Exclusions

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Cosmetic and reconstructive procedures and treatments undertaken to improve or modify a Member's appearance except for mastectomy reconstruction following breast cancer surgery
- Custodial or domiciliary care
- Dental care
- Elective abortions, which are not necessary to preserve the health of the Member
- Elective treatment or elective surgery
- Experimental or investigational treatment
- Genetic testing
- Infertility treatment including any drug whose primary purpose is the treatment of infertility
- Mental health services or disorders are limited to those described in your evidence of coverage
- Non-covered benefits or services
- Cost of services in excess of the usual, customary, and reasonable charges
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Reversal of voluntary surgically-induced sterility; artificial insemination or in-vitro fertilization or family planning therapies
- Rehabilitation services and therapies are limited to those recommended by a Participating or Referral Physician as medically necessary
- Storage of bodily fluids and other body parts
- Experimental organ transplants and associated donor/procurement costs and artificial organs; e.g., heart
- Treatment received in State or Federal facilities or institutions or services or supplies provided by an employer or governmental agency or entity
- Vision corrective surgery including laser application
- War, insurrection, riot, disaster or epidemic
- Weight reduction surgery

Administrative Office & Member Service Center

Temple

Scott & White Health Plan
1206 West Campus Drive
Temple, TX 76502
254-298-3000 • 866-353-3320

Pharmacy Customer Service

Scott & White Prescription Services
800-728-7947 • 254-298-6100

Nurse Advice Line 877-505-7947 (24 hours a day)

Stay on top of the latest medical knowledge with the Vital*Care* Online Health Information Library and our call-in Audio Library. Visit https://mclanegroup.swhp.org and log in to MyBenefits.

Scott & White Health Plan
The one Texans trust.

Scott & White Healthcare | Prescription Services

mclanegroup.swhp.org

McLane Group
Leading the Charge

Health Plan Options

January 1, 2015
through
December 31, 2015

Administered by

Scott & White Health Plan
The one Texans trust.

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McLane Group
Leading the Charge

2015

	PPO Basic		PPO Enhanced	
	Network	Non-Network	Network	Non-Network
Plan Provisions (Usual and Customary charges will apply to Non-Network benefits)				
Annual Deductible (Deductible applies to Out-of-Pocket Maximum)	$1,000 individual $2,000 family	$3,000 individual $6,000 family	$500 individual $1,000 family	$1,000 individual $2,000 family
Annual Out-of-Pocket Maximum (includes medical deductible, copays and coinsurance)	$4,000 individual $8,000 family	$7,000 individual $14,000 family	$3,500 individual $7,000 family	$6,000 individual $12,000 family
Pre-Existing Conditions	Covered	Covered	Covered	Covered
Lifetime Benefit Paid Maximums	None	None	None	None
Outpatient Services				
Primary Care Office Visit	$40 copay	50% after deductible	$30 copay	40% after deductible
Specialty Care Office Visit	$45 copay	50% after deductible	$35 copay	40% after deductible
Preventive Services (including associated lab and x-ray)	No Charge	50% after deductible	No Charge	40% after deductible
Standard Lab and X-Ray	No Charge	50% after deductible	No Charge	40% after deductible
Diagnostic/Radiology (Limited to the following procedures: angiograms, CT scans, MRIs, myelography, PET scans, stress tests)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Allergy Serum	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Eye Exam (1 refraction annually)	$40 copay	50% after deductible	$30 copay	40% after deductible
Immunizations (Age appropriate)	No Charge		No Charge	
Maternity (Prenatal)	$0 copay (primary) $0 copay (specialty)	50% after deductible	$0 copay (primary) $0 copay (specialty)	40% after deductible
Other Outpatient Services (Includes other services, treatments or procedures received at time of office visit)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Specialty Drugs (Requires referral and approval of Medical Director)				
Level 1 (Preferred)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Level 2 (Preferred)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Level 3 (Premium preferred)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Level 4 (Non-preferred)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient Services				
Hospital Room, Semi-private	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Intensive Care Unit	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Other Hospital Services	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Skilled Nursing Facility (Pre-Certification Required)	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Diagnostic and Therapeutic Services				
Therapies (including physical, occupational, speech and hearing)	$45 copay	50% after deductible	$35copay	40% after deductible
Chiropractic Care	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Equipment and Supplies				
Durable Medical Equipment	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Prosthetics	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Mental Health/Chemical Abuse Services (Serious Mental Illness - Requires referral and approval of Medical Director)				
Outpatient	$40 copay	50% after deductible	$30 copay	40% after deductible
Inpatient	30% after deductible	50% after deductible	20% after deductible	40% after deductible

