

# Health Plus



**SCOTT & WHITE  
HEALTH PLAN**

## SUMMARY OF BENEFITS HEALTH PLUS SAVER

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.

### PLAN PROVISIONS

Annual Deductible	
Individual Subscriber	\$3,000
Family (cumulative)	\$6,000
Annual Out-of-Pocket Maximum	
Individual Subscriber	\$5,600*
Family (cumulative)	\$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
Day 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

### DURABLE MEDICAL EQUIPMENT/PROSTHESES

DME/Prosthetics	0% after deductible (\$1000 maximum benefit per contract year)
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### 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 (Covered as a physical illness, Lifetime maximum of (1) series of treatment)	\$0 Copay after deductible

#### **Inpatient**

Days 1-20	0% after deductible
Over 20 Days	No Coverage
Alcohol and Drug Dependency (Covered as a physical illness, Lifetime maximum of (1) series of treatment)	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	\$3000
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**All copays and/or percent copays are after 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

\* Deductibles apply to the Out-of-Pocket Maximum

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

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

\*\*\*\* Deductible on brand name drugs, alternate choice brand name drugs and non-formulary drugs. There will be no deductible on generic drugs.

## 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**

South Loop  
2601 Thornton Ln., Suite A  
Temple, TX 76502  
(254) 742-1100  
(800) 344-2301

### **TEMPLE**

CDM  
1605 South 31<sup>st</sup> 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) 699-1133

### **MAIL ORDER PRESCRIPTIONS**

Express Home Prescription Services  
PO Box 3690  
Temple, TX 76505  
(254) 742-0550 (800) 707-3477

### **BELTON**

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

## ADMINISTRATIVE OFFICES & MEMBER SERVICE CENTERS

### **WACO**

Scott & White Health Plan  
American Plaza  
200 W. Hwy 6, Suite 300  
Waco, TX 76712  
(254) 756-8000  
(800) 684-7947

### **TEMPLE**

Scott & White Health Plan  
2401 South 31<sup>st</sup> Street  
Temple, TX 76508-3000  
(254) 298-3000  
(800) 321-7947

### **BRYAN/COLLEGE STATION**

Scott & White Health Plan  
3000 Briarcrest, Suite 422  
Bryan, TX 77802  
(979) 268-7947  
(800) 791-8777

### **GEORGETOWN**

Scott & White Health Plan  
204 South IH 35, Suite 100  
Georgetown, TX 78628  
(512) 930-6040  
(800) 758-3012