

The example below shows how changes to some of the Scottt & White Health Plan benefits may affect you in the new plan year. "Contracted amounts" are determined and agreed upon between the provider/facility and the HMO and are generally 50% less than the billed amount.

	2008-2009 Scott & White Health Plan In-Network	Member Pays ↓	2009-2010 Scott & White Health Plan In-Network	Member Pays ↓
Example 1	A&M System employee Mary goes to visit her PCP for an ankle problem. Her PCP orders an Xray and suggests that she see an Orthopedic doctor.			
	\$25 copay for the visit with her PCP and the X-ray and Mary will need to get a referral to a SWHP Orthopedic doctor	\$25.00	\$25 copay for the visit with her PCP and the X-ray and Mary will need to get a referral to a SWHP Orthopedic doctor	\$25.00
Example 2	Mary goes to the Orthopedic doctor and he recommends an MRI of the foot and ankle to determine the problem.			
	Copay for the office visit	\$25.00	Copay for the office visit	\$25.00
	MRI billed amount \$989.00		MRI billed amount \$989.00	
	Mary's cost - Copay for MRI	\$100.00	20% of charges	\$197.80
	Mary pays	\$125.00	Mary pays	\$222.80
Example 3	Mary needs to have outpatient surgery on her foot and ankle to repair an injury.			
	Surgery billed amount \$4,700.00		Surgery billed amount \$4,700.00	
	Mary's cost - Day Surgery Copay	\$100.00	20% of charges	\$940.00
	Mary pays	\$100.00	Mary pays	\$940.00
Total Cost - Medical Claims	Mary's total out-of-pocket costs associated with medical claims.			
	Mary pays	\$250.00	Mary pays	\$1,187.80