

Provisions

Scott & White Health Plan

Your Cost:	
<i>Regions offered</i>	Bryan/College Station, Temple , Killeen, limited access in Austin, Prairie View, Stephenville areas
<i>Pre-existing condition limitations</i>	None
<i>Out-of-service-area restrictions</i>	Emergency care only at hospital, \$150/visit (waived if admitted); urgent care, \$50
<i>Deductibles</i>	\$350/individual; \$1,050/family plan/year
<i>Out-of-pocket maximum</i>	\$3,000/person/plan year; \$6,000 maximum/family/plan year, includes copayments, deductible and co-insurance.
<i>In-hospital care</i>	20% of charges after deductible
<i>Emergency room</i>	\$150/visit (waived if admitted)
Urgent care	\$50/visit , plus 20% co-insurance, if applicable.
Office Visits	\$30/visit/primary care physician (PCP); \$45/visit/specialist; Today Care (College Station Clinic) \$30/visit
<i>Standard Lab/X-rays</i>	Covered in full
<i>High Technology Radiology (MRI, CT & pet scans, stress test, Angiogram & myelography)</i>	20% of charges after deductible
<i>Surgery</i>	Inpatient – 20% of charges, after deductible ; Outpatient -20% of charges after deductible
<i>Chiropractic care</i>	Not covered, limited discount network available
<i>Vision/Hearing/Speech</i>	Vision— \$45 , one refraction/plan year; \$10/lenses w/frames or \$10/bifocals/trifocals w/frames (biennially); 100% coverage for contact lenses, up to \$150 plan year ; Hearing/Speech (testing and/or therapy)— \$45/visit
<i>Maternity care</i>	Hospital -- 20% of charges; after deductible Doctor -- \$30/\$45 per visit or \$360 or \$540 total flat fee
<i>Well-baby care</i>	No charge
<i>Physical therapy</i>	\$45/visit
<i>Durable medical equipment</i>	20% after deductible , up to \$2,000/person/plan year (includes diabetic supplies and equipment)
<i>Home health care</i>	\$30/visit with approval of medical director
<i>Skilled nursing facility (not including custodial care)</i>	20% of charges, after deductible, with approval of medical director, not including custodial care.
<i>Non-serious Mental health *</i>	<i>Inpatient</i> 20% of charges, after deductible <i>Outpatient</i> \$30/visit
<i>Prescription drugs</i>	Deductible - \$50/per person/plan year, does not apply to generic drugs <ul style="list-style-type: none"> 34-day supply: \$5/generic (level A), \$25/brand-name formulary (level B), \$50 or 50% (whichever is less)/nonpreferred formulary (includes some generics; level C), \$50 or 50% (whichever is greater)/brand-name nonformulary 90-day supply: two copayments required; mail-order purchase available but not required; you must purchase 34-day supply on new prescriptions for the first six months of use, 90-day supply not available for non-formulary drugs Outpatient specialty drugs: including, but not limited to, Enbrel, Synvisc, Lupron, Reclast; Level 1 -\$50; Level 2 - \$100, Level 3 - \$250, Level 4 - 50% of charges after deductible with approval of medical director, does not apply to out-of-pocket maximum.
<i>How does this health plan work?</i>	The Scott & White Health Plan (SWHP) is an HMO composed of several regional clinics, as well as a network of providers outside the clinics contracted with the health plan. A PCP designation and/or referral to a specialist will <u>no longer</u> be required. However, some specialists will require a referral or diagnosis prior to appointment.
<i>Member Services phone number/website</i>	(800) 791-8777 or (979) 268-7947 http://www.swhp.org

Bold type indicates items that will change for the new plan year.