

SWHP Telephone Directory

Bryan/College Station Office

3000 Briarcrest, Suite 422
Bryan, TX 77802
(800) 791-8777 or (979) 268-7947
swhpques.swmail.sw.org

Temple Office

1206 West Campus Drive
Temple, TX 76502
(800) 321-7947 or (254) 298- 3000
Phone answered 24 hours a day/7 days a week
swhpques.swmail.sw.org

San Angelo Office

1131-B Knickerbocker Road
San Angelo, Texas 76903
(325) 659-1403
swhpques.swmail.sw.org

Other Important Numbers

SWHP Billing
SWHP Billing (Toll-Free)
SWHP Health Services Division
TTY

Georgetown Office

204 S. IH-35, Suite 100
Georgetown, TX 78628
(800) 758-3012 or (512) 930-6040
swhpques.swmail.sw.org

Waco Office

200 W. State Hwy 6, Suite 300
Waco, TX 76712
(800) 684-7947 or (254) 756-8000
swhpques@swmail.sw.org

Urgent Numbers

Emergency	911
VitalCare Nurse Advice Line	(877) 505-7947
Poison Control Center	(800) 222-1222

(254) 298-3000
(800) 321-7947
(888) 316-7947
(800) 735-2988

Language Line

In an effort to improve communication with non-English speaking enrollees, SWHP uses interpreters. When calling your SWHP representative with questions or concerns, you can be linked by phone with a highly trained interpreter if you speak little or no English. You simply let the SWHP Customer Service Advocate know what your primary language is and the call is completed with the help of an AT&T interpreter. You do not have to call a special line for this service; simply let your Customer Service Advocate know that you wish to utilize this service.

Welcome New Member

We are pleased you have selected membership in Scott & White Health Plan (SWHP). We will make every effort to ensure your membership in SWHP is rewarding and satisfactory to you. This handbook has been prepared to help you understand and effectively utilize the services outlined in your SWHP Evidence of Coverage.

You and SWHP are partners, and your satisfaction and good health are the goal. Because your membership may mean some changes in the way you and the members of your family receive healthcare, we encourage you to take a few moments and read the material contained in this handbook. If you would like to choose a primary care physician (PCP) all routine medical care may be arranged, provided, referred, or approved by him/her.

We urge you to keep a copy of this handbook and your Evidence of Coverage in a safe and handy location. They outline your complete coverage of benefits and explain to you how to obtain medical advice and care.

Sincerely,

Scott & White Health Plan

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New Member Information

Member Rights and Responsibilities

Rights

1. You have the right to be provided with information about SWHP, its services, and the providers and practitioners giving you care.
2. You have the right to receive information regarding your member rights and responsibilities.
3. You have the right to be treated with respect and recognition of your dignity and right to privacy.
4. You have the right to participate in decision-making regarding your healthcare.
5. You have the right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
6. You have the right to voice complaints, appeals or grievances about your coverage through SWHP or the care provided by SWHP providers in accordance with your healthcare agreement.
7. You have the right to make recommendations regarding SWHP's member rights and responsibilities policies.
8. You have the right to have an advance directive, such as a Living Will or Durable Power of Attorney for Healthcare Directive. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself.
9. You have the right to expect that medical information is kept confidential in accordance with your healthcare agreement.
10. You have the right to choose a PCP and to notify SWHP Customer Service of any change in PCP selection.

Responsibilities

1. It is your responsibility to notify SWHP regarding any out-of-plan care.
2. It is your responsibility to follow SWHP instructions and rules and abide by the terms of your healthcare agreement.
3. It is your responsibility to provide information (to the extent possible) the organization and its practitioners and providers need in order to provide care.
4. It is your responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
5. It is your responsibility to follow plans and instructions, to the best of your ability, for care you have agreed on with your practitioner(s) and provider(s).
6. It is your responsibility to give SWHP providers a copy of an advance directive, if one exists.
7. It is your responsibility to advise SWHP or SWHP providers of any dissatisfaction you may have in regard to your care while a patient, and to allow the opportunity for intervention to alter the outcome whenever possible.

Your Privacy is Very Important to Us

As a trusted name in healthcare, Scott & White Health Plan knows the importance of keeping your protected health information (PHI) private and confidential. PHI includes medical and any individually identifiable information; for example, your name, social security number, or address. Scott & White Health Plan protects your PHI by:

- Limiting who can see your PHI;
- Limiting how your PHI is used and disclosed; and

- Setting and strictly adhering to Scott & White Health Plan privacy policies.

Scott & White Health Plan uses and discloses your PHI without your written consent to conduct the following functions:

- Treatment – includes sharing information with providers involved in your care in order for you to receive medical treatment
- Payment – to pay claims for covered services to providers
- Other healthcare operations – for quality improvement purposes, including medical research, developing clinical guidelines, case management, medical review, legal services/litigation, detection of fraud and abuse, as well as audit functions (in accordance with applicable law).

For the complete Notice of Privacy Practices or for additional information on our privacy practices, please contact your local Scott & White Health Plan office or visit our website, <http://ers.swhp.org/>.

Notice of Mandatory Benefits

This notice is to advise you of certain coverage and/or benefits that are provided by your contract with SWHP.

Mastectomy or Lymph Node Dissection

Minimum Inpatient Stay: If due to treatment of breast cancer, any person covered by this plan has either a mastectomy or a lymph node dissection, this plan will provide coverage for inpatient care for a minimum of:

- 48 hours following a mastectomy; and
- 24 hours following a lymph node dissection.

The minimum number of inpatient hours is not required if the covered person receiving the treatment and the attending physician determine that a shorter period of inpatient care is appropriate.

Prohibitions: We may not (a) deny any covered person eligibility or continued eligibility or fail to

renew this plan solely to avoid providing the minimum inpatient hours; (b) provide money payments or rebates to encourage any covered person to accept less than the minimum inpatient hours; (c) reduce or limit the amount paid to the attending physician, or otherwise penalize the physician, because the physician required a covered person to receive the minimum inpatient hours; or (d) provide financial or other incentives to the attending physician to encourage the physician to provide care that is less than the minimum hours.

Coverage and/or Benefits for Reconstructive Surgery After Mastectomy-Enrollment

Coverage and/or benefits are provided to each covered person for reconstructive surgery after mastectomy, including:

- All stages of the reconstruction of the breast on which mastectomy has been performed;
- Surgery and reconstruction of the other breast to achieve a symmetrical appearance; and
- Prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy.

The coverage and/or benefits must be provided in a manner determined to be appropriate in consultation with the covered person and the attending physician.

