

# Plan Comparison

## 2024 Medicare Advantage

**WEST TEXAS**

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## Medical Plan Benefits Effective January 1, 2024

Medical Plan Benefits	HMO	HMO Rx
Monthly Premium (See Part B premium note below)	\$0 <sup>1</sup>	\$0
Part B premium reduction	\$50	Not available
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$5,600	\$5,900
Annual Physical Exam	\$0 copay	\$0 copay
Primary Care Physician (PCP) Office Visit	\$0 copay	\$0 copay
Specialty Care Physician (SCP) Office Visit	\$25 copay	\$25 copay
Telehealth Visit (PCP, SCP, Psychiatry Services)	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, Lab Services (separate office visit copay may apply)	\$0 copay	\$0 copay
Advanced Diagnostic Imaging Services (MRI, MRA, SPECT, CTA, CT, PET, Nuclear Cardiology)	\$75-\$325 copay	\$75-\$325 copay
Physical/Occupational/Speech Therapy (per visit)	\$35 copay	\$35 copay
Inpatient Hospital	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
Inpatient Mental Health	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
Skilled Nursing Facility (SNF)	Day 1-20: \$0/day Day 21-100: \$200/day	Day 1-20: \$0/day Day 21-100: \$200/day
Outpatient Surgery (facility)	\$275 copay	\$275 copay
Ambulatory Surgical Center (facility)	\$250 copay	\$250 copay
Ambulance	\$265 copay	\$300 copay
Emergency Care (within the U.S.; copay waived if admitted within 24 hours)	\$100 copay	\$100 copay
Urgent Care (within the U.S.; copay waived if admitted within 24 hours)	\$50 copay	\$50 copay
Worldwide Emergency/Urgent Services (outside the U.S.)	\$0 copay \$5,000 maximum	\$0 copay \$5,000 maximum
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Podiatry	\$40 copay	\$40 copay
Chemotherapy Drugs	0%-20% coinsurance	0%-20% coinsurance
Other Part B Drugs	0%-20% coinsurance	0%-20% coinsurance

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.

This is not a complete description of benefits. For more information, please refer to the plan's Evidence of Coverage available by October 15, 2023 at [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/Medicare).

You must continue to pay your Medicare Part B premium.

<sup>1</sup>The HMO plan (without Part D) pays \$50 per month toward your Part B premium. This reduction is applied to your Social Security check. Contact Social Security or go to [SSA.gov](https://www.ssa.gov) for more information.

<sup>2</sup>If you have Part D prescription drug coverage through another carrier, your drug coverage will end when your new Covenant Health 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 Covenant Health 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.

## Rx and Dental Benefits Effective January 1, 2024

Prescription Drug Benefits <sup>2</sup>	HMO Rx
Deductible	\$0
Initial Coverage Amount	\$5,030
Retail Copays During Initial Coverage Period (30-day supply)	Preferred/Standard Pharmacy
Tier 1 - Preferred Generic Drugs	\$0/\$5
Tier 2 - Generic Drugs	\$5/\$10
Tier 3 - Preferred Brand Drugs	\$47/\$47
Tier 4 - Non-Preferred Drugs	\$100/\$100
Tier 5 - Specialty Drugs	33% 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
Other Generic Drugs	25% coinsurance
Brand-Name Drugs	25% coinsurance
Total Out-of-Pocket You Pay Before Catastrophic Coverage	\$8,000
Catastrophic Coverage Amounts - You Pay	\$0

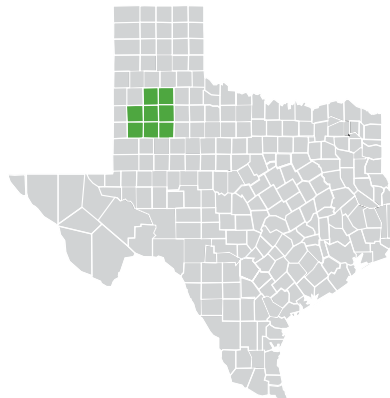
Dental Benefits	
Monthly Premium	Included
Yearly Benefit Maximum	\$2,500
Deductible	\$0
Oral Exams, Cleanings (every 6 months)	\$0
Dental X-rays (Certain X-ray services are covered every 3 years at 100%)	\$0
Extractions	50% coinsurance
Fillings (One filling every 6 months)	\$0 copay
Dentures (every 5 years)	50% coinsurance
Restorative Services	50% coinsurance



# Supplemental Benefits Effective January 1, 2024

Medical Plan Benefits	HMO	HMO Rx
Routine Eye Exam (one per year; must use a network provider)	\$0 copay	\$0 copay
Eyewear (annually; must use network provider)	\$200 allowance	\$200 allowance
Routine Hearing Exam (one per year)	\$0 copay	\$0 copay
Hearing Aids (every 3 years)	\$1,000 allowance	\$2,500 allowance
Fitness Membership (Home fitness programs, activity tracker, and/or gym/fitness club membership at participating Silver&Fit locations and YMCAs)	\$0	\$0
Over-the-Counter (OTC) Allowance (must use OTC Network card at participating retailers; no rollover)	\$30 per quarter	\$75 per quarter

## West Texas Coverage Area



The counties in the West Texas HMO service area are:

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

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.

Not connected with or endorsed by the United States government or the federal Medicare program.