

Effective March 1, 2010, Young Texan Select members will be automatically enrolled in the Young Texan Express 500 plan. Please review the changes below:

	<u>Select</u>	<u>Express 500</u>
<u>Plan Provisions</u>		
Annual Deductible	\$250	\$500
Annual Out-of-Pocket Maximum	\$3,250*	\$3,500 *
Lifetime Maximum	\$5 million	\$5 million <small>*includes deductible</small>
<u>Outpatient Services</u>		
Office Visit Co-payment (primary / specialist)	\$30 / \$50 co-pay	\$30 / \$50 co-pay
Preventive Services	\$30 co-pay	No charge
Immunizations (age appropriate)	No charge	No charge
Standard Lab & X-Ray	20% after deductible	No charge
Diagnostic/Radiology Procedures (CT, MRI, PET, etc.)	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Allergy Serum	\$25/vial	\$25/vial
Eye Exam Co-payment (1 refraction annually)	Not covered	\$30 co-pay
Outpatient Specialty Drugs	Level 1: Level 2: Level 3: Level 4:	10% after deductible 20% after deductible 30% after deductible 50% after deductible
<u>Inpatient Services</u>		
Hospital Room, Semi-private/Intensive Care Unit	20% after deductible	20% after deductible
Surgery/Physician Services	20% after deductible	20% after deductible
Other Hospital Services	No charge	20% after deductible
Skilled Nursing Facility	20% after deductible	20% after deductible
<u>Therapeutic Services</u>		
Speech & Hearing	\$50 co-pay	\$50 co-pay
Physical Therapy	\$50 co-pay	\$50 co-pay
Occupational Therapy (20 visits per contract year)	\$50 co-pay	\$50 co-pay
<u>Durable Medical Equipment/Prostheses</u>		
DME/Prosthetics (\$500 maximum annual benefit)	50% after deductible	50% after deductible
<u>Diabetic Supplies & Self-Management Training</u>		
Supplies & Equipment	20% after deductible	20% after deductible
Education/Nutrition Counseling	\$50 co-pay	\$50 co-pay
<u>Mental Health/Chemical Abuse</u>		
Outpatient (limited to 20 visits/calendar year)	50% after deductible	50% after deductible
Alcohol/Drug Dependency (coverage for acute detoxification only)	\$50 co-pay	\$ 50 co-pay
Inpatient Days 1-20 (limited to 20 days/calendar year)	50% after deductible	50% after deductible
Alcohol/Drug Dependency (coverage for acute detoxification only)	20% after deductible	20% after deductible
<u>Home Health Services</u>		
Home Health	\$50 co-pay	\$50 co-pay
Hospice	No charge	No charge
<u>Emergency Care Services</u>		
Emergency Room	20% after deductible	20% after deductible
Urgent Care Centers	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible

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.