	PPO Basic		PPO Enhanced	
	Network	Non-Network	Network	Non-Network
Home Infusion Therapy				
Home Infusion Therapy	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Home Health Services				
Medical Treatment at home	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Home Health	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Hospice	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Worldwide Emergency Care				
After Hours primary care clinics	$40 copay	50% after deductible	$30 copay	40% after deductible
Emergency Room	$200 (waived if admitted within 24 hours)		$150 (waived if admitted within 24 hours)	
Urgent Care	$100/visit	$125/visit	$75/visit	$100/visit
Ambulance	$100 (waived if transported)		$100 (waived if transported)	

S&W Scott&White Healthcare | Prescription Services

Prescription Drugs and Diabetic Supplies

Up to a 34 Day Supply	Basic		Enhanced	
	S&W Pharmacies	Retail Pharmacies	S&W Pharmacies	Retail Pharmacies
Preferred Generic	$5 copay	$10 copay	$5 copay	$10 copay
Preferred Brand *	$20 copay	$30 copay	$20 copay	$30 copay
Non-Preferred Generics & Brands *	$60 copay		$60 copay	
Up to a 100 Day Supply	S&W Pharmacies	Retail Pharmacies	S&W Pharmacies	Retail Pharmacies
Preferred Generic	$10 copay	$20 copay	$10 copay	$20 copay
Preferred Brand *	$40 copay	$60 copay	$40 copay	$60 copay
Non-Preferred Generics & Brands *	$120 copay		$120 copay	
*** Dispense as Written: generic copay plus the difference between the cost of the brand and generic drug**				

Specialty Drugs Dispensed by the Pharmacy (up to 34 day supply)	
Preferred Drugs (Level 1 to 3)	10% no maximum
Non-Preferred (Level 4)	10% no maximum
Pharmacy Customer Service: 254-298-6100 / 1-800-728-7947	

Online Tools

Convenient online tools to help make things simple. Visit **https://mclanegroup.swhp.org** and take care of day-to day health coverage needs easily and efficiently.

- Find a provider
- View and Print:
  - · Summary of Benefits (SOB)
  - · Summary Plan Description (SPD)
- Order ID cards
- Log into MyBenefits:
  - · Check claims status
  - · View and print Explanation of Benefits (EOB)
  - · Access VitalCare health and wellness tools

Health and Wellness

We truly care about your health and well-being. Scott & White Health Plan has developed VitalCare, our unique wellness program. VitalCare offers a variety of helpful tools and resources for members.

Visit **https://mclanegroup.swhp.org** and log into MyBenefits.

Take charge of your health with our VitalCare Lifestyle Management Programs, including:

- · VitalCare™ Succeed Health Risk Assessment
- · VitalCare Breathe® Smoking Cessation
- · VitalCare Balance® Weight Management
- · VitalCare Relax® Stress Management
- · VitalCare Nourish® Nutrition Management
- · VitalCare Overcoming™ Depression
- · VitalCare Care™ for Your Back
- · VitalCare Overcoming™ Binge Eating
- · VitalCare Overcoming™ Insomnia
- · VitalCare Care™ for Your Health Healthy Living