

## Wabash Memorial Hospital Association

### **2018 HEALTHCARE BENEFIT SUMMARY - THE REDBIRD PLUS PLAN** **PRIMARY PLAN 31 – FORMER RAILROADERS AND DEPENDENTS** **(EFFECTIVE FEBRUARY 1, 2014)**

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Annual Deductible</b> \$100 per calendar year		
<b>ESSENTIAL BENEFITS</b>		
<b>Physician Services – General</b> 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 64% of allowable charges
<b>Physician Services – Preventive</b> 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
<b>Hospital Services</b> Inpatient Care	<b>Pre-certification required</b> 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges
<b>Hospital Services</b> Outpatient Care	80% of allowable charges	64% of allowable charges
<b>Emergency Services</b> 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
<b>Allergy Testing, Allergy Injection</b>	80% of allowable charges	64% of allowable charges
<b>Anesthesia</b>	80% of allowable charges	64% of allowable charges
<b>Cardiac or Pulmonary Therapy</b>	80% of allowable charges to 36 treatments	64% of allowable charges to 36 treatments
<b>Chemotherapy</b>	<b>Pre-certification required</b> 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges
<b>Diagnostic Testing, Imaging and Laboratory Services</b>	<b>Pre-certification of CT/MRI required</b> 80% of allowable charges to \$10,000 per calendar year	<b>Pre-certification of CT/MRI required</b> 64% of allowable charges to \$10,000 per calendar year
<b>Dialysis</b>	80% of allowable charges to \$4,000 per calendar year	64% of allowable charges to \$4,000 per calendar year

<b>BENEFIT</b> <b>ESSENTIAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Durable Medical Equipment</b> <i>(including oxygen, orthotics/prosthetics, supplies)</i>	<b>Administrative approval required</b> Over \$500 pre-certification required \$100 deductible 80% to \$3,000, then 50%	<b>Administrative approval required</b> Over \$500 pre-certification required \$100 deductible 64% to \$3,000, then 50%
<b>Home Health Care</b>	<b>Pre-certification required</b> 80% of up to 40 visits per calendar year	<b>Pre-certification required</b> 64% of up to 40 visits per calendar year
<b>Hospice</b>	<b>Pre-certification required</b> 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges
<b>Mental Health and Substance Abuse</b> Office Visits/Outpatient Care Inpatient care	<b>Pre-certification required</b> 80% of allowable charges 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges 64% of allowable charges
<b>Prescription Medicine</b> FDA Approved - Generic  - Brand	<b>\$1,000 annual limit</b>  \$10 retail for 30 day supply \$20 retail and mail or 90 day supply  \$25 retail for 30 day supply* \$40 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> 80% allowable charges to \$3,000, then 50%	<b>Pre-certification required</b> 64% allowable charges to \$3,000 then 50%
<b>Skilled Nursing Care</b>	No Benefit	No Benefit
<b>Transplantation of Vital Organs</b>	No Benefit	No Benefit
<b>NON-ESSENTIAL BENEFITS</b>		
<b>Chiropractic Services</b>	No Benefit	No Benefit
<b>Dental Care due to Accidental Injury</b>	80% allowable charge up to \$300 per calendar year	64% allowable charge 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>Hearing Aids</b>	80% allowable charge up to \$300 per item, once per 5 years	64% allowable charge up to \$300 per item, once per 5 years
<b>Hearing Test</b>	80% allowable charges- must be physician supervised	64% allowable charges- must be physician supervised
<b>Inpatient Respite Care</b>	<b>Pre-certification required</b> 80% allowable charges to \$3,000	<b>Pre-certification required</b> 64% allowable charges to \$3,000
<b>Penile Erection Devise - external</b>	80% allowable charges	64% allowable charges
<b>Penile Implant – Dr. &amp; hospital</b>	80% allowable charges	64% allowable charges
<b>Smoking Cessation</b>	\$500 per calendar year	\$500 per calendar year
<b>Sterilization (surgical)</b>	80% allowable charges	64% allowable charges
<b>Temporomandibular joint Syndrome (TMJ) Treatment</b> 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%

<b>NON-ESSENTIAL BENEFITS</b>		
<b>Weight Loss Program</b> <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>
<b>Weight Loss Surgery</b>	<i>Subject to administrative approval</i>	<i>Subject to administrative approval</i>