

# 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
<b>Well Child Care Annual Exams</b>	<b>No Charge</b>
Immunizations (age appropriate)	No Charge
Plan Provisions	
Annual Deductible	<b>\$950 Individual/ \$2,850 Family</b>
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	<b>\$7,450 Individual/ \$14,900 Family</b> (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care <sup>1</sup>	<b>\$20 Copay</b> (First Primary Care Visit for Illness - \$0 Copay <sup>2</sup> / \$0 Copay for primary visit for dependents age 19 and under)
Specialty Care	\$70 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	\$70 copay
Manipulative Therapy <sup>5</sup>	<b>20% without office visit \$40 plus 20% with office visit</b>
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 <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>	\$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
<b>Ask an SWHP Pharmacy representative how to save money on your prescriptions.</b>	<b>Maintenance Quantity</b> (Up to a 90-day supply) Available at BSW Pharmacies, in-network retail pharmacies and mail order
	<b>Retail Quantity</b> (Up to a 30-day supply)
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	<a href="http://trs.swhp.org">trs.swhp.org</a>
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.

<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>35 maximum visits per year

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