

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
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 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 ¹	\$20 Copay (First Primary Care Visit for Illness - \$0 Copay ²)
Specialty Care	\$50 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	\$50 copay
Manipulative Therapy ⁵	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 trs.swhp.org	
After-Hours Primary Care Clinics	\$20 copay	
Ambulance and Helicopter	\$40 copay and 20% of charges after deductible	
Emergency Room ⁶	\$150 copay and 20% of charges after deductible	
Urgent Care Facility	\$55 copay	
Prescription Drugs		
Annual Benefit Maximum	Unlimited	
RxDeductible Does not apply to preferred generic drugs	\$150	
Ask an SWHP Pharmacy representative how to save money on your prescriptions.	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 ⁷	\$5 copay	\$10 copay
Preferred Brand ⁷	30% after RxDeductible	30% after Rx deductible
Non-Preferred	50% after RxDeductible	50% after Rx deductible
Non-Formulary	Greater of \$50 or 50% after RxDeductible	Not available
Online Refills	trs.swhp.org	
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.

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

⁵5 visits max per month, 35 max visits per year

⁶Copay waived if admitted within 24 hours

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