

# Federal Employee Health Benefits Program

2018 Benefits Information



Scott & White  
**HEALTH PLAN**  
PART OF BAYLOR SCOTT & WHITE HEALTH

# Two Coverage Options for 2018

For 2018, Scott and White Health Plan is proud to offer two benefit coverage options to members of the FEHB plan. The 2018 Standard Option is based on our 2017 plan and includes our full HMO network. The 2018 Basic Option features a narrower network, enhanced patient management opportunities when using a PCP, and lower monthly premiums.

## 2018 Standard Option

The Standard Option is available in 60 counties, has no deductibles, and does not require the selection of a PCP. As the top-rated HMO in Texas,\* we are the one Texans trust for many reasons:

- You can access an extensive network of more than 3,000 local physicians.
- You get access to many health and wellness programs at no extra cost to you.

## 2018 Basic Option

SWHP and the Baylor Scott & White Quality Alliance (BSWQA) have teamed up to form Baylor Scott & White Preferred, an integrated health plan solution. You may visit a BSW Preferred doctor for your care and be referred to BSW Preferred specialists, while care is coordinated by a centralized team of nurse care managers, health coordinators and licensed social workers who encourage compliance with your doctor's treatment plans. Selection of a PCP is recommended to maximize the benefits of this coverage option; however, it is not required.

### **BENEFITS OF A CONCENTRATED AND CONNECTED NETWORK**

- We know you. Our doctors and facilities are connected by an electronic health record system, giving them secure access to your medical history and status.
- We are accountable. Your doctors are held accountable for achieving specific quality, patient satisfaction and cost measures ensuring that you are receiving the most comprehensive, compassionate and cost-effective care possible.
- We are protocol-driven. All BSWQA doctors follow certain guidelines, approved by medical associations and proven to be safe and effective, when creating your treatment plan.
- We want to save you money. Using BSW Preferred doctors and facilities will save you money on out-of-pocket expenses. The additional savings are a result of our integrated provider network for all medical needs.

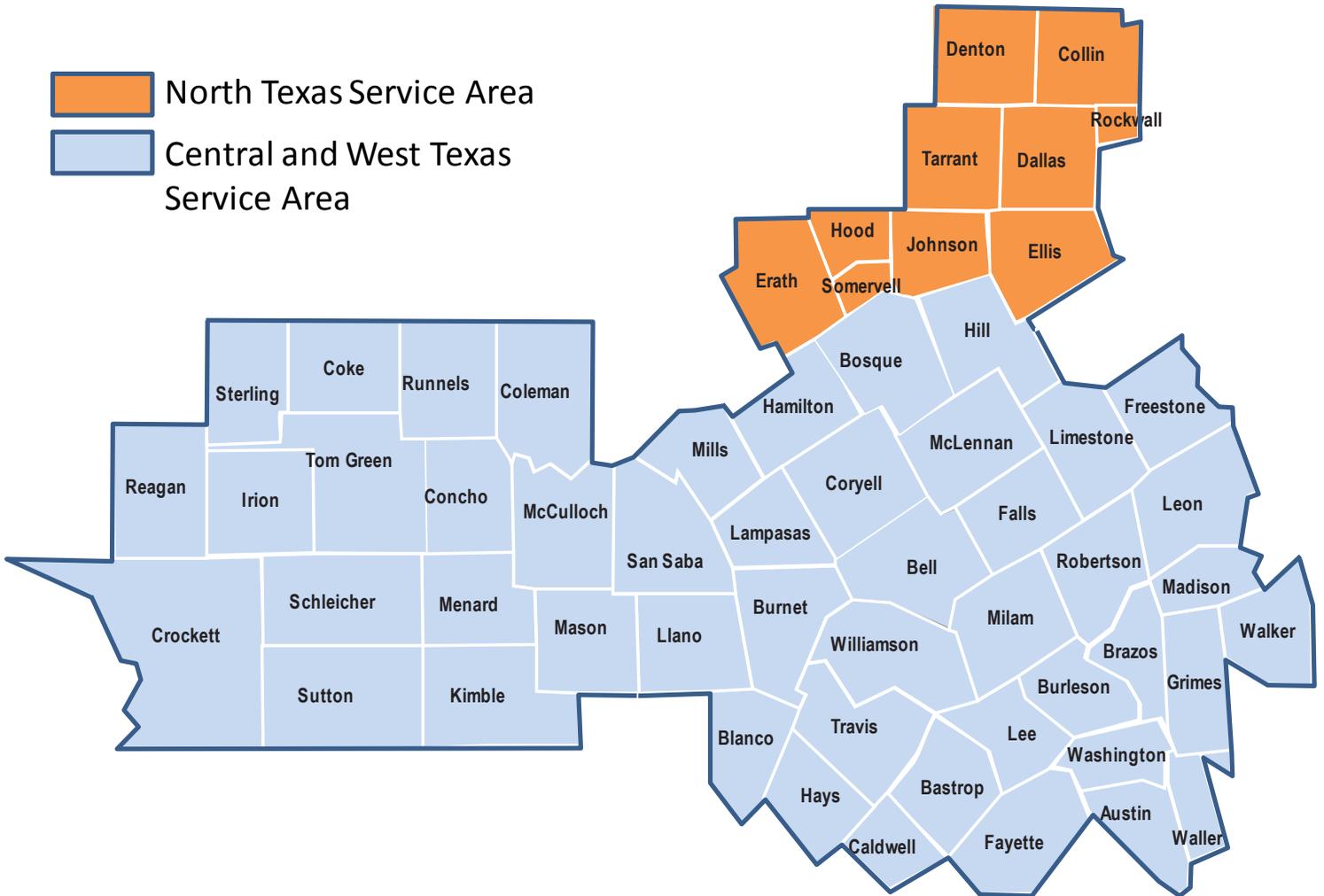
\* NCQA's Private Health Insurance Plan Ratings 2017-2018.



