

# Wabash Memorial Hospital Association

## 2016 HEALTHCARE BENEFIT SUMMARY - THE BLUEBIRD PLANS

### PRIMARY PLAN – 30/60 EARLY RETIREE

**(EFFECTIVE JANUARY 1, 2016)**

| <b>BENEFIT</b>   | <b>IN-NETWORK</b>  | <b>OUT-OF-NETWORK</b>  |
|--|--|--|
| <b>Annual Deductible</b><br>\$100 per calendar year  |  |  |
| <b>Lifetime Maximum</b><br>\$151,600.00  |  |  |
| <b>ESSENTIAL BENEFITS</b>  |  |  |
| <b>Physician Services – General</b><br>Office Visits<br>Hospital Based Services<br>Surgical Procedures<br>Office<br>Outpatient<br>Inpatient                        | 80% of allowable charges<br><br>80% of allowable charges<br>80% of allowable charges<br>80% of allowable charges   | 64% of allowable charge<br><br>64% of allowable charges<br>64% of allowable charges  |
| <b>Physician Services – Preventive</b><br>Preventive Exam<br>Mammograms – 1 per calendar year<br>Pap Tests / PSA<br>Well-Child Care<br>Immunizations<br>Screenings | 80% of allowable charges<br>80% of allowable charges<br>80% of allowable charges<br>80% of allowable charges<br>80% of allowable charges<br>80% of allowable charges | 64% of allowable charges<br>64% of allowable charges<br>64% of allowable charges<br>64% of allowable charges<br>64% of allowable charges<br>64% of allowable charges |
| <b>Hospital Services</b> Inpatient Care  | <b>Pre-certification required</b><br>80% of allowable charges  | <b>Pre-certification required</b><br>64% of allowable charges  |
| <b>Hospital Services</b> Outpatient Care   | 80% of allowable charges   | 64% of allowable charges   |
| <b>Emergency Services</b><br>Emergency Room  | 80% if life threatening/emergent/<br>64% if deemed non-life-threatening/<br>Non-emergent   | 80% if life threatening/emergent/<br>64% if deemed non-life-threatening/<br>Non-emergent   |
| Ambulance  | 80% if life threatening/emergent/<br>64% if deemed non-life threatening/<br>Non-emergent   | 80% if life threatening/emergent/<br>64% if deemed non-life threatening/<br>Non-emergent   |
| Air Ambulance  | Subject to administrative approval   | Subject to administrative approval   |
| <b>Allergy Testing, Allergy Injection</b>  | 80% of allowable charges   | 64% of allowable charges   |
| <b>Anesthesia</b>  | 80% of allowable charges   | 64% of allowable charges   |
| <b>Cardiac or Pulmonary Therapy</b>  | 80% of allowable charges to 36 treatments  | 64% of allowable charges to 36 treatments  |
| <b>Chemotherapy</b>  | <b>Pre-certification required</b><br>80% of allowable charges  | <b>Pre-certification required</b><br>64% of allowable charges  |
| <b>Diagnostic Testing, Imaging and Laboratory Services</b>   | <b>Pre-certification of CT/MRI required</b><br>80% of allowable charges to \$10,000 per calendar year  | <b>Pre-certification of CT/MRI required</b><br>64% of allowable charges to \$10,000 per calendar year  |
| <b>Dialysis</b>  | 80% of allowable charges to \$4,000 per calendar year  | 64% of allowable charges to \$4,000 per calendar year  |

