



HILLCREST
BAPTIST MEDICAL CENTER
SCOTT & WHITE HEALTHCARE

The New Face of Compassionate Healthcare®

Frequently Asked Questions

What is the relationship between Hillcrest Medical Center and Scott & White TPA Services?

Hillcrest Medical Center (your employer) is providing a health plan for you as part of your employee benefit program. They have contracted with Scott & White TPA Services to administer claims and to provide various customer services to plan members. These services include answering your questions concerning plan coverage, and assisting you in locating providers that provide you with the highest benefit levels under your plan. Scott & White Prescription Services is administering prescription benefits under your plan.

Both Scott & White TPA Services and Scott & White Prescription Services are part of Scott & White Healthcare System.

What if I have a question about my health plan?

If you have any questions about your Hillcrest health plan or would like to obtain additional information, including provider information, please call a Customer Service Coordinator at 877-819-9171. For services requiring pre-authorization, please call 877-819-9170.

Which doctors and hospitals can I use to receive benefits under the plan?

Based upon the provider, benefit levels will vary. To see a complete listing of providers in each benefit category, go to www.Hillcrest.swhp.org.

Can I continue to see my current physician or provider?

Yes, but your benefit levels will be affected. The Gold, Silver, and Bronze benefit levels are dependent upon the medical provider that you choose. If, for example, your physician is not listed at www.Hillcrest.swhp.org under the Gold or Silver benefit levels, you may want to use another physician to receive higher plan benefit levels.

Do I need a referral to see a specialist?

Generally, no. However, for certain specialties at Scott & White Clinics, you may be asked to see a primary care physician first before seeing a specialist, in order to assure the most appropriate care. This is not a requirement of your plan, but is a procedure in place for all health plans at Scott & White Clinics to provide higher quality and better outcomes.

What services are not included in my health care coverage?

Work-related illnesses or injuries, cosmetic procedures, elective abortions, personal items, consumable medical supplies and experimental treatments are some of the services not included. For a complete listing of limitations and exclusions within your health coverage, please refer to your Summary Plan Description.

I have a son/daughter who goes to college full time outside of the area. How is this covered?

For dependents who are full-time students at an accredited college or university, receiving treatment by a provider not listed under the Gold or Silver benefit levels, benefits are paid at the Silver benefit level.

How does my health plan cover any emergency that I may have?

Your plan provides benefits for medically necessary emergency care regardless of the benefit level that the provider falls under. Emergency care is generally defined as a sudden and unexpected onset of a condition of such a nature that would lead a prudent layperson to believe that their health could be jeopardized if they do not get immediate treatment.

Does my plan require prior-authorization? What happens if I do not obtain prior-authorization?

Your health plan does require all hospital/facility admissions to be authorized in advance, and it is your responsibility to be sure that this is done. This includes admissions for treatment of Mental and Nervous disorders or Substance Abuse. Also, your Summary Plan Description may indicate other services for which prior-authorization is needed.

Although your physician or provider facility may make the prior authorization call for you, it is your responsibility as the plan member to be sure the services requiring prior authorization are in fact authorized. Failure to obtain prior authorization will result in an additional \$500 deductible or 50%, whichever is less for services received at Silver benefit levels, and no benefits for hospital/facility confinement will be payable for services rendered at the Bronze level.

Will I receive a member ID Card? What information is included on this card?

Every plan member will receive an ID Card, which should be presented to your healthcare provider or pharmacy at the time services are rendered. The card will identify you as a member of the Hillcrest Medical Center Health Plan, and will provide the phone number for authorizations and customer service. Also, the mailing address for submitting claims to Scott & White TPA Services will be indicated.

The ID Card will also have the employee's name and member number, as well as the name and member number for each covered dependent.

The name of the plan (Hillcrest Baptist Medical Center Health

Plan) will be shown along with the plan's identifier number and the date the membership card was issued.

Finally, the ID Card will show some basic plan information, such as physician office copay amounts, emergency room copays, and important information regarding your prescription drug plan.

Please be sure to carry this card with you at all times, and to notify Scott & White TPA Services immediately should the card be lost or stolen.

A sample of the ID Card is shown below:

HILLCREST
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Contract Holder:	John Doe	PCP OV:	\$25 Gold Level Only
Contract Number:	100111111	ER COPAYMENT:	\$200
Group Number:	085000	RX BIN#/PCN#:	610141/02500000
Plan Type:	TPA	RX GROUP:	32700
Issue Date:	1/1/2010	RX COPAY:	\$10 Generic/\$100 ded/30% pref./50% non-pref.

Member No.	Member Name	Member No.	Member Name
100111111 00	John Doe	100111111 04	Jack Doe
100111111 01	Jane Doe	100111111 05	Julie Doe
100111111 02	James Doe	100111111 06	Joshua Doe
100111111 03	Jennifer Doe	100111111 07	Jaqueline Doe

For Membership and eligibility information, visit www.hillcrest.swhp.org
This card is for identification purposes only and does not guarantee membership or coverage.

PLEASE HAVE THIS CARD AVAILABLE AT ALL TIMES

Hillcrest Employee Health Plan is administered by Scott & White TPA Services. Members are encouraged to consult with their medical group physician in an emergency, if possible. Any member having an emergency necessitating in-patient hospitalization should notify Scott & White TPA Services within 48 hours after such emergency treatment commences.

NOTICE TO OUT-OF-AREA HOSPITAL AND MEDICAL PROVIDERS

Hillcrest Employee Health Plan is only responsible for out-of-area hospital and medical services that are due to accident or emergency illness. In all cases requiring hospitalization, call Scott & White TPA Services at 877-819-9170 to verify current membership status and to authorize services within 48 hours. All out-of-area services are subject to Hillcrest Employee Health Plan's current rules and regulations governing out-of-area coverage.

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Scott & White TPA Services
2401 South 31st Street, Temple, Texas 76508-0001
877-819-9171
Nurse Advice Line 800-975-6612