

# Plan Comparison

## 2024 Medicare Advantage

**CENTRAL TEXAS**

/// THE POWER TO LIVE BETTER





# Medical Plan Benefits Effective January 1, 2024

Medical Plan Benefits	HMO-POS Select	HMO-POS Preferred	HMO-POS Premium	HMO-POS Select Rx Assist	PPO Basic <sup>3</sup> (In-Network Costs)	PPO Platinum <sup>4</sup> (In-Network Costs)
Monthly Premium (See Part B premium note below)						
With Part D prescription drug coverage	\$0	\$135	\$243	\$0*	\$0	\$132
Without Part D prescription drug coverage. <sup>1</sup>	\$0	\$83	\$199	Not available	Not available	Not available
Part B premium reduction (For plans without Part D) <sup>2</sup>	\$50	\$50	\$50	Not available	Not available	Not available
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum with Part D	\$5,800	\$4,600	\$4,800	\$5,800	\$6,800	\$4,600
Out-of-Pocket Maximum without Part D	\$5,900	\$4,500	\$4,500	Not available	Not available	Not available
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not available	Not available
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay	\$25 copay	\$0 copay	\$25 copay	\$40 copay	\$20 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$75-\$300 copay	\$0-\$15 copay	\$0 copay	\$75-\$300 copay	\$75-\$300 copay	\$20-\$200 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$25 copay	\$10 copay	\$35 copay	\$35 copay	\$25 copay
Inpatient Hospital	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay	\$700/stay	\$100/stay	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay	Day 1-6: \$325/day per stay Day 7-90: \$0/day per stay	Day 1-5: \$250/day per stay Day 6-90: \$0/day per stay
Inpatient Mental Health	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	\$700/stay	\$100/stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$318/day per stay Day 6-90: \$0/day per stay	Day 1-5: \$250/day per stay Day 6-90: \$0/day per stay
Skilled Nursing Facility (SNF)	Day 1-20: \$0/day Day 21-100: \$200/day	Day 1-20: \$0/day Day 21-100: \$50/day	Day 1-20: \$0/day Day 21-100: \$15/day	Day 1-20: \$0/day Day 21-100: \$200/day	Day 1-20: \$0/day Day 21-100: \$196/day	Day 1-20: \$0/day Day 21-100: \$50/day
Outpatient Surgery (facility)	\$325 copay	\$15 copay	\$0 copay	\$325 copay	\$350 copay	\$100 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$100 copay	\$0 copay	\$250 copay	\$275 copay	\$75 copay
Ambulance with Part D	\$300 copay	\$75 copay	\$40 copay	\$300 copay	\$325 copay	\$75 copay
Ambulance without Part D	\$265 copay	\$75 copay	\$40 copay	Not available	Not available	Not available
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$100 copay	\$100 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$40 copay	\$40 copay	\$50 copay	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance
Podiatry	\$40 copay	\$15 copay	\$0 copay	\$40 copay	\$45 copay	\$45 copay
Chemotherapy Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Other Part B Drugs	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance

This is not a complete description of benefits. Please refer to the plan's Evidence of Coverage at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

<sup>1</sup>If you have Part D prescription drug coverage through another carrier, your drug coverage will end when your new BSW SeniorCare Advantage plan starts. Medicare Advantage plans do not allow members to have medical coverage and prescription drug coverage through two different 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>2</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](https://ssa.gov).

<sup>3</sup>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.

<sup>4</sup>To help maximize BSW SeniorCare Advantage PPO benefits, use in-network providers for care; out-of-network cost-sharing for the Platinum PPO is 30%. There is an \$8,950 out-of-pocket maximum for services received out-of-network.

\*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 for Extra Help:**

Medicare.gov/basics/costs/help/drug-costs; or Social Security Administration at [ssa.gov/medicare/part-d-extra-help](https://ssa.gov/medicare/part-d-extra-help)