Prohibitions: We may not (a) offer the covered person a financial incentive to forego breast reconstruction or waive the coverage and/or benefits shown above; (b) condition, limit, or deny any covered person's eligibility or continued eligibility to enroll in the plan or fail to renew this plan solely to avoid providing the coverage and/or benefits shown above; or (c) reduce or limit the amount paid to the physician or provider, nor otherwise penalize, or provide a financial incentive to induce the physician or provider to provide care to a covered person in a manner inconsistent with the coverage and/or benefits shown above.

Examinations for Detection of Prostate Cancer

Benefits are provided for each covered male for an annual medically recognized diagnostic

examination for the detection of prostate cancer. Benefits include:

- A physical examination for the detection of prostate cancer; and
- A prostate-specific antigen test for each covered male who is at least 50 years of age; or
- At least 40 years of age with a family history of prostate cancer or other prostate cancer risk factor.

Inpatient Stay following Birth of a Child

For each person covered for maternity/childbirth benefits, we will provide inpatient care for the mother and her newborn child in a healthcare facility for a minimum of:

- 48 hours following an uncomplicated vaginal delivery, and
- 96 hours following an uncomplicated delivery by cesarean section.

This benefit does not require a covered female who is eligible for maternity/childbirth benefits to (a) give birth in a hospital or other healthcare facility; or (b) remain in a hospital or other healthcare facility for the minimum number of hours following birth of the child.

If a covered mother or her newborn child is discharged before the 48 or 96 hours has expired, we will provide coverage for post delivery care. Post delivery care includes parent education, assistance and training in breast-feeding and bottle-feeding, and the performance of any necessary and appropriate clinical tests. Care will be provided by a physician, registered nurse, or other appropriate licensed healthcare provider, and the mother will have the option of receiving the care at her home, the healthcare provider's office, or a healthcare facility.

Prohibitions: We may not (a) modify the terms of this coverage based on any covered person requesting less than the minimum coverage required; (b) offer the mother financial incentives or other compensation for waiver of the minimum number of hours required; (c) refuse to accept a

physician's recommendation for a specified period of inpatient care made in consultation with the mother, if the period recommended by the physician does not exceed guidelines for prenatal care developed by nationally recognized professional associations of obstetricians and gynecologists or pediatricians; (d) reduce payments or reimbursements below the usual and customary rate; or (e) penalize a physician for recommending inpatient care for the mother and/or the newborn child.

Coverage for Tests for Detection of Colorectal Cancer

Benefits are provided, for each person enrolled in the plan who is 50 years of age or older and at normal risk for developing colon cancer, for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer. Benefits include the covered person's choice of:

- A fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years, or
- A colonoscopy performed every 10 years.

Coverage of Tests for Detection of Human Papillomavirus and Cervical Cancer

Coverage is provided, for each woman enrolled in the plan who is 18 years of age or older, for expenses incurred for an annual medically recognized diagnostic examination for the early detection of cervical cancer. Coverage required under this section includes at a minimum a conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

If any person covered by this plan has questions concerning the above, please call SWHP at (800) 321-7947, or write us at 1206 West Campus Drive, Temple, TX 76502.

Customer Service

SWHP is dedicated to serving you and your family. To enhance our service to you, Customer Service Advocates are available through telephone interaction, e-mail, or through personal meetings by appointment. Customer Service Advocates can assist you in many ways. They help you take full advantage of your SWHP benefits by:

- Answering questions about using SWHP
- Explaining your benefits
- Helping you choose, change or discontinue using your PCP
- Assisting you in resolving complaints and appeals
- Sending you printed materials upon your request

To contact a Customer Service Advocate, call or e-mail a SWHP office near you. Phone numbers and e-mail addresses are available on the inside front cover.

Language Line

In an effort to improve communication with non-English speaking members, SWHP uses interpreters. When calling a SWHP representative, you will be linked to a highly trained interpreter. Simply let a Customer Service Advocate know your primary language and the call will be completed with the help of an AT&T interpreter. You do not have to call a special line for this service.

Information About Practitioners

If you would like to know the professional qualifications of a SWHP network PCP or practitioner, contact a Customer Service Advocate at a SWHP office near you or visit us online at <http://ers.swhp.org/> and click Find A Provider. You can inquire about your physician's medical school, residency completion, board certification status, and any other information you may need in order to choose a practitioner in the network.

Complaints and Appeals

SWHP is dedicated to addressing your grievances and resolving them promptly. If there is ever a time when you are not satisfied with the performance of SWHP or one of its providers, you should contact a Customer Service Advocate immediately. All grievances are documented and thoroughly investigated. SWHP encourages your input and will not discriminate against you, refuse coverage, or engage in any other retaliation if you choose to file a complaint or request an appeal of a decision. Additionally, SWHP is prohibited from retaliating against a physician or provider who has filed a complaint against SWHP on your behalf.

SWHP's definition of a complaint is an oral or written form of dissatisfaction that is not able to be resolved promptly to your satisfaction. When you call a Customer Service Advocate to express dissatisfaction, he/she will immediately document your issues and send you a complaint form (as required by the Texas Department of Insurance) to complete and send back to SWHP. This form does not go into your medical record; it simply helps SWHP address your complaint with the appropriate person or department. SWHP responds to oral and written complaints in the same manner and informs you of a resolution within 30 calendar days of receipt of the complaint.

SWHP's definition of an appeal is a request for SWHP to reverse a previous adverse decision. All appeals are presented to a panel, which is held within 30 calendar days after receipt of the request. You have the right to appear before the panel and to present written or oral information in support of your request to reverse the previous decision. The SWHP will permit and pay for an immediate appeal to an independent review organization in the event the decision rendered was an Adverse Determination (denial of coverage based on medical necessity determination) to the complainant and the request was presented to the SWHP within 180 days of the previous decision. For more information on your appeal rights, please contact a Customer Service Advocate at a SWHP office near you.

Identification Card

As a SWHP member, you will receive an identification card. You should carry your card with you at all times and present it to the desk personnel when reporting for appointments. The identification card identifies you and each family member covered under your plan as a SWHP member, includes your ID numbers, and your required copayment for different services.

Instructions for out-of-network care are located on the back of the card. Be sure all information on the card is accurate. If there are any errors or omissions, please call or e-mail a Customer Service Advocate at a SWHP office near you.

If you need to order additional cards, you may do so by visiting <http://ers.swhp.org/> or by contacting Customer Service.

