



## Lifting your spirit

You inspire and invigorate Texas' future generations. But who is there to invigorate you and inspire your future well-being? From wellness assessments, to doctor's visits, to health coaching, to complex case management, we're here to walk alongside you and cheer you on, so that you and your students can have the best tomorrow.

**Scott and White Health Plan. Here to be with you.**



Scott & White  
**HEALTH PLAN**  
PART OF BAYLOR SCOTT & WHITE HEALTH

# Scott and White Health Plan

## TRS-ActiveCare 2017-2018 Summary of Benefits

### Fully Covered Health Care Services

<b>Preventive Services</b>	<b>No Charge</b>
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

<b>Annual Deductible</b>	<b>\$1,000 Individual/ \$3,000 Family</b>
<b>Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance)</b>	<b>\$6,550 Individual/ \$13,100 Family</b> (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None

### Outpatient Services

<b>Primary Care<sup>1</sup></b>	<b>\$20 Copay (First Primary Care Visit for Illness - \$0 Copay<sup>2</sup>)</b>
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
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### Diagnostic & Therapeutic Services

Physical and Speech Therapy	\$50 copay
<b>Manipulative Therapy<sup>5</sup></b>	<b>20% without office visit \$40 plus 20% with office visit</b>

### 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
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### 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>	<b>Retail Quantity</b> (Up to a 30-day supply)	<b>Maintenance Quantity</b> (Up to a 90-day supply) Only at BSW Pharmacies, including Mail Order
	<b>Preferred Generic<sup>7</sup></b>	

Preferred Generic <sup>7</sup>	\$5 copay	\$10 copay
Preferred Brand <sup>7</sup>	30% after Rx deductible	30% after Rx deductible
Non-Preferred	50% after Rx deductible	50% after Rx deductible
Non-Formulary	Greater of \$50 or 50% after Rx deductible	Not available
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
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**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