



SCOTT & WHITE
HEALTH PLAN

Texas Friendly

SUMMARY OF BENEFITS Young Texan Express 1500

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 Young Texan Evidence of Coverage. The following benefits are applied to medically necessary care received at Scott and White Health Plan (SWHP) designated facilities and provided, authorized, ordered or arranged by a SWHP network provider.

PLAN PROVISIONS

Contract Year Deductible	\$1500 Individual**
Contract Year Out-of-Pocket Maximum	\$4500 Individual
Lifetime Maximum	\$5,000,000

OUTPATIENT SERVICES

Primary Care Office Visit	\$30 Copay
Specialty Care Office Visit	\$50 Copay
Preventive Services	No Charge
Standard Lab & X-Ray	No Charge
Diagnostic/Radiology Procedures (limited to the following procedures: angiograms, CT scans, MRIs, myelography, PET scans, stress tests)	20% after deductible
Outpatient Surgery	20% after deductible
Allergy Serum	\$25/vial
Eye Exam (1 refraction annually)	\$30 Copay
Immunizations (age appropriate)	No Charge
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*
Other Outpatient Services	20% after deductible***

INPATIENT SERVICES

Hospital Room, Semi-private	20% after deductible
Intensive Care Unit	20% after deductible
Surgery/Physician Services	20% after deductible
Other Hospital Services	20% after deductible
Skilled Nursing Facility (Pre-Certification Required)	20% after deductible

THERAPEUTIC SERVICES

Speech & Hearing	\$50 Copay
Physical Therapy	\$50 Copay
Occupational Therapy (Benefit maximum of 20 visits per contract year, based upon medical necessity)	\$50 Copay

DURABLE MEDICAL EQUIPMENT/PROSTHESES

DME/Prosthetics	50% after deductible (\$1000 maximum annual benefit)
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DIABETIC SUPPLIES, EQUIPMENT AND SELF-MANAGEMENT TRAINING

Supplies	20% after deductible
Equipment	20% after deductible
Education/Nutrition Counseling	\$50 Copay

MENTAL HEALTH/CHEMICAL ABUSE SERVICES

Outpatient

Visits 1-20	50% after deductible
Over 20 Visits	No Coverage
Alcohol and Drug Dependency (Coverage for acute detoxification only)	\$50 Copay

Inpatient

Days 1-20	50% after deductible
Over 20 Days	No Coverage
Alcohol and Drug Dependency (Coverage for acute detoxification only)	20% after deductible

HOME HEALTH SERVICES

Home Health	\$50 Copay
Hospice	No Charge

EMERGENCY CARE SERVICES

In-Area and Out-of-Area	20% after deductible
Urgent Care (in and out of area)	20% after deductible
Ambulance	20% after deductible

* Level 4 Copayment does not count toward Out-of-Pocket Maximum

** Deductible applies to Out-of-Pocket Maximum

*** Including other services, treatments or procedures received at time of office visit.

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
- Chronic pain relief
- 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
- 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
- Immunizations for purposed of travel
- 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
- Non-emergent treatment or non-emergency services provided by non-participating providers
- Orthotics and protective equipment for sports participation

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. Hwy 6, Suite 300
Waco, TX 76712
(254) 756-8000
(866) 522-2516

TEMPLE

Scott & White Health Plan
2401 South 31st Street
Temple, TX 76508-3000
(254) 298-3000
(866) 522-2516

BRYAN/COLLEGE STATION

Scott & White Health Plan
3000 Briarcrest, Suite 422
Bryan, TX 77802
(979) 268-7947
(866) 522-2516

GEORGETOWN

Scott & White Health Plan
204 South IH 35, Suite 100
Georgetown, TX 78628
(512) 930-6040
(866) 522-2516

SAN ANGELO

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