Maternal Options Maintenance Support (MOMS)

Sometimes new mothers feel a little overwhelmed. MOMS is an optional program that provides valuable family support following your baby's birth. Through personal phone calls, our knowledgeable licensed nurses answer routine questions about mom and baby care, provide tips for healthy lifestyle habits and help mothers and their families get off to a great start. For more information on MOMS, visit <http://ers.swhp.org/> and search with keyword "Moms".

Requests for Coverage of New Technical Procedures

SWHP has a process whereby a group of physicians and other healthcare professionals evaluate requests for coverage of new technological procedures or treatments. The Technical Assessment Committee (TAC) receives a proposal from a requesting doctor that outlines a new or currently uncovered medical or behavioral procedure, devices, or treatments; the perceived advantages over current therapy and criteria for utilization; and supporting papers from peer-reviewed scientific journals.

The Technical Assessment Committee then meets to evaluate the physician's request for coverage. The recommendations of the Technical

Assessment Committee are presented to the SWHP Quality Improvement Committee for a final approval determination.

If you have a request of coverage for a new medical or behavioral procedure, device, or treatment, please contact your physician or the Health Services Division at (888) 316-7947.

Complex Care Guidance Program

Scott & White Health Plan Complex Care Guidance is a program for Members who have chronic conditions or complex care needs. A nurse case manager will work with Members, families and the physician to create a plan to meet the Member's ongoing complex care needs.

Case Managers advocate for Members. They assist them with setting goals and a personal plan to improve their health. They also can assist with arrangements for necessary services. Case Managers answer questions and provide education to help Members to have a better understanding of their condition and plan of care.

The purpose of the program is to help Members get the best possible results and the greatest value from their health plan. Participation is voluntary. There is no additional cost to Members for this program.

Accessing Care

Primary Care

When you become a SWHP member, you may select a PCP from one of the primary care areas. Selection of a PCP is not required; however, if you select one, your PCP is responsible for coordinating your medical care and the delivery of your healthcare services. Selecting a PCP is a personal decision and requires evaluating your personal healthcare needs. Location, specific type of care needed, availability, and access to your PCP are important factors to consider when selecting your PCP. Your PCP will help in providing your primary care, from physicals to treatment of illnesses. If your PCP feels you need the care of another specialist, he/she will arrange a referral to a SWHP network specialist. The purpose of a PCP is to encourage you to build a long-term relationship with one physician so you may become partners in your healthcare. Your PCP will provide efficient access to the services you will need and will take care of you on an ongoing basis. Physicians accepting the role of a PCP are prepared to provide urgent care and coordination of care whenever necessary. This care may be provided by another SWHP PCP when he/she is not available. When you have selected your PCP, contact a Customer Service Advocate at a SWHP office near you. If you need assistance with the selection of, or would like to change, your PCP, contact a Customer Service Advocate at a SWHP office near you. You may select a PCP from one of the following primary care areas:

- **Family Medicine** - Family medicine physicians are specialists in the common healthcare problems that affect an entire family. Care is provided for patients of all ages – from newborns to the elderly. A typical family medicine practice includes diagnosis and treatment for acute and chronic illnesses, routine physicals, and preventive care, including routine obstetric care with prenatal visits and uncomplicated deliveries. Family medicine physicians are located in many SWHP network locations and most offer

evening and weekend appointment times for urgent care needs.

- **Community Internal Medicine** - Community internal medicine is staffed by general internists who are physicians that specialize in adult care. They provide primary care of both simple and complex medical problems that arise. Internists do not perform surgery, deliver babies, or take care of children under 16 years of age.
- **Pediatrics** - Pediatricians specifically provide care for newborns, infants, children, and adolescents. Working as a team with nurses, counselors, therapists, and other skilled personnel, these physicians aim to provide quality healthcare for this age group.

Physical Examinations

You are not required to receive a physical examination as part of your membership in SWHP. Periodic checkups or health assessments are provided to members at intervals appropriate to their age, sex, and medical history. If you are a new member with a medical problem that requires you to be on medication, you should contact your physician and arrange an appointment. It is very important to make the distinction between an appointment for a medical problem or a routine checkup. There may be a waiting period for routine checkups.

Routine Appointments

To make a routine appointment, contact your physician's office. To help the staff schedule your appointment quickly, please refer to the following:

- If it is your first appointment, indicate this to the appointment clerk.
- Have your identification card ready for any required information.
- Periodic examinations (e.g., annual pap smears or history and physical) may need to be scheduled 8 – 12 weeks in advance. Other

routine appointments are scheduled according to the urgency of the problem.

- Notify your physician's office as quickly as possible if you cannot keep an appointment.

Specialty Care

All non-emergent medical care must be provided by SWHP network providers. For all areas of specialty care, a PCP can refer you to a specialist to obtain care or, if the specialist allows, you may see the specialist without a referral. If you see a specialist and he/she thinks you need a referral to a different specialist and/or require a procedure, your specialist may communicate his/her concern to your PCP if you have selected one. This allows your PCP to coordinate your care and prevent unneeded duplication. You do not need a referral from a PCP to see a specialist in order for SWHP to pay for the visit; however, some specialists may require a referral.

Hospital Admissions and Tests

For elective hospital admissions and certain types of procedures listed below, you need a prior authorization from the SWHP Health Services Division before the procedure, if you want to be sure SWHP will pay for the service. Each day you are in the hospital, SWHP nurses and Medical Directors review with your physician the level of care you require and work with him/her to determine the amount of time you need to stay in the hospital. SWHP pays for urgent/emergent medically necessary admissions, but must be contacted within 24 – 48 hours of your hospitalization.

Examples of services, procedures, or tests that may require prior notification and/or authorization by SWHP include, but may not be limited to, the following:

- Any out-of-network services
- Plastic surgery
- Behavioral Health Services
- Chemical Dependency Services
- Psychiatric testing

- Dental/oral surgery
- Laparoscopy (if for infertility services)
- Laser ophthalmologic treatment, except for retinal disease
- Cardiac/pulmonary rehabilitation
- Coronary CT angiography
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) in intermediate and/or long-term care facilities
- Sleep study
- Physical Medicine and Rehabilitation
- Home Care Services: Physical Therapy (PT)/Occupational Therapy (OT)/Respiratory Therapy (RT)/Speech Therapy (ST); social services; aides
- Skilled nursing services
- Organ transplant
- Home Infusion Therapy
- Certain medications noted on formulary
- Specialty pharmacy services
- Spine surgeries
- Major joint replacements
- Long-term Acute Care (LTACH)

This list is subject to change.

