Texas Employees Group Benefits Program

Fact Sheet Plan Year 2017

ERS
Employees Retirement System of Texas

Scott&White HEALTH PLAN

Benefit Description	Member Pays
Total plan year out-of-pocket maximum per person (Including coinsurance and copayments, not mutually exclusive from other out-of-pocket limits.)[1]	$6,550
Total plan year out-of-pocket maximum per family (Including coinsurance and copayments, not mutually exclusive from other out-of-pocket limits.)[1]	$13,100
Plan year out-of-pocket coinsurance maximum per person[1]	$2,000
Lifetime maximum	None

Physicians and Lab Services	Member Pays
*Physician office visit – Primary Care Physician (if applicable)	$25
*Specialist office visit	$40
*Routine preventive care – Once per calendar year or as directed by the primary care physician (if applicable) • Children and Well Baby periodic exams • Men's Health Exam	No charge
*Diagnostic X-rays, mammography, lab tests	20%
High Tech Radiology (CT Scan, MRI and Nuclear Medicine) – Outpatient testing only	$100 copayment plus 20%
*Immunizations – For children and adults	No charge
*Vision– For all enrolled Participants	20% without office visit; $40 plus 20% with office visit
*Colorectal Cancer Screening – Subject to language in 13.4.13.2 of the Description of Benefits in your EOC (zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
*Exam for Detection and Prevention of Osteoporosis – Subject to language in 13.4.13.3 of the Description of Benefits in your EOC (zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
*Cervical Cancer Screening – Subject to language in 13.4.13.5 of the Description of Benefits in your EOC (zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
*Tubal Ligation – (zero cost sharing for certain preventive services under the Affordable Care Act)	No charge
Speech and hearing testing – For all enrolled Participants	20% without office visit; $40 plus 20% with office visit
Speech therapy and rehabilitative therapy, including physical and occupational therapy – Covered as any other illness and not subject to any maximum	20% without office visit; $40 plus 20% with office visit
Allergy testing	20%
Allergy serum	20%
Allergy serum administration – When allergy shot is administered without an office visit	20%
*Routine eye exam – One per plan year	$40
Office surgery and procedures (all office surgeries, excluding vasectomies & tubal ligations)	20%
Maternity care (physician services only) – Pre- and post-natal care, and network obstetrician delivery charges (including delivery by C-section) – see "Hospital Services" for inpatient charges (Does not include complications of pregnancy.)	Pre-natal office visit and obstetrician delivery: No charge Post-natal office visit: $25 copayment primary care physician $40 copayment specialist
Family planning	$40
Vasectomy	20%
Infertility benefits	50%

Hospital Services	Member Pays
Inpatient hospital – Semi-private room and board or intensive care units	$150 per day copayment per admission, up to $750 copayment max. per admission, $2,250 copayment max. per person per year plus 20%
Outpatient day surgery	$100 copayment plus 20%
Other inpatient charges, including medically necessary surgical procedures. Includes orthognathic surgery. Guest trays, cots, telephone, maternity kits, paternity kits and other personal items not covered.	$150 per day copayment per admission, up to $750 copayment max. per admission, $2,250 copayment max. per person per year plus 20%
Blood and blood products – Inpatient and outpatient	20%
Private duty nursing – Based on medical necessity	20%
Outpatient facilities, including pre-admission testing and/or treatment room	20%
Emergency care – In-area and out-of-area covered at listed copayment. If hospitalized, copayment is applied to hospital confinement.	$150 copayment plus 20%
Urgent care	$50 copayment plus 20%
Skilled nursing facility (based on medical necessity)	20%
Hospice care – Inpatient and outpatient (based on medical necessity)	20%
Home health	20%

Other Medical Services	Member Pays
Chiropractic Care (refer to Manipulative Therapy benefit for specifics)	20% without office visit; $40 plus 20% with office visit. Maximum number of Manipulative Therapy visits: 5 per month; 35 per plan year
Hearing aids (repairs not covered)	Plan pays $1,000 per ear every 3 years
Hearing aid batteries – Not subject to any maximum amounts	20%
Accidental dental – Restoration or replacement of dental work that was in place at the time of the injury, including, but not limited to, crowns, veneers, bridges, and implants, occurring while covered under the plan for services provided within 24 months of the date of the accident. Certain oral surgeries are covered.	20%
Durable Medical Equipment (DME) – Includes medically necessary purchase and/or rental. Benefits for rental are limited to, and will not exceed, the purchase price of the equipment. (Repairs are covered if not due to neglect or abuse.) This benefit also includes diabetic supplies other than insulin, diabetic oral agent(s) and syringes as specified in Section 1358.051(2), Tex. Ins. Code.	20%
Prostheses – Artificial devices, surgical or non-surgical, which replace body parts, including arms, legs, eyes and cochlear implants are covered. Replacements and repairs are covered as required by medical necessity. Prosthetic devices, orthotic devices, and professional services related to the fitting and use of these devices are included, if services are pre-authorized and provided by a contracted provider.	20%
Organ Transplants – Covered as any other illness for kidney, cornea, liver, heart, heart-lung, lung, pancreatic-kidney, bone marrow and other organ transplants that the HMO determines to be not experimental and/or not investigational according to current medical plan guidelines. Donor expenses are covered. Artificial organs (e.g., heart) not covered.	$150 per day copayment per admission, up to $750 copayment max. per admission, $2,250 copayment max. per person per year plus 20%
Ambulance – Professional local ground or air ambulance transportation services to the nearest hospital, appropriately equipped and staffed for the treatment of the participant's condition	20%

Behavioral Health Care Benefits	Member Pays
Inpatient mental health	$150 per day copayment per admission, up to $750 copayment max. per admission, $2,250 copayment max. per person per year plus 20%
Inpatient serious mental illness – Covered as any other illness	$150 per day copayment per admission, up to $750 copayment max. per admission, $2,250 copayment max. per person per year plus 20%

Behavioral Health (Continued)	Member Pays
Inpatient chemical dependency – Covered as any other illness (based on medical necessity)	$150 per day copayment per admission, up to $750 max. per admission, $2,250 copayment max. per person per year plus 20%
Outpatient mental health therapy	**$25**
Outpatient serious mental illness therapy – Covered as any other illness	$25
Outpatient chemical dependency therapy – Same as any other illness and not subject to any maximums	$25

Prescription Drugs	Member Pays
Plan year deductible	$50
If a brand name medication is dispensed when a generic is available, member will be responsible for the generic copayment plus the cost difference between the generic and the brand name medication.	

