

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 trs.swhp.org
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 ¹	\$20 Copay First Primary Care Visit for Illness - \$0 Copay ²
Primary Care Dependents ¹ (under age 19)	\$0 Copay ²
After-Hours Primary Care Clinics	\$20 copay
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible ³
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 [®] Maternity Program ⁶	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 ⁵	\$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	\$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	trs.swhp.org	
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 ⁴	20% without office visit \$40 plus 20% with office visit	
Wellness		
Wondr Health ^{TM6}	No Charge	
Well-Being Assessment ⁶	No Charge	
Digital Health Coaching ⁶	No Charge	

¹Including all services billed with office visit

²Does not apply to wellness or preventive visits

³Includes other services, treatments, or procedures received at time of office visit

⁴35 visits per year maximum

⁵Copay waived if admitted within 24 hours

⁶See member guide for additional information

*See list of ACA preventive drugs on the Pharmacy Benefits page at trs.swhp.org.