If you have any questions on the list or if you require an urgent coverage determination, please contact the Health Services Division at (888) 316-7947. Someone will be happy to answer any questions or concerns you may have. If you do not contact the Health Services Division prior to obtaining any of the above services, SWHP has the right to review and potentially deny coverage for the procedure or service.

Urgent and Emergency Care

SWHP will provide benefits for medically necessary emergency care whether you are temporarily out of the service area or within the service area. Emergency care is defined as the sudden and unexpected onset of a condition of such a nature that a prudent layperson, possessing an average knowledge of medicine and health, believes his/her health could be jeopardized if he/she does not get immediate treatment. SWHP will approve or deny the requested post-stabilization treatment within one hour if contacted by the provider or facility. Some examples of emergency conditions include, but are not limited to, the following:

- Unusual or excessive bleeding
- Broken bone
- Acute abdominal or chest pain
- Loss of consciousness
- Suspected heart attack
- Sudden persistent pain
- Serious burn
- Poisoning
- Convulsions
- Difficulty in breathing

In all emergency situations, you are encouraged to seek care with the nearest SWHP approved provider; however, if the time needed to reach a SWHP approved provider might endanger your health, go to the nearest emergency room. Medically necessary emergency care is covered. If you are hospitalized as a result of the emergency, you should contact the SWHP Health Services Division within 24 – 48 hours of any admission at (888) 316-7947. Coverage for continued treatment is assured when approval is obtained from the SWHP Medical Director through the Health Services Division. Emergency care in a hospital emergency room requires a copayment, which will be waived if hospital admission occurs within 24 hours.

While a medical emergency is considered a life threatening condition; urgent care is considered

less severe than an emergency, but requiring care more quickly than elective care. Urgent care includes, but is not limited to, sudden illnesses and injuries, lacerations, and fever. SWHP encourages you to access one of its urgent care centers if you find yourself needing urgent care after hours. Urgent Care Clinic hours vary at each clinic. If you do not know when to access an urgent care clinic, please contact a SWHP VitalCare nurse through our nurse advice line at (877) 505-7947. For more information on the SWHP nurse advice line, please refer to VitalCare on page 14.

Out-of-Network Care

SWHP out-of-network benefits are limited to accidental injuries and sudden illnesses. SWHP does not pay for out-of-network elective procedures, or treatment for minor illness. SWHP will not assume financial responsibility for out-of-network treatment if you are well enough to return to a SWHP provider or facility.

When seeking treatment in an out-of-network emergency room, provide your member identification card. This will speed up the processing and payment of your bill by SWHP. This will also allow the treating physician to discuss your emergency care with your physician if necessary.

Optometry Care

Routine refraction examinations with participating optometrists are limited to one per member per contract year and are subject to your office visit copayment.

Routine eye exam – an eye exam by a Doctor of Ophthalmology or a Doctor of Optometry which, when within the scope of their license, includes such services as:

- External examination of the eye and its structure;
- Determination of refractive status; and
- Glaucoma screening test

It does not include a contact lens exam, prescriptions, fittings of contact lenses or

eyeglasses, or the cost of the contact lenses or eyeglasses.

Annual Examinations for routine eye refractions are not normally required unless there is a condition leading to rapid change in the refraction characteristics of the eye. In the rare instance where a repeat refraction would be necessary in less than a year, you must obtain approval from a SWHP Medical Director to receive the care.

Behavioral Healthcare

Behavioral healthcare is defined as care needed for treatment of emotional problems and psychiatric conditions. SWHP pays for medically necessary care that is determined to be responsive to short-term therapy. Prior authorization of services is required through SWHP Health Services Division.

SWHP's behavioral healthcare staff includes psychiatrists, psychologists, counselors, and social workers. Benefits for behavioral health services vary widely and may be more or less limited than summarized here. Please review your Evidence of Coverage for coverage limitations and exclusions regarding your behavioral health benefits.

OB/GYN Care

SWHP encourages adult female members to obtain a well-woman exam every year. Women may schedule an annual physical examination, including a pelvic exam, breast exam, and Pap smear with a PCP or a SWHP network obstetrics/gynecology physician.

Podiatry Care

Routine foot care is not a covered benefit under SWHP unless otherwise determined by SWHP Medical Director as medically necessary.

If you have any questions about podiatry benefits, please contact a Customer Service Advocate at a SWHP office near you.

Skilled Nursing Facility

Coverage is provided for care in a skilled nursing facility only if the member is admitted to a SWHP

network skilled nursing facility by a SWHP network provider and the SWHP provider certifies the skilled level of care is medically necessary. The SWHP Medical Director must determine skilled nursing care is medically necessary and approve the admission. SWHP does not cover custodial convalescent or respite care or other institutional care which does not meet the definition of skilled nursing care.

If you have any questions about your skilled nursing facility benefits, please contact a Customer Service Advocate at a SWHP office near you.

REMEMBER: All skilled nursing facility care services require both prior approvals from the SWHP Medical Director and a referral by your SWHP provider for SWHP coverage.

Nursing Home

Nursing home care is not covered under the SWHP Evidence of Coverage. SWHP does not cover custodial, convalescent, or respite care in any facility. A member may receive a specified outpatient treatment/service/therapy in a nursing home, if approved by SWHP Medical Director, but only the charges for the treatment/service/therapy will be covered under the member's benefits. Non-covered services include, but are not limited to room and board, personal care, and comfort items. For example, a member may be placed/reside in a nursing home and also placed in a "skilled bed" due to eligibility to receive physical therapy, occupational therapy, speech therapy, etc. SWHP will review requests for the skilled therapy coverage if it meets SWHP's criteria. However, the room and board, personal care, etc. would not be a covered benefit, as a member could receive these same therapies at home through a Home Care Agency. Inpatient skilled nursing services are required to be provided through SWHP-approved skilled nursing facility providers as outlined above.

After Hours Care/Nurse Advice Line

Telephone calls are answered 24 hours a day/7 days a week when calling the main Temple office numbers, (800) 321-7947 or (254) 298-3000. The Health Services Department is contacted for

authorizations for in-patients, emergency surgeries, and procedures.

If you are enrolled in a Scott & White Health Plan and are ill or injured, you can contact the VitalCare nurse advice line at (877) 505-7947. The nurse advice line is staffed 24 hours a day, every day of the year. Our nurses can give you information about how to take care of yourself at

home or can help determine if an appointment, an urgent care visit, or an emergency room visit is most appropriate for your symptoms. It is free, completely voluntary, and confidential. However, this service is not meant to replace a doctor's care.

