



# Point of Service Summary of Benefits

January 1, 2009  
through  
December 31, 2009



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*Texas Friendly*

## Welcome

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 Group Health Care Evidence of Coverage.

### Dependent age requirement:

Starting in 2009, your eligible dependents enrolled in the Scott & White Health Plan may remain covered to the age of 25 regardless of student status. These dependents must be unmarried and have established residence with you, the employee. Dependents living away from home are considered eligible to age 25 if they are dependent upon their employee parents for financial support.

## Selecting a PCP

Our goal is your good health. As a member of a Point of Service plan, we ask that you choose a Primary Care Physician (PCP). You and this physician will be responsible for overseeing your healthcare. Your PCP is the first person to contact if you are having a health issue. He/she will determine if you need to see another specialist and will arrange that referral. Building a long-term relationship with one physician allows for him/her to become familiar with your medical history and help you make the best choices as the years go by.

If your physician is not available for an appointment when you need it, you are welcome to visit any of the physicians in that clinic or office. You may select a PCP from the following specialties:

- Family Medicine physicians treat all age groups from newborn to the elderly. Family medicine physicians are located in all SWHP network locations and most offer evening and weekend appointment times for urgent care needs.
- Community Internal Medicine physicians treat patients 18 years of age or older. They provide primary care of both simple and complex medical problems that arise.
- Pediatrics physicians treat children up to the age of 18. Working as a team with nurses, counselors, therapists, and other skilled personnel, these physicians aim to provide quality health care for this age group.

To search or select a PCP online, visit [www.swhp.org](http://www.swhp.org), and click Find a Provider. To view an online Provider Directory, visit [www.swhp.org](http://www.swhp.org) and click Member Services. If you would like specific information about a PCP, contact a Customer Service Coordinator at a SWHP office near you.

When you have selected your PCP, contact a Customer Service Coordinator or make your selection online. If you need assistance with the selection of, or would like to change your PCP, contact a Customer Service Coordinator at a SWHP office near you.

On your Point of Service plan, you have the option to self-refer to a non-network physician or facility. Please carefully review the benefits in this summary and your SPD as rules do apply.

## Scott & White Health Plan Web Site

Members can visit SWHP's web site at [www.swhp.org](http://www.swhp.org). Below are some of the items available for a member's convenience.

- Find a provider
- Prescription refills
- Health resources
- Health Plan news and publications
- HealthConnect – nurse advice line, self-care tips, health magazines
- MyHealthMedia – online wellness and lifestyle management program

## Summary of Plan Benefits

Plan Provisions	Core Plan		Premium Plan	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible	\$250/\$500 <sup>1</sup>	\$300/\$600 <sup>1</sup>	None	\$300/\$600 <sup>1</sup>
OOP Maximum	\$1,000/\$2,000	\$6,000/\$12,000	\$1,000/\$2,000	\$2,000/\$4,000
Pre-existing Conditions	Covered	Covered	Covered	Covered
Lifetime Maximum	\$2,000,000	\$2,000,000	None	\$2,000,000
<b>Outpatient Services</b>				
Primary Care Visit	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Specialty Care Visit	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Preventive Services-Office visit	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Standard Lab & X-ray	10% after deductible	30% after deductible	No Charge	30% after deductible
Diagnostic/Radiology Procedures <sup>2</sup>	10% after deductible	30% after deductible	\$100 Copay <sup>11</sup>	30% after deductible
Day Surgery	10% after deductible	30% after deductible	\$100 Copay	30% after deductible
Allergy	\$25/vial - serum 10% after deductible-injections	30% after deductible	\$25/vial	30% after deductible
Eye Exam (1 refraction annually)	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Family Planning	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Immunizations (age appropriate)	No Charge	No Charge	No Charge	No Charge
Infertility Diagnosis	\$20 Copay	50% after deductible	\$20 Copay	30% after deductible
Maternity (pre and post natal care)	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Outpatient Specialty Drugs <sup>4</sup>				
Level 1	10% after deductible	40% after deductible	\$50 Copay	30% after deductible
Level 2 (preferred)	20% after deductible	40% after deductible	\$100 Copay	30% after deductible
Level 3 (premium preferred)	30% after deductible	40% after deductible	\$250 Copay	30% after deductible
Level 4 (non-preferred) <sup>3</sup>	50% after deductible	50% after deductible	50% of charges	50% after deductible

