



SCOTT & WHITE HEALTH PLAN

TEXAS A&M UNIVERSITY
9/2008

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 Group Health Care Evidence of Coverage.

PLAN PROVISIONS

Annual Deductible	None
Annual Out-of-Pocket Maximum	\$3,000/6,000 (Single/Family)
Pre-Existing Conditions	Covered
Lifetime Maximums	None

OUTPATIENT SERVICES

Primary Care Office Visit	\$25 Copay
Specialty Care Office Visit	\$25 Copay
Lab & X-Ray	No Charge
Day Surgery	\$100 Copay
Allergy Injections	\$25/vial
Eye Exam (1 annually)	\$25 Copay
Family Planning	\$25 Copay
Well Child Care	\$25 Copay
Immunization (age appropriate)	No Charge
Routine Physical (excluding employment, insurance, etc.)	\$25 Copay
Maternity	
Pre- and Post-Natal Care	\$25 Copay (Or flat fee of \$300)
Outpatient Specialty Drugs (Requires Approval of Medical Director)	
Level 1	\$50 Copay
Level 2 (preferred)	\$100 Copay
Level 3 (premium preferred)	\$250 Copay
Level 4 (non-preferred)	50% of charges***

INPATIENT SERVICES

Pre-admission Tests	No Charge
Lab & X-Ray	No Charge
Hospital Room, Semi-private	\$100/day Copay*
Intensive Care Unit	\$100/day Copay*
Surgery	No Charge
Other Hospital Services	No Charge
Skilled Nursing Facility (Pre-Certification Required)	\$100/day Copay*

DIAGNOSTIC/THERAPEUTIC SERVICES

Speech & Hearing (Benefit limitation based upon medical necessity)	\$25 Copay
Physical Therapy (Benefit limitation based upon medical necessity)	\$25 Copay

DURABLE MEDICAL EQUIPMENT/PROSTHESES

DME (\$2,000.00 maximum annual benefit)	20% Copay
Prosthetics (\$10,000.00 maximum annual benefit)	20% Copay

*\$500 maximum copayment per confinement

** 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

**** \$250 maximum copayment per course of treatment.

DIABETIC SUPPLIES, EQUIPMENT AND SELF-MANAGEMENT TRAINING

Supplies	20% Copay
Equipment	20% Copay
Education/Nutrition Counseling	\$25 Copay

MENTAL HEALTH/CHEMICAL ABUSE SERVICES

Outpatient	
Visits 1-30	\$25 Copay
Over 30 Visits	No Coverage
Serious Mental Illness	
60 visits per contract year (Requires referral and approval of Medical Director)	\$25 Copay
Alcohol and Drug Dependency (Covered as a physical illness)	\$25 Copay
Inpatient	
Days 1-30	\$100/day Copay*
Over 30 Days	No Coverage
Serious Mental Illness	
45 days per contract year (Requires referral and approval of Medical Director)	\$100/day Copay*
Alcohol and Drug Dependency (Covered as a physical illness)	\$100/day Copay*

HOME INFUSION THERAPY

Home Infusion Therapy Benefit	\$50/day****
-------------------------------	--------------

HOME HEALTH SERVICES

Private Duty Nursing (Requires Approval of Medical Director)	No Charge
Home Health	\$25 Copay
Hospice	No Charge

EMERGENCY CARE SERVICES

In-Area and Out-of-Area (copay waived if admitted within 24 hours)	\$100/Visit Copay
Urgent Care (in and out of area)	\$40/Visit Copay
Ambulance (copay waived if transported)	\$40 Copay

PRESCRIPTIONS

Annual Benefit Maximum	Unlimited
Deductible	\$50

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 (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 Available

EXCLUSIONS

- Altered sexual characteristics including sex change operations or any related services
- 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 or 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

Canyon Creek
937 Canyon Creek Drive
Temple, Texas 76502
(254)774-1600
(800) 707-3477

TEMPLE

CDM
1605 South 31st Street
Temple, Texas 76508
(254) 215-9100

BRYAN/COLLEGE STATION

1110 Earl Rudder Frwy So
College Station, Texas 77840
(979) 691-3900

GEORGETOWN

4945 Williams Dr.
Georgetown, Texas 78628
(512) 942-3302

WACO

Town West Shopping Ctr.
1412 North Valley Mills
Suite 116
Waco, TX 76710
(254) 761-5200

KILLEEN

2500 Cross Drive
Killeen, TX 76543
(254) 699-1133

BELTON

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

MAIL ORDER PRESCRIPTIONS

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

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 31st 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