# Rx and Dental Benefits Effective January 1, 2024

Prescription Drug Benefits (applies to plans <i>with</i> Part D only)	HMO-POS Select Rx	HMO-POS Preferred Rx	HMO-POS Premium Rx	HMO-POS Select Rx Assist	PPO Basic	PPO Platinum
Deductible	\$0	\$0	\$0	\$0*	\$250 (Applies to Tiers 3-5)	\$50 (Applies to Tiers 3-5)
Initial Coverage Amount	\$5,030	\$5,030	\$5,030	\$5,030*	\$5,030	\$5,030
Retail Copays During Initial Coverage Period (30-day supply)	Preferred/Standard Pharmacy					
Tier 1 - Preferred Generic Drugs	\$0/\$10 copay	\$0/\$8 copay	\$0/\$7 copay	\$0* copay	\$0/\$5 copay	\$0/\$5 copay
Tier 2 - Generic Drugs	\$13/\$20 copay	\$8/\$15 copay	\$5/\$12 copay	\$0* copay	\$7/\$14 copay	\$5/\$12 copay
Tier 3 - Preferred Brand Drugs	\$47/\$47 copay	\$45/\$45 copay	\$45/\$45 copay	\$0* copay	\$47/\$47 copay	\$45/\$45 copay
Tier 4 - Non-Preferred Drugs	\$100/\$100 copay	\$95/\$95 copay	\$95/\$95 copay	\$0* copay	\$99/\$99 copay	\$95/\$95 copay
Tier 5 - Specialty Drugs	33% coinsurance	33% coinsurance	33% coinsurance	\$0* copay	29% coinsurance	32% coinsurance
Mail Order Copays	Tiers 1 - 2 are \$0 copay; Tiers 3 - 4 are 2 copays for a 90-day supply					
After Initial Coverage Amount - You Pay						
Preferred Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance	\$0* copay	25% coinsurance	25% coinsurance
Other Generic Drugs	25% coinsurance	25% coinsurance	25% coinsurance	\$0* copay	25% coinsurance	25% coinsurance
Brand-Name Drugs	25% coinsurance	25% coinsurance	25% coinsurance	\$0* copay	25% coinsurance	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$8,000	\$8,000	\$8,000	\$8,000*	\$8,000	\$8,000
Catastrophic Coverage Amounts - You Pay	\$0 copay	\$0 copay	\$0 copay	\$0* copay	\$0 copay	\$0 copay

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.

Dental Benefits (for all plans)	
Monthly Premium	Included
Yearly Benefit Maximum	\$3,500
Deductible	\$0
Oral Exams - One every 6 months	\$0
Cleanings - One every 6 months (Exception: 3 times per year for PPO Basic)	\$0
Dental X-rays (One full mouth X-ray every 60 months. One bite-wing X-ray every 12 months.)	\$0
Extractions	\$0
Fillings (One filling every 24 months covered at 100%. 50% coinsurance for additional fillings.)	\$0
Dentures (every 5 years)	\$0
Restorative Services	0%-50%

## 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:

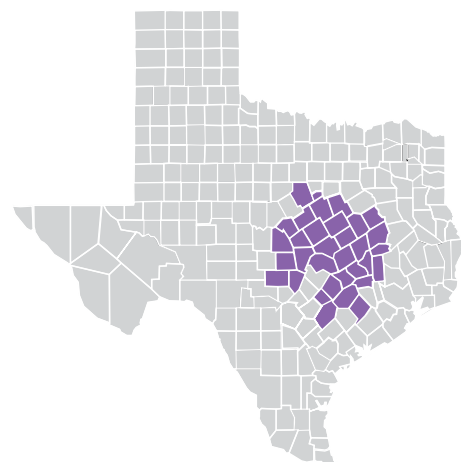
[Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs); OR

Social Security Administration at [ssa.gov/medicare/part-d-extra-help](https://www.ssa.gov/medicare/part-d-extra-help)

# Supplemental Benefits Effective January 1, 2024

Supplemental Benefits	HMO-POS Select	HMO-POS Preferred	HMO-POS Premium	HMO-POS Select Rx Assist	PPO Basic	PPO Platinum
Routine Eye Exam (one per year; must use a network provider)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyewear (annually; must use network provider) With Part D prescription drug coverage Without Part D prescription drug coverage.	\$150 allowance \$125 allowance	\$125 allowance \$125 allowance	\$125 allowance \$125 allowance	\$150 allowance Not available	\$150 allowance Not available	\$150 allowance Not available
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing Aids (every 3 years) With Part D prescription drug coverage Without Part D prescription drug coverage	\$1,500 allowance \$1,000 allowance	\$1,000 allowance \$1,000 allowance	\$1,000 allowance \$1,000 allowance	\$1,500 allowance Not available	\$1,000 allowance Not available	\$1,500 allowance Not available
Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&Fit locations and YMCAs)	\$0	\$0	\$0	\$0	\$0	\$0
Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover) With Part D prescription drug coverage Without Part D prescription drug coverage	\$50 per quarter \$30 per quarter	\$30 per quarter \$30 per quarter	\$30 per quarter \$30 per quarter	\$50 per quarter Not available	\$30 per quarter Not available	Not available Not available
In-Home Meals (14 meals per hospital discharge to home; limit 3 discharges per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not available	Not available
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	\$0 copay	Not available	Not available

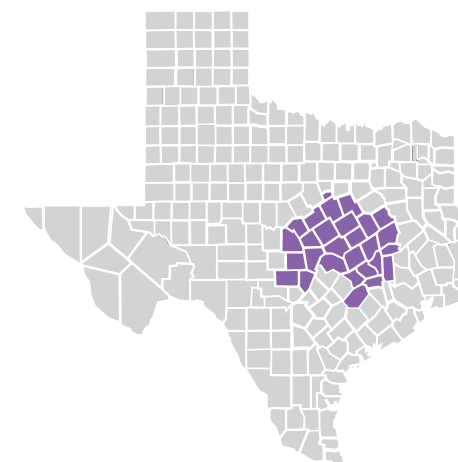
## HMO-POS Coverage Area



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

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, Robertson, San Saba, Somervell, Washington, Williamson

## 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

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You must continue to pay your Medicare Part B premium.

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