

2026 SUMMARY of BENEFITS

Get the care you need and the service you deserve with
BSW SeniorCare Advantage HMO-POS *Select*.

NORTH TEXAS



BaylorScott&White
Health Plan

BSW SENIORCARE
ADVANTAGE • HMO-POS

**This is a summary of drug and health services covered in the
BSW SeniorCare Advantage Select (HMO-POS) plan, offered by
Baylor Scott & White Health Plan.**

Summary of Benefits

January 1, 2026 - December 31, 2026

BSW SeniorCare Advantage Select (HMO-POS) is offered by Baylor Scott & White Health Plan, a Medicare Advantage organization with a Medicare contract. Enrollment in BSW SeniorCare Advantage 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, 2025.

Tips for comparing your Medicare choices

This Summary of Benefits gives you a summary of what BSW SeniorCare Advantage Select (HMO-POS) 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 BSW SeniorCare Advantage Select (HMO-POS)

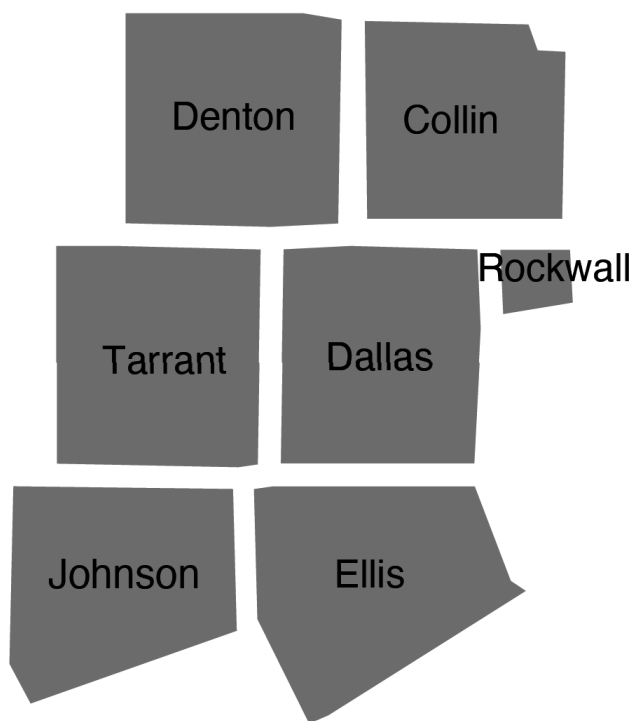
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays).
- If you are not a member of this plan, you can call us toll free at 1-800-782-5068 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 BSW SeniorCare Advantage Select (HMO-POS), you must have Medicare Part A and Medicare Part B, and live in our service area. Our service area includes these counties in Texas: Collin, Dallas, Denton, Ellis, Johnson, Rockwall and Tarrant.

What is the service area for North Texas BSW SeniorCare Advantage Select (HMO-POS)?



The counties in the service area are listed below:

Collin, Dallas, Denton, Ellis, Johnson, Rockwall and Tarrant.



Which doctors, hospitals, and pharmacies can I use?

BSW SeniorCare Advantage Select (HMO-POS) 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.

BSW SeniorCare Advantage Select (HMO-POS) covers Medicare Part B drugs. Certain limitations may apply.

Premiums and Benefits	BSW SeniorCare Advantage Select (HMO-POS)
Monthly Plan Premium You must continue to pay your Medicare Part B Premium.	You pay \$0 per month. BSW SeniorCare Advantage Select (HMO-POS) 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.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay \$5,550 annually.
Inpatient Hospital*	You pay \$225 copay per day for days 1-6; \$0 copay per day for days 7-90.
Outpatient Hospital* Ambulatory Surgery Center Outpatient Hospital Services Intensive Outpatient Program Services	You pay \$250 copay per visit. You pay \$275 copay per visit. You pay \$40 copay per visit.
Doctor Visits Primary Care Providers Specialist	You pay \$0 copay per visit. You pay \$25 copay per visit.
Preventive Care	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 \$130 copay per visit.
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.

Premiums and Benefits	BSW SeniorCare Advantage Select (HMO-POS)
<p>Diagnostic Services/Labs/Imaging*</p> <p>Diagnostic Tests and Procedures</p> <p>Lab Services</p> <p>Diagnostic Radiology Services (e.g. MRI)</p> <p>Outpatient X-Rays</p> <p>Hearing Services</p> <p>Medicare-covered Hearing Exam</p> <p>Routine Hearing Exam Limited to one exam each year.</p> <p>Hearing Aids</p>	<p>You pay \$0 copay.</p> <p>You pay \$0 copay.</p> <p>You pay \$0 to \$200 copay.</p> <p>You pay \$0 copay.</p> <p>You pay \$40 copay per Medicare-covered hearing exam.</p> <p>You pay \$0 copay per exam.</p> <p>\$1,000 maximum plan coverage amount every 3 years (for both ears combined) for prescription hearing aids.</p>
<p>Dental Services</p> <p>Diagnostic and Preventive Dental</p> <p>Oral Exams: One exam every six months.</p> <p>Dental X-Rays: One full mouth X-ray every 60 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>Other Preventive Dental: Labs and other tests (e.g. pulp vitality tests)</p> <p>Yearly Benefit Maximum:</p>	<p>In-Network and Out-of-Network Combined</p> <p>You pay \$0 copay for each oral exam.</p> <p>You pay \$0 copay for each X-ray.</p> <p>You pay \$0 copay for each periapical X-ray.</p> <p>You pay \$0 copay for each cleaning.</p> <p>You pay \$0 copay for labs and other tests.</p> <p>\$3,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.</p>