| <b>BENEFIT</b>  | <b>IN-NETWORK</b>   | <b>OUT-OF-NETWORK</b>  |
|---|---|--|
| <b>ESSENTIAL BENEFITS</b>   |   |  |
| <b>Durable Medical Equipment</b><br>(including oxygen,<br>orthotics/prosthetics, supplies)  | <b>Administrative approval required</b><br>Over \$500 precertification required<br>\$100 deductible<br>80% to \$3,000, then 50%   | <b>Administrative approval required</b><br>Over \$500 precertification required<br>\$100 deductible<br>64% to \$3,000 then 50% |
| <b>Home Health Care</b>   | <b>Pre-certification required</b><br>80% of up to 40 visits per calendar year   | <b>Pre-certification required</b><br>64% of up to 40 visits per calendar year  |
| <b>Hospice</b>  | <b>Pre-certification required</b><br>80% of allowable charges   | <b>Pre-certification required</b><br>64% of allowable charges  |
| <b>Mental Health and Substance Abuse</b><br>Office Visits/Outpatient Care<br>Inpatient care | <b>Pre-Certification Required</b><br>80% of allowable charges<br>80% of allowable charges   | <b>Pre-Certification Required</b><br>64% of allowable charges<br>64% of allowable charges                                      |
| <b>Oxygen</b>   | 80% of allowable charges to maximum of \$3,000 per year   | 64% of allowable charges to maximum of \$3,000 per year  |
| <b>Prescription Medicine</b><br>FDA Approved<br>- Generic<br><br>- Brand                    | <b>\$1,000 annual limit</b><br><br>\$10 retail for 30 day supply<br>\$20 retail and mail for 90 day supply<br><br>\$25 retail for 30 day supply*<br>\$40 retail and mail for 90 day supply*<br><br>*or 20% whichever is greater | <b>Does Not Apply</b>  |
| <b>Physical Therapy</b><br><b>Occupational Therapy</b><br><b>Speech Therapy</b>             | <b>Pre-certification required</b><br>80% allowable charges to \$3,000, then 50%   | <b>Pre-certification Required</b><br>64% allowable charges to \$3,000 then 50%   |
| <b>Prosthetics</b><br>Artificial Limb<br><br>Breast prosthetics                             | <b>Pre-certification required</b><br>60% of allowable charges to \$4,000 after a \$500 deductible<br>80% of allowable charges   | <b>Pre-certification required</b><br>48% of allowable charges to \$4,000 after a \$500 deductible<br>64% of allowable charges  |
| <b>Skilled Nursing Care</b>   | No Benefit  | No Benefit   |
| <b>Transplantation of Vital Organs</b>  | No Benefit  | No Benefit   |
| <b>NON-ESSENTIAL BENEFITS</b>   |   |  |
| <b>Chiropractic Services</b>  | No Benefit  | No Benefit   |
| <b>Dental Care due to Accidental Injury</b>   | 80% allowable charge up to \$300 per calendar year  | 64% allowable charge 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% allowable charge up to \$300 per item, once per 5 years   | 64% allowable charge up to \$300 per item, once per 5 years  |
| <b>Hearing Test</b>   | 80% allowable charges- must be physician supervised   | 64% allowable charges- must be physician supervised  |
| <b>Inpatient Respite Care</b>   | <b>Pre-certification required</b><br>80% allowable charges to \$3,000   | <b>Pre-certification required</b><br>64% allowable charges to \$3,000  |
| <b>Penile Erection Devise - external</b>  | 80% allowable charges   | 64% allowable charges  |
| <b>Penile Implant – Dr.&amp; hospital</b>   | 80% allowable charges   | 64% allowable charges  |
| <b>Smoking Cessation</b>  | \$500 per calendar year   | \$500 per calendar year  |

**NON-ESSENTIAL BENEFITS**

|   |   |   |
|---|---|---|
| <b>Sterilization (surgical)</b>                                   | <i>80% allowable charges</i>  | <i>64% allowable charges</i>  |
| <b>Temporomandibular joint Syndrome (TMJ) Treatment Surgery -</b> | <i>50% to a lifetime max of \$1,250 after a \$50 deductible</i><br><br><i>80%</i> | <i>50% to a lifetime max of \$1,250 after a \$50 deductible</i><br><br><i>64%</i> |
| <b>Weight Loss Program</b><br><i>must be medically supervised</i> | <i>80% to a lifetime max of \$3,000 after a \$100 deductible</i>                  | <i>64% to a lifetime max of \$3,000 after a \$100 deductible</i>                  |
| <b>Weight Loss Surgery</b>  | <i>Subject to administrative approval</i>   | <i>Subject to administrative approval</i>   |