## Summary of Plan Benefits (continued)

	Core Plan		Premium Plan	
	In Network	Out of Network	In Network	Out of Network
<b>Inpatient</b>				
Hospital Room, Semi Private	10% after deductible	30% after deductible	\$100/day Copay <sup>5</sup>	30% after deductible
Intensive Care Unit	10% after deductible	30% after deductible	\$100/day Copay <sup>5</sup>	30% after deductible
Other Hospital Services	10% after deductible	30% after deductible	\$100/day Copay <sup>5</sup>	30% after deductible
Skilled Nursing Facility (45 day maximum)	10% after deductible	30% after deductible	\$100/day Copay <sup>5</sup>	30% after deductible
<b>Diagnostic and Therapeutic Services</b>				
Speech & Hearing <sup>6</sup>	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Physical Therapy <sup>6</sup>	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
<b>Durable Medical Equipment/Prostheses</b>				
DME/Prosthetics	50% after deductible (\$1000 max annual benefit)		50% copay (unlimited benefit)	50% after deductible (unlimited benefit)
<b>Diabetic Supplies, Equipment and Self-Management Training</b>				
Supplies	Same as DME or RX, as appropriate	Same as DME or RX, as appropriate	Same as DME or RX, as appropriate	Same as DME or RX, as appropriate
Education/Nutrition Counseling	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Equipment	Same as DME or RX, as appropriate	Same as DME or RX, as appropriate	Same as DME or RX, as appropriate	Same as DME or RX, as appropriate
<b>Mental Health/Chemical Abuse Services</b>				
<i>Outpatient</i>				
Visits 1-5	50% after deductible	50% after deductible	\$20 Copay	50% after deductible
Visits 6-20	50% after deductible	50% after deductible	\$20 Copay	50% after deductible
Over 20 Visits	No Coverage	No Coverage	No Coverage	No Coverage
Serious Mental Illness <sup>7</sup> (60 visits per contract year)	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Alcohol and Drug Dependency (covered as a physical illness)	\$20 Copay <sup>9</sup>	30% after deductible <sup>9</sup>	\$20 Copay <sup>10</sup>	30% after deductible <sup>10</sup>
<i>Inpatient</i>				
Days 1-5	50% after deductible	50% after deductible	\$100/day Copay	50% after deductible
Days 6-20	50% after deductible	50% after deductible	50% Copay	50% after deductible
Over 20 Days	No Coverage	No Coverage	No Coverage	No Coverage
Serious Mental Illness <sup>7</sup> (45 days per contract year)	10% after deductible	30% after deductible	\$100/day Copay <sup>5</sup>	50% after deductible
Alcohol and Drug Dependency (covered as a physical illness)	10% after deductible <sup>9</sup>	30% after deductible <sup>9</sup>	\$100/day Copay <sup>5, 10</sup>	50% after deductible <sup>10</sup>
<b>Home Infusion Therapy Benefit</b>	10% after deductible	30% after deductible	\$50/day Copay <sup>8</sup>	30% after deductible
<b>Home Health Services</b>				
Home Health	\$20 Copay	30% after deductible	\$20 Copay	30% after deductible
Hospice	No Charge	30% after deductible	No Charge	30% after deductible
<b>Emergency Care Services</b>				
In-Area and Out-of Area	10% after deductible	10% after deductible	\$100/Visit	\$100/Visit
Urgent Care	10% after deductible	10% after deductible	\$50/Visit	\$50/Visit
Ambulance Transport	10% after deductible	10% after deductible	\$50 Copay	\$50 Copay

<sup>1</sup> Deductible applies to Out-of-Pocket Maximum.

<sup>2</sup> Limited to the following procedures: angiograms, CT scans, MRIs, myelography, PET scans, stress tests.

<sup>3</sup> Level 4 Copayment does not count toward Out-of-Pocket Maximum.

<sup>4</sup> Requires approval of medical director.

<sup>5</sup> \$500 maximum copay per confinement.

<sup>6</sup> Benefit limitations based upon medical necessity.

<sup>7</sup> Requires referral and approval of medical director.

<sup>8</sup> \$250 maximum copay per course of treatment.

<sup>9</sup> Limited to 1 series of treatments per lifetime.

