

Baylor Scott & White Health Plan offers Medicare Advantage plans in North, Central and West Texas.

Central/North Texas  
**[800.782.5068]** (TTY: 711)

West Texas  
**[833.738.2460]** (TTY: 711)

8 AM to 5 PM, Monday through Friday  
*Closed on major holidays*

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

# 2024 Medicare Decision Guide



The power to live better™

# How does Medicare work?

Medicare is a federal health insurance program for people 65 and older, certain younger people with disabilities and people with end-stage renal disease.

**There are four parts of Medicare.**

**PART**

**A**

## **Hospital Coverage**

(Original Medicare)

- ▼ Covers inpatient hospital and skilled nursing stays, hospice care and some home healthcare.
- ▼ Most people don't pay a monthly premium for this government-provided coverage.

**PART**

**C**

## **Medicare Advantage Plans**

(Private Insurance)

- ▼ "Bundled" plans that include Part A, B and usually Part D. Most offer extra benefits beyond Original Medicare—like vision, hearing, dental and more.
- ▼ Offered by private insurance companies, like Baylor Scott & White Health Plan, often for as little as \$0 monthly premium.

**PART**

**B**

## **Medical Coverage**

(Original Medicare)

- ▼ Covers certain doctors' services, outpatient care, medical supplies and preventive services.
- ▼ Everyone pays a premium for this government-provided coverage.

**PART**

**D**

## **Prescription Drug Coverage**

- ▼ Coverage for prescription drugs beyond what is covered by Original Medicare.
- ▼ Often included with Part C Medicare Advantage plans; can be offered as stand-alone coverage (premiums vary).

## Does my current plan meet my needs?

Medicare may seem complicated, and there are a lot of plans to choose from. You can find the right plan by asking yourself these questions and matching your needs with a plan that fits.

- ▼ **Do you qualify for a Low Income Subsidy?**  
Extra Help, also referred to as a Low Income Subsidy, is a Medicare program that helps people with limited income and resources 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.
- ▼ **How is your health?**  
Are you in good health, or do you have chronic conditions?
- ▼ **Do you take prescription drugs?**  
Are your drugs listed on the plan's Prescription Drug Formulary? What are the plan's drug copayments?
- ▼ **What doctors do you see?**  
Are your doctors in the plan's network? If not, does the plan offer out-of-network coverage? Are you willing to change doctors in exchange for lower deductibles or higher quality care?
- ▼ **How does healthcare fit into your budget?**  
How much can you afford each month? How much will you spend each year on your share of the costs?

## What do all these terms mean?

- ▼ **Coinsurance:** The percentage of costs you pay for a covered healthcare service, after you pay your deductible (if applicable).
- ▼ **Copayment (copay):** The fixed amount you pay for a covered healthcare service, after you pay your deductible (if applicable). For example, in a Medicare Part D plan, you might pay \$2 for each prescription you receive.
- ▼ **Coverage Gap (donut hole):** A yearly limit on what your Medicare prescription drug plan will pay. After reaching it, you'll pay out of your pocket for drugs up to a certain maximum out-of-pocket limit. Then your plan kicks back in.
- ▼ **Deductible:** The amount you pay for covered healthcare services before your Medicare plan starts to pay.
- ▼ **Formulary:** A list of the prescription drugs covered by a Medicare Part D plan.
- ▼ **Initial Enrollment Period (IEP):** The seven-month period when someone is first eligible to enroll in Medicare.
- ▼ **Maximum Out-of-Pocket Limit:** A limit that Medicare Advantage plans set on the amount of money you will have to spend out of your own pocket in a plan year.
- ▼ **Premium:** The amount you have to pay to participate in a plan or program. With private insurance, it's the price you pay for a policy—usually as a monthly payment.

# Don't miss your important enrollment dates.

You are eligible to enroll in Medicare for the first time during the three months leading up to your 65th birthday, your birthday month and the three months afterward. This timeframe is called your initial enrollment period or IEP.

## 7 MONTHS TO ENROLL



3 MONTHS  
BEFORE



YOUR BIRTHDAY  
MONTH



3 MONTHS  
AFTER








### Avoid the penalties.

You might have to pay penalty fees if you do not enroll in Part A, Part B or Part D coverage on time.

### Call a licensed insurance agent.

Learn how to avoid these fees and make your Medicare Advantage experience as seamless as possible.

# Benefits made for you.

-  Plans available with \$0 premium and \$0 deductible
-  No referrals to see a specialist
-  Dental benefits through MetLife's dental PPO network
-  Over-the-counter allowance
-  \$0 fitness membership
-  Vision and hearing benefits
-  Prescription drug benefits (included in most plans)

### We're here to help.

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