

# 2026 SUMMARY of BENEFITS

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

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 Essentials (HMO-POS) plan, offered by  
Baylor Scott & White Health Plan.**

**Summary of Benefits**

**January 1, 2026 - December 31, 2026**

BSW SeniorCare Advantage Essentials (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 Essentials (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 Essentials (HMO-POS)**

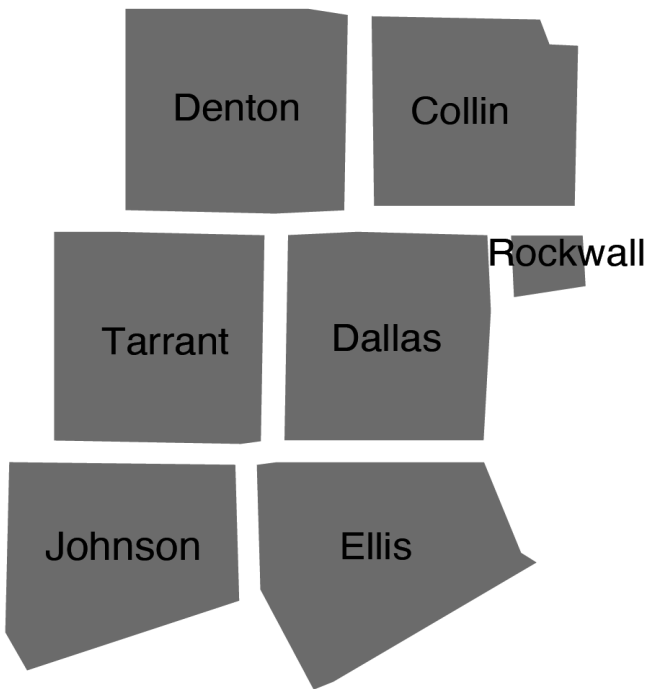
- If you are a member of this plan, you can call us toll free at 1-866-334-3141 or TTY 711, October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays).
- If you 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 Essentials (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 Essentials (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 Essentials (HMO-POS) has a network directory of doctors, hospitals, pharmacies, and other providers that can be found on our website at [BSWHealthPlan.com/Medicare](https://www.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 Essentials (HMO-POS) covers Medicare Part B and Part D drugs. Certain limitations may apply.

Premiums and Benefits	BSW SeniorCare Advantage Essentials (HMO-POS)
<b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B Premium.	With Extra Help: \$0 Without Extra Help \$4.80
<b>Deductible</b>	You pay \$0.
<b>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</b>	You pay \$5,000 annually.
<b>Inpatient Hospital*</b>	\$225 copay per day for days 1-6; \$0 copay per day for days 7-90.
<b>Outpatient Hospital*</b>  <b>Ambulatory Surgery Center</b>  <b>Outpatient Hospital Services</b>  <b>Intensive Outpatient Program Services</b>	You pay \$250 copay per visit.  You pay \$275 copay per visit.  You pay \$40 copay per visit.
<b>Doctor Visits</b>  <b>Primary Care Providers</b>  <b>Specialist</b>	You pay \$0 copay per visit.  You pay \$20 copay per visit.
<b>Preventive Care</b>	You pay \$0 copay.
<b>Emergency Care</b>  If you are admitted to the hospital within 24 hours, for the same condition, the copay is waived.	You pay \$130 copay per visit.
<b>Urgently Needed Services</b>  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 Essentials (HMO-POS)
<b>Diagnostic Services/Labs/Imaging*</b>  <b>Diagnostic Tests and Procedures</b>  <b>Lab Services</b>  <b>Diagnostic Radiology Services (e.g. MRI)</b>  <b>Outpatient X-Rays</b>	<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>
<b>Hearing Services</b>  <b>Medicare-covered Hearing Exam</b>  <b>Routine Hearing Exam</b> Limited to one exam each year. <b>Hearing Aids</b>	<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>
<b>Dental Services</b>  <b>Diagnostic and Preventive Dental</b>  <b>Oral Exams:</b> One exam every six months.  <b>Dental X-Rays:</b> One full mouth X-ray every 60 months. Bite-wing X-rays every 12 months.  <b>Other Diagnostic Dental Services:</b> Periapical X-rays every six months.  <b>Prophylaxis (Cleaning):</b> One cleaning every six months.  <b>Other Preventive Dental:</b> Labs and other tests (e.g. pulp vitality tests)  <b>Yearly Benefit Maximum:</b>	<b>In-Network and Out-of-Network Combined</b>  <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 Essentials (HMO-POS)
<p><b>Comprehensive Dental Services</b></p> <p><b>Restorative Services:</b> One resin or amalgam filling per surface per tooth every 24 months.</p> <p><b>Endodontics:</b> 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><b>Periodontics:</b> 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><b>Prosthodontics, removable</b>  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><b>Implant Services</b> 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>One set of dentures every five years covered at 50%. Crowns/inlays/onlays/bridges/implants are covered once every 10 years at 50%.</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 Essentials (HMO-POS)
<p><b>Prosthodontics, fixed</b></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><b>Oral and Maxillofacial Surgery</b></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><b>Adjunctive General Services</b></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"> <li>• any other part of the maximum allowed charge for which we do not pay benefits; and</li> <li>• any amount in excess of the maximum allowed charge charged by the out-of-network dentist.</li> </ul>	<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 Essentials (HMO-POS)
<b>Vision Services</b>  <b>Eyewear</b>  <b>Routine Eye Exam</b>  <b>Medicare-covered Eye Exam</b>	<p>\$130 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>
<b>Mental Health Services</b>  <b>Inpatient*</b>  <b>Outpatient Individual or Group Therapy</b>	<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>
<b>Skilled Nursing Facility (SNF) Care*</b>	<p>You pay \$0 copay per day for days 1-20; \$218 copay per day for days 21-100.</p>
<b>Physical Therapy</b>  <b>Occupational Therapy</b>  <b>Physical Therapy and Speech and Language Therapy</b>	<p>You pay \$35 copay per visit.</p> <p>You pay \$35 copay per visit.</p>
<b>Ambulance Service</b>  <b>Ground Ambulance</b>  <b>Air Ambulance*</b>	<p>You pay \$300 copay.</p> <p>You pay \$300 copay.</p>
<b>Transportation (Additional Routine)</b>	<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>
<b>Medicare Part B Prescription Drugs</b>  <b>Chemotherapy Drugs</b> Prior Authorization may be required. Step Therapy may be required. <b>Other Part B Drugs</b> 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.	<p>You pay 0% to 20% coinsurance.</p> <p>You pay 0% to 20% coinsurance.</p>

