



SCOTT & WHITE HEALTH PLAN

The one Texans trust.

Small Group Medical Plans Consumer Choice 80% Consumer Choice 70%

Consumer Choice Plan Options	Consumer Choice 80% In Network Benefits	Consumer Choice 70% In Network Benefits
Annual deductible Options	<i>Individual:</i> \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$4,000, \$5,000, \$7,500, \$10,000 <i>Family:</i> 2x the individual deductible	<i>Individual:</i> \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$4,000, \$5,000, \$7,500, \$10,000 <i>Family:</i> 2x the individual deductible
Annual Out-of-Pocket Max (includes deductible)	<i>Individual:</i> \$3,500, \$3,750, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$8,000, \$10,000, \$15,000, \$20,000 <i>Family:</i> 2x the individual OOP max	<i>Individual:</i> \$4,500, \$4,750, \$5,000, \$5,500, \$6,000, \$6,500, \$7,500, \$10,000, \$12,500, \$18,750, \$25,000 <i>Family:</i> 2x the individual OOP max
Lifetime Maximum benefit	Unlimited	Unlimited
Office visits Primary/Specialist	\$30	\$30
Preventive Care	\$0	\$0
Standard Lab and X-ray	\$0	\$0
Outpatient surgery	Deductible then 20% co-pay	Deductible then 30% co-pay
Hospital services	Deductible then 20% co-pay	Deductible then 30% co-pay
Emergency care	Deductible then 20% co-pay	Deductible then 30% co-pay

Prescription Drug Benefits	Participating Pharmacy Benefits
Annual Per Person Prescription Deductible Options	\$0, \$100, \$200, \$300
Generic	Deductible then \$5 co-pay
Preferred Brand	Deductible then 30% co-pay
Non-Preferred Brand	Deductible then 50% co-pay
Non-Formulary	Deductible, then the greater of \$50 or 50% co-pay
Annual Drug Benefit	Once member has used \$1,000, \$2,000, \$3,000, or \$10,000 in benefits, they have 50% coverage thereafter. This annual dollar benefit is based upon the drug deductible option chosen.

Medical Plan 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 or 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