

## **Wabash Memorial Hospital Association**

### **2018 HEALTHCARE BENEFIT SUMMARY THE PIGGY-BACK PLAN**

#### **SECONDARY PLANS 2, 6 12, 13, 14, 23**

#### **EFFECTIVE JANUARY 1, 2017**

As secondary payor, Wabash will pay, subject to all plan provisions, the balance of remaining eligible expenses unpaid by the primary insurer not to exceed Wabash's normal plan liability and the applicable annual maximum. Member is responsible for services not covered by the primary insurer with exception of the benefits listed below. No pharmacy benefits are provided on secondary plans.

#### **BENEFITS LISTED BELOW SUBJECT TO APPLICABLE ANNUAL MAXIMUM**

<b>DESCRIPTION</b>	<b>BENEFIT</b>
<b>Wellness Benefit</b> Preventive Exam Mammograms – 1 per calendar year Pap Tests / PSA Test Well-Child Care Immunizations Screenings	80% to \$500 per calendar year
<b>Chiropractic Services</b>	80% to \$500 per calendar year
<b>Dietary Consultation</b>	\$50 once per calendar year
<b>Eye Exam</b>	\$40 once per calendar year
<b>Hearing Aids</b>	80% to max of \$300 per item once every 5 years
<b>ANNUAL MAXIMUM BENEFIT BY PLAN</b>	
<b>Plan 2 - Non-Contract Employee</b>	\$5,000
<b>Plan 6 - Retiree Non-Contract</b>	\$5,000
<b>Plan 12 - One Dependent</b>	\$5,000
<b>Plan 13 - Two Dependents</b>	\$7,000
<b>Plan 14 - Three Dependents</b>	\$9,000
<b>Plan 23 - Four or More Dependents</b>	\$11,000

It is the responsibility of the member to provide Wabash with the explanation of benefit (EOB) received from the primary insurer.