

Wabash Memorial Hospital Association

2018 HEALTHCARE BENEFIT SUMMARY - THE BANNER BLUE PLANS

PRIMARY PLAN 8 – Effective February 20, 2015

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

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

BENEFIT	IN-NETWORK	OUT-OF NETWORK
NON-ESSENTIAL BENEFITS		
Temporomandibular joint Syndrome (TMJ) 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%
Vision 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
Weight Loss Program 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
Weight Loss Surgery	Subject to administrative approval	Subject to administrative approval