

## Wabash Memorial Hospital Association

### 2016 HEALTHCARE BENEFIT SUMMARY – MEDICARE PLANS

#### SECONDARY PLAN – Effective December 4, 2015

<b>BENEFIT</b>	<b>ELIGIBLE AFTER MEDICARE PAYMENT</b>	<b>NOT ELIGIBLE</b>
<b>Physician Services – General</b> Office Visits Hospital Based Services Surgical Procedures Office Outpatient Inpatient	The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan	Services not covered by Medicare  Charges in excess of the Medicare allowed  Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment
<b>Hospital Services – Inpatient Care</b>	The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan	Services not covered by Medicare  Charges in excess of the Medicare allowed  Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment
<b>Hospital Services - Outpatient Care</b>	The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan	Services not covered by Medicare  Charges in excess of the Medicare allowed  Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment
<b>Emergency Services</b> Emergency Room	The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan	Services not covered by Medicare  Charges in excess of the Medicare allowed  Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment

<b>BENEFIT</b>	<b>ELIGIBLE AFTER MEDICARE PAYMENT</b>	<b>NOT ELIGIBLE</b>
<b>Ambulance</b>	<i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Air Ambulance</b>	<b>Subject to administrative approval</b>	<b>Subject to administrative approval</b>
<b>Allergy Testing, Allergy Injection</b>	<i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Anesthesia</b>	<i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Cardiac or Pulmonary Therapy</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p> <p><i>Limit of 36 treatments per year</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Chemotherapy</b>	<i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>

<b>BENEFIT</b>	<b>ELIGIBLE AFTER MEDICARE PAYMENT</b>	<b>NOT ELIGIBLE</b>
<b>Chiropractic Care</b>	<p><i>If covered by Medicare: The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p> <p><i>If Medicare pays \$0 Wabash pays: 80% to maximum of \$600 per calendar year</i></p>	<p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Diagnostic Testing, Imaging and Laboratory Services</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Dialysis</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Dietary Consultation</b>	<p><i>If covered by Medicare: The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p> <p><i>If Medicare pays \$0 Wabash pays: Up to \$50 once per calendar year</i></p>	<p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Durable Medical Equipment (including oxygen, orthotics/prosthetics, power operated vehicles and wheelchairs, diabetic and other supplies)</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Eye Exam</b>	<p><i>If covered by Medicare: The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p> <p><i>If Medicare pays \$0 Wabash pays: 1 exam per calendar year at 100% to maximum of \$40</i></p>	<p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>

<b>BENEFIT</b>	<b>ELIGIBLE AFTER MEDICARE PAYMENT</b>	<b>NOT ELIGIBLE</b>
<b>Hearing Aids</b>	<p><i>If covered by Medicare: The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p> <p><i>If Medicare pays \$0 Wabash pays: 80% to maximum of \$300 per item once every 5 years</i></p>	<p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Home Health Care</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Hospice</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Mental Health and Substance Abuse</b> <i>Office Visits</i> <i>Inpatient care</i> <i>Outpatient Care</i>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>
<b>Physical Therapy</b> <b>Occupational Therapy</b> <b>Speech Therapy</b>	<p><i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan</i></p>	<p><i>Services not covered by Medicare</i></p> <p><i>Charges in excess of the Medicare allowed</i></p> <p><i>Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i></p>

<b>BENEFIT</b>	<b>ELIGIBLE AFTER MEDICARE PAYMENT</b>	<b>NOT ELIGIBLE</b>
<b>Skilled Nursing Care</b>	<b>SUBJECT TO ADMINISTRATIVE APPROVAL</b>	<b>SUBJECT TO ADMINISTRATIVE APPROVAL</b>
<b>Transplantation of Vital Organs</b>	<i>The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan up to a maximum of \$100,000.</i>	<i>Services not covered by Medicare Charges in excess of the Medicare allowed Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i>
<b>Vision</b> <i>Corrective lens upgrade implanted during cataract surgery</i>	<i>If covered by Medicare: The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan  If Medicare pays \$0 Wabash pays: 100% up to \$500 per lens</i>	<i>Charges in excess of the Medicare allowed Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i>
<b>Wellness Benefit</b> <i>Preventive care not covered by Medicare</i>	<i>If covered by Medicare: The patient deductible and/or coinsurance after Medicare payment not excluded by the Plan  If Medicare pays \$0 Wabash pays: 80% to maximum of \$600 per calendar year</i>	<i>Charges in excess of the Medicare allowed Charges in excess of reasonable and customary fee on claims from nonparticipating providers not accepting Medicare assignment</i>

**Medicare Plus Plan Members only:**

For members enrolled in the Medicare Plus Plan the following prescription benefits are provided in addition to the medical benefits described above. **The Medicare Plus Plan is not a creditable plan, and is closed to new entrants as of 10/23/2015.**

<b>BENEFIT</b>	<b>ELIGIBLE AFTER MEDICARE PAYMENT</b>	<b>NOT ELIGIBLE</b>
<b>Prescription Medicine</b> <b>FDA Approved</b> - <b>Generic</b>  - <b>Brand</b>	<b>Maximum annual benefit of \$1,000</b>  <i>\$10 retail for 30 day supply \$20 retail and mail for 90 day supply</i>  <i>\$25 retail for 30 day supply* \$40 retail and mail for 90 day supply*</i>  <i>*or 20% whichever is greater</i>	