## Open Season

Open season dates are November 13 through December 11. Don't miss your opportunity to experience the personal service and extraordinary value of Scott and White Health Plan.

# SWHP Service Area Map



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# 2018 HMO Summary of Benefits & Services

|  | Standard   | Basic                      |
|--|--|----------------------------|
| <b>Individual Deductible Options</b>   |  |                            |
| Self Only  | \$0  | \$1,500                    |
| Self Plus One  | \$0  | \$3,000                    |
| Self and Family  | \$0  | \$3,000                    |
| <b>Out-of-Pocket Maximum</b>   |  |                            |
| Self Only  | \$5,250  | \$5,000                    |
| Self Plus One  | \$10,500   | \$10,000                   |
| Self and Family  | \$10,500   | \$10,000                   |
| <b>Doctor Office Visits</b>  |  |                            |
| Primary care visit to treat an injury or illness                                   | \$25 copay/visit                                       | \$30 copay/visit           |
| Specialist visit   | \$45 copay/visit                                       | \$50 copay/visit           |
| Other practitioner office visit  | \$45 copay/visit                                       | \$50 copay/visit           |
| Preventive care/screening/immunization   | No charge  | No charge                  |
| <b>Emergency Medical Care</b>  |  |                            |
| Urgent care visit  | \$50 copay/visit                                       | \$75 copay/visit           |
| Emergency room services  | \$250 copay/visit                                      | \$250 copay/visit plus 20% |
| Emergency medical transportation   | \$125 copay  | 20% after deductible       |
| <b>Services Provided by a Hospital</b>   |  |                            |
| Inpatient  | \$250 per day up to a maximum of \$1,250 per admission | 20% after deductible       |
| Outpatient Surgery   | \$250/procedure  | 20% after deductible       |
| <b>Medical Testing</b>   |  |                            |
| Diagnostic test (X-ray, blood work)  | No charge  | No charge                  |
| Imaging (CT/PET scans, MRIs)   | \$150 per procedure                                    | 20% after deductible       |
| <b>Dental Care</b>   |  |                            |
| Discounts available through Careington International (Refer to 2018 FEHB Brochure) | 20% - 50% discounts                                    | 20% - 50% discounts        |

