

# Texas Employees Group Benefits Program

## Fact Sheet

Scott & White Health Plan member Stephanie Alvarado  
with Customer Service Representative Sandra Perry.



**We are partners working together to cover what's important in life.**

September 1, 2011

### Administrative Offices

*(Monday – Friday, 8 a.m. – 5 p.m. CST)*

#### **Bryan/College Station**

3000 Briarcrest, Suite 422  
Bryan, Texas 77802  
(979) 268-7947  
(800) 791-8777

#### **Georgetown**

204 S. IH-35, Suite 100  
Georgetown, Texas 78628  
(512) 930-6040  
(800) 758-3012

#### **San Angelo**

1131 B Knickerbocker Road  
San Angelo, Texas 76903  
(325) 659-1403  
(888) 642-0786

#### **Temple**

1206 West Campus Drive  
Temple, Texas 76502  
(254) 298-3000  
(800) 321-7947

#### **Waco**

200 W. State Highway 6, Suite 300  
Waco, Texas 76712  
(254) 756-8000  
(800) 684-7947

<http://ers.swhp.org/>



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A State Certified Health Maintenance Organization

# Summary of Benefits

Benefit Description	PY 2012
Plan year out-of-pocket coinsurance maximum (per person)	\$2,000
Plan year out-of-pocket copayment maximum (per person)	None
Lifetime maximum	None
Physician and Lab Services	Member's Copayment
*Physician office visit – Primary Care Physician (if applicable)	\$25
*Specialist office visit	\$40
*Routine physicals – One per plan year for adults; periodic for children, or as directed by the Primary Care Physician (if applicable)	\$25
*Diagnostic X-rays, mammography and lab tests	20%
High tech radiology (CT scans, MRI and nuclear medicine) – Outpatient testing only	\$100 copayment plus 20%
*Immunizations – For children 0 to 6 years of age	No charge
*Immunizations – For children 7 years and older, and adults	No charge
*Immunizations – Meningitis – beginning in 7th grade	No charge
*Well woman exam – One per plan year	No charge
*Vision, speech and hearing screenings – For all enrolled participants	20% without office visit; \$40 plus 20% with office visit
*Colorectal Cancer Screening	No charge
*Exam for Detection and Prevention of Osteoporosis	No charge
*Cervical Cancer Screening	No charge
Speech & hearing testing – Covered for all 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 <i>without</i> an office visit	20%
*Routine eye exam – One per plan year	\$40
Office surgery & procedures (all office surgeries, excluding vasectomies & tubal ligations)	20%
Maternity care – Physician services, including diagnosis of pregnancy, pre- & post-natal care and delivery (including delivery by C-section) – see “Hospital Services” for inpatient charges	\$40 for first office visit
Family planning	\$40
Vasectomy & tubal ligation	20%
Infertility benefits	50%

Benefit Description	PY 2012
Hospital Services	Member's Copayment
Inpatient hospital – Semi-private room and board or intensive care units	\$150 per day copayment per admission, 5 day max. \$2,250 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, 5 day max. \$2,250 max. per person per year plus 20%
Blood and blood products – Inpatient & 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 – Includes physician's after-hours care or at an urgent care facility	\$50 copayment plus 20%
Extended Care Services (Based on medical necessity)	
Skilled nursing facility – Covered up to 60 days per plan year	20%
Hospice care – Inpatient and outpatient	20%
Home health	20%
Private duty nursing	20%
Other Medical Services	
Hearing aids – Repairs not covered	Plan pays \$500 per ear every 3 years
Hearing aid batteries – Not subject to any maximum amounts	20%
Dental – Restoration & correction of damage caused by external violent accidental injury to healthy, natural teeth, 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 – 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, 5 day max. \$2250 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	Member's Copayment
Inpatient mental health	\$150 per day copayment per admission, 5 day max. \$2250 max. per person per year plus 20%
Inpatient serious mental illness – Covered as any other illness	\$150 per day copayment per admission, 5 day max. \$2250 max. per person per year plus 20%

Benefit Description	PY 2012
Behavioral Health (Continued)	Member's Copayment
Inpatient chemical dependency – Covered as any other illness (based on medical necessity)	\$150 per day copayment per admission, 5 day max. \$2250 max. per person per year plus 20%
Outpatient mental health	\$40
Outpatient serious mental illness – Covered as any other illness	\$40
Outpatient chemical dependency – Same as any other illness and not subject to any maximums	\$40
Prescription Drugs, Plan Year Deductible (per member per plan year)	Member's Copayment
<i>If a Brand Name medication is dispensed when a Generic is available, member shall be responsible for the Generic copayment plus the cost difference between the Generic and the Brand Name medication.</i>	\$50
Participating Retail Pharmacy (Tier 1/Tier 2/Tier 3)	
Up to a 30-day supply per prescription or refill of <i>non-maintenance</i> medication	\$15/\$35/\$60
Up to a 30-day supply per prescription or refill of <i>maintenance</i> medication	\$20/\$45/\$75
Infertility drugs	50%
Up to a 30-day supply of insulin for one copayment	\$15/\$35/\$60
Up to a 30-day supply of each diabetic oral agent for one copayment	\$15/\$35/\$60
The supply of necessary disposable syringes for the insulin supply for one copayment	\$35
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. Up to a 30-day supply	20%
Mail Order Pharmacy (Tier 1/Tier 2/Tier 3)	
Up to a 90-day supply per prescription or refill for one mail order copayment	\$45/\$105/\$180
Oral contraceptives up to a 90-day supply for one mail order copayment	\$45/\$105/\$180
Infertility drugs	50%
Up to a 90-day supply of insulin for one mail order copayment	\$45/\$105/\$180
Up to a 90-day supply of each diabetic oral agent for one mail order copayment	\$45/\$105/\$180
The supply of necessary disposable syringes for the insulin supply for one mail order copayment	\$105
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. Up to a 90-day supply	20%

*\*Under the Affordable Care Act, certain preventive 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. Pre-existing conditions are covered as of 12:01 a.m. September 1, 2011 and lifetime benefit maximums are unlimited.*

## Open Access HMO

Scott & White Health Plan is now 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 they 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 at your local Scott & White Health Plan office or visit the Scott & White Health Plan website at <http://ers.swhp.org/> and click Find a Provider.

## Your Rx Benefit

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

For more information on the Prescription Drug benefit, formulary and a complete list of participating pharmacies, go to the Scott & White Health Plan website at <http://ers.swhp.org/>.

To contact Scott & White Prescription Services, call (800) 728-7947. Monday – Friday, 8 a.m. – 5 p.m. CST

## Disease Management Programs

For those undergoing treatment for specific conditions, VitalCare Disease and Condition Care Programs offer personalized support and care 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 <http://ers.swhp.org/> and click Disease Management.

## Wellness Programs

VitalCare Lifestyle Management Programs offer 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® - Stress Management
  - Nourish® - Nutrition Management
  - Succeed® - Health Risk Assessment
- (To complete your own health risk assessment, go to the Scott & White Health Plan website at <http://ers.swhp.org/> and click on Wellness/ Value Added Services, and click Succeed Health Risk Appraisal.)*

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



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