

# 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	877.505.7947
Telehealth (MyBSWHealth and MDLIVE)	\$0 copay BSWHealthPlan.com/TRS
Plan Provisions	
Annual Deductible	\$1,900 Individual/ \$4,750 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$8,000 Individual/ \$15,000 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care <sup>1</sup>	\$15 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	\$15 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% after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	20% after deductible
Maternity Care Management <sup>6</sup>	No Charge
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment - Rx only	\$12/\$30 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% after deductible
Emergency Room <sup>5</sup>		\$500 copay after deductible
Urgent Care Facility		\$45 copay
Prescription Drugs		
Annual Benefit Maximum		Unlimited
Rx Deductible per Individual Does not apply to preferred generic drugs		\$200
Ask a BSWHP 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	\$12 copay	\$30 copay
Preferred Brand	30% after Rx deductible	30% after Rx deductible
Non-Preferred	50% after Rx deductible	50% after Rx deductible
Online Refills		BSWHealthPlan.com/TRS
Mail Order		BSWH: 855.388.3090 OptumRx: 855.205.9182
Specialty Medications (up to a 30-day supply)		
Tier 1	25% after Rx deductible	
Tier 2	25% after Rx deductible	
Tier 3	35% after Rx deductible	
Diagnostic and 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>6</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 BSWHealthPlan.com/TRS.