SWHP Billing

Claims

Claims are usually submitted by the provider of service to SWHP on your behalf and you are responsible for giving them your insurance information at the time of service. When you receive services out of the SWHP service area, the provider may request payment in full at the time of service. You will need to submit a copy of the medical expenses (itemized bill showing paid in full) to SWHP. The following information is needed to process your claim:

- A copy of the bill
- An itemized copy of the services which includes valid procedure and diagnosis codes
- Explanation of why services were received outside the SWHP network
- The date of service
- The name of the patient
- The name of the contract holder
- The enrollee identification number
- Written proof of the payment (copy of the canceled check, receipt, etc.)
- Explanation of Medicare Benefits (if applicable)

Please forward the claim to the following address:

Scott & White Health Plan
PO Box 269006
Plano, TX 75026

If you have any questions about how to submit your claim or other claims questions, please call SWHP at (800) 321-7947 or (254) 298-3000.

Claims Status Notification

After SWHP has received a claim from the provider or from you for reimbursement, additional information may be needed to process the claim. You will be notified with a Claims Status Notification by mail defining what additional information is needed to complete the processing of your claim. Please read the notification carefully to see what action, if any, is needed from you. If you have any questions regarding a Claims Status Notification, please contact SWHP at (800) 321-7947 or (254) 298-3000.

Coordination of Benefits

You may be eligible for Coordination of Benefits if you have more than one health coverage plan. Coordination of Benefits requires insurers to share the responsibility for paying for services they both cover. The primary insurer pays first; the secondary insurer pays the balance (provided the balance is not more than the secondary carrier would have paid under provider's contract and the member's contract benefits).

If you have any questions, or if you would like to see if you are eligible for Coordination of Benefits, please call SWHP at (800) 321-7947 or (254) 298-3000.

Workers' Compensation

If you see a SWHP network physician about an injury that occurred while you were on the job, you must report this to the clinic at the time of your visit. This allows your charges to be filed with the

appropriate Workers' Compensation insurance carrier.

Pharmacy Prescriptions

Prescription Drug Benefit

SWHP offers a prescription drug rider. You simply pay a copayment to receive certain prescription medications. Please refer to the Evidence of Coverage for copayment amounts and limitations. New and refill medications (34 day supply) may be dispensed by any SWHP network pharmacy provider or the SWHP Express Mail Pharmacy.

A formulary is a list of selected medications that are covered by your drug benefit. These medications are chosen by a committee composed of physicians and pharmacists. The formulary is designed to help your doctor in the selection of safe, appropriate, and cost-effective drug therapies. It is under constant review and may change as new medicines or new information on current medicines becomes available. Some medicines are not covered by your drug benefit. Examples of non-covered medicines are medicines for cosmetic purposes or weight loss, medicines available without a prescription or medicines used for experimental purposes. If your physician prescribes a medication that is not on the formulary, and is not specifically excluded from coverage, you and your physician may choose one of the following options:

- Your physician may change your prescription to a medicine listed on the formulary. This will generally result in a lower copayment for the medicine.
- You may have the prescription filled and you will be responsible for a portion or total cost of the medication according to your Evidence of Coverage.

There are occasionally special situations in which the SWHP will cover medications not included on the formulary. The SWHP Medical Director reviews the individual case and may approve an exception. To initiate this review, your provider will need to send a request to SWHP.

Generic Drugs

SWHP only covers the generic equivalent drug if available and if the generic drug has received an "A" rating by the Food and Drug Administration. This rating indicates the generic product performs equally to the brand-name. If available, a generic drug is dispensed and you are charged the generic copayment. If your doctor chooses a brand-name medicine when a generic equivalent is available, you will be responsible for the cost difference between the generic and brand-name drug.

Maintenance Drugs

The Maintenance Drug List is made up of routinely prescribed medications for certain chronic illnesses that affect a large number of SWHP members. Examples of medications on the Maintenance Drug List are: medications for blood pressure, diabetes, seizure medications, hormone therapy for women, and thyroid medications.

Your drug benefit may allow a larger supply of medicine for a specified copayment. Generally, five conditions must be met. To receive maintenance quantities, the medication:

- Must be dispensed by a SWHP-owned pharmacy or SWHP Express Mail Pharmacy;
- Must be included on the Maintenance Drug List;
- Must be approved by your physician for a three month supply (90 days);
- Must be prescribed by a SWHP provider for at least six months; and
- Must be taken continuously for at least six months.

If you have any questions about your prescription drug benefit, please contact a Customer Service Advocate at a SWHP office near you.

Value Added Benefits

SWHP Website

For more information enrollees can visit SWHP's website at <http://ers.swhp.org/>. Below are some of the items available for an enrollee's convenience.

- Find a provider
- Prescription refills
- Health resources
- Health Plan news and publications
- VitalCare wellness programs
 - VitalCare Online Lifestyle Management Programs
 - The Dialog Center
- Change your PCP
- Order an ID card
- Check claims status
- View Explanations of Benefits (EOBs)

VitalCare Wellness Programs

VitalCare is designed to make your health and medical decisions less confusing and overwhelming. Helping you understand your options for care and communicate more effectively with your doctors are the primary goals of the program. Listed below are the valuable services available to you through **VitalCare**.

VitalCare Nurse Advice Line

If you are enrolled in a Scott & White Health Plan or an Insurance Company of Scott & White plan and are ill or injured, you can contact the **VitalCare nurse advice line at 877-505-7947**. The nurse advice line is staffed 24 hours a day, every day of the year. Our nurses can offer health coaching to help you take care of yourself at home or can help determine if an appointment, an urgent care visit, or an emergency room visit is most appropriate for your symptoms.

If you feel you have an emergency, please contact 911 or go to the nearest emergency room.

VitalCare Disease and/or Condition Care Programs

Our disease and condition care management programs provide you with the tools and resources to learn more about your health and to continue to make positive changes in your life. These programs, addressing over 65 different diseases and conditions, are available to Scott & White Health Plan commercial members.

The Dialog Center

The Dialog Center is an online health and wellness site that complements personal health coaching. It contains:

The HealthWise® Knowledgebase

- Look up information on medical conditions, tests, and drugs.
- Watch videos made by patients and/or doctors.
- Use interactive tools such as quizzes and calculators.
- Check on symptoms they may be having through the Symptom Checker.
- Look up information on Support Groups.
- English and Spanish.

VitalCare Shared Decision-Making®

- Shared Decision-Making® Programs contain unbiased information organized around Preference-Sensitive Decisions. For example: Should I have knee surgery or manage my condition non-surgically?
- Includes medical opinions reflecting different points of view.

