### Scott & White Health Plan

#### Your Cost:

**Regions offered**
- Bryan/College Station, **Temple**, Killeen, limited access in Austin, Prairie View, Stephenville areas

**Pre-existing condition limitations**
- None

**Out-of-service-area restrictions**
- Emergency care only at hospital, $150/visit (waived if admitted); urgent care, **$50** per visit, plus 20% co-insurance, if applicable.

**Deductibles**
- **$350/individual; $1,050/family plan/year**

**Out-of-pocket maximum**
- $3,000/person/plan year; $6,000 maximum/family/plan year, includes copayments, deductible and co-insurance.

**In-hospital care**
- 20% of charges **after deductible**

**Emergency room**
- $150/visit (waived if admitted)

**Urgent care**
- **$50**/visit, plus 20% co-insurance, if applicable.

**Office Visits**
- **$30/visit**/primary care physician (PCP); **$45/visit**/specialist; Today Care (College Station Clinic) **$30/visit**

**Standard Lab/X-rays**
- Covered in full

**High Technology Radiology (M,R, CT & pet scans, stress test, Angiogram & myelography)**
- 20% of charges **after deductible**

**Surgery**
- Inpatient – 20% of charges, after deductible; Outpatient -20% of charges after deductible

**Chiropractic care**
- Not covered, limited discount network available

**Vision/Hearing/Speech**
- Vision—$45, one refraction/plan year; $10/lenses w/frames or $10/bifocals/trifocals w/frames (biennially); **100% coverage for contact lenses, up to $150 plan year**; Hearing/Speech (testing and/or therapy)—**$45/visit**

**Maternity care**
- Hospital -- 20% of charges; after deductible
- Doctor – **$30/$45 per visit or $360 or $540 total flat fee**

**Well-baby care**
- No charge

**Physical therapy**
- **$45/visit**

**Durable medical equipment**
- 20% after deductible, up to $2,000/person/plan year (includes diabetic supplies and equipment)

**Home health care**
- **$30/visit** with approval of medical director

**Skilled nursing facility (not including custodial care)**
- 20% of charges, after deductible, with approval of medical director, not including custodial care.

**Non-serious Inpatient Total**

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<th>Mental health</th>
<th>Inpatient</th>
<th>Outpatient</th>
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<td><strong>$30/visit</strong></td>
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**Prescription drugs**
- Deductible - **$50/per person/plan year**, does not apply to generic drugs
- 34-day supply: $5/generic (level A), $25/brand-name formulary (level B), $50 or 50% (whichever is less)/nonpreferred formulary (includes some generics; level C), $50 or 50% (whichever is greater)/brand-name nonformulary
- 90-day supply: two copayments required; mail-order purchase available but not required; you must purchase 34-day supply on new prescriptions for the first six months of use; 90-day supply not available for non-formulary drugs
- Outpatient specialty drugs: including, but not limited to, Enbrel, Synvisc, Lupron, Reclast; Level 1 -$50; Level 2 - $100, Level 3 - $250, Level 4 - 50% of charges after deductible with approval of medical director, does **not apply to out-of-pocket maximum**.

**How does this health plan work?**
- The Scott & White Health Plan (SWHP) is an HMO composed of several regional clinics, as well as a network of providers outside the clinics contracted with the health plan. A PCP designation and/or referral to a specialist will **no longer** be required. However, some specialists will require a referral or diagnosis prior to appointment.

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<tr>
<th>Member Services phone number/website</th>
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<tr>
<td>(800) 791-8777 or (979) 268-7947</td>
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<td><a href="http://www.swhp.org">http://www.swhp.org</a></td>
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**Bold type** indicates items that will change for the new plan year.