

Comparison of Benefits

Benefit	Wabash	UHC - CHCP	UHC - MMCP
<u>Deductible *</u>	No Deductible	\$100	No Deductible In Network \$300 Out of Network
<u>Office Visits *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	All but \$20 per visit PCP In Network Only-75% out of Network
<u>Allergy Testing *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	All but \$20 / visit
<u>Allergy Injections *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	100%
<u>Ambulance *</u>	100%	85% In Network 68% Out of Network	100%
<u>Anesthesia *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	100% In Network & 75% after deductible out of network
Appliances/braces/ Trusses	100% up to \$125 per item	85% In Network 68% Out of Network	100%
Cardiac/Pulmonary Rehab	100% 30 treatments	85% In Network 68% Out of Network	100%
<u>Chemo/Radiation *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	100%
Chiropractic	80% up to \$600 per calendar year	85% In Network 68% Out of Network	100% but 0% for maintenance or prevention
<u>Colostomy Bags *</u>	50%	Not Covered	Not Covered
<u>Dental Care (Accident) *</u>	100% to \$300 Outpatient	Inpatient Only	Inpatient Only
Diagnostic Testing	100% up to \$10,000 80% thereafter-per cal yr	85% In Network 68% Out of Network	100% In Network & 75% after deductible out of network
Dialysis	100% to \$5000 80% to \$10,000-per cal yr	85% In Network 68% Out of Network	100%
Dialysis-Short Term Peritoneal	100% to \$4000 Per cal yr	85% In Network 68% Out of Network	100%
<u>Dietary Consult *</u>	To \$50 annually	Not Covered	Not Covered
<u>Eye Exam *</u>	To \$40 if not pd by VSP	Not a benefit	Not a benefit
Hearing Aids	80% to \$300/item every 5 years	85% In Network 68% Out of Network	\$600 including tests, exams and aids
<u>Hearing Test *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	\$600 including tests, aids
Home Health Care	100% to 40 visits Per cal yr	85% In Network 68% Out of Network	100% In Network & 75% to 40 visits after deductible out of Network
Hospice	100% to 40 visits	85% In Network 68% Out of Network	\$3,000 limit In Network & 75% to \$3000 after deductible out of Network
Inpatient Respite Care	100% to \$3000	85% In Network 68% Out of Network	100% to \$3000
<u>Hospital ER *</u>	100%	85% In Network 68% Out of Network	\$30 Co-pay
<u>ER non-emergent *</u>	80%	Not Covered	Not Covered
<u>ER Physician *</u>	100% 80% - nonemergent	85% In Network 68% Out of Network	100%
Hospital Inpatient	183 days 100%-In Network 80% Out of Network	85% In Network 68% Out of Network	100% In Network & 75% after deductible Out of Network
<u>Hospital Outpatient *</u>	100% In Network 80% Out of Network	85% In Network 68% Out of Network	100% In Network & 75% after deductible Out of Network
<u>Injections *</u>	100% In Network 85% Out of Network	\$0 - Unless Mail Order	\$0 – Unless Mail Order
<u>IP Lab & X-ray Pro Fee*</u>	100%	85% In Network 68% Out of Network	100%
Oxygen	100% to \$3000-per cal yr	85% In Network 68% Out of Network	100%

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<u>Penile Erection Device *</u>	75%	Not Covered	Not Covered
<u>Penile Implant *</u>	80% Hosp & Doctor	Not Covered	Not Covered
PT-total knee / rotator cuff	100% to \$4000 50% thereafter	85% In Network 68% Out of Network	All but \$20 copay per visit
PT all other	100% to \$2000 75% \$2001-\$4000 50% thereafter	85% In Network 68% Out of Network	All but \$20 copay per visit
<u>Physician Services *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	All but \$20 copay per visit Specialist \$35
<u>Podiatry *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	All but \$20 copay per visit
<u>Generic Drugs – Retail *</u>	\$2 for 30 days	\$10 for 21 days	\$10 for 21 days
<u>Generic Drugs – Retail *</u>	\$4 for 90 days	\$20 for 22-90 days	\$20 for 22-90 days
Brand Drugs – Retail	Greater of \$15 or 20% for 30 day supply	\$20 or \$30 for 21 day supply	\$20 or \$30 for 21 day supply
Brand Drugs – Retail	Greater of \$30 or 20% for 90 day supply	NA	NA
Brand Drugs – Mail	Greater of \$30 or 20% for 90 day supply	\$30 or \$60 for 22-90 day supply	\$30 or \$60 for 22-90 day supply
<u>Preventive Services *</u>	100% In Network 85% Out of Network	100% first \$150 then 75% -1 per year	All but \$20 per visit 1 per year
Artificial Limb	\$500 deductible then 60% to \$4000	85% In Network 68% Out of Network	100%
Breast Prosthesis	\$100 deductible then 80%	85% In Network 68% Out of Network	100%
<u>Psych – Inpatient *</u>	100% In Network 80% Out of Network	85% In Network 68% Out of Network	100%
Psych – Outpatient	100% to 15 visits In Network 85% Out of Network	85% In Network 68% Out of Network	All but \$20 per visit Specialist \$35
SNF	\$100 deductible, 80% for 31 days	100% for 31 days only after hospitalization	100% for 30 days only after hospitalization
<u>Sterilization *</u>	100% In Network 85% Out of Network	Not Covered	Not Covered
<u>Stress Test *</u>	100% In Network 85% Out of Network	85% In Network 68% Out of Network	100% In Network
SA/Chem Dep 1 st admit	100% to \$5000, then 80% to 30 days (lifetime)	85% In Network 68% Out of Network	\$100,000
SA/Chem Dep 2 nd admit	100% to \$3000 then 80% to 30 days (lifetime)	85% In Network 68% Out of Network	\$100,000
Smoking Cessation	\$500 per calendar year	Not Covered	Not Covered
TMJ Treatment	\$50 deductible, 50% to \$1250 lifetime	85% In Network 68% Out of Network	\$100% to lifetime
<u>TMJ Surgery *</u>	100% In Network 85% Out of Network	Not Covered	Not Covered
Transplant	100% to max of \$200,000	85% In Network 68% Out of Network	100%
<u>Weight Loss *</u>	80% to \$3,000 \$100 deductible lifetime	Not Covered	Not Covered

**** Indicates Wabash Benefit Greater Than United Health Care (UHC)***

Note on Generic & Retail Brand Drugs – CHCP & MMCP out of network prescription drugs paid at 75% of reasonable and customary