

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

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
- Phone: (833) 502-3340





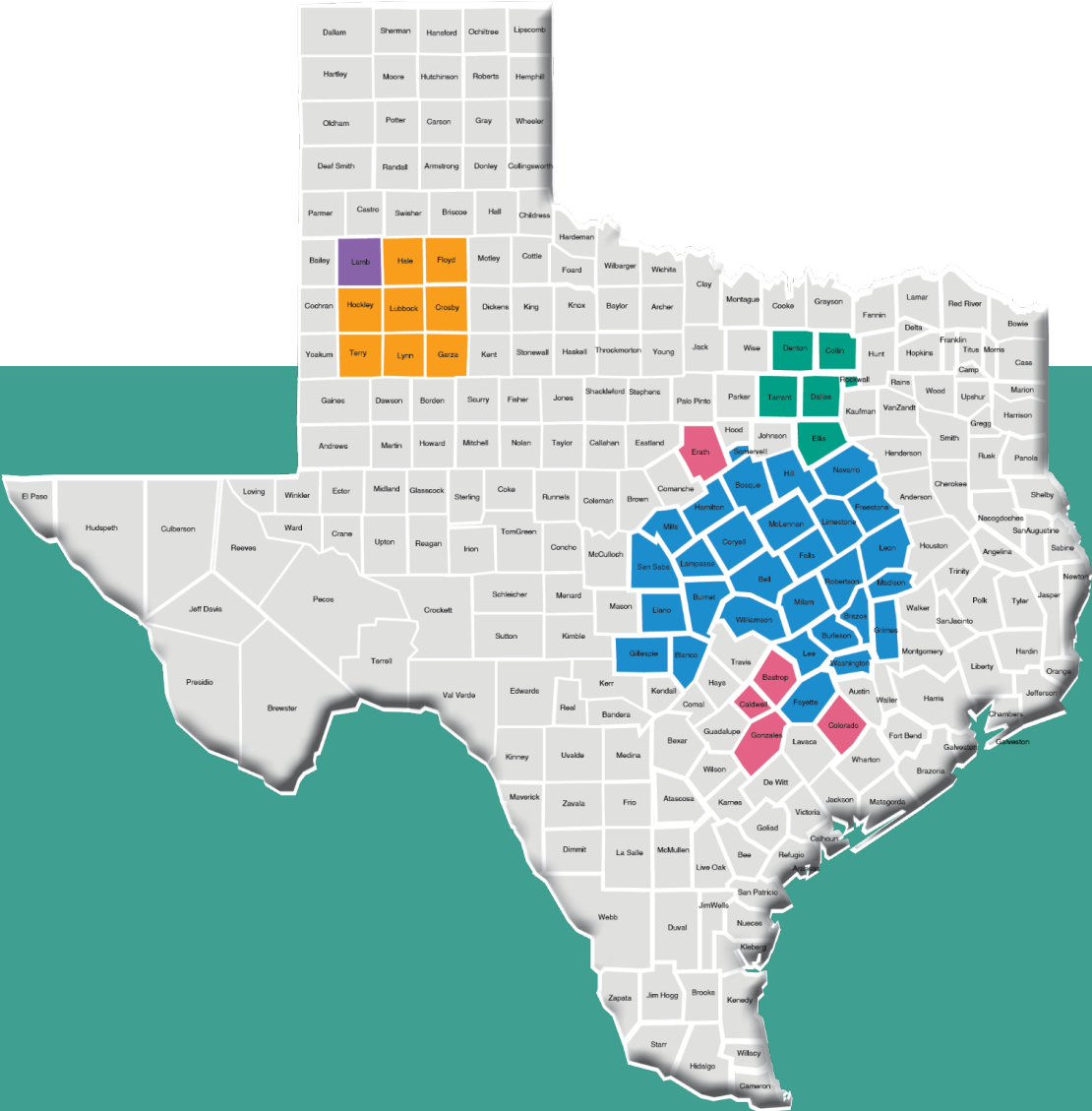
BSW SeniorCare Advantage HMO-POS



North Texas HMO-POS and PPO

6 COUNTIES:

- Collin
- Dallas
- Denton
- Ellis
- Rockwall
- Tarrant



BSW SeniorCare Advantage (HMO-POS)

