

State: Texas

Filing Company: Scott and White Health Plan

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: SWHP INDV HMO Plan Rates_2026_Annual

Project Name/Number: /

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User Usage Agreement
Attachments

Usage Agreement

[Usage Agreement.pdf](#)

State: Texas **Filing Company:** Scott and White Health Plan
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Filing at a Glance

Company: Scott and White Health Plan
Product Name: SWHP INDV HMO Plan Rates_2026_Annual
State: Texas
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Rate
Date Submitted: 06/09/2025
SERFF Tr Num: SWHP-134564719
SERFF Status: Closed-Reviewed
State Tr Num: SWHP-134564719
State Status: AA-ACTUARY APPROVAL
Co Tr Num:

Effective: 01/01/2026
Date Requested:
Author(s): Cathy Caswell
Reviewer(s): Hector Garza (primary), Dewayne Matthews, R. Michael Markham, Bing Wu, Chonlada Pongpipattanachai

Disposition Date: 08/13/2025
Disposition Status: Reviewed
Effective Date: 01/01/2026

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General Information

Project Name:
Project Number:
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date: 08/09/2025
Submitted By: Cathy Caswell

State Sub-TOI: TXL.AH.11 AH - HMO

PPACA Notes: null
Exchange Intentions:

Filing Description:
Refer to cover letter under supporting documentation.

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 08/13/2025
State Status Changed: 08/13/2025
Created By: Cathy Caswell
Corresponding Filing Tracking Number:
State TOI: TXL.AH.11 AH - HMO

PPACA: Non-Grandfathered Immed Mkt Reforms

Refer to HIOS Plan ID lists under supporting documentation for on and off exchange plans.

Company and Contact

Filing Contact Information

Cathy Caswell, Regulatory Analyst 2
1206 West Campus Drive
Temple, TX 76502

Cathy.Caswell@BSWHealth.org
737-401-9483 [Phone]

Filing Company Information

Scott and White Health Plan
1206 West Campus Dr.
MS-A4-126
Temple, TX 76502
(254) 298-3015 ext. [Phone]

CoCode: 95099
Group Code:
Group Name:
FEIN Number: 74-2052197

State of Domicile: Texas
Company Type:
State ID Number:

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Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Scott and White Health Plan	\$50.00	06/09/2025 04:52 PM	318068731
EFT Total	\$50.00		

State Specific

1. Is this a Consumer Choice Plan? Yes, No, or N/A: Yes
2. Is this filing submitted simultaneously with another filing? Yes or No. If so, attach a list under Supporting Documentation.: No
3. Will the form(s) in this submission be used with previously approved, exempted, forms or rates? Yes or No. If yes, attach a list under Supporting Documentation.: Yes
4. Was this submission previously disapproved, withdrawn, or rejected? If yes, update Corresponding Filing Tracking Number field.: No
5. Is this filing related to the COVID-19 pandemic? Yes or No: No
6. If submitting a life insurance policy, will the policy be illustrated? Yes or No or N/A: N/A
7. Will the filed forms be used in the prepaid funeral market? Yes, No, or N/A.: N/A

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Reviewed	Chonlada Pongpipattanachai	08/13/2025	08/13/2025

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Disposition

Disposition Date: 08/13/2025
Effective Date: 01/01/2026
Status: Reviewed

HHS Status: HHS Approved
State Review: Reviewed by Actuary

Comment: In accordance with 28 TAC 3.7, this disposition is Notice of Department Action.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Scott and White Health Plan	Increase	34.210%	34.210%	\$517,209,939	150,361	\$1,511,867,694	41.480%	8.730%

Percent Change Approved:

Minimum: 8.730%

Maximum: 41.480%

Weighted Average: 34.210%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HMO Transmittal Checklist and Certification Form	RV-REVIEWED	Yes
Supporting Document	Cover Letter	RV-REVIEWED	Yes

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URRT

State Determination

Review Status:	Complete
Determination:	Not Unreasonable
Comments:	In accordance with 28 TAC 3.7, this disposition is Notice of Department Action.
Review Submission Date:	08/13/2025

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Supporting Document Schedules

Satisfied - Item:	HMO Transmittal Checklist and Certification Form
Comments:	
Attachment(s):	lah312.pdf
Item Status:	RV-REVIEWED
Status Date:	08/13/2025

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	BSWHP_PY26_INDV_HMO_Cover Letter.pdf
Item Status:	RV-REVIEWED
Status Date:	08/13/2025