

TRS Scott & White HMO Medical Plan

A list of Scott & White HMO Network Physicians can be found at www.trs.swhp.org

Benefits	Scott & White HMO Health Plan
Deductible (per plan year)	\$1,000 employee only \$3,000 employee and spouse; employee and child(ren); employee and family
Maximum Out of Pocket (per plan year; does include medical deductibles/any medical copays/coinsurance, plus pharmacy copayments, coinsurance and deductibles)	\$6,550 employee only \$13,100 employee and spouse; employee and child(ren), employee and family
Coinsurance (after deductible)	80% - Plan pays 20% - You pay
Preventive Care	Plan pays 100%**
Doctor Office Visits	\$20 copay for primary: for first visit for illness waived, does not apply to wellness or preventive visits \$50 copay for specialist
Services Provided Outside the Doctor's Office (CT scan, MRI, Nuclear medicine)	20% after deductible
Maternity Care	\$150 per day and 20% after deductible
Inpatient Hospital	\$150 per day and 20% after deductible
Outpatient Surgery	\$150 per day and 20% after deductible
Emergency Room	\$150 per day and 20% after deductible
Urgent Care Facility	\$55 co-pay
Durable Medical Equipment Coinsurance	20% after deductible
Manipulative Therapy	New Benefit: 20% without office visit \$40 plus 20% with office visit (5 visits max per month 35 max visits per year)
Preferred Diabetic Supplies and Equipment	\$5 copay; no deductible

**Required by the Patient Protection and Affordable Care Act (PPACA). A list of covered services can be found at <http://www.healthcare.gov/law/about/provisions/services/lists.html>

TRS Scott & White Pharmacy Plan

Benefits	Scott & White HMO Health Plan
Deductible (per plan year, does not apply to generic drugs)	\$150
Retail Short-Term (up to a 34-day supply) <ul style="list-style-type: none"> •Preferred Generic ** •Preferred Brand •Non-preferred •Non-formulary 	\$5 co-pay 30% after deductible 50% after deductible Greater of \$50 or 50% after deductible
Maintenance Quantity SWHP Pharmacies Only (Up to a 90-day supply) <ul style="list-style-type: none"> •Preferred Generic ** •Preferred Brand •Non-preferred •Non-formulary 	\$6 co-pay 30% after deductible 50% after deductible Not available
Mail Order	Please call 1-800-707-3477
Specialty Drugs	20% after deductible
**If a brand name drug is dispensed when a generic equivalent is available, 50% co-pay applies	

Ask a SWHP Pharmacy representative how to save money on your prescriptions
 800-321-7947