

Scott and White Health Plan TRS-ActiveCare 2019-2020 Summary of Benefits

Fully Covered Healthcare 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	
Immunizations (age appropriate)	No Charge
Plan Provisions	
Annual Deductible	\$950 Individual/ \$2,850 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$7,450 Individual/ \$14,900 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care ¹	\$20 Copay (First Primary Care Visit for Illness - \$0 Copay ² / \$0 Copay for primary visit for dependents age 19 and under)
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 Healthcare 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 and 20% of charges after deductible								
Emergency Room ⁶	\$500 copay after deductible								
Urgent Care Facility	\$50 copay								
Prescription Drugs									
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>Retail Quantity (Up to a 30-day supply)</th> <th>Maintenance Quantity (Up to a 90-day supply)</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic</td> <td>\$5 copay</td> </tr> <tr> <td>Preferred Brand</td> <td>30% after Rx deductible</td> </tr> <tr> <td>Non-Preferred</td> <td>50% after Rx deductible</td> </tr> </tbody> </table>	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply)	Preferred Generic	\$5 copay	Preferred Brand	30% after Rx deductible	Non-Preferred	50% after Rx deductible
Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply)								
Preferred Generic	\$5 copay								
Preferred Brand	30% after Rx deductible								
Non-Preferred	50% after Rx deductible								
Online Refills	trs.swhp.org								
Mail Order	BSWH : 1-817-388-3090 OptumRx: 1-855-205-9182								
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 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.

¹Including all services billed with office visit

² Does 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 maximum visits per year

⁶Copay waived if admitted within 24 hours