

Health Plus



Texas Friendly

SUMMARY OF BENEFITS HEALTH PLUS V

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 Health Care 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

Annual Deductible	None
Annual Out-of-Pocket Maximum	200% of total annual premium
Pre-Existing Conditions	Covered
Lifetime Maximum	None

OUTPATIENT SERVICES

Primary Care Office Visit	\$30 Copay
Specialty Care Office Visit	\$30 Copay
Lab & X-Ray	No Charge
Outpatient Surgery	\$30 Copay
Allergy Injections	\$25/vial
Eye Exam (1 refraction annually)	\$30 Copay
Immunizations (age appropriate)	No Charge
Maternity -Pre- and Post-Natal Care	\$30 Copay (or flat fee of \$360)
Outpatient Specialty Drugs (Requires Approval of Medical Director)	
Level 1	10% of charges
Level 2 (preferred)	20% of charges
Level 3 (premium preferred)	30% of charges
Level 4 (non-preferred)	50% of charges**

INPATIENT SERVICES

Hospital Room, Semi-private	\$150/day Copay*
Intensive Care Unit	\$150/day Copay*
Other Hospital Services	No Charge
Skilled Nursing Facility (Pre-Certification Required)	\$150/day Copay*

THERAPEUTIC SERVICES

Speech & Hearing	\$30 Copay
Physical Therapy	\$30 Copay

DURABLE MEDICAL EQUIPMENT/PROSTHESES

DME/Prosthetics	20% Copay
(\$1,000 maximum annual benefit)	

DIABETIC SUPPLIES, EQUIPMENT AND SELF-MANAGEMENT TRAINING

Supplies	20% Copay
Equipment	20% Copay
Education/Nutrition Counseling	\$30 Copay

MENTAL HEALTH/CHEMICAL ABUSE SERVICES

Outpatient	
Visits 1-20	50% Copay
Over 20 Visits	No Coverage
Alcohol and Drug Dependency (Coverage for acute detoxification only)	50% Copay
Inpatient	
Days 1-20	50% /day Copay
Over 20 Days	No Coverage
Alcohol and Drug Dependency (Coverage for acute detoxification only)	50% /day Copay

HOME HEALTH SERVICES

Home Health	\$30 Copay
Hospice	No Charge

EMERGENCY CARE SERVICES

In-Area and Out-of-Area	\$200 Visit/Copay
Urgent Care (in and out of area)	\$100 Visit/Copay
Ambulance	No Charge

* \$750 maximum copayment per confinement

REV. 3/2010

EFF. 3/2010

EXCLUSIONS

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Breast augmentation
- 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
- Cost of services in excess of the usual, customary, and reasonable charges
- Court ordered care
- 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
- Family planning treatment
- Infertility diagnosis and 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
- Miscellaneous aids, corrective appliances, supplies
- Non-covered benefits or services
- Non-emergent treatment provided by non-participating providers
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Prescription drugs unless covered by rider
- Purchase or rental of household equipment or fixtures
- Reversal of voluntary surgically-induced sterility; artificial insemination, in-vitro fertilization or family planning therapies
- Reimbursement for which member has no obligation to pay in absence of coverage
- Residential treatment center for children or adolescents
- Routine foot care
- Services provided by a family member
- 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
- Unauthorized services
- Vision corrective surgery including laser application and radial keratotomy
- War, insurrection, riot, disaster or epidemic.

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 Drive
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. State 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
(866) 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