

Scott and White Health Plan

TRS-ActiveCare 2018-2019 Summary of Benefits

Fully Covered Health Care Services	
Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
Well Child Care Annual Exams	No Charge
Immunizations (age appropriate)	No Charge
Plan Provisions	
Annual Deductible	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$7,000 Individual/ \$14,000 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care¹	\$15 Copay (First Primary Care Visit for Illness - \$0 Copay²)
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible ³
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 copay and 20% of charges after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	\$150 per day ⁴ and 20% of charges after deductible
Inpatient Services	
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day ⁴ and 20% of charges after deductible
Diagnostic & Therapeutic Services	
Physical and Speech Therapy	\$70 copay
Manipulative Therapy ⁵	20% without office visit \$40 plus 20% with office visit
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment	\$5/\$12.50 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment	30% after Rx deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services																			
Home Health Care Visit	\$70 copay																		
Worldwide Emergency Care																			
Nurse Advice Line	1-877-505-7947																		
Online Services	No Charge — go to trs.swhp.org																		
After-Hours Primary Care Clinics	\$20 copay																		
Ambulance and Helicopter	\$40 copay plus 20% after deductible																		
Emergency Room ⁶	\$250 copay plus 20% after deductible																		
Urgent Care Facility	\$50 copay per visit; deductible does not apply																		
Prescription Drugs (Group Value Formulary)																			
Annual Benefit Maximum	Unlimited																		
Rx Deductible Does not apply to preferred generic drugs	\$150																		
Ask an SWHP Pharmacy representative how to save money on your prescriptions.	<table border="1"> <thead> <tr> <th></th> <th>Retail Quantity (Up to a 30-day supply)</th> <th>Maintenance Quantity (Up to a 90-day supply) Only at BSW Pharmacies, including Mail Order</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$5 copay</td> <td>\$12.50 copay</td> </tr> <tr> <td>Preferred Brand</td> <td>30% after Rx deductible</td> <td>30% after Rx deductible</td> </tr> <tr> <td>Non-Preferred</td> <td>50% after Rx deductible</td> <td>50% after Rx deductible</td> </tr> <tr> <td>Online Refills</td> <td colspan="2">trs.swhp.org</td> </tr> <tr> <td>Mail Order</td> <td colspan="2">1-817-388-3090</td> </tr> </tbody> </table>		Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply) Only at BSW Pharmacies, including Mail Order	Preferred Generic	\$5 copay	\$12.50 copay	Preferred Brand	30% after Rx deductible	30% after Rx deductible	Non-Preferred	50% after Rx deductible	50% after Rx deductible	Online Refills	trs.swhp.org		Mail Order	1-817-388-3090	
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Mail Order	1-817-388-3090																		
Specialty Medications																			
(up to a 30-day supply)	Tier 1: 15% after Rx deductible Tier 2: 15% after Rx deductible Tier 3: 25% after Rx deductible																		

The SWHP MOMS Program provides you with professional staff who are notified of the delivery of your baby. These licensed professionals will contact you after you return home and help you with everything from the general well-being of both you and your baby, to breast/bottle feeding, to information on how to add your baby to your health plan.

¹Including all services billed with office visit

²Does not apply to wellness or preventive visits

³Includes other services, treatments, or procedures received at time of office visit

⁴\$750 maximum copay per admission and 20% after deductible

⁵35 max visits per year

⁶Copay waived if admitted within 24 hours