

TRS-ActiveCare 2020-2021 Summary of Benefits

| Fully Covered Healthcare Services | |
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| 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 |
| Nurse Advice Line | 1-877-505-7947 |
| Telehealth (MyBSWHealth and MDLIVE) | \$0 copay go to trs.swhp.org |
| Plan Provisions | |
| Annual Deductible | \$950 Individual/ \$2,850 Family |
| Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance) | \$7,450 Individual/ \$14,900 Family (includes combined Medical and Rx copays, deductibles and coinsurance) |
| Lifetime Paid Benefit Maximum | None |
| Outpatient Services | |
| Primary Care ¹ | \$20 Copay First Primary Care Visit for Illness - \$0 Copay ² |
| Primary Care Dependents ¹ (under age 19) | \$0 Copay ² |
| After-Hours Primary Care Clinics | \$20 copay |
| 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 |
| 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 |
| Maternity Care | |
| Prenatal Care | No Charge |
| Inpatient Delivery | \$150 per day ⁴ and 20% of charges after deductible |
| Expecting the Best® Maternity Program ⁷ | No Charge |
| Equipment and Supplies | |
| Preferred Diabetic Supplies and Equipment - Rx only | \$5/\$12.50 copay; no deductible |
| Non-Preferred Diabetic Supplies and Equipment - Rx only | 30% after Rx deductible |
| Durable Medical Equipment/Prosthetics | 20% after deductible |

| Home Health Services | | |
|--|--|---|
| Home Health Care Visit | | \$70 copay |
| Worldwide Emergency Care | | |
| 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 per Individual 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 |
| ACA Preventive* | \$0 copay | \$0 copay |
| 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: 1-855-388-3090 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 |
| Diagnostic & Therapeutic Services | | |
| Physical and Speech Therapy | | \$70 copay |
| Manipulative Therapy ⁵ | | 20% without office visit \$40 plus 20% with office visit |
| Wellness | | |
| Naturally Slim ⁷ | | No Charge |
| Well-Being Assessment ⁷ | | No Charge |
| Digital Health Coaching ⁷ | | No Charge |

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 visits per year maximum

⁶Copay waived if admitted within 24 hours

⁷See member guide for additional information

*See list of ACA preventive drugs on the Pharmacy Benefits page at trs.swhp.org.