



Lifting your spirit

You inspire and care for Texas' future generations. But who inspires and cares for you and your future well-being? We do. From wellness assessments, to doctor's visits, to health coaching, to complex case management, we'll walk alongside you and cheer you on.

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



Scott and White Health Plan

TRS-ActiveCare 2018-2019 Summary of Benefits

Fully Covered Health Care 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	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$7,000 Individual/ \$14,000 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None

Outpatient Services

Primary Care¹	\$15 Copay (First Primary Care Visit for Illness - \$0 Copay²)
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 Therapy ⁵	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 Health Care 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 plus 20% after deductible
Emergency Room ⁶	\$250 copay plus 20% after deductible
Urgent Care Facility	\$50 copay per visit; deductible does not apply

Prescription Drugs (Group Value Formulary)

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) Only at BSW Pharmacies, including 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	1-817-388-3090	

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	1-817-388-3090	

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 professional staff 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

²Does 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 max visits per year

⁶Copay waived if admitted within 24 hours