

## Wabash Memorial Hospital Association

### **2018 HEALTHCARE BENEFIT SUMMARY - THE CANNONBALL PLANS** **PRIMARY PLANS 1, 17, 21, 22, 27, 37 – EFFECTIVE FEBRUARY 20, 2015**

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Annual Deductible</b>	None	None
<b>Maximum Out-of-Pocket Expense</b> <i>Does not include dental, vision, or charges in excess of reasonable and customary.</i>	None	None
<b>ESSENTIAL BENEFITS</b>		
<b>Physician Services – General</b> <i>Office Visits Hospital Based Services Surgical Procedures Office Outpatient Inpatient</i>	<i>100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges</i>	<i>85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges</i>
<b>Physician Services – Preventive</b> <i>Preventive Exam Mammograms – 1 per calendar year Pap Tests / PSA Well-Child Care Immunizations Screenings</i>	<i>100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges</i>	<i>85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges</i>
<b>Hospital Services - Inpatient Care</b>	<b>Pre-certification required</b> <i>100% of allowable charges – max of 183 days per calendar year</i>	<b>Pre-certification required</b> <i>85% of allowable charges – 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> <i>Emergency Room</i>	<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>
<i>Ambulance</i>	<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>
<i>Air Ambulance</i>	<i>Subject to administrative approval</i>	<i>Subject to administrative approval</i>
<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 30 treatments for IP or OP</i>	<i>85% to 30 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% to \$10,000 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, 50% over \$10,000	85% to \$5,000 then 80% to \$10,000, 50% over \$10,000
<b>Durable Medical Equipment</b> (including oxygen, orthotics/prosthetics, supplies)	Administrative approval required <b>Over \$500 precertification required</b> 100% of allowable charges	Administrative approval required <b>Over \$500 precertification required</b> 85% of allowable charges
<b>Home Health Care</b>	<b>Pre-certification required</b> 100% of up to 40 visits	<b>Pre-certification required</b> 85% 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/Outpatient Care Inpatient care	<b>Pre-Certification Required</b> 100% of allowable charges 100% of allowable charges	<b>Pre-Certification Required</b> 85% of allowable charges 85% of allowable charges
<b>Prescription Medicine</b> <b>FDA Approved</b>  - <b>Generic</b>  - <b>Brand</b>	- 100% after \$2,000 out-of-pocket \$9 retail for 30 day supply \$11 retail and mail for 90 day supply  \$20 retail for 30 day supply* \$35 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, 25 % above \$200,000	85% of allowable charges up to \$200,000 per case 25 % above \$200,000
<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>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<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 Device - external</b>	80%	80%
<b>Penile Implant – Dr. &amp; hospital</b>	80%	80%
<b>Sterilization (surgical)</b>	100%	85%

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Smoking Cessation</b>	\$500 per calendar year	\$500 per calendar year
<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 85%
<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

**Grandfathered Status** - Wabash believes that the plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act. As permitted by the Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Act that apply to other plans, but must comply with certain other consumer protections in the Act. You may contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov) for protections that do not apply to the grandfathered health plans.