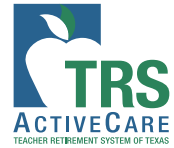


# 2020-21 HMO Rates and Benefit Changes

Changes effective September 1, 2020



Coverage Tier/Benefit	2019-2020	2020-2021
Employee Only	\$558.54	\$551.10
Employee and Spouse	\$1,306.58	\$1,382.06
Employee and Child(ren)	\$876.76	\$883.50
Employee and Family	\$1,457.28	\$1,478.56
Deductible	\$950	\$950
Out-of-Pocket Maximum	Individual - \$7,450 Family - \$14,900	Individual - \$7,450 Family - \$14,900
Copays	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits; \$0 copay for dependents under 19 for primary care. Specialist copay \$70	Primary care office visit copay \$20; copay for first visit for illness waived, does not apply to wellness or preventive visits; \$0 copay for dependents under 19 for primary care. Specialist copay \$70
Emergency and Urgent Care	Emergency \$500 copay after the deductible. Urgent Care \$50	Emergency \$500 copay after the deductible. Urgent Care \$50
Pharmacy	Group Value Formulary 3-Tier coverage	Group Value Formulary 3-Tier coverage
Telehealth (MyBSWHealth and MDLIVE)	n/a	\$0 copay go to <a href="http://trs.swhp.org">trs.swhp.org</a>



Central Texas Region

# TRS-ActiveCare 2020-2021 Summary of Benefits

Fully Covered Healthcare Services	
Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
Well Child Care Annual Exams	No Charge
Immunizations (age appropriate)	No Charge
Nurse Advice Line	1-877-505-7947
Telehealth (MyBSWHealth and MDLIVE)	\$0 copay go to <a href="http://trs.swhp.org">trs.swhp.org</a>
Plan Provisions	
Annual Deductible	\$950 Individual/ \$2,850 Family
Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance)	\$7,450 Individual/ \$14,900 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care <sup>1</sup>	\$20 Copay First Primary Care Visit for Illness - \$0 Copay <sup>2</sup>
Primary Care Dependents <sup>1</sup> (under age 19)	\$0 Copay <sup>2</sup>
After-Hours Primary Care Clinics	\$20 copay
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible <sup>3</sup>
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Inpatient Services	
Overnight hospital stay; includes all medical services including semi-private room or intensive care	\$150 per day <sup>4</sup> and 20% of charges after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	\$150 per day <sup>4</sup> and 20% of charges after deductible
Expecting the Best <sup>®</sup> Maternity Program <sup>7</sup>	No Charge
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment - Rx only	\$5/\$12.50 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment - Rx only	30% after Rx deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services		
Home Health Care Visit	\$70 copay	
Worldwide Emergency Care		
Ambulance and Helicopter	\$40 copay and 20% of charges after deductible	
Emergency Room <sup>6</sup>	\$500 copay after deductible	
Urgent Care Facility	\$50 copay	
Prescription Drugs		
Annual Benefit Maximum	Unlimited	
Rx Deductible per Individual Does not apply to preferred generic drugs	\$150	
Ask an SWHP Pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply) Available at BSW Pharmacies, in-network retail pharmacies and mail order
ACA Preventive*	\$0 copay	\$0 copay
Preferred Generic	\$5 copay	\$12.50 copay
Preferred Brand	30% after Rx deductible	30% after Rx deductible
Non-Preferred	50% after Rx deductible	50% after Rx deductible
Online Refills	<a href="http://trs.swhp.org">trs.swhp.org</a>	
Mail Order	BSWH: 1-855-388-3090 OptumRx: 1-855-205-9182	
Specialty Medications (up to a 30-day supply)		
Tier 1	15% after Rx deductible	
Tier 2	15% after Rx deductible	
Tier 3	25% after Rx deductible	
Diagnostic & Therapeutic Services		
Physical and Speech Therapy	\$70 copay	
Manipulative Therapy <sup>5</sup>	20% without office visit \$40 plus 20% with office visit	
Wellness		
Naturally Slim <sup>7</sup>	No Charge	
Well-Being Assessment <sup>7</sup>	No Charge	
Digital Health Coaching <sup>7</sup>	No Charge	

<sup>1</sup>Including all services billed with office visit

<sup>2</sup>Does not apply to wellness or preventive visits

<sup>3</sup>Includes other services, treatments, or procedures received at time of office visit

<sup>4</sup>\$750 maximum copay per admission and 20% after deductible

<sup>5</sup>35 visits per year maximum

<sup>6</sup>Copay waived if admitted within 24 hours

<sup>7</sup>See member guide for additional information

\*See list of ACA preventive drugs on the Pharmacy Benefits page at [trs.swhp.org](http://trs.swhp.org).



# TRS Central Texas Region • 2020-21 Plan Year

If you live OR work in the TRS Central Texas Region outlined in BLUE, you may choose coverage with Scott and White Health Plan. *Our open-access provider network, defined in YELLOW, allows you to visit any in-network provider – even specialists – without a referral.*

