

Inspiring minds is priceless.

SWHP wants to help you stay healthy so you can do what you do best. SWHP makes health care easier with a free first office visit for TRS SWHP members. (Details and more on back.)

**Healthy teachers make
healthy students.**



Scott & White Health Plan

Summary of Benefits for TRS-ActiveCare

Fully Covered Health Care Services	Copay
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	Copay
Annual Deductible	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance)	\$5,000 Individual/ \$10,000 Family (includes combined Medical and RX copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None

Outpatient Services	Copay
Primary Care¹	\$20 Copay (First Primary Care Visit for Illness \$0 Copay ²)
Specialty Care	\$50 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	Copay
Pre-Natal Care	No Charge
Inpatient Delivery	\$150 per day ⁴ and 20% of charges after deductible

Inpatient Services	Copay
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day ⁴ and 20% of charges after deductible

Diagnostic & Therapeutic Services	Copay
Physical and Speech Therapy	\$50 copay
Manipulative Therapy⁵	20% without office visit \$40 plus 20% with office visit

Equipment and Supplies	Copay
Preferred Diabetic Supplies and Equipment	\$ 3 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment	30% after deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services	Copay
Home Health Care Visit	\$50 copay

Worldwide Emergency Care	Copay
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 and 20% of charges after deductible
Emergency Room ⁶	\$150 copay and 20% of charges after deductible
Urgent Care Facility	\$55 copay

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

Ask a SWHP Pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity BSWH Pharmacies Only (Up to a 90-day supply)
Preferred Generic⁷	\$3 copay	\$6 copay
Preferred Brand	30% after Rx deductible	30% after Rx deductible
Non-preferred	50% after Rx deductible	50% after Rx deductible
Non-formulary	Greater of \$50 or 50% after Rx deductible	Not available
Mail Order	1-800-707-3477	
Online Refills	trs.swhp.org	

Specialty Medications (up to a 30 day supply)	Copay
	20% after Rx deductible

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
⁵5 visits max per month, 35 max visit per year
⁶Copay waived if admitted within 24 hours
⁷If a brand name drug is dispensed when a generic is available, 50% copay applies



trs.swhp.org