Premiums and Benefits	BSW SeniorCare Advantage Essentials (HMO-POS)
<b>Wellness Program (e.g. fitness)</b>	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.
<b>Home Health Care*</b>	You pay \$0 copay per visit.
<b>Foot Care (Podiatry Services)</b> Medicare-covered foot exams and treatment.	You pay \$40 copay per visit.
<b>Telehealth Services - PCP, Specialist, and Individual or Group Sessions for Psychiatric Services</b>	You pay \$0 copay per visit.
<b>Opioid Treatment Service*</b>	You pay \$45 copay per visit.
<b>Meal Benefit</b>	You pay \$0 copay for 14 meals per hospital discharge to home; limit three discharges per year.
<b>Over-the-Counter Items</b>	\$100 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.
<b>Worldwide Emergency/Urgent Services</b>	
<b>Emergency Care</b>	You pay \$0 copay per visit.
<b>Urgent Care</b>	You pay \$0 copay per visit.
<b>Emergency/Urgent Transportation</b>	You pay \$0 copay per trip.
<b>Yearly Benefit Maximum</b>	\$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 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](https://BSWHealthPlan.com/Medicare) by October 15, 2025.

Medicare Part D Prescription Drugs		
	BSW SeniorCare Advantage Essentials Rx (HMO-POS)	
	Deductible	
Without Extra Help	\$615	
With Extra Help	\$0	
	Standard Retail 30-Day Supply	Mail Order 90-Day Supply
Without Extra Help	25% coinsurance.	25% coinsurance.
With Extra Help - Level 1	\$5.10 copay / Generic Drugs \$12.65 copay / All Other Drugs	
With Extra Help - Level 2	\$1.60 copay / Generic Drugs \$4.90 copay / All Other Drugs	
With Extra Help - Level 3	\$0 copay / Generic Drugs \$0 copay / All Other Drugs	
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach \$2,100, you pay \$0.	

**For members with Extra Help:**

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

**For members without Extra Help:**

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.

**Information on Your Prescription Benefit**

You can view the formulary (drug list) and any formulary restrictions on our website. To view the formulary (drug list) and pharmacy directory, go to [BSWHealthPlan.com/Medicare](https://BSWHealthPlan.com/Medicare).

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.** If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.

Extra Help, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan.

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 1-866-334-3141, 7 a.m. – 8 p.m., 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 1-866-334-3141 (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 [BSWHHealthPlan.com/Medicare](https://BSWHHealthPlan.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.
- ☐ 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.
- ☐ Review the formulary to make sure your drugs are covered.

## **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.