<sup>10</sup> Limited to 3 series of treatments per lifetime.

<sup>11</sup> Maximum \$300/day

## Exclusions

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Chiropractic care
- Cosmetic and reconstructive procedures and treatments undertaken to improve or modify a Member's appearance except for mastectomy reconstruction following breast cancer surgery
- Custodial or domiciliary care
- Dental care
- Elective abortions, which are not necessary to preserve the health of the Member
- Elective treatment or elective surgery
- Experimental or investigational treatment
- Genetic testing
- Infertility treatment including any drug whose primary purpose is the treatment of infertility
- Mental health services or disorders are limited to those described in your evidence of coverage
- Non-covered benefits or services
- Cost of services in excess of the usual, customary, and reasonable charges
- Take home prescription drugs
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Reversal of voluntary surgically-induced sterility; artificial insemination or in-vitro fertilization or family planning therapies
- Rehabilitation services and therapies are limited to those recommended by a Participating or Referral Physician as medically necessary
- Storage of bodily fluids and other body parts
- Experimental organ transplants and associated donor/procurement costs and artificial organs; e.g., heart
- Treatment received in State or Federal facilities or institutions or services or supplies provided by an employer or governmental agency or entity
- Vision corrective surgery including laser application
- War, insurrection, riot, disaster or epidemic
- Weight reduction surgery

See the Exclusions and Limitations section of the Scott and White Health Plan Evidence of Coverage for specific information.

## Administrative Offices & Member Service Centers

### WACO

Scott & White Health Plan  
American Plaza  
200 W. Hwy 6, Suite 300  
Waco, TX 76712  
(254) 756-8000  
(800) 684-7947

### TEMPLE

Scott & White Health Plan  
2401 South 31<sup>st</sup> Street  
Temple, TX 76508-3000  
(254) 298-3000  
(800) 321-7947

### BRYAN/ COLLEGE STATION

Scott & White Health Plan  
3000 Briarcrest, Suite 422  
Bryan, TX 77802  
(979) 268-7947  
(800) 791-8777

### GEORGETOWN

Scott & White Health Plan  
204 South IH 35, Suite 100  
Georgetown, TX 78628  
(512) 930-6040  
(800) 758-3012

## Why do so many people choose Scott & White Health Plan?

- SWHP has been named one of the **Highest Ranked Health Plans in Texas by the U.S. News & World Report**<sup>1</sup> for the third year in a row<sup>2</sup>. Our Medicare plan was rated the best in Texas.<sup>1</sup>  
<sup>1</sup> U.S. News & World Report/NCQA America's Best Health Plans 2007.  
"America's Best" Health Plans is a trademark of U.S. News & World Report.  
<sup>2</sup> 2005 and 2006 rankings posted on [www.usnews.com](http://www.usnews.com).
- SWHP has earned an "Excellent Accreditation" from the National Committee for Quality Assurance (NCQA) for both Commercial and Medicare products (2000-2007). This is SWHP's 7th consecutive year with "Excellent Accreditation".
- SWHP received the highest rating of any Central Texas Health Maintenance Organization for "How People Rated Their Health Plan" and "How Well Doctors Communicate," (Office of Public Insurance Counsel, "Comparing Texas HMOs 2007").
- SWHP received one of the lowest patient complaint ratios in Texas (Office of Public Insurance Counsel, "Comparing Texas HMOs 2007").
- SWHP leads other HMOs in the percentage of patients who receive breast cancer screening, beta-blocker treatment after a heart attack, diabetes eye exams, adolescent well child visits, childhood and adolescent immunizations, and colorectal cancer screening. (Guide to Texas HMO Quality: 2007).
- SWHP was recognized by the Texas Diabetes Council in both 2006 and 2007 for exceeding the Texas average in all six comprehensive diabetes care measures.
- SWHP was assigned an A- (Excellent) rating by AM Best following an extensive review of SWHP's financial strength, operating performance and market profile (2006).
- SWHP was assigned a financial safety rating of A- (Excellent) by Weiss Ratings, Inc. Weiss provides data and analysis for consumers, professionals, institutions and federal agencies (2006).
- SWHP was profiled by America's Health Insurance Plans (AHIP) Quality Profiles Focus for our efforts to reduce school absenteeism through a Hand Washing Initiative (2007).