Participating Retail Pharmacy	Member Pays (Tier 1 / Tier 2 / Tier 3)
Up to a 30-day supply per prescription or refill of *Non-Maintenance* medication	$10 / $35 / $60
Up to a 30-day supply per prescription or refill of *Maintenance* medication	$10 / $45 / $75
Infertility drugs	50%
Up to a 30-day supply of insulin for one copayment	$10 / $35 / $60
Up to a 30-day supply of each diabetic oral agent for one copayment	$10 / $35 / $60
The supply of necessary disposable syringes for the insulin supply for one copayment	$35
Diabetic supplies other than insulin, diabetic oral agent(s) and syringes as specified in Section 1358.051(2), Tex. Ins. Code. Up to a 30-day supply.	20%

Mail Order Pharmacy	Member Pays (Tier 1 / Tier 2 / Tier 3)
Up to a 90-day supply per prescription or refill for one mail order copayment	$30 / $105 / $180
Infertility drugs	50%
Up to a 90-day supply of insulin for one mail order copayment	$30 / $105 / $180
Up to a 90-day supply of each diabetic oral agent for one mail order copayment	$30 / $105 / $180
The supply of necessary disposable syringes for the insulin supply for one mail order copayment	$105
Diabetic supplies other than insulin, diabetic oral agent(s) and syringes as specified in Section 1358.051(2), Tex. Ins. Code. Up to a 90-day supply.	20%

**Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (i.e., at no cost to the member) dependent upon physician billing and diagnosis. In some cases, you will be responsible for payment of some services.*

For a list of Summer Enrollment event dates Scott & White Health Plan will be attending, visit the Scott & White Health Plan website at ers.swhp.org, and click PY17 Summer Enrollment Schedule.

Open Access HMO

Scott & White Health Plan is an open-access HMO rather than a gated-access HMO, as in years past. Open-access means a member can go to any network provider without a referral. A member may choose a network PCP if he or she would like to designate one, but PCPs are not required by Scott & White Health Plan. If you would like to designate a PCP, you can select the Scott & White Clinic or Scott & White Health Plan contracted provider most convenient to you, and then choose a PCP from those professionals. If you need assistance selecting a PCP, just contact a Customer Service Advocate by calling (800) 321-7947, or visit the Scott & White Health Plan website at **ers.swhp.org** and click "**Find a Provider**."

Prescription Drug Benefit

The Scott & White Health Plan includes a prescription drug benefit that is administered by Scott & White Health Plan and Scott & White Prescription Services in accordance with the plan design specified by Employees Retirement System of Texas (ERS).

For more information on the prescription drug benefit, formulary or a complete list of participating pharmacies, go to the Scott & White Health Plan website at **ers.swhp.org**.

To contact Scott & White Prescription Services, call (800) 728-7947, available Monday – Friday, 8 a.m. – 6 p.m.

Disease Management Programs

For those undergoing treatment for specific conditions, the SWHP Disease Management Program offers personalized support and health coaching from a licensed medical professional. This program encompasses a wide range of needs, such as:

- Asthma
- Depression
- Post-Traumatic Stress
- Crohn's Disease and Ulcerative Colitis
- Obesity and Diabetes
- Rheumatoid Arthritis and Osteoarthritis
- Chronic Kidney Disease
- Coronary Artery Disease (CAD)
- Hypertension
- Chronic Back Pain
- Congestive Heart Failure

Please contact your provider for enrollment or go to the Scott & White Health Plan website at **ers.swhp.org** and click Disease Management.

Wellness Programs

SWHP Wellness offers Web-based coaching, tools, and strategies designed to help you gain control of and improve your overall health. Options include:

- **Breathe –** smoking cessation
- **Balance –** weight management
- **Relax –** deal with stress
- **Nourish** – eat healthier
- **Care for Depression**
- **Dream** – sleep better
- **Care for Your Health –** care for your chronic conditions
- **Care for Pain** – care for chronic pain

SWHP offers personalized Wellness Assesments.

To complete your own wellness assessment, go to the Scott & White Health Plan website at **ers.swhp.org** and click on "Wellness/Value Added Services" in the menu, select the appropriate assessment for you and follow the directions.

Call us at (800)-321-7947
ers.swhp.org

NOTE: ERS cannot and does not guarantee the length of time that a specific or type of value-added product (Wellness Programs and Disease Management Programs) will be offered or that these products will be offered in the future. If you have questions or concerns about these products, please contact Scott & White Health Plan directly.

Out-of-pocket maximums are not mutually exclusive from other out-of-pocket limits. This means that a Participant's total out-of-pocket maximum could contain a combination of coinsurance and/or copayments. (For example, a Participant could pay up to $6,550 in copayments alone if there was no coinsurance paid throughout the year. If a Participant met the $2,000 coinsurance out-of-pocket maximum, he/she would pay $4,550 in copayments, totaling $6,550 in overall out-of-pocket expense.)

A State-Certified Health Maintenance Organization