# 2018 HMO Prescription Drug Coverage

| Benefit                                  | Standard   | Basic  | Caveats   |
|--|--|--|---|
| <b>Preferred Generic Drugs</b>           | \$8 copay/retail, non-maintenance<br>\$16 copay/mail order, maintenance  | \$15 copay/retail, non-maintenance<br>\$30 copay/mail order, maintenance   | Covers up to a 30-day supply or 100 units (retail prescription); and the lesser of 90-day or 360 units (mail order prescription)  |
| <b>Preferred Brand Drugs</b>             | \$60 copay/retail, non-maintenance<br>\$120 copay/mail order, maintenance  | \$50 copay/retail, non-maintenance<br>\$100 copay/mail order, maintenance  | Covers up to a 30-day supply or 100 units (retail prescription); and the lesser of 90-day or 360 units (mail order prescription)  |
| <b>Non-Preferred &amp; Non-Formulary</b> | \$150 or 50% copay, whichever is greater/retail, non-maintenance, \$300 Rx cap<br>\$300 copay or 50%, whichever is greater/mail order, maintenance,<br>Non-formulary does not apply. | \$100 copay/retail, non-maintenance<br>\$200 copay/mail order, maintenance | Covers up to a 30-day supply or 100 units (retail prescription)   |
| <b>Specialty Drugs</b>                   | \$300 copay/non-maintenance  | 25% coinsurance/non-maintenance  | Failure to obtain pre-authorization may result in the denial of coverage for this service. Please consult <a href="http://feh.b.swhp.org">feh.b.swhp.org</a> or call 1-800-321-7947 to verify pre-authorization requirements. |



# Online Wellness Programs

The best thing you can do for yourself is to prevent health problems before they start. Our comprehensive suite of effective resources and tools provides a tailored experience built on the demands of our members. We offer several wellness programs at no additional cost to you.

## **Balance**

Manage Your Weight – Your mind, body, and food habits are all key to managing your weight. Balance addresses all three to help you reach your goals and maximize your energy.

## **Nourish**

Eat Healthier – Nourish can help you improve your eating habits and your overall relationship with food, one bite at a time.

## **Relax**

Deal with Stress – Relax puts your sources and symptoms of tension under a microscope, then unveils strategies to help keep you calm under pressure.

## **Breathe**

Quit Smoking – Breathe gives you the skills to help conquer your cravings and say “goodbye” to cigarettes for good.

## **Care for Depression**

Care for Depression provides individualized help in the setting and at the time of your choice.

## **Dream**

Sleep Better – Short on energy and focus during the day? Dream is packed with research-based strategies for conquering sleepless nights.

## **Care for Your Health**

Care for Chronic Conditions – Be the quarterback of your health care team, not a spectator. Care for Your Health reveals tactics and secrets to help you handle any chronic condition.

## **Care for Pain**

Care for Chronic Pain – Your pain is unique and so is the way you respond to it. Care for Pain helps you focus more on the things that matter most to you.

# Additional Resources to Help You Take Care of Yourself

## **Nurse Advice Line**

Not feeling well? The SWHP Nurse Advice Line is here for you. Our nurses will discuss your symptoms and offer health coaching to help you take care of yourself wherever you are. They will also help you determine if you need an appointment, urgent care visit, or emergency room visit.

## **Disease Management**

Disease Management programs are designed to improve the health of members with chronic conditions and reduce associated costs from avoidable complications. These goals are accomplished by identifying and treating chronic conditions more quickly and more effectively, slowing the progression of those diseases.

Disease Management is a system of coordinated health care interventions tailored to your conditions where self-care efforts can be implemented.

## **Complex Case Management**

If you have chronic conditions or complex care needs, our nurse case managers will work with you, your family, and your physician to create and manage your care plan. Case managers advocate for you and assist with setting goals and making a personal plan to improve your health. They also can assist with arrangements for necessary services and make referrals to, and incorporate, Disease Management programs as applicable. Case managers answer questions and educate you so you have a better understanding of your condition and plan of care.

