

Wabash Memorial Hospital Association

2018 HEALTHCARE BENEFIT SUMMARY - THE BLUEBIRD PLANS

30/60 EARLY RETIREE

PRIMARY PLAN 7 – (EFFECTIVE JANUARY 1, 2017)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible \$100 per calendar year		
Lifetime Maximum \$162,500.00		
ESSENTIAL BENEFITS		
Physician Services – General Office Visits Hospital Based Services Surgical Procedures Office Outpatient Inpatient	80% of allowable charges 80% of allowable charges 80% of allowable charges 80% of allowable charges	64% of allowable charge 64% of allowable charges 64% of allowable charges
Physician Services – Preventive Preventive Exam Mammograms – 1 per calendar year Pap Tests / PSA Well-Child Care Immunizations Screenings	80% of allowable charges 80% of allowable charges 80% of allowable charges 80% of allowable charges 80% of allowable charges 80% of allowable charges	64% of allowable charges 64% of allowable charges 64% of allowable charges 64% of allowable charges 64% of allowable charges 64% of allowable charges
Hospital Services Inpatient Care	Pre-certification required 80% of allowable charges	Pre-certification required 64% of allowable charges
Hospital Services Outpatient Care	80% of allowable charges	64% of allowable charges
Emergency Services Emergency Room	80% if life threatening/emergent/ 64% if deemed non-life-threatening/ Non-emergent	80% if life threatening/emergent/ 64% if deemed non-life-threatening/ Non-emergent
Ambulance	80% if life threatening/emergent/ 64% if deemed non-life threatening/ Non-emergent	80% if life threatening/emergent/ 64% if deemed non-life threatening/ Non-emergent
Air Ambulance	Subject to administrative approval	Subject to administrative approval
Allergy Testing, Allergy Injection	80% of allowable charges	64% of allowable charges
Anesthesia	80% of allowable charges	64% of allowable charges
Cardiac or Pulmonary Therapy	80% of allowable charges to 36 treatments	64% of allowable charges to 36 treatments
Chemotherapy	Pre-certification required 80% of allowable charges	Pre-certification required 64% of allowable charges
Diagnostic Testing, Imaging and Laboratory Services	Pre-certification of CT/MRI required 80% of allowable charges to \$10,000 per calendar year	Pre-certification of CT/MRI required 64% of allowable charges to \$10,000 per calendar year
Dialysis	80% of allowable charges to \$4,000 per calendar year	64% of allowable charges to \$4,000 per calendar year

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
ESSENTIAL BENEFITS		
Durable Medical Equipment (including oxygen, orthotics/prosthetics, supplies)	Administrative approval required Over \$500 precertification required \$100 deductible 80% to \$3,000, then 50%	Administrative approval required Over \$500 precertification required \$100 deductible 64% to \$3,000 then 50%
Home Health Care	Pre-certification required 80% of up to 40 visits per calendar year	Pre-certification required 64% of up to 40 visits per calendar year
Hospice	Pre-certification required 80% of allowable charges	Pre-certification required 64% of allowable charges
Mental Health and Substance Abuse Office Visits/Outpatient Care Inpatient care	Pre-Certification Required 80% of allowable charges 80% of allowable charges	Pre-Certification Required 64% of allowable charges 64% of allowable charges
Prescription Medicine FDA Approved - Generic - Brand	\$1,000 annual limit \$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 80% allowable charges to \$3,000, then 50%	Pre-certification Required 64% allowable charges to \$3,000 then 50%
Skilled Nursing Care	No Benefit	No Benefit
Transplantation of Vital Organs	No Benefit	No Benefit
NON-ESSENTIAL BENEFITS		
Chiropractic Services	No Benefit	No Benefit
Dental Care due to Accidental Injury	80% allowable charge up to \$300 per calendar year	64% allowable charge 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% allowable charge up to \$300 per item, once per 5 years	64% allowable charge up to \$300 per item, once per 5 years
Hearing Test	80% allowable charges- must be physician supervised	64% allowable charges- must be physician supervised
Inpatient Respite Care	Pre-certification required 80% allowable charges to \$3,000	Pre-certification required 64% allowable charges to \$3,000
Penile Erection Devise - external	80% allowable charges	64% allowable charges
Penile Implant – Dr.& hospital	80% allowable charges	64% allowable charges
Smoking Cessation	\$500 per calendar year	\$500 per calendar year
NON-ESSENTIAL BENEFITS		
Sterilization (surgical)	80% allowable charges	64% allowable charges
Temporomandibular joint Syndrome (TMJ) Treatment Surgery -	50% to a lifetime max of \$1,250 after a \$50 deductible 80%	50% to a lifetime max of \$1,250 after a \$50 deductible 64%

NON-ESSENTIAL BENEFITS

Weight Loss Program <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>
Weight Loss Surgery	<i>Subject to administrative approval</i>	<i>Subject to administrative approval</i>