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 Health Care Evidence of Coverage. The following benefits are available at SWHP designated facilities when medically necessary and provided, authorized, ordered or arranged by a Scott and White Health Plan network Provider.

### PLAN PROVISIONS
- **Annual Deductible**: None
- **Annual Out-of-Pocket Maximum**: 200% of total annual premium
- **Pre-Existing Conditions**: Covered
- **Lifetime Maximum**: None

### OUTPATIENT SERVICES
- **Primary Care Office Visit**: $30 Copay
- **Specialty Care Office Visit**: $30 Copay
- **Lab & X-Ray**: No Charge
- **Outpatient Surgery**: $30 Copay
- **Allergy Injections**: $25/vial
- **Eye Exam (1 refraction annually)**: $30 Copay
- **Immunizations (age appropriate)**: No Charge
- **Maternity - Pre- and Post-Natal Care**: $30 Copay (or flat fee of $360)
- **Outpatient Specialty Drugs**
  - Level 1: 10% of charges
  - Level 2 (preferred): 20% of charges
  - Level 3 (premium preferred): 30% of charges
  - Level 4 (non-preferred): 50% of charges

### INPATIENT SERVICES
- **Hospital Room, Semi-private**: $150/day Copay*
- **Intensive Care Unit**: $150/day Copay*
- **Other Hospital Services**: No Charge
- **Skilled Nursing Facility**
  - (Pre-Certification Required): $150/day Copay*

### DURABLE MEDICAL EQUIPMENT/PROSTHESES
- **DME/Prosthetics**: 20% Copay
  - ($1,000 maximum annual benefit)

### DIABETIC SUPPLIES, EQUIPMENT AND SELF-MANAGEMENT TRAINING
- **Supplies**: 20% Copay
- **Equipment**: 20% Copay
- **Education/Nutrition Counseling**: $30 Copay

### MENTAL HEALTH/CHEMICAL ABUSE SERVICES
- **Outpatient**
  - Visits 1-20: 50% Copay
  - Over 20 Visits: No Coverage
  - Alcohol and Drug Dependency: 50% Copay
  - (Coverage for acute detoxification only)
- **Inpatient**
  - Days 1-20: 50% /day Copay
  - Over 20 Days: No Coverage
  - Alcohol and Drug Dependency: 50% /day Copay
  - (Coverage for acute detoxification only)

### HOME HEALTH SERVICES
- **Home Health**: $30 Copay
- **Hospice**: No Charge

### EMERGENCY CARE SERVICES
- **In-Area and Out-of-Area**: $200 Visit/Copay
- **Urgent Care (in and out of area)**: $100 Visit/Copay
- **Ambulance**: No Charge

* $750 maximum copayment per confinement

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**REV. 3/2010**
**EFF. 3/2010**
**EXCLUSIONS**

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Breast augmentation
- 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
- Cost of services in excess of the usual, customary, and reasonable charges
- Court ordered care
- 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
- Family planning treatment
- Infertility diagnosis and 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
- Miscellaneous aids, corrective appliances, supplies
- Non-covered benefits or services
- Non-emergent treatment provided by non-participating providers
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Prescription drugs unless covered by rider
- Purchase or rental of household equipment or fixtures
- Reversal of voluntary surgically-induced sterility; artificial insemination, in-vitro fertilization or family planning therapies
- Reimbursement for which member has no obligation to pay in absence of coverage
- Residential treatment center for children or adolescents
- Routine foot care
- Services provided by a family member
- 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
- Unauthorized services
- Vision corrective surgery including laser application and radial keratotomy
- War, insurrection, riot, disaster or epidemic.

*See the Exclusions and Limitations section of the Scott and White Health Plan Evidence of Coverage for specific information.*

**SCOTT & WHITE HEALTH PLAN PHARMACIES**

<table>
<thead>
<tr>
<th>TEMPLE CANYON CREEK</th>
<th>TEMPLE CDM</th>
<th>BRYAN/COLLEGE STATION</th>
<th>GEORGETOWN/SUN CITY</th>
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<tbody>
<tr>
<td>Canyon Creek</td>
<td>1605 South 31st Street</td>
<td>110 Earl Rudder Freeway S.</td>
<td>4945 Williams Drive</td>
</tr>
<tr>
<td>937 Canyon Creek Dr</td>
<td>Temple, TX 76508</td>
<td>College Station, TX 77840</td>
<td>Georgetown, TX 78628</td>
</tr>
<tr>
<td>(254) 774-1600</td>
<td>(254) 215-9100</td>
<td>(979) 691-3900</td>
<td>(512) 942-3302</td>
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**WACO**

<table>
<thead>
<tr>
<th>WACO TOWN WEST SHOPPING CENTER</th>
<th>KILLEEN 2500 CROSS DRIVE</th>
<th>MAIL ORDER PRESCRIPTIONS EXPRESS HOME PRESCRIPTION SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1412 North Valley Mills Suite 116</td>
<td>Killeen, TX 76543</td>
<td>Express Home Prescription Services</td>
</tr>
<tr>
<td>Waco, TX 76710</td>
<td>(254) 953-7777</td>
<td>PO Box 1287</td>
</tr>
<tr>
<td>(254) 761-5200</td>
<td></td>
<td>Salado, TX 76571</td>
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**SALADO**

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<thead>
<tr>
<th>SALADO 3525 FM 2484</th>
<th>NORTHSIDE 514 WEST ADAMS</th>
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</thead>
<tbody>
<tr>
<td>Salado, TX 76571</td>
<td>Temple, TX 76501</td>
</tr>
<tr>
<td>(254) 947-7555</td>
<td>(254) 774-1050</td>
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**ADMINISTRATIVE OFFICES & MEMBER SERVICE CENTERS**

<table>
<thead>
<tr>
<th>WACO SCOTT &amp; WHITE HEALTH PLAN</th>
<th>TEMPLE SCOTT &amp; WHITE HEALTH PLAN</th>
<th>BRYAN/COLLEGE STATION SCOTT &amp; WHITE HEALTH PLAN</th>
<th>GEORGETOWN SCOTT &amp; WHITE HEALTH PLAN</th>
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<tbody>
<tr>
<td>American Plaza</td>
<td>2401 South 31st Street</td>
<td>3000 Briarcrest, Suite 422</td>
<td>204 South IH 35, Suite 100</td>
</tr>
<tr>
<td>200 W. State Hwy 6, Suite 300</td>
<td>Temple, TX 76508-3000</td>
<td>Bryan, TX 77802</td>
<td>Georgetown, TX 78628</td>
</tr>
<tr>
<td>Waco, TX 76712</td>
<td>(254) 298-3000</td>
<td>(979) 268-7947</td>
<td>(512) 930-6040</td>
</tr>
<tr>
<td>(254) 756-8000</td>
<td>(866) 522-2515</td>
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<td>(866) 522-2515</td>
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**SAN ANGELO**

<table>
<thead>
<tr>
<th>SAN ANGELO SCOTT &amp; WHITE HEALTH PLAN</th>
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<tbody>
<tr>
<td>2030 Pulliam, Suite #1</td>
<td>514 West Adams</td>
</tr>
<tr>
<td>San Angelo, TX 76905</td>
<td>Temple, TX 76501</td>
</tr>
<tr>
<td>(325) 659-7591</td>
<td>(254) 774-1050</td>
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<tr>
<td>(800) 782-5068</td>
<td>(866) 522-2515</td>
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