- Shares the experiences of real patients who made different choices when faced with the same decision.
- Programs are designed to help members have meaningful dialog with their doctor about their options.
- Topics range from breast and prostate conditions to back pain and heart disease.

Health Coach Message Center

- Send secure e-mail to a Health Coach
- Receive messages from your Health Coach
- Bookmark information you receive from your Health Coach so you can find it easily

VitalCare Health Risk Assessment

- **VitalCare Succeed®** is an online or paper health risk assessment. It is designed to identify basic information about your health which includes questions concerning your family's health history, your personal health history, substance abuse, stress/coping, physical activity, and nutrition. After completing the survey, you will receive a report that includes a response to each of your answers. Each response consists of an explanation and advice that may help you with your health choices. The health risk assessment does not take the place of advice from your physician. With your approval, a brief version of the report will be forwarded to your physician. This additional information will assist your physician in providing you with the best care possible. To begin your online assessment, visit <http://ers.swhp.org/>. Login to MyPlan. Select "VitalCare Health Risk Assessment and Lifestyle Management Programs" and follow the prompts. To receive a paper version of the survey, call Quality Improvement at (254) 298-3416.

VitalCare Lifestyle Management Programs

Online programs that meet your individual health needs.

- **Balance™** - Gain a positive self-image through a personalized weight management and physical activity plan.
- **Nourish™** - Receive strategies for making smart choices and a nutrition plan that fits your lifestyle.
- **Breathe™** - Let us help you stop smoking for good. Learn to deal with cravings, boost your motivation and decrease your dependency.
- **Relax™** - Address your unique sources and symptoms of stress with a stress management strategy developed just for you.
- **Care™ for Your Back** – We will create a personal plan to help prevent and manage back pain. Get strategies, videos, and exercises designed to help you care for your back.
- **Care™ for your Health** – We will create a personal program for living well with chronic conditions. Discover the skills you need to take better care of your health and get back to living.
- **Overcoming™ Depression** - You don't have to feel this way forever. Live a fuller life by learning ways to help manage your depression.
- **Overcoming™ Insomnia** - Discover healthy, restful, stress-free sleep. Get techniques that address your specific sleep problem.
- **Overcoming™ Binge Eating** - Explore your personal relationship with food and your emotions to free yourself from compulsive overeating.
- **Move™** - Adding physical activity to your routine doesn't have to be difficult. Move™ helps you find the strength and confidence to live a more active life.

To access these programs, visit us at <http://ers.swhp.org/>. Login to MyPlan and select "VitalCare Health Risk Assessment and Lifestyle Management Programs" from the Health Tools/Resources area.

Poison Control Center

The Central Texas Poison Control Center is located at Scott & White Memorial Hospital and Clinic in Temple. It is supported by an intrastate long-distance telephone tax and designated by the Texas Legislature to provide poison information and prevention services to healthcare professionals and the public within Public Health Region 7. The Texas Poison Center Network is comprised of six poison centers regionally located throughout the state: the Department of State Health Services, and the Advisory Commission on State Emergency Communications. This area includes Austin and Waco and goes east to College Station and west to San Saba and serves the two million people residing in Central Texas.

If you would like some educational material, please call (800) 222-1222. Emergency and consultative services to both the public and healthcare providers are available through (800) 222-1222 or, if an emergency, call 911. This number accesses all poison centers by region within the state of Texas, when calling from

Texas, and will access Central Texas Poison Control Center when calling within Public Health Region 7. The center operates 24 hours a day, every day of the week. For those who are not within the service area and are interested in speaking with Central Texas Poison Control Center directly, please call (254) 724-7405.

Quality Improvement Program

A goal of the Quality Improvement Program is to improve the health of its members. To reach this goal, SWHP has developed programs that are designed to aid in disease prevention and management. Programs include the following: diabetes mellitus, cardiovascular disease, immunizations, and women's health. If you would like information about the complete Quality Improvement Program description, its goals, process and/or outcomes, please contact the SWHP Quality Improvement Division at (254) 298-3097 or visit <http://ers.swhp.org/>, select the Members tab then click on "What is Quality Healthcare?"

Status Changes

Continuation of Coverage

If you or your dependents are no longer eligible under your current coverage, you may be able to continue your SWHP membership through one of the following options:

- Under the COBRA Federal Regulations, you have the right to continue the same coverage through your employer under certain conditions of your loss of coverage and if your employer has 20 or more employees. This coverage is at your own expense. Dependents may also be eligible for COBRA continuation coverage when they become ineligible or upon the death of the contract holder. You should check with your employer for more information on this option.
- Under Texas Continuation of Coverage, you have the right to continue the same coverage through your employer under

certain conditions of your loss of coverage and if your employer has less than 20 employees. This coverage is at your own expense. You should check with your employer for more information on this option. This conversion option could extend your SWHP coverage for up to nine months.

Continuity of Treatment

If you have selected a PCP, in the event of a termination of your PCP or secondary physician, SWHP will notify you within 30 days of the termination. This should give you plenty of time to choose another PCP or specialist to continue your care. If SWHP terminates your physician, SWHP may continue to reimburse your physician if you are seeing him/her under a special circumstance such as a disability, acute condition, or life-threatening illness. Your physician must submit a request to SWHP Medical Director that explains the reasons for continuing treatment under his/her

care. If SWHP grants the request, SWHP will reimburse your physician at the contract rate for up to 90 days from the date of his/her termination.

For patients new to SWHP who are in active treatment for medical conditions with non-SWHP network providers, SWHP may grant up to 90

days to transition care to SWHP providers, based on individual case review.

Frequently Asked Questions

What is SWHP?

SWHP is a state-certified, not-for-profit, community-based health plan. Our focus is to improve the quality of healthcare by focusing on prevention, early intervention, wellness, and disease management.

What if I have a question about SWHP?

If you have any questions about SWHP or would like to obtain additional information including provider information, please call a Customer Service Advocate at a SWHP office near you. Phone numbers are provided on the inside front cover.

I am currently seeing a doctor outside of the SWHP provider network. Can I continue to see that doctor?

If you would like SWHP to pay for the doctor visit, you must see a SWHP provider. You may continue to see the physician outside the SWHP network, but SWHP will not pay for the visit. You may want to get copies of your medical care records from the outside doctor so your SWHP provider can continue care.

How do I know which physicians are providers for SWHP?

