

Wabash Memorial Hospital Association

2019 BENEFIT SUMMARY – FORMER RAILROADERS AND DEPENDENTS

PRIMARY PLAN 31 – EFFECTIVE JANUARY 1, 2019

REDBIRD PLUS PLAN

Annual Plan Deductible - \$100 per calendar year		
Annual Plan Out-of-Pocket Limit - None		
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Air Ambulance	Administrative approval required	Administrative approval required
Allergy Testing, Allergy Injections	80% of allowable charges	64% of allowable charges
Anesthesia	80% of allowable charges	64% of allowable charges
Cardiac or Pulmonary Therapy <i>Inpatient or Outpatient</i>	80% of allowable charges, up to 36 treatments per calendar year	64% of allowable charges, up to 36 treatments per calendar year
Chemotherapy	Pre-certification required 80% of allowable charges	Pre-certification required 64% of allowable charges
Chiropractic Services	No Benefit	No Benefit
Dental Care due to Accidental Injury	80% of allowable charges, up to \$300 per calendar year	64% of allowable charges, up to \$300 per calendar year
Diagnostic Testing, Imaging and Laboratory Services	Pre-certification of CT/MRI/PET required 80% of allowable charges, up to \$10,000 per calendar year	Pre-certification of CT/MRI/PET required 64% of allowable charges, up to \$10,000 per calendar year
Dialysis	80% of allowable charges, up to \$4,000 per calendar year	64% of allowable charges, up to \$4,000 per calendar year
Dietary Consultation	Up to \$50, once per calendar year	Up to \$50, once per calendar year
Durable Medical Equipment <i>(including but not limited to oxygen, orthotics/prosthetics and related supplies)</i>	Pre-certification required if over \$500 \$100 deductible 80% of allowable charges, up to \$3,000 per calendar year; then 50% of allowable charges above \$3,000	Pre-certification required if over \$500 \$100 deductible 64% of allowable charges, up to \$3,000 per calendar year; then 50% of allowable charges above \$3,000
Emergency Services <i>Emergency Room/Ambulance</i>	80% if deemed life threatening/emergent / 64% if deemed non-life-threatening/non-emergent	80% if deemed life threatening/emergent / 64% if deemed non-life-threatening/non-emergent
Eye Exam	Up to \$40, once per calendar year	Up to \$40, once per calendar year
Hearing Aids	80% of allowable charges, up to \$300 per item, once per 5 years	64% of allowable charges, up to \$300 per item, once per 5 years
Hearing Test <i>Must be physician supervised</i>	80% of allowable charges	64% of allowable charges
Home Health Care	Pre-certification required 80% of allowable charges, up to 40 visit maximum per calendar year	Pre-certification required 64% of allowable charges, up to 40 visit maximum per calendar year

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hospice	Pre-certification required 80% of allowable charges	Pre-certification required 64% of allowable charges
Hospital Services - Inpatient Care	Pre-certification required 80% of allowable charges	Pre-certification required 64% of allowable charges
Hospital Services - Outpatient Care	80% of allowable charges	64% of allowable charges
Inpatient Respite Care	Pre-certification required 80% of allowable charges, up to \$3,000 per calendar year	Pre-certification required 64% of allowable charges, up to \$3,000 per calendar year
Mental Health and Substance Abuse Outpatient Therapy Inpatient care	Pre-certification required 80% of allowable charges 80% of allowable charges	Pre-certification required 64% of allowable charges 64% of allowable charges
Penile Erection Device (external)	80% of allowable charges	64% of allowable charges
Penile Implant (doctor and hospital)	80% of allowable charges	64% of allowable charges
Physical Therapy Occupational Therapy Speech Therapy	Pre-certification required 80% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000	Pre-certification required 64% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000
Physician Services – General Office Visits Hospital Based Services Surgical Procedures Office Outpatient and Inpatient	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
Physician Services – Preventive Preventive Exam Mammogram – 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
Prescription Medicine FDA Approved - Generic - Brand	\$1,000 annual maximum benefit \$10 retail for 30 day supply \$20 retail or mail order for 90 day supply \$25 retail for 30 day supply* \$40 retail or mail order for 90 day supply* *or 20% whichever is greater	Does Not Apply
Skilled Nursing Care	No Benefit	No Benefit
Smoking Cessation	\$500 per calendar year	\$500 per calendar year
Sterilization (surgical)	80% of allowable charges	64% of allowable charges

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Temporomandibular Joint Syndrome (TMJ) - Treatment	<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>
Temporomandibular Joint Syndrome (TMJ) - Surgery	<i>80% of allowable charges</i>	<i>64% of allowable charges</i>
Transplantation of Vital Organs	<i>No Benefit</i>	<i>No Benefit</i>
Vision <i>Standard lens implanted during cataract surgery</i>	<i>80% of allowable charges</i>	<i>64% of allowable charges</i>
<i>Corrective lens upgrade implanted during cataract surgery</i>	<i>No Benefit</i>	<i>No Benefit</i>
Weight Loss Program <i>Must be medically supervised</i>	<i>80% of allowable charges, up to a lifetime maximum of \$3,000, after \$100 deductible</i>	<i>64% of allowable charges, up to a lifetime maximum of \$3,000, after \$100 deductible</i>
Weight Loss Surgery	<i>Administrative approval required</i>	<i>Administrative approval required</i>