

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	No Charge
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 Care¹	\$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
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Diagnostic & Therapeutic Services

Physical and Speech Therapy	\$70 copay
Manipulative Therapy⁵	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
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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.	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply)
	Available at BSW Pharmacies, in-network retail pharmacies and 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	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