SWHP has a current directory of providers within the SWHP network. To receive a current directory of providers, contact a Customer Service Advocate at a SWHP office near you or visit <http://ers.swhp.org/> and select "Find a Provider."

How do I select a PCP?

You are not required to select a PCP. If you would like to select a PCP, please refer to the Provider

Directory that is provided or go online at <http://ers.swhp.org/>. There are three areas from which you can select a PCP: Family Medicine, Community Internal Medicine, and Pediatrics. In selecting a PCP, consider which clinic would be most convenient to meet your own needs. Each person listed on your plan can select his or her own PCP from any of the three areas. If you would like specific information about a PCP, contact a Customer Service Advocate at a SWHP office near you. If you designate a PCP, you can make an appointment with that PCP or, if he/she is unavailable, any of the other SWHP providers of the same specialty. You can change or discontinue using your PCP by simply contacting a Customer Service Advocate at a SWHP office near you or online at <http://ers.swhp.org/>.

How do I see a specialist?

Please refer to Specialty Care on page 9 and Hospital Admissions and Tests on page 9.

What happens if my PCP is no longer a provider for SWHP?

If you have selected a PCP, in the event of a termination of your PCP or secondary physician, SWHP will notify you within 30 days of the termination. This should give you and your family plenty of time to choose another physician to continue your care. For more information, please refer to Continuity of Treatment on page 16.

Does SWHP cover any emergency that I may have?

SWHP provides benefits for medically necessary emergency care whether you are in or out of the service area. Emergency care is defined as a sudden and unexpected onset of a condition of

such a nature that would lead a prudent layperson to believe that his/her health could be jeopardized if he/she does not get immediate treatment. Please refer to Urgent and Emergency Care on page 9 for more information.

What kind of coverage will I have when I go out of town or on vacation?

As a member of SWHP, you are covered world wide for any actual emergency that occurs. Incidents such as heart attacks, deep lacerations, loss of consciousness, breathing difficulties, broken bones, and other critical conditions that require immediate treatment are covered with your Emergency Room copayment. If you have a medical problem that is urgent but is not an emergency, you are encouraged to contact our SWHP VitalCare nurse advice line at (877) 505-7947. This is a 24 hour line you can access from anywhere in the world for medical advice and assistance in managing your illness.

In traveling abroad, SWHP provides coverage for all emergencies. (For information about emergencies, please refer to Urgent and Emergency Care on page 9.) If you anticipate an extended stay, you may want to consider additional coverage for routine medical care.

What kind of coverage will my college-age child have while he/she is away at school?

SWHP will cover any emergency that occurs while away at school. (For a definition of an emergency, please refer to Urgent and Emergency Care on page 9.) If your child is attending school within the state and will be located near one of our SWHP network providers, your child can receive care at the facility. If the student is attending school out of the SWHP service area, it may be necessary to consider supplementary coverage for routine medical care. The student may want to use the college dispensary for his/her routine medical care.

What services are not included in my healthcare coverage?

Cosmetic procedures, elective abortions, personal items, consumable medical supplies, and experimental treatments are some of the services not included in the medical health plan. For a

complete listing of the SWHP limitations and exclusions within your health coverage, please refer to your Evidence of Coverage. Also, for the limitations with your prescription drug benefit, please refer to Pharmacy Prescriptions on page 13.

What is SWHP's service area?

SWHP's service area is the geographical area as defined by the State of Texas and Centers for Medicare & Medicaid Services in which SWHP may offer services. Subscribers who do not work or reside inside this service area may not remain a member of SWHP. A map of the approved service area is on page 21.

May I obtain services that are out of the SWHP service area?

Coverage for healthcare services out of the SWHP service area is very limited. Other than urgent and emergency care services, medically necessary services requested outside the service area require referral by your SWHP physician and approval by the SWHP Medical Director as outlined in your Evidence of Coverage.

How do I get a referral outside of the SWHP network when you cannot provide the services that I need?

SWHP's provider network is a large multi-specialty network and, in most cases, can meet the majority of your medical needs. If you develop a medical condition that your physician and the SWHP network specialists cannot care for, you will need (1) a recommendation from your SWHP network provider; and (2) the approval of the SWHP Medical Director before any out-of-plan services can be covered. A formal review of your case will be provided and you will receive a letter outlining clearly what SWHP will or will not cover with the outside physician.

What happens if I am hospitalized outside the service area?

Please have someone call SWHP within 24 – 48 hours of your admission so we can begin coordinating your care as soon as possible. The instructions for reporting an out-of-plan admission are printed on the back of your member

identification card. Simply use the toll-free number. If you are hospitalized while traveling with others, we suggest you always have someone else within your group know what to do in case you are unable to speak for yourself.

What should I do if I get a bill that should have been paid by SWHP?

As soon as you receive the bill, please contact the SWHP at (800) 321-7947 or (254) 298-3000. The item will be researched to determine if payment has already been made and work with the provider of service to resolve the situation.

What is my financial responsibility to SWHP?

As a member you are required to pay a monthly premium for services. Because you pay SWHP a monthly premium, you should not need to pay any person or facility for covered services within the SWHP network, except for any copayments and deductibles, non-covered services, or charges from providers that do not contract with SWHP. You should simply pay the required copayment or deductible at the time of service. Network providers look only to SWHP for payment of covered services. If you receive a bill from a

provider for covered services, please refer to Claims on page 12 for more information.

How do I file a complaint against SWHP or appeal a decision?

SWHP has a formal complaint and appeal process for you to pursue in the event you are dissatisfied with the service you receive from SWHP or any SWHP network providers. SWHP does not discriminate against members, providers, or any other person who files a complaint or an appeal on behalf of a member. SWHP encourages feedback from its members in order to improve our delivery of personalized, high-quality healthcare. For further information on our complaint and appeal procedures, please refer to Complaints and Appeals on page 6.

What if I need additional identification cards, a copy of my policy, or any other materials?

You may request additional contracts, identification cards, or any other material from a Customer Service Advocate at a SWHP office near you. To request a member identification card online, visit <http://ers.swhp.org/> or call a SWHP office.

Glossary

Anniversary Date – The beginning of the benefit year.

Behavioral Healthcare – The assessment and treatment of mental and/or psychoactive substance abuse disorders.

Benefit Package – The services a plan offers to a group or an individual.

Coordination of Benefits – A provision in a contract that applies when a person is covered under more than one group medical program. It requires the payment of benefits to be coordinated by all programs to eliminate over-insurance or duplication of benefits.

Copayment – A cost sharing arrangement in which the health plan member pays a specified

flat amount for a specific service. Typical copayments are fixed amounts for physician office visits, prescriptions, or hospital services.

