

Health Plus



Texas Friendly

SUMMARY OF BENEFITS HEALTH PLUS SAVER 5000

This insert attempts to summarize the principal benefits of Scott & White Health Plan and is not a contract. Details of benefits are subject to the terms, conditions and limitations of the Individual Evidence of Coverage. The following benefits are available at SWHP designated facilities when medically necessary and provided, authorized, ordered or arranged by a Scott and White Health Plan network provider.

PLAN PROVISIONS

Contract Year Deductible	
Individual Subscriber	\$5,000
Family	\$10,000
Contract Year Out-of-Pocket Maximum	
Individual Subscriber	\$5,600*
Family	\$10,200*
Lifetime Maximum	\$5,000,000/member

OUTPATIENT SERVICES

Primary Care Office Visit	\$0 Copay after deductible
Specialty Care Office Visit	\$0 Copay after deductible
Preventive Services	No Charge
- with Lab & X-Ray	No Charge
Immunizations (age appropriate)	No Charge
Standard Lab & X-Ray	0% after deductible
Diagnostic/Radiology Procedures (limited to the following procedures: angiograms, CT scans, MRIs, myelography, PET scans, stress tests)	0% after deductible
Outpatient Surgery	0% after deductible
Allergy Serum	\$0/vial after deductible
Eye Exam (1 refraction annually)	\$0 Copay after deductible
Family Planning	\$0 Copay after deductible
Maternity	
Pre- and Post-Natal Care	\$0 Copay after deductible
Outpatient Specialty Drugs (Requires Approval of Medical Director)	
Level 1	10% after deductible
Level 2 (preferred)	20% after deductible
Level 3 (premium preferred)	30% after deductible
Level 4 (non-preferred)	50% after deductible

INPATIENT SERVICES

Hospital Room, Semi-private	0% after deductible
Intensive Care Unit	0% after deductible
Surgery/Physician Services	0% after deductible
Other Hospital Services	0% after deductible
Skilled Nursing Facility (Pre-Certification Required)	0% after deductible

THERAPEUTIC SERVICES

Speech & Hearing	\$0 Copay after deductible
Physical Therapy	\$0 Copay after deductible
Occupational Therapy (Benefit maximum of 20 visits per contract year, based upon medical necessity)	\$0 Copay after deductible

* Deductibles apply to the Out-of-Pocket Maximum

** If a brand name drug is dispensed when a generic is available, 50% Copay applies.

REV. 3/2010

EFF. 3/2010

DURABLE MEDICAL EQUIPMENT/PROSTHESES

DME/Prosthetics	0% after deductible
(\$1000 maximum benefit per contract year)	

DIABETIC SUPPLIES, EQUIPMENT AND SELF-MANAGEMENT TRAINING

Supplies	0% Copay after deductible
Equipment	0% Copay after deductible
Education/Nutrition Counseling	\$0 Copay after deductible

MENTAL HEALTH/CHEMICAL ABUSE SERVICES

Outpatient

Visits 1-20	0% after deductible
Over 20 Visits	No Coverage
Alcohol and Drug Dependency (Coverage for acute detoxification only)	\$0 Copay after deductible

Inpatient

Days 1-20	0% after deductible
Over 20 Days	No Coverage
Alcohol and Drug Dependency (Coverage for acute detoxification only)	0% after deductible

HOME HEALTH SERVICES

Home Health	\$0 Copay after deductible
Hospice	0% after deductible

EMERGENCY CARE SERVICES

In-Area and Out-of-Area	0% after deductible
Urgent Care (in and out of area)	0% after deductible
Ambulance	0% after deductible

PRESCRIPTIONS

Annual Benefit Maximum	\$1000
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All prescription copays and/or percent copays are after medical deductible.

Retail Quantity (All Network Pharmacies)

(Up to a 34-day supply or 100 units, whichever is less)

Generic**	\$5 Copay
Brand	\$25 Copay
Non-preferred brand	Lesser of \$50 or 50%
Non-Formulary	Greater of \$50 or 50%

Maintenance Quantity (SWHP Pharmacies only)

(Up to a 90-day supply or 360 units, whichever is less)

Generic**	\$10 Copay
Brand	\$50 Copay
Non-preferred brand	Lesser of \$100 or 50%
Non-Formulary	Not Covered

EXCLUSIONS

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Chiropractic care
- Cosmetic and reconstructive procedures and treatments undertaken to improve or modify a Member's appearance except for mastectomy reconstruction following breast cancer surgery
- Custodial or domiciliary care
- Dental care
- Elective abortions, which are not necessary to preserve the health of the Member
- Elective treatment or elective surgery
- Experimental or investigational treatment
- Genetic testing
- Infertility treatment including any drug whose primary purpose is the treatment of infertility
- Mental health services or disorders are limited to those described in your evidence of coverage
- Non-covered benefits or services
- Cost of services in excess of the usual, customary, and reasonable charges
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Reversal of voluntary surgically-induced sterility; artificial insemination, in-vitro fertilization or family planning therapies
- Rehabilitation services and therapies are limited to those recommended by a Participating or Referral Physician as medically necessary
- Storage of bodily fluids and other body parts
- Experimental organ transplants and associated donor/procurement costs and artificial organs; e.g., heart
- Treatment received in State or Federal facilities or institutions or services or supplies provided by an employer or governmental agency or entity
- Vision corrective surgery including laser application
- War, insurrection, riot, disaster or epidemic
- Weight reduction surgery

See the Exclusions and Limitations section of the Scott and White Health Plan Evidence of Coverage for specific information.

SCOTT & WHITE HEALTH PLAN PHARMACIES

TEMPLE

Canyon Creek
937 Canyon Creek Drive
Temple, TX 76502
(254) 774-1600

TEMPLE

CDM
1605 South 31st Street
Temple, TX 76508
(254) 215-9100

BRYAN/COLLEGE STATION

1110 Earl Rudder Freeway S.
College Station, TX 77840
(979) 691-3900

GEORGETOWN/SUN CITY

4945 Williams Dr.
Georgetown, TX 78628
(512) 942-3302

WACO

Town West Shopping Center
1412 North Valley Mills
Suite 116
Waco, TX 76710
(254) 761-5200

KILLEEN

2500 Cross Drive
Killeen, TX 76543
(254) 953-7777

MAIL ORDER PRESCRIPTIONS

Express Home Prescription Services
PO Box 1287
Salado, TX 76571
(254) 947-7555 (800) 707-3477

BELTON

2805 N. Loop 121
Suite E
Belton, TX 76513
(254) 933-6000

SALADO

3525 FM 2484
Salado, TX 76571
(254) 947-7555

NORTHSIDE

514 West Adams
Temple, TX 76501
(254) 774-1050

ADMINISTRATIVE OFFICES & MEMBER SERVICE CENTERS

WACO

Scott & White Health Plan
American Plaza
200 W. Hwy 6, Suite 300
Waco, TX 76712
(254) 756-8000
(866) 522-2515

TEMPLE

Scott & White Health Plan
2401 South 31st Street
Temple, TX 76508-3000
(254) 298-3000
(855) 522-2515

BRYAN/COLLEGE STATION

Scott & White Health Plan
3000 Briarcrest, Suite 422
Bryan, TX 77802
(979) 268-7947
(866) 522-2515

GEORGETOWN

Scott & White Health Plan
204 South IH 35, Suite 100
Georgetown, TX 78628
(512) 930-6040
(866) 522-2515

SAN ANGELO

Scott & White Health Plan
2030 Pulliam, Suite 1
San Angelo, TX 76905
(325) 659-7591
(800) 782-5068