

SUMMARY OF BENEFITS

Medicare Advantage HMO-POS

WEST TEXAS

**This is a summary of drug and health services covered in the
Covenant Health Advantage HMO plan, offered by
Baylor Scott & White Care Plan,
a subsidiary Baylor Scott & White Health Plan.**

Summary of Benefits

January 1, 2025 - December 31, 2025

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.

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the *Evidence of Coverage*, available on our website at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare) by October 15, 2024.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what Covenant Health Advantage HMO covers and what you pay.

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to know about Covenant Health Advantage HMO

- If you are a member of this plan, you can call us toll free at 1-833-442-2405 or TTY 711, October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-833-738-2460 or TTY 711, October 1 through March 31 from 8 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 8 a.m. – 5 p.m., Monday through Friday (excluding major holidays).
- Our website: [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare)

This document is available in other formats such as large print. The document may be available in a non-English language.

Who can join?

To join Covenant Health Advantage HMO, you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, and Terry.

What is the service area for West Texas Covenant Health Advantage HMO?



The counties in the service area are listed below:

Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lynn, and Terry.



Which doctors and hospitals, and pharmacies can I use?

Covenant Health Advantage HMO has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at BSWHealthPlan.com/Medicare. You must use network providers and pharmacies for covered services, unless authorized by the Plan.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

Covenant Health Advantage HMO covers Medicare Part B and Part D drugs. Certain limitations may apply.

Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
Monthly Plan Premium You must continue to pay your Medicare Part B Premium.	You pay \$0 per month.	You pay \$0 per month. Covenant Health Advantage (HMO) without Part D prescription drug coverage pays \$50 toward your Part B premium. This reduction is applied on your Social Security check. For questions about Social Security, please contact or go to SSA.gov for more information.
Deductible	You pay \$0.	You pay \$0.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay \$5,900 annually.	You pay \$5,600 annually.
Inpatient Hospital*	Days 1 - 6: \$325 copay each day per stay. Days 7 - 90: \$0 copay each day per stay.	Days 1 - 6: \$325 copay each day per stay. Days 7 - 90: \$0 copay each day per stay.
Outpatient Hospital* Ambulatory Surgery Center Outpatient Hospital Services	You pay \$250 copay per visit. You pay \$275 copay per visit.	You pay \$250 copay per visit. You pay \$275 copay per visit.
Doctor Visits Primary Care Providers Specialist	You pay \$0 copay per visit. You pay \$30 copay per visit.	You pay \$0 copay per visit. You pay \$30 copay per visit.
Preventive Care	You pay \$0 copay.	You pay \$0 copay.
Emergency Care If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$120 copay per visit.	You pay \$120 copay per visit.

***Prior Authorization is required.**

Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
Urgently Needed Services If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$50 copay per visit.	You pay \$50 copay per visit.
Diagnostic Services/Labs/Imaging* Diagnostic Tests and Procedures Lab Services Diagnostic Radiology Services (e.g. MRI) Outpatient X-Rays	You pay \$0 copay. You pay \$0 copay. You pay \$0 - \$325 copay. You pay \$0 copay.	You pay \$0 copay. You pay \$0 copay. You pay \$0 - \$325 copay. You pay \$0 copay.
Hearing Services Medicare-covered Hearing Exam Routine Hearing Exam Limited to one exam each year. Hearing Aids	You pay \$40 copay per Medicare-covered hearing exam. You pay \$0 copay per exam. \$1,000 allowance toward the purchase of hearing aids every three years.	You pay \$40 copay per Medicare-covered hearing exam. You pay \$0 copay per exam. \$1,000 allowance toward the purchase of hearing aids every three years.
Dental Services Diagnostic and Preventive Dental Oral Exams: One exam every six months.	In-Network and Out-of-Network Combined \$0 copay for each oral exam.	In-Network and Out-of-Network Combined \$0 copay for each oral exam.

*Prior Authorization is required.

Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
<p>Dental Services continued</p> <p>Dental X-Rays: One full mouth X-ray every 36 months. Bite-wing X-rays every 12 months.</p> <p>Other Diagnostic Dental Services: Periapical X-rays as needed.</p> <p>Prophylaxis (Cleaning): One cleaning every six months.</p> <p>Yearly Benefit Maximum:</p> <p>Comprehensive Dental Services</p> <p>Restorative Services: One filling per surface per tooth every 24 months. Crowns/inlays/onlays/bridges/implants are covered once every 10 years..</p> <p>Endodontics: One root canal per tooth per lifetime.</p> <p>Periodontics: Periodontal surgery once per quadrant every 36 months. Periodontal maintenance up to four times every calendar year. One scaling and root planing once per quadrant every 24 months.</p>	<p>\$0 copay for each X-ray.</p> <p>\$0 copay for each periapical X-ray.</p> <p>\$0 copay for each cleaning.</p> <p>\$3,000 for all covered preventive and comprehensive dental services combined.</p> <p>50% coinsurance for each restorative service.</p> <p>50% coinsurance for each endodontics service.</p> <p>50% coinsurance for each periodontics service.</p>	<p>\$0 copay for each X-ray.</p> <p>\$0 copay for each periapical X-ray.</p> <p>\$0 copay for each cleaning.</p> <p>\$2,500 for all covered preventive and comprehensive dental services combined.</p> <p>50% coinsurance for each restorative service.</p> <p>50% coinsurance for each endodontics service.</p> <p>50% coinsurance for each periodontics service.</p>

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Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
<p>Dental Services</p> <p>Prosthodontics, removable One set of dentures every five years.</p> <p>Oral and Maxillofacial Surgery One brush biopsy every 24 months. One Alveoloplasty in conjunction with extractions one per quadrant per lifetime.</p> <p>Benefits for dental services are administered and paid by Metropolitan Life Insurance Company. Exclusions and limitations apply. See the <i>Evidence of Coverage</i> for full details on the dental benefit.</p> <p>If a covered service is performed by an out-of-network dentist, we will base the benefit on the covered percentage of the maximum allowed charge.</p> <p>Out-of-network dentists may charge more than the maximum allowed charge. If an out-of-network dentist performs a covered service, you will be responsible for paying:</p> <ul style="list-style-type: none"> • any other part of the maximum allowed charge for which we do not pay benefits; and • any amount in excess of the maximum allowed charge charged by the out-of-network dentist. 	<p>50% coinsurance for each prosthodontics, removable service.</p> <p>50% coinsurance for each oral and maxillofacial surgery.</p>	<p>50% coinsurance for each prosthodontics, removable service.</p> <p>50% coinsurance for each oral and maxillofacial surgery.</p>

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Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
<p>Vision Services</p> <p>Eyewear The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts.</p> <p>Routine Eye Exam</p> <p>Medicare-covered Eye Exam</p>	<p>\$125 allowance toward the purchase of eyewear each year.</p> <p>You pay \$0 copay for one routine eye exam per year.</p> <p>You pay \$40 copay for Medicare-covered eye exams.</p>	<p>\$125 allowance toward the purchase of eyewear each year.</p> <p>You pay \$0 copay for one routine eye exam per year.</p> <p>You pay \$40 copay for Medicare-covered eye exams.</p>
<p>Mental Health Services</p> <p>Inpatient*</p> <p>Outpatient Individual or Group Therapy</p>	<p>Days 1 - 5: \$318 copay each day per stay. Days 6 - 90: \$0 copay each day per stay.</p> <p>You pay \$30 copay per visit.</p>	<p>Days 1 - 5: \$318 copay each day per stay. Days 6 - 90: \$0 copay each day per stay.</p> <p>You pay \$30 copay per visit.</p>
<p>Skilled Nursing Facility (SNF) Care*</p>	<p>Days 1 - 20: \$0 copay each day. Days 21 - 100: \$214 copay each day.</p>	<p>Days 1 - 20: \$0 copay each day. Days 21 - 100: \$214 copay each day.</p>
<p>Physical Therapy</p> <p>Occupational Therapy</p> <p>Physical Therapy and Speech and Language Therapy</p>	<p>You pay \$35 copay per visit.</p> <p>You pay \$35 copay per visit.</p>	<p>You pay \$35 copay per visit.</p> <p>You pay \$35 copay per visit.</p>
<p>Ambulance Service</p> <p>Ground Ambulance</p> <p>Air Ambulance*</p>	<p>You pay \$300 copay.</p> <p>You pay \$300 copay.</p>	<p>You pay \$265 copay.</p> <p>You pay \$265 copay.</p>
<p>Transportation (Additional Routine)</p>	<p>Not covered.</p>	<p>Not covered.</p>

*Prior Authorization is required.

Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
Medicare Part B Prescription Drugs Chemotherapy Drugs Prior Authorization may be required. Step Therapy may be required. Other Part B Drugs Prior Authorization may be required. Step Therapy may be required. You pay no more than \$35 for a one-month supply of covered insulin when used in an insulin pump.	You pay 0% - 20% coinsurance. You pay 0% - 20% coinsurance.	You pay 0% - 20% coinsurance. You pay 0% - 20% coinsurance.
Wellness Program (e.g. fitness)	Not covered.	Not covered.
Home Health Care*	You pay \$0 copay per visit.	You pay \$0 copay per visit.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	You pay \$40 copay per visit.	You pay \$40 copay per visit.
Telehealth Services - PCP, Specialist, and Individual or Group Sessions for Psychiatric Services	You pay \$0 copay per visit.	You pay \$0 copay per visit.
Opioid Treatment Service*	You pay \$45 copay per visit.	You pay \$45 copay per visit.
Meal Benefit	Not covered.	Not covered.

*Prior Authorization is required.

Premiums and Benefits	Covenant Health Advantage Rx (HMO) With Part D prescription drug coverage	Covenant Health Advantage (HMO) Without Part D prescription drug coverage
Over-the-Counter Items	Quarterly \$90 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.	Quarterly \$30 swipe and save allowance toward over-the-counter items such as medicine, or products related to eye care, wellness, or personal care.
Worldwide Emergency/Urgent Services Emergency Care Urgent Care Emergency/Urgent Transportation Yearly Benefit Maximum	You pay \$0 copay per visit. You pay \$0 copay per visit. You pay \$0 copay per trip. \$5,000 maximum plan benefit coverage amount.	You pay \$0 copay per visit. You pay \$0 copay per visit. You pay \$0 copay per trip. \$5,000 maximum plan benefit coverage amount.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Referrals and Authorizations

Referrals from your primary provider for services are not required; however, many services require prior authorization. For complete details, refer to the *Evidence of Coverage*, available on our website at BSWHealthPlan.com/Medicare by October 15, 2024.

***Prior Authorization is required.**

Outpatient Prescription Drugs			
	Covenant Health Advantage Rx (HMO)		
Deductible	\$0.		
	Initial Coverage		
	Standard Retail 30-Day Supply	Preferred Retail 30-Day Supply	Mail Order 90-Day Supply
Tier 1 (Preferred Generic)	You pay \$5.	You pay \$0.	You pay \$0.
Tier 2 (Generic)	You pay \$10.	You pay \$5.	You pay \$0.
Tier 3 (Preferred Brand)	You pay \$47.	You pay \$47.	You pay \$94.
Tier 4 (Non-Preferred)	You pay \$100.	You pay \$100.	You pay \$200.
Tier 5 (Specialty)	You pay 33% of the cost.	You pay 33% of the cost.	Not Available
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,000, you pay \$0.		

Most adult Part D vaccines are covered at no cost to you.

You pay no more than \$35 for a one-month supply of each covered insulin, no matter the cost-sharing tier it is on.

Information on Your Prescription Benefit

You can view the formulary (drug list) and any formulary restrictions on our website. Your costs for some drugs may be less at pharmacies that offer preferred cost sharing. To view the formulary (drug list) and pharmacy directory, go to [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

We encourage you to let us know right away, if after becoming a member you have questions, concerns, or problems related to your prescription benefits. For assistance, call our Customer Service Department at 1-833-442-2405 (TTY: 711), October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays).

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-833-442-2405 (TTY: 711) October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays).

Understand the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [BSWHealthPlan.com/Medicare](https://www.BSWHealthPlan.com/Medicare) or call 1-833-442-2405 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- If your plan includes Part D coverage, review the formulary to make sure your drugs are covered.

Understand Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



Multi-Language
Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-442-2405. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-442-2405. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-442-2405。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-442-2405。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-442-2405. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-442-2405. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-442-2405 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-442-2405. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-442-2405 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-442-2405. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 1-833-442-2405 فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-442-2405 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-442-2405. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-442-2405. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-442-2405. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-442-2405. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-442-2405 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Nondiscrimination Notice

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 does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baylor Scott & White Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Baylor Scott & White Health Plan Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org

If you believe that Baylor Scott & White Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Baylor Scott & White Health Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or
<https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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