Drug Formulary – A listing of prescription medications, which are preferred for use by SWHP and are dispensed through participating pharmacies. The list is subject to periodic review and modification by SWHP.

Effective Date – The date on which a policy's coverage goes into effect.

Enrollee – Any person eligible for service as either a subscriber or a dependent in accordance with a contract.

Open Enrollment – A period during which subscribers have an opportunity to select the

health plan being offered to them. Most open enrollment periods are held for one month every year. Members are allowed to add or delete changes in the plan during open enrollment.

PCP (Primary Care Physician) – A physician who may be selected within the panel of contracted or salaried providers who may provide and coordinate your healthcare.

Premium – A fixed periodic payment that entitles the member to all covered services regardless of the number and type of services used.

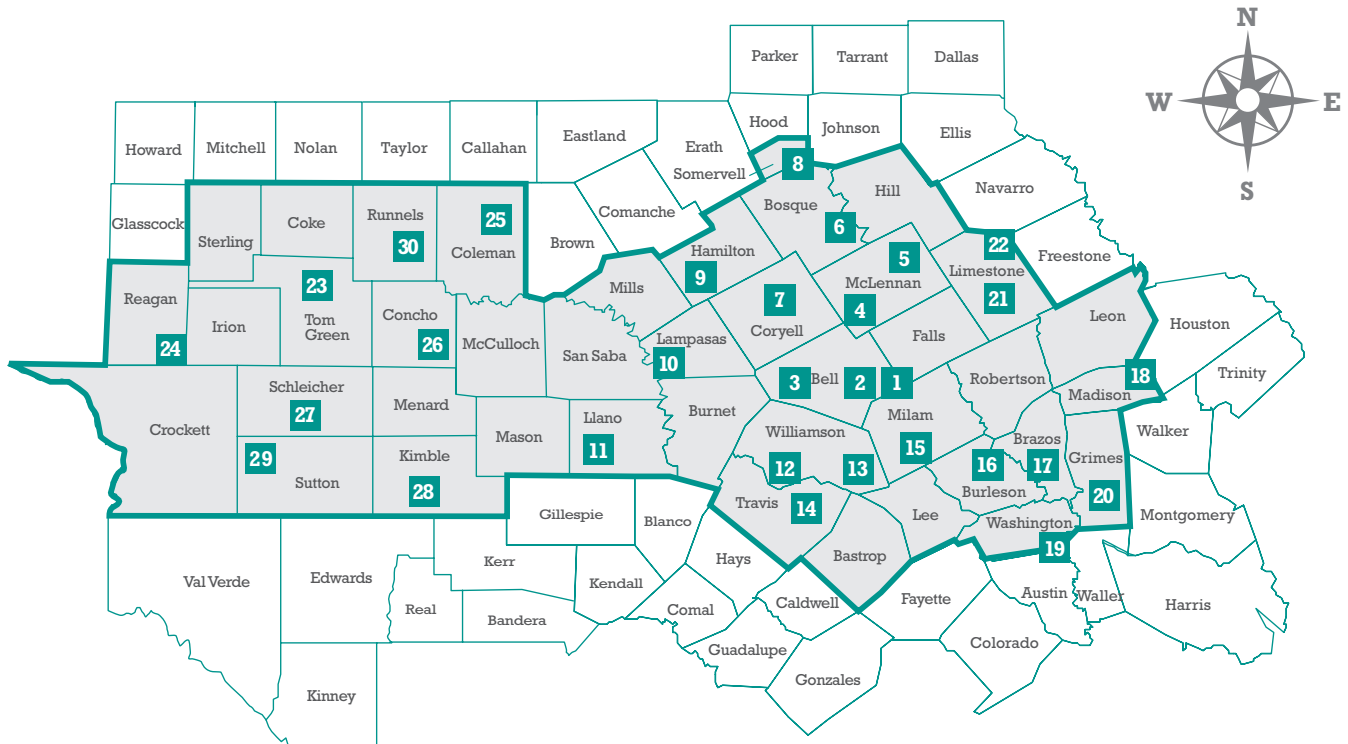
Service Area – The geographical area within certain boundaries where SWHP provides services to members. A member should not have to drive longer than 30 miles to obtain emergency care.

TDI (Texas Department of Insurance) – In Texas, the agency that insurance laws and regulations are administered by.

Utilization – The extent to which a given group uses services during a specified period of time.

Texas Employees Group Benefits Program

Scott & White Health Plan Service Area



Hospital Locations

- | | | | | | |
|-----------|--|-----------|--|-----------|--|
| 1 | Scott & White Memorial Hospital
Temple, TX | 11 | Scott & White Hospital–Llano
Llano, TX | 21 | Limestone County Medical Center
Groesbeck, TX |
| 2 | Scott & White King’s
Daughters Hospital
Temple, TX | 12 | Scott & White
Healthcare–Round Rock
Round Rock, TX | 22 | Parkview Regional Hospital
Mexia, TX |
| 3 | Metroplex Hospital
Killeen, TX | 13 | Scott & White Hospital–Taylor
Taylor, TX | 23 | Shannon Medical Center
San Angelo, TX |
| 4 | Providence Health Center
Waco, TX | 14 | The Hospital at Westlake
Medical Center
Austin, TX | 24 | Reagan Memorial Hospital
Big Lake, TX |
| 5 | Hillcrest Baptist Medical Center
Waco, TX | 15 | Richards Memorial Hospital
Rockdale, TX | 25 | Coleman County Medical Center
Coleman, TX |
| 6 | Goodall-Witcher Healthcare
Clifton, TX | 16 | Burleson St. Joseph Health Center
Caldwell, TX | 26 | Concho County Hospital
Eden, TX |
| 7 | Coryell Memorial Hospital
Gatesville, TX | 17 | St. Joseph Regional Health Center
Bryan, TX | 27 | Schleicher County Medical Center
Eldorado, TX |
| 8 | Glen Rose Medical Center
Glen Rose, TX | 18 | Madison St. Joseph Health Center
Madisonville, TX | 28 | Kimble Hospital
Junction, TX |
| 9 | Hamilton General Hospital
Hamilton, TX | 19 | Scott & White Hospital–Brenham
Brenham, TX | 29 | Lillian M. Hudspeth
Memorial Hospital
Sonora, TX |
| 10 | Rollins Brook Community Hospital
Lampasas, TX | 20 | Grimes St. Joseph Health Center
Navasota, TX | 30 | Ballinger Memorial Hospital
Ballinger, TX |