitted within 24 hours)	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services	\$0 copay	\$0 copay
	\$5,000 maximum	\$5,000 maximum



Benefits in purple reflect changes from 2024

# BSW SeniorCare Advantage PPO

Prescription Drug Benefits	Basic	Platinum
Deductible	\$300 (applies to Tiers 3-5)	\$50 (applies to Tiers 3-5)
Total Out-of-Pocket Amount	\$2,000	\$2,000
Copays (30-day supply)	Preferred / Standard Pharmacies	
Tier 1: Preferred Generic Drugs	\$0/\$5 copay	\$0/\$5 copay
Tier 2: Generic Drugs	\$7/\$14 copay	\$5/\$12 copay
Tier 3: Preferred Brand Drugs	\$47/\$47 copay	\$45/\$45 copay
Tier 4: Non-Preferred Brand Drugs	\$99/\$99 copay	\$95/\$95 copay
Tier 5: Specialty Drugs	30% coinsurance	32% coinsurance
Mail-Order Copays (90-day supply)		
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$0 copay	\$0 copay
Tier 3: Preferred Brand Drugs (Two 30-day supply copays for 90-day supply)	\$94 copay	\$90 copay
Tier 4: Non-Preferred Brand Drugs (Two 30-day supply copays for 90-day supply)	\$198 copay	\$190 copay
During the Catastrophic Phase, You Pay	\$0 copay	\$0 copay



Benefits in purple reflect changes from 2024

# Mail Order and 90-Day Prescriptions

Getting your medications delivered to your home can save you time and money.

- Receive three-month supplies of your medications with the option of automatic refills
- Free standard shipping

Sign up for Mail Order in one of three simple ways:

- Ask your doctor to send an electronic prescription to OptumRx® Home Delivery.
- Call OptumRx at 1.844.230.9357 and select the option for Mail Order.

Prefer to use your retail pharmacy to receive 90-day prescriptions? No problem.

- Receive 90-day prescriptions at preferred pharmacies for 2 copays for most medications in Tiers 1-4
- Visit [BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare) to view the formulary (drug list) and pharmacy directory

Visit [MyBSWHealth.com](https://MyBSWHealth.com) and log in to your member portal to enroll and manage your active mail-order prescriptions.







## Extra Benefits



# BSW SeniorCare Advantage PPO

Supplemental Benefits	Basic	Platinum
Routine Eye Exam (one per year; must use a network provider)	\$0 copay	\$0 copay
Eyewear (annual allowance toward purchase; must use a network provider, <i>any upgrades, such as lens tinting is not included in the eyewear allowance and not covered by the plan</i> )	\$150 allowance	\$150 allowance
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay
Hearing Aids (allowance toward purchase every 3 years)	\$1,100 allowance	\$1,500 allowance
Fitness (at participating Silver&Fit locations)	\$0	\$0
Dental Monthly Premium	\$0	\$0
Dental Annual Benefit Max	\$3,500	\$3,000
Dentures (every 5 years) <i>(All services count toward the maximum)</i>	\$50% coinsurance	\$50% coinsurance
Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) <i>Walmart as a new online retailer.</i>	\$80 per quarter	Not available
Out-of-Network Cost-Sharing	35%	30%
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum for Services Received In and Out-of-Network Combined	\$10,000	\$8,950



Benefits in purple reflect changes from 2024



# Over-the-counter (OTC) allowance

- Available with all HMO-POS plans and the PPO Basic plan
  - \$50 allowance per quarter in the Select Rx, Select Rx Assist plans
  - \$30 per quarter in all other HMO-POS plans and our PPO Basic plan
- Use your allowance toward the purchase of bandages, cold and allergy medicines, pain relievers, food and produce, and more.
- Unused amounts do not rollover – must use or lose
- Participating retailers include CVS, Discount Drug Mart, Dollar General, Family Dollar, Rite Aid, Walmart, Walgreens, Kroger, Whole Foods, HEB, and other independent pharmacy locations.
- Available online through Walmart and CVS at [mybenefitscenter.com](https://mybenefitscenter.com)



# PPO Dental Benefits



Monthly Premium	Included
<b>Yearly Benefit Maximum</b>	\$3,000 – \$3,500
<b>Deductible</b>	\$0
<b>Oral Exams, Cleanings</b> (every 6 months)	\$0
<b>Dental X-rays</b> (Full mouth x-rays every 60 months. Bite-wing x-rays every 12 months)	\$0
<b>Extractions</b>	50%
<b>Dentures</b> (Once every 5 years )	\$0/100%
<b>Fillings</b> (1 every 24 months)	\$0/100%
<b>Crowns, Inlays, Onlays, Bridges, Implants</b> (1 per tooth position every 10 years)	50%
<b>Other Restorative Services</b>	50%
<b>Other Oral/Maxillofacial Surgery</b>	50%

MetLife ID cards coming in 2025!

# How Can I Change My Plan?

## Plan Change Form

Mail or drop off a completed Plan Change form at our Temple office:

1206 West Campus Dr.  
Temple, TX 76502

## Call Us!

Call our Customer Engagement team to submit your request over the phone:

1-877-845-3901

TTY: 711

8 AM – 5 PM, Monday-Friday

<http://www.bswhealthplan.com/individuals-families/Pages/MedicareResources.aspx>



# Contact Information

## BSW SeniorCare Advantage Customer Service

866.334.3141 TTY: 711  
7 AM – 8 PM, 7 days a week

## MetLife (Dental)

855.676.9337  
metlife.com

## Silver & Fit (Fitness)

877.427.4788  
Silverandfit.com

## Capital Rx (Prescription Payment Plan Information)

833.502.3340

## Optum Rx (Mail Order Pharmacy)

844.230.9357

## Customer Engagement

Call for plan changes  
877.845.3901 TTY: 711  
8 AM – 5 PM, Monday-Friday  
HPCustomerEngagement@BSWHeath.org

## Modivcare (Transportation)

866.428.0212  
Modivcare.com

## InComm (OTC Benefit Card)

Order Online @ Mybenefitscenter.com  
Order via phone: 833.875.1816



# Thank you!

Please review for 2025 Annual Notice of Change  
mailing for more details

