

Who thinks school employees should get lower health insurance deductibles?

**Scott & White Health Plan agrees.
Introducing lower deductibles.**

Call 1-844-216-4150
(24 hours a day, 7 days a week)

trs.swhp.org



**SCOTT & WHITE
HEALTH PLAN**

Now part of Baylor Scott & White Health



ACTIVE CARE
YOUR HEALTHY SOURCE OF CARE

Scott & White Health Plan

Summary of Benefits for TRS-ActiveCare

Plan Provisions	Co-Payment
Annual Deductible	\$800 Individual/ \$2,400 Family
Annual out-of-pocket maximum (including medical and prescription co-pays, deductibles and co-insurance)	\$5,000 Individual/ \$10,000 Family
Lifetime Paid Benefit Maximum	None

Fully Covered Health Care Services	Co-Payment
Preventive Services	No Charge
Standard Lab and X-ray	No Charge
LiveWell! Condition Guidance and Wellness Programs	No Charge
Well Child Care Annual Physicals	No Charge
Immunizations (age appropriate)	No Charge

Outpatient Services	Co-Payment
Primary Care	\$20 co-pay
Specialty Care	\$50 co-pay
Other Outpatient Services	20% after deductible ¹
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 co-pay and 20% of charges after deductible

Maternity Care	Co-Payment
Pre-Natal Care	No Charge
Inpatient Delivery	\$150 per day ² and 20% of charges after deductible

Inpatient Services	Co-Payment
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day ² and 20% of charges after deductible

Diagnostic & Therapeutic Services	Co-Payment
Physical and Speech Therapy	\$50 co-pay

Equipment and Supplies	Co-Payment
Diabetic Supplies and Equipment	Same as DME or Rx, as appropriate
Durable Medical Equipment/Prosthetics	50% after deductible

Home Health Services	Co-Payment
Home Health Care Visit	\$50 co-pay

Worldwide Emergency Care	Co-Payment
LiveWell! Nurse On Call	1-877-505-7947
LiveWell! Online Services	No Charge — go to trs.swhp.org
After Hours Primary Care Clinics	\$20 co-pay
Ambulance and Helicopter	\$40 co-pay and 20% of charges after deductible
Emergency Room	\$150 co-pay and 20% of charges after deductible
Urgent Care Facility	\$55 co-pay

Specialty Medications	Co-Payment
Tier 1	10% after deductible
Tier 2 (Preferred)	20% after deductible
Tier 3 (Premium preferred)	30% after deductible
Tier 4 (Non-preferred)	50% after deductible

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

Ask a SWHP Pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 34-day supply)	Maintenance Quantity SWHP Pharmacies Only (Up to a 90-day supply)
Preferred Generic ³	\$3 co-pay	\$6 co-pay
Preferred Brand	30% after deductible	30% after deductible
Non-preferred	50% after deductible	50% after deductible
Non-formulary	Greater of \$50 or 50% after deductible	Not available
Mail Order	1-800-707-3477	
Online Refills	trs.swhp.org	

¹Includes other services, treatments, or procedures received at time of office visit.

²\$750 maximum co-payment per admission and 20% after deductible.

³If a brand name drug is dispensed when a generic is available, 50% co-pay applies.



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