| Medical Benefits | Select Rx | Select |
|---|------------------------|------------------------|
| Monthly Premium | \$0 | \$0 |
| 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.) | Not available | (\$50) |
| Deductible (medical) | \$0 | \$0 |
| Out-of-Pocket Maximum | \$5,000 | \$5,550 |
| Primary Care Physician (PCP) Office Visit | \$0 | \$0 |
| Specialty Care Physician (SCP) Office Visit | \$25 | \$25 |
| Diagnostic Radiological Services <i>including X-rays</i> | \$0-\$200 | \$0-\$200 |
| Telehealth Services (PCP, SCP, Psychiatry) | \$0 | \$0 |
| Skilled Nursing Facility (SNF) Care | Days 1-20: \$0/day | Days 1-20: \$0/day |
| | Days 21-100: \$214/day | Days 21-100: \$214/day |
| Inpatient Hospital | Days 1-5: \$200/day | Days 1-5: \$200/day |
| | Days 6-90: \$0/day | Days 6-90: \$0/day |
| Outpatient Surgery (facility) | \$275 copay | \$275 copay |
| Ambulatory Surgical Center (facility) | \$250 copay | \$250 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 Select Rx (HMO-POS)

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



BSW SeniorCare Advantage Select Rx Assist (HMO-POS)

| Medical Benefits | |
|--|--|
| Monthly Premium | \$0 with Extra Help \$18.30 w/o Extra Help |
| Deductible (medical) | \$0 |
| Out-of-Pocket Maximum | \$5,000 |
| Primary Care Physician (PCP) Office Visit | \$0 copay |
| Specialty Care Physician (SCP) Office Visit | \$20 copay |
| Diagnostic Radiological Services including X-rays | \$0-\$200 copay |
| Telehealth Services (PCP, SCP, Psychiatry) | \$0 |
| Skilled Nursing Facility (SNF) Care | Days 1-20: \$0/day |
| | Days 21-100: \$214/day |
| Inpatient Hospital | Days 1-5: \$200/day |
| | Days 6-90: \$0/day |
| Outpatient Surgery (facility) | \$275 |
| Ambulatory Surgical Center (facility) | \$250 |
| Emergency Care (U.S. only; copay waived if admitted within 24 hours) | \$120 |
| Urgent Care (U.S. only; copay waived if admitted within 24 hours) | \$50 |
| Worldwide Emergency (outside the U.S.) | \$0 copay |
| | \$5,000 maximum |



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BSW SeniorCare Advantage Select Rx Assist (HMO-POS)

| 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)



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 to view the formulary (drug list) and pharmacy directory

Visit MyBSWHealth.com and log in to your member portal to enroll and manage your active mail-order prescriptions.





Extra Benefits



BSW SeniorCare Advantage Select Rx and Select (HMO-POS)

| Supplemental Benefits | Select Rx | Select |
|--|-------------------|-------------------|
| 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>) | \$200 allowance | \$125 allowance |
| Routine Hearing Exam (one per year) | \$0 copay | \$0 copay |
| Hearing Aids (allowance toward purchase every 3 years) | \$1,200 allowance | \$1,000 allowance |
| Fitness (at participating Silver & Fit locations) | \$0 | \$0 |
| Dental Monthly Premium Annual Benefit Max | \$0 \$3,500 | \$0 \$3,000 |
| Dentures (every 5 years) <i>(All services count toward the maximum)</i> | \$0 copay | 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> | \$100 per quarter | \$30 per quarter |
| In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year) | \$0 cost | \$0 cost |
| Routine Transportation (Up to 24 one-way trips per year, or 12 round trips up to 50 miles each way) | \$0 cost | \$0 cost |



Benefits in purple reflect changes from 2024

BSW SeniorCare Advantage Select Rx Assist (HMO-POS)

| 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, any upgrades, such as lens tinting is not included in the eyewear allowance and not covered by the plan) | \$130 allowance |
| Routine Hearing Exam (one per year) | \$0 copay |
| Hearing Aids (allowance toward purchase every 3 years) | \$1,000 allowance |
| Fitness (at participating Silver & Fit locations) | \$0 |
| Dental Monthly Premium | \$0 |
| Dental Annual Benefit Max | \$3,000 |
| Dentures (every 5 years) (All services count toward the maximum) | 50% coinsurance |
| Over-the-counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) Includes select groceries and Walmart as a new online retailer. | \$100 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

