

## Wabash Memorial Hospital Association

### 2016 HEALTHCARE BENEFIT SUMMARY - THE BANNER BLUE PLANS

#### PRIMARY PLAN 8 – Effective February 20, 2015

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Annual Deductible</b>	None	None
<b>ESSENTIAL BENEFITS</b>		
<b>Physician Services – General</b>		
Office Visits	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Hospital Based Services	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Surgical Procedures	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Office	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Outpatient	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Inpatient		<i>85% of allowable charges</i>
<b>Physician Services – Preventive</b>		
Preventive Exam	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Mammograms – 1 per calendar year	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Pap Tests / PSA	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Well-Child Care	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Immunizations	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Screenings	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
<b>Hospital Services - Inpatient Care</b>	<b>Pre-certification required</b> <i>100% of allowable charges</i> <i>max of 183 days per calendar year</i>	<b>Pre-certification required</b> <i>85% of allowable charges</i> <i>max of 183 days per calendar year</i>
<b>Hospital Services - Outpatient Care</b>	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
<b>Emergency Services</b>		
Emergency Room	<i>100% if life threatening/emergent/ 80% if deemed non-life- threatening/non-emergent</i>	<i>100% if life threatening/emergent/ 80% if deemed non-life threatening/non-emergent</i>
<b>Ambulance</b>	<i>100% if life threatening/emergent/ 80% if deemed non-life threatening/non-emergent</i>	<i>100% if life threatening/emergent/ 80% if deemed non-life threatening/non-emergent</i>
<b>Air Ambulance</b>	<b>Subject to administrative approval</b>	<b>Subject to administrative approval</b>
<b>Allergy Testing, Allergy Injection</b>	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
<b>Anesthesia</b>	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
<b>Cardiac or Pulmonary Therapy</b>	<i>100% to 36 treatments for IP or OP</i>	<i>85% to 36 treatments for IP or OP</i>
<b>Chemotherapy</b>	<b>Pre-certification required</b> <i>100% of allowable charges</i>	<b>Pre-certification required</b> <i>85% of allowable charges</i>
<b>Diagnostic Testing, Imaging and Laboratory Services</b>	<b>Pre-certification of CT/MRI required</b> <i>100% up to \$10,000 then 80%</i>	<b>Pre-certification of CT/MRI required</b> <i>85% up to \$10,00 then 80%</i>

<b>BENEFIT ESSENTIAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Dialysis</b>	100% to \$5,000 then 80% to \$10,000	85% to \$5,000 then 80% to \$10,000
<b>Durable Medical Equipment (including oxygen, orthotics/prosthetics, supplies)</b>	<b>Administrative approval required</b> Over \$500 precertification required \$100 deductible 100% to \$3,000 then 50%	<b>Administrative approval required</b> Over \$500 precertification required \$100 deductible 85% to \$3,000 then 50%
<b>Home Health Care</b>	<b>Pre-certification required</b> 100% of up to 40 visits	<b>Pre-certification required</b> 85% of up to 40 visits
<b>Hospice</b>	<b>Pre-certification required</b> 100% of allowable charges	<b>Pre-certification required</b> 85% of allowable charges
<b>Mental Health and Substance Abuse</b> Office Visits Inpatient care Outpatient Care	<b>Pre-Certification Required</b> 100% of allowable charges 100% of allowable charges 100% of allowable charges	<b>Pre-Certification Required</b> 85% of allowable charges 85% of allowable charges 85% of allowable charges
<b>Prescription Medicine</b> <b>FDA Approved</b>  - <b>Generic</b>  - <b>Brand</b>	\$10 retail for 30 day supply \$20 retail and mail for 90 day supply  \$25 retail for 30 day supply* \$40 retail and mail for 90 day supply*  *or 20% whichever is greater	<b>Does Not Apply</b>
<b>Physical Therapy</b> <b>Occupational Therapy</b> <b>Speech Therapy</b>	<b>Pre-certification Required</b> 100% up to \$3,000, then 50%	<b>Pre-certification Required</b> 85% to \$3,000, then 50%
<b>Skilled Nursing Care</b>	<b>Pre-certification required</b> 80% for 31 days per calendar year after \$100 deductible Must be within 14 days of inpatient hospital stay of at least 3 days	<b>Pre-certification required</b> 80% for 31 days per calendar year after \$100 deductible Must be within 14 days of inpatient hospital stay of at least 3 days
<b>Transplantation of Vital Organs</b>	100% of allowable charges up to \$200,000 per case	85% of allowable charges up to \$200,000 per case
<b>BENEFIT NON-ESSENTIAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Chiropractic Services</b>	80% up to \$900 per calendar year	80% up to \$900 per calendar year
<b>Dental Care due to Accidental Injury</b>	100% up to \$300 per calendar year	85% up to \$300 per calendar year
<b>Dietary Consultation</b>	\$50 once per calendar year	\$50 once per calendar year
<b>Eye Exam</b>	\$40 once per calendar year	\$40 once per calendar year
<b>Hearing Aids</b>	80% to \$300 per item, once per 5 years	80% to \$300 per item, once per 5 years
<b>Hearing Test</b>	100%-must be physician supervised	85%-must be physician supervised
<b>Inpatient Respite Care</b>	<b>Pre-certification required</b> 100% up to \$3,000	<b>Pre-certification required</b> 85% up to \$3,000
<b>Penile Erection Devise - external</b>	80% of allowable charges	80% of allowable charges
<b>Penile Implant – Dr.&amp; hospital</b>	80% of allowable charges	80% of allowable charges
<b>Sterilization (surgical)</b>	100% of allowable charges	85% of allowable charges
<b>Smoking Cessation</b>	\$500 per calendar year	\$500 per calendar year

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF NETWORK</b>
<b>NON-ESSENTIAL BENEFITS</b>		
<b>Temporomandibular joint Syndrome (TMJ)</b> Treatment – Surgery -	50% to a lifetime max of \$1,250 after a \$50 deductible 100%	50% to a lifetime max of \$1,250 after a \$50 deductible 100%
<b>Vision</b> Standard lens implanted during cataract surgery	100% per lens	80% per lens
Corrective lens upgrade implanted during cataract surgery	100% up to \$500 per lens	80% up to \$500 per lens
<b>Weight Loss Program</b> must be medically supervised	80% to a lifetime max of \$3,000 after a \$100 deductible	80% to a lifetime max of \$3,000 after a \$100 deductible
<b>Weight Loss Surgery</b>	Subject to administrative approval	Subject to administrative approval