



PLAN SELECTION FORM

Dear Scott and White Health Plan Member:

We know you have a choice in health plans, and we are glad you have chosen us—Scott and White Health Plan and our subsidiary, Insurance Company of Scott and White, Medicare Advantage organizations with a Medicare contract. Enrollment in SeniorCare Advantage PPO plans depends on contract renewal.

To make a change in the Medicare Advantage plan you have with Scott and White Health Plan, fill out the enclosed plan selection form to make your choice. Check off the plan you want, and sign the form. Then mail the completed form back to us in the postage-paid envelope.

Please be aware that you can change health plans only at certain times during the year. Between October 15th and December 7th each year, anyone can join our plan. In addition, from January 1 through February 14, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help paying for prescription drug coverage.

If you qualify for extra help with your prescription drug costs, you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

If you select another plan and we receive your completed selection form by December 7, your new benefit plan will begin in January 2018. Your monthly plan premium can be found in the premium chart on the form and you may continue to see any Scott and White Health Plan primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you with your decision, we have also included 2018 benefits overview for the available options.

If you have any questions, please call Scott and White Health Plan at 1-866-334-3141. TTY users should call 1-800-735-2989. We are open 7 a.m. to 8 p.m., seven days a week.

Thank you.



PLAN SELECTION FORM

Date:

Member Name:

Member Number:

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:

	Monthly Premium	PCP/Specialist Office Visit	Maximum Out-of-Pocket
<input type="checkbox"/> SeniorCare Advantage PPO without Dental	\$41	\$0 / \$40	\$6,200
<input type="checkbox"/> SeniorCare Advantage PPO with Dental	\$58	\$0 / \$40	\$6,200

Your Plan Premium

You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe, by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

- Receive a monthly bill
- Electronic Funds Transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: Checking Savings

- Automatic deduction from your monthly Social Security or RRB benefit check.
I get monthly benefits from Social Security RRB

(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)



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Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

Spanish

Please contact Scott and White Health Plan at 1-866-334-3141 (TTY users should call 1-800-735-2989) if you need information in another format or language than what is listed above. Our office hours are 7 a.m. to 8 p.m., seven days a week.

Signature:	Today's Date:
If you are the authorized representative, you must sign above and provide the following information:	
Name: _____	
Address: _____	
Phone Number: () - _____	
Relationship to Enrollee: _____	

Please mail this form to:

Scott and White Health Plan
ATTN: Customer Engagement Dept.
MS-A4-126
1206 West Campus Drive
Temple, TX 76502

Fax: (254) 298-3567
Email: swhpretention@bswhealth.org

Office Use Only		
Tracking Number: _____		
<i>(Example: time/mo/date/yr/first & last initials (0915 11052017 ES))</i>		
Division #: _____	Plan Representative #: _____	Area # _____
Effective Date of Coverage: _____	<input type="checkbox"/> IEP <input type="checkbox"/> AEP <input type="checkbox"/> SEP (type):	
Confirmed Current Plan Information: (initials)		Date:

SeniorCare Advantage PPO is offered by Scott and White Health Plan through its subsidiary Insurance Company of Scott and White, a Medicare Advantage organization with a Medicare contract. Enrollment in SeniorCare Advantage depends on contract renewal. Dental insurance is provided by Metropolitan Life Insurance Company (MetLife).

You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-334-3141 (TTY: 1-800-735-2989). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-334-3141 (TTY: 1-800-735-2989). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-334-3141 (TTY: 1-800-735-2989).

Scott and White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Scott and White Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Scott and White Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.