HMO-POS Dental Benefits



| Monthly Premium | Included |
|--|-----------------|
| Deductible | \$0 |
| Yearly Benefit Maximum | \$3,000-\$3,500 |
| Oral Exams, Cleanings (every 6 months) | \$0 |
| Dental X-rays (every 3 years) | \$0 |
| Extractions and Fillings | 50% |
| Dentures (every 5 years) | 50%-100% |
| Restorative Services | 50% |
| Prosthodontics | 50% |
| Other Oral/Maxillofacial Surgery | 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 - \$100 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 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 will have both Walmart and CVS Health links available as online retailers.



BSW SeniorCare Advantage PPO



BSW SeniorCare Advantage (PPO)

| Medical Benefits | PPO |
|---|------------------------|
| Monthly Premium (You must continue to pay your Medicare Part B premium) | \$0 |
| Deductible (medical) | \$0 |
| Out-of-Pocket Maximum (Does not include prescription drugs) | \$6,400 |
| Primary Care Physician (PCP) Office Visit | \$0 copay |
| Specialty Care Physician (SCP) Office Visit | \$35 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: \$320/day |
| | Days 7-90: \$0/day |
| Outpatient Surgery (facility) | \$350 copay |
| Ambulatory Surgical Center (facility) | \$275 copay |
| Emergency Care (copay waived if admitted within 24 hours) | \$120 copay |
| Urgent Care (copay waived if admitted within 24 hours) | \$50 copay |
| Worldwide Emergency/Urgent Services | \$0 copay |
| | \$5,000 maximum |



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BSW SeniorCare Advantage (PPO)

| Prescription Drug Benefits | PPO |
|---|---------------------------------|
| Deductible | \$300 (applies to Tiers 3-5) |
| Total Out-of-Pocket Amount | \$2,000 |
| Copays (30-day supply) | Preferred / Standard Pharmacies |
| Tier 1: Preferred Generic Drugs | \$0/\$5 copay |
| Tier 2: Generic Drugs | \$7/\$14 copay |
| Tier 3: Preferred Brand Drugs | \$47/\$47 copay |
| Tier 4: Non-Preferred Brand Drugs | \$99/\$99 copay |
| Tier 5: Specialty Drugs | 29% coinsurance |
| Mail-Order Copays (90-day supply) | |
| Tier 1: Preferred Generic Drugs | \$0 copay |
| Tier 2: Generic Drugs | \$0 copay |
| Tier 3: Preferred Brand Drugs (2 copays of \$47 for 90-day supply) | \$94 copay |
| Tier 4: Non-Preferred Brand Drugs (2 copays of \$100 for 90-day supply) | \$198 copay |
| During the Catastrophic Phase, You Pay | \$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 to view the formulary (drug list) and pharmacy directory

Visit 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 | PPO |
|--|-------------------|
| Routine Eye Exam (one per year; must use a network provider) | \$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 |
| Routine Hearing Exam (one per year) | \$0 copay |
| Hearing Aids (allowance toward purchase every 3 years) | \$1,100 allowance |
| Fitness (at participating Silver&Fit locations) | \$0 |
| Dental Monthly Premium Dental Annual Benefit Max | \$0 \$3,500 |
| Dentures (every 5 years) (<i>All services count toward the maximum</i>) | \$0 copay |
| 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 |
| Out-of-Network Cost-Sharing | 35% |
| <i>Out-of-Network Cost Sharing - Inpatient Hospital</i> | 40% |
| Annual Deductible | \$0 |
| Annual Out-of-Pocket Maximum for Services Received In and Out-of-Network Combined | \$10,000 |



Benefits in purple reflect changes from 2024

PPO Dental Benefits



| Monthly Premium | Included |
|--|----------|
| Deductible | \$0 |
| Yearly Benefit Maximum | \$3,500 |
| Oral Exams, Cleanings (every 6 months) | \$0 |
| Dental X-rays (every 3 years) | \$0 |
| Extractions and Fillings | 50% |
| Dentures (every 5 years) | 0% |
| Restorative Services | 50% |
| Prosthodontics | 50% |
| Other Oral/Maxillofacial Surgery | 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 - \$100 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 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 will have both Walmart and CVS Health links available as online retailers.

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

