

# Scott and White Health Plan

## TRS-ActiveCare 2017-2018 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
<b>Well Child Care Annual Exams</b>	<b>No Charge</b>
Immunizations (age appropriate)	No Charge
Plan Provisions	
Annual Deductible	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance)	\$6,550 Individual/ \$13,100 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care <sup>1</sup>	\$20 Copay (First Primary Care Visit for Illness - \$0 Copay <sup>2</sup> )
Specialty Care	\$50 copay
Other Outpatient Services	20% after deductible <sup>3</sup>
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 <sup>4</sup> 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 <sup>4</sup> and 20% of charges after deductible
Diagnostic & Therapeutic Services	
Physical and Speech Therapy	\$50 copay
Manipulative Therapy <sup>5</sup>	20% without office visit \$40 plus 20% with office visit
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment	\$5/\$10 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	\$50 copay										
Worldwide Emergency Care											
Nurse Advice Line	1-877-505-7947										
Online Services	No Charge — go to <a href="http://trs.swhp.org">trs.swhp.org</a>										
After-Hours Primary Care Clinics	\$20 copay										
Ambulance and Helicopter	\$40 copay and 20% of charges after deductible										
Emergency Room <sup>6</sup>	\$150 copay and 20% of charges after deductible										
Urgent Care Facility	\$55 copay										
Prescription Drugs											
Annual Benefit Maximum	Unlimited										
Rx Deductible Does not apply to preferred generic drugs	\$150										
<b>Ask an SWHP Pharmacy representative how to save money on your prescriptions.</b>	<table border="1"> <thead> <tr> <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<sup>7</sup></td> <td>\$5 copay</td> </tr> <tr> <td>Preferred Brand<sup>7</sup></td> <td>30% after Rx deductible</td> </tr> <tr> <td>Non-Preferred</td> <td>50% after Rx deductible</td> </tr> <tr> <td>Non-Formulary</td> <td>Greater of \$50 or 50% after Rx deductible</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 <sup>7</sup>	\$5 copay	Preferred Brand <sup>7</sup>	30% after Rx deductible	Non-Preferred	50% after Rx deductible	Non-Formulary	Greater of \$50 or 50% after Rx deductible
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 <sup>7</sup>	\$5 copay										
Preferred Brand <sup>7</sup>	30% after Rx deductible										
Non-Preferred	50% after Rx deductible										
Non-Formulary	Greater of \$50 or 50% after Rx deductible										
Online Refills	<a href="http://trs.swhp.org">trs.swhp.org</a>										
Mail Order	1-800-707-3477 or 1-855-388-3090										
Specialty Medications											
(up to a 30-day supply)	20% after Rx deductible										

**The SWHP MOMS Program provides you with** specialized nurses 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.

<sup>1</sup>Including all services billed with office visit

<sup>2</sup>Does not apply to wellness or preventive visits

<sup>3</sup>Includes other services, treatments, or procedures received at time of office visit

<sup>4</sup>\$750 maximum copay per admission and 20% after deductible

<sup>5</sup>5 visits max per month, 35 max visits per year

<sup>6</sup>Copay waived if admitted within 24 hours

<sup>7</sup>If a brand name drug is dispensed when a generic is available, 50% copay applies