Premiums and Benefits	BSW SeniorCare Advantage Select (HMO-POS)
<p>Comprehensive Dental Services</p> <p>Restorative Services: One resin or amalgam filling per surface per tooth every 24 months. One set of dentures every five years covered at 50%. Crowns/inlays/onlays/bridges/implants are covered once every 10 years covered at 50%.</p> <p>Endodontics: Root canals are covered once per tooth per lifetime. Pulp capping as needed. One pulpal therapy, apexification, and calcification per lifetime per tooth.</p> <p>Periodontics: Periodontal surgery once per quadrant every 36 months. Periodontal maintenance up to two times every calendar year in combination with Prophylaxis cleaning. Scaling and root planing once per quadrant every 24 months.</p> <p>Prosthodontics, removable Dentures through Prosthodontist once every 5 calendar years. Denture adjustments once every 6 months Dental rebases or relines once every 36 months Tissue conditioning once every 36 months</p> <p>Implant Services One implant per tooth every 10 calendar years. One implant repair and supported prosthetic per tooth every 10 calendar years.</p>	<p>You pay 50% coinsurance for each restorative service.</p> <p>You pay 50% coinsurance for each endodontics service.</p> <p>You pay 50% coinsurance for each periodontics service.</p> <p>You pay 50% coinsurance for each prosthodontics, removable service.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50% coinsurance for each implant service.</p>

Premiums and Benefits	BSW SeniorCare Advantage Select (HMO-POS)
<p>Prosthodontics, fixed</p> <p>Dentures through Prosthodontist once every 5 calendar years.</p> <p>Denture adjustments once every 6 months.</p> <p>Dental rebases or relines once every 36 months.</p> <p>Tissue conditioning once every 36 months.</p> <p>Bridges covered through Prosthodontist once every 10 calendar years.</p> <p>Oral and Maxillofacial Surgery</p> <p>Oral surgery for simple and surgical extractions.</p> <p>One brush biopsy every 24 months.</p> <p>One Alveoloplasty in conjunction with extractions included once per quadrant per lifetime.</p> <p>Adjunctive General Services</p> <p>One consultation every 12 months.</p> <p>Diagnostic casts as needed.</p> <p>General anesthesia and IV sedation, if medically/dentally necessary.</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>You pay 50% coinsurance for each prosthodontics, fixed service.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50%.</p> <p>You pay 50% coinsurance for each oral and maxillofacial surgery.</p> <p>You pay 50% coinsurance for each adjunctive general service.</p>

Premiums and Benefits	BSW SeniorCare Advantage Select (HMO-POS)
Vision Services Eyewear Routine Eye Exam Medicare-covered Eye Exam	<p>\$125 maximum coverage amount every year for all non-Medicare-covered eyewear. The eyewear limit applies to all eyewear types including glasses, frames, lenses, and contacts in- or out-of-network.</p> <p>You pay \$0 copay for one routine eye exam per year in- or out-of-network.</p> <p>You pay \$40 copay for Medicare-covered eye exams.</p>
Mental Health Services Inpatient* Outpatient Individual or Group Therapy	<p>You pay \$318 copay per day for days 1-5; \$0 copay per day for days 6-90.</p> <p>You pay \$30 copay per visit.</p>
Skilled Nursing Facility (SNF) Care*	<p>You pay \$0 copay per day for days 1-20; \$218 copay per day for days 21-100.</p>
Physical Therapy Occupational Therapy Physical Therapy and Speech and Language Therapy	<p>You pay \$35 copay per visit.</p> <p>You pay \$35 copay per visit.</p>
Ambulance Service Ground Ambulance Air Ambulance*	<p>You pay \$265 copay.</p> <p>You pay \$265 copay.</p>
Transportation (Additional Routine)	<p>You pay \$0 copay for up to 24 one-way trips per year, or 12 round trips up to 50 miles each way.</p>

Premiums and Benefits	BSW SeniorCare Advantage Select (HMO-POS)
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 copay for a one-month supply of covered insulin when used in an insulin pump.	You pay 0% to 20% coinsurance. You pay 0% to 20% coinsurance.
Wellness Program (e.g. fitness)	Silver&Fit is a fitness program that provides members with a complimentary gym membership at participating gyms in your area. This benefit is at no additional cost to you.
Home Health Care*	You pay \$0 copay per visit.
Foot Care (Podiatry Services) Medicare-covered foot exams and treatment.	You pay \$40 copay per visit.
Telehealth Services - PCP, Specialist, and Individual or Group Sessions for Psychiatric Services	You pay \$0 copay per visit.
Opioid Treatment Service*	You pay \$45 copay per visit.
Meal Benefit	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.
Over-the-Counter Items	\$30 maximum plan coverage amount every 3 months for OTC items. Swipe and save allowance for 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 every year for the worldwide benefit.

*Prior Authorization is required.

Plans may offer supplemental benefits in addition to Part C 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, 2025.

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 1-866-334-3141 (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 or call 1-866-334-3141 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.

Understand Important Rules

- ☐ In addition to your monthly plan premium, 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.

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You must continue to pay your Medicare Part B premium.

