

# Wabash Memorial Hospital Association

## 2019 BENEFIT SUMMARY

### PRIMARY PLANS 1, 17, 21, 22, 27 & 37 – EFFECTIVE JANUARY 1, 2019

### CANNONBALL PLANS

<b>Annual Plan Deductible - None</b>		
<b>Annual Plan Out-of-Pocket Limit - None</b>		
<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Air Ambulance</b>	<i>Administrative approval required</i>	<i>Administrative approval required</i>
<b>Allergy Testing, Allergy Injections</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>Inpatient or Outpatient</i>	<i>100% of allowable charges, up to 36 treatments per calendar year</i>	<i>85% of allowable charges, up to 36 treatments per calendar year</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>Chiropractic Services</b>	<i>80% of allowable charges, up to \$900 per calendar year</i>	<i>80% of allowable charges, up to \$900 per calendar year</i>
<b>Dental Care due to Accidental Injury</b>	<i>100% of allowable charges, up to \$300 per calendar year</i>	<i>85% of allowable charges, up to \$300 per calendar year</i>
<b>Diagnostic Testing, Imaging and Laboratory Services</b>	<b>Pre-certification of CT/MRI/PET required</b> <i>100% of allowable charges, up to \$10,000; then 80% of allowable charges above \$10,000</i>	<b>Pre-certification of CT/MRI/PET required</b> <i>85% of allowable charges, up to \$10,000; then 80% of allowable charges above \$10,000</i>
<b>Dialysis</b>	<i>100% of allowable charges, up to \$5,000; then 80% of allowable charges up to \$10,000; then 50% of allowable charges above \$10,000</i>	<i>85% of allowable charges, up to \$5,000; then 80% of allowable charges, up to \$10,000; then 50% of allowable charges above \$10,000</i>
<b>Dietary Consultation</b>	<i>Up to \$50, once per calendar year</i>	<i>Up to \$50, once per calendar year</i>
<b>Durable Medical Equipment</b> <i>(including but not limited to oxygen, orthotics/prosthetics and related supplies)</i>	<b>Pre-certification required if over \$500</b> <i>100% of allowable charges</i>	<b>Pre-certification required if over \$500</b> <i>85% of allowable charges</i>
<b>Emergency Services</b> <i>Emergency Room/Ambulance</i>	<i>100% of allowable charges if deemed life threatening/emergent / 80% of allowable charges if deemed non-life-threatening/non-emergent</i>	<i>100% of allowable charges if deemed life threatening/emergent / 80% of allowable charges if deemed non-life-threatening/non-emergent</i>
<b>Eye Exam</b>	<i>Up to \$40, once per calendar year</i>	<i>Up to \$40, once per calendar year</i>
<b>Hearing Aids</b>	<i>80% of allowable charges, up to \$300 per item, once per 5 years</i>	<i>80% of allowable charges, up to \$300 per item, once per 5 years</i>
<b>Hearing Test</b> <i>Must be physician supervised</i>	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Home Health Care</b>	<b>Pre-certification required</b> 100% of allowable charges, up to 40 visit maximum per calendar year	<b>Pre-certification required</b> 85% of allowable charges, up to 40 visit maximum per calendar year
<b>Hospice</b>	<b>Pre-certification required</b> 100% of allowable charges	<b>Pre-certification required</b> 85% of allowable charges
<b>Hospital Services - Inpatient Care</b>	<b>Pre-certification required</b> 100% of allowable charges – maximum of 183 days per calendar year	<b>Pre-certification required</b> 85% of allowable charges – maximum of 183 days per calendar year
<b>Hospital Services - Outpatient Care</b>	100% of allowable charges	85% of allowable charges
<b>Inpatient Respite Care</b>	<b>Pre-certification required</b> 100% of allowable charges, up to \$3,000 per calendar year	<b>Pre-certification required</b> 85% of allowable charges, up to \$3,000 per calendar year
<b>Mental Health and Substance Abuse</b> Outpatient Therapy 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>Penile Erection Device (external)</b>	80% of allowable charges	80% of allowable charges
<b>Penile Implant (doctor and hospital)</b>	80% of allowable charges	80% of allowable charges
<b>Physical Therapy</b> <b>Occupational Therapy</b> <b>Speech Therapy</b>	<b>Pre-certification required</b> 100% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000	<b>Pre-certification required</b> 85% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000
<b>Physician Services – General</b> Office Visits Hospital Based Services Surgical Procedures Office Outpatient and Inpatient	100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges	85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges
<b>Physician Services – Preventive</b> Preventive Exam Mammogram – 1 per calendar year Pap Test/ PSA Well-Child Care Immunizations Screenings	100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges 100% of allowable charges	85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges 85% of allowable charges
<b>Prescription Medicine</b> <b>FDA Approved</b>  - <b>Generic</b>  - <b>Brand</b>	100% of allowable charges after \$2,000 out-of-pocket limit has been met  \$9 retail for 30 day supply \$11 retail or mail order for 90 day supply  \$20 retail for 30 day supply* \$35 retail or mail order for 90 day supply*  *or 20% whichever is greater	<b>Does Not Apply</b>

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Skilled Nursing Care</b> <i>Must be within 14 days of inpatient hospital stay of at least 3 days</i>	<b>Pre-certification required</b> <i>80% of allowable charges for 31 days maximum per calendar year, after \$100 deductible</i>	<b>Pre-certification required</b> <i>80% of allowable charges for 31 days maximum per calendar year, after \$100 deductible</i>
<b>Smoking Cessation</b>	<i>\$500 per calendar year</i>	<i>\$500 per calendar year</i>
<b>Sterilization (surgical)</b>	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
<b>Temporomandibular Joint Syndrome (TMJ) - Treatment</b>	<i>50% of allowable charges, up to a lifetime maximum of \$1,250, after \$50 deductible</i>	<i>50% of allowable charges, up to a lifetime maximum of \$1,250, after \$50 deductible</i>
<b>Temporomandibular Joint Syndrome (TMJ) - Surgery</b>	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
<b>Transplantation of Vital Organs</b>	<i>100% of allowable charges, up to \$200,000 per case; then 25% of allowable charges above \$200,000</i>	<i>85% of allowable charges up to \$200,000 per case; then 25% of allowable charges above \$200,000</i>
<b>Vision</b> <i>Standard lens implanted during cataract surgery</i>	<i>100% of allowable charges</i>	<i>80% of allowable charges</i>
<i>Corrective lens upgrade implanted during cataract surgery</i>	<i>100% of allowable charges, up to \$500 per lens</i>	<i>80% of allowable charges, up to \$500 per lens</i>
<b>Weight Loss Program</b> <i>Must be medically supervised</i>	<i>80% of allowable charges, up to a lifetime maximum of \$3,000, after \$100 deductible</i>	<i>80% of allowable charges, up to a lifetime maximum of \$3,000, after \$100 deductible</i>
<b>Weight Loss Surgery</b>	<i>Administrative approval required</i>	<i>Administrative approval required</i>

**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.