

Effective March 1, 2010, Health Plus VI members will be automatically enrolled in the Portfolio 500 plan. Please review the changes below:

Health Plus VI

Portfolio 500

Plan Provisions

Annual Deductible (Individual/Family)	\$500 / \$1,000	\$500 / \$1,000
Annual Out-of-Pocket Maximum (Individual/Family)	200% of total annual premium	\$3,500 / \$7,000*
Lifetime Maximum	\$5 million per member	\$5 million per member

*includes deductible

Outpatient Services

Office Visit Co-payment (primary / specialist)	\$30 / \$50 co-pay	\$30 / \$30 co-pay
Preventive Services	\$30 co-pay	No charge
Immunizations (age appropriate)	\$30 co-pay	No charge
Standard Lab & X-Ray	No charge	No charge
Diagnostic/Radiology Procedures (CT, MRI, PET, etc.)	No charge	20% after deductible
Outpatient Surgery	\$100 co-pay	20% after deductible
Allergy Serum	\$30/vial	\$25/vial
Eye Exam Co-payment (1 refraction annually)	Not covered	\$30 co-pay
Maternity (Pre- and Post-Natal Care) Co-payment per visit	\$30 co-pay per visit	\$30 co-pay per visit
Outpatient Specialty Drugs	Level 1: No charge	10% after deductible
	Level 2: No charge	20% after deductible
	Level 3: No charge	30% after deductible
	Level 4: No charge	50% after deductible

Inpatient Services

Hospital Room, Semi-private/Intensive Care Unit	\$300 co-pay per day (\$1,500 max)	20% after deductible
Surgery/Physician Services	No charge	20% after deductible
Other Hospital Services	No charge	20% after deductible
Skilled Nursing Facility	\$300 co-pay per day	20% after deductible

Therapeutic Services

Speech & Hearing	\$50 co-pay	\$30 co-pay
Physical Therapy	\$50 co-pay	\$30 co-pay
Occupational Therapy (20 visits per contract year)	\$50 co-pay	\$30 co-pay

Durable Medical Equipment/Prostheses

DME/Prosthetics (\$1,000 maximum annual benefit)	20% after deductible	50% after deductible
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Diabetic Supplies & Self-Management Training

Supplies & Equipment	20% after deductible	20% after deductible
Education/Nutrition Counseling	\$50 co-pay	\$30 co-pay

Mental Health/Chemical Abuse

Outpatient (limited to 20 visits/calendar year)	50% after deductible	50% after deductible
Alcohol/Drug Dependency (coverage for acute detoxification only)	50% after deductible	\$30 co-pay
Inpatient Days 1-20 (limited to 20 days/calendar year)	50% after deductible	50% after deductible
Alcohol/Drug Dependency (coverage for acute detoxification only)	50% after deductible	20% after deductible

Home Health Services

Home Health	\$50 co-pay	\$30 co-pay
Hospice	No charge	No charge

Emergency Care Services

Emergency Room	\$200 co-pay	20% after deductible
Urgent Care Centers	\$100 co-pay	20% after deductible
Ambulance	\$40 co-pay	20% after deductible

This insert attempts to summarize the principal benefits of Scott & White Health Plan and is not a contract. Details of benefits are subject to the terms, conditions and limitations of the Individual Evidence of Coverage. The following benefits are available at SWHP designated facilities when medically necessary and provided, authorized, ordered or arranged by a Scott and White Health Plan network provider.