

Scott & White Health Plan

Summary of Benefits for TRS-ActiveCare

Plan Provisions	Co-Payment
Annual Deductible	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum including medical co-pays and co-insurance	\$3,000 Individual/ \$6,000 Family (excludes deductible)
Lifetime Paid Benefit Maximum	None

Fully Covered Health Care Services	Co-Payment
Preventive Services	No Charge
Standard Lab and X-ray	No Charge
VitalCare Condition Guidance and Wellness Programs	No Charge
Well Child Care Annual Physicals	No Charge
Immunizations (age appropriate)	No Charge

Outpatient Services	Co-Payment
Primary Care	\$20 co-pay
Specialty Care	\$50 co-pay
Other Outpatient Services	20% after deductible ¹
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 co-pay and 20% of charges after deductible

Maternity Care	Co-Payment
Pre-Natal Care	No Charge
Inpatient Delivery	\$150 per day ² and 20% of charges after deductible

Inpatient Services	Co-Payment
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day ² and 20% of charges after deductible

Diagnostic & Therapeutic Services	Co-Payment
Physical and Speech Therapy	\$50 co-pay

Equipment and Supplies	Co-Payment
Diabetic Supplies and Equipment	Same as DME or Rx, as appropriate
Durable Medical Equipment/Prosthetics	50% after deductible
\$1,000 maximum annual benefit	

Home Health Services	Co-Payment
Home Health Care Visit	\$50 co-pay

Worldwide Emergency Care	Co-Payment
VitalCare Nurse On Call	1-877-505-7947
VitalCare Online Services	No Charge — go to www.swhp.org
After Hours Primary Care Clinics	\$20 co-pay
Ambulance and Helicopter	\$40 co-pay and 20% of charges after deductible
Emergency Room	\$150 co-pay and 20% of charges after deductible
Urgent Care Facility	\$55 co-pay

Specialty Medications	Co-Payment
Level 1	10% after deductible
Level 2 (Preferred)	20% after deductible
Level 3 (Premium preferred)	30% after deductible
Level 4 (Non-preferred)	50% after deductible ³

Prescription Drugs	
Annual Benefit Maximum	Unlimited
Deductible	\$100
Does not apply to generic drugs	

Ask a SWHP Pharmacy representative how to save money on your prescriptions.	Maintenance Quantity SWHP Pharmacies Only	
	Retail Quantity (Up to a 34-day supply)	(Up to a 90-day supply)
Preferred Generic ⁴	\$3 co-pay	\$6 co-pay
Preferred Brand	30% after deductible	30% after deductible
Non-preferred	50% after deductible	50% after deductible
Non-formulary	Greater of \$50 or 50% after deductible	Not available
Mail Order	1-800-707-3477	
Online Refills	http://www.swhp.org/homepage/trs	

¹Includes other services, treatments, or procedures received at time of office visit.

²\$750 maximum co-payment per admission and 20% after deductible.

³Level 4 co-payment does not count toward out-of-pocket maximum.

⁴If a brand name drug is dispensed when a generic is available, 50% co-pay applies.



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Click on HMO plans, then select Scott & White Health Plan.



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*As recently rated by NCQA.