

Wabash Memorial Hospital Association

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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	None
Maximum Out-of-Pocket Expense <i>Does not include dental, vision, or charges in excess of reasonable and customary.</i>	None	None
ESSENTIAL BENEFITS		
Physician Services – General <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>
Physician Services – Preventive <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>
Hospital Services - Inpatient Care	Pre-certification required <i>100% of allowable charges – max of 183 days per calendar year</i>	Pre-certification required <i>85% of allowable charges – max of 183 days per calendar year</i>
Hospital Services - Outpatient Care	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Emergency Services <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>
Allergy Testing, Allergy Injection	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Anesthesia	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
Cardiac or Pulmonary Therapy	<i>100% to 36 treatments for IP or OP</i>	<i>85% to 36 treatments for IP or OP</i>
Chemotherapy	Pre-certification required <i>100% of allowable charges</i>	Pre-certification required <i>85% of allowable charges</i>
Diagnostic Testing, Imaging and Laboratory Services	Pre-certification of CT/MRI required <i>100% up to \$10,000 then 80%</i>	Pre-certification of CT/MRI required <i>85% to \$10,000 then 80%</i>

BENEFIT ESSENTIAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Dialysis	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
Durable Medical Equipment (including oxygen, orthotics/prosthetics, supplies)	Administrative approval required Over \$500 precertification required 100% of allowable charges	Administrative approval required Over \$500 precertification required 85% of allowable charges
Home Health Care	Pre-certification required 100% of up to 40 visits	Pre-certification required 85% 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/Outpatient Care Inpatient care	Pre-Certification Required 100% of allowable charges 100% of allowable charges	Pre-Certification Required 85% of allowable charges 85% of allowable charges
Prescription Medicine FDA Approved - Generic - Brand	- 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	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, 25 % above \$200,000	85% of allowable charges up to \$200,000 per case 25 % above \$200,000
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
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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 Device - external	80%	80%
Penile Implant – Dr. & hospital	80%	80%
Sterilization (surgical)	100%	85%

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

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 or U.S. Department of Health and Human Services at www.healthreform.gov for protections that do not apply to the grandfathered health plans.