The purpose of the program is to help you get the best possible results and the greatest value from your health plan. Participation is voluntary, and there is no additional cost to you for this program. To see if Complex Case Management is right for you, request a screening by completing the Case Management referral form at <https://portal.swhp.org/#/referral>.

A young woman with long dark hair is lying in an orange and yellow striped hammock, laughing joyfully with her eyes closed and mouth open. She is wearing a white, textured knit sweater. The background is a soft-focus green landscape under bright sunlight.

See if your  
doctor is in our  
network.  
[fehbswhp.org](http://fehbswhp.org)

# Our Premiums

## 2018 Standard Rate Information for Scott and White Health Plan

| Central and West Texas |                 | Non-Postal Premium |            |             |            | Postal Premium        |                       |
|------------------------|-----------------|--------------------|------------|-------------|------------|-----------------------|-----------------------|
|                        |                 | Biweekly           |            | Monthly     |            | Biweekly              |                       |
| Type of Enrollment     | Enrollment Code | Gov't Share        | Your Share | Gov't Share | Your Share | Category 1 Your Share | Category 2 Your Share |
| Self Only              | A84             | \$229.25           | \$131.28   | \$496.71    | \$284.44   | \$124.91              | \$118.55              |
| Self Plus One          | A86             | \$491.00           | \$215.79   | \$1,063.83  | \$467.55   | \$202.15              | \$188.51              |
| Self and Family        | A85             | \$521.58           | \$323.40   | \$1,130.09  | \$700.70   | \$308.91              | \$294.42              |

| North Texas        |                 | Non-Postal Premium |            |             |            | Postal Premium        |                       |
|--------------------|-----------------|--------------------|------------|-------------|------------|-----------------------|-----------------------|
|                    |                 | Biweekly           |            | Monthly     |            | Biweekly              |                       |
| Type of Enrollment | Enrollment Code | Gov't Share        | Your Share | Gov't Share | Your Share | Category 1 Your Share | Category 2 Your Share |
| Self Only          | P84             | \$229.25           | \$174.45   | \$496.71    | \$377.97   | \$168.08              | \$161.72              |
| Self Plus One      | P86             | \$491.00           | \$300.51   | \$1,063.83  | \$651.11   | \$286.87              | \$273.23              |
| Self and Family    | P85             | \$521.58           | \$424.71   | \$1,130.09  | \$920.21   | \$410.22              | \$395.73              |

## 2018 Basic Rate Information for Scott and White Health Plan

| Central Texas      |                 | Non-Postal Premium |            |             |            | Postal Premium        |                       |
|--------------------|-----------------|--------------------|------------|-------------|------------|-----------------------|-----------------------|
|                    |                 | Biweekly           |            | Monthly     |            | Biweekly              |                       |
| Type of Enrollment | Enrollment Code | Gov't Share        | Your Share | Gov't Share | Your Share | Category 1 Your Share | Category 2 Your Share |
| Self Only          | A81             | \$228.39           | \$76.13    | \$494.84    | \$164.95   | \$69.28               | \$63.19               |
| Self Plus One      | A83             | \$447.67           | \$149.22   | \$969.95    | \$323.31   | \$135.79              | \$123.85              |
| Self and Family    | A82             | \$521.58           | \$191.98   | \$1,130.09  | \$415.96   | \$177.49              | \$163.00              |

| North Texas        |                 | Non-Postal Premium |            |             |            | Postal Premium        |                       |
|--------------------|-----------------|--------------------|------------|-------------|------------|-----------------------|-----------------------|
|                    |                 | Biweekly           |            | Monthly     |            | Biweekly              |                       |
| Type of Enrollment | Enrollment Code | Gov't Share        | Your Share | Gov't Share | Your Share | Category 1 Your Share | Category 2 Your Share |
| Self Only          | P81             | \$229.25           | \$111.72   | \$496.71    | \$242.06   | \$105.35              | \$98.99               |
| Self Plus One      | P83             | \$491.00           | \$177.42   | \$1,063.83  | \$384.41   | \$163.78              | \$150.14              |
| Self and Family    | P82             | \$521.58           | \$277.51   | \$1,130.09  | \$601.27   | \$263.02              | \$248.53              |



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