

# my Benefits Summary



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	\$1,150 Individual/ \$3,450 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	20% of charges after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	20% of charges after deductible
Expecting the Best <sup>®</sup> Maternity Program <sup>6</sup>	No Charge
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment - Rx only	\$10/\$25 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>5</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	\$200	
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
Preferred Generic	\$10 copay	\$25 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: 855.388.3090 OptumRx: 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>4</sup>	20% without office visit \$40 plus 20% with office visit	
Wellness		
Wondr Health <sup>TM6</sup>	No Charge	
Well-Being Assessment <sup>6</sup>	No Charge	
Digital Health Coaching <sup>6</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>35 visits per year maximum

<sup>5</sup>Copay waived if admitted within 24 hours

<sup>6</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).