

Wabash Memorial Hospital Association

2020 BENEFIT SUMMARY

PRIMARY PLANS 1, 17, 21, 22, 27 & 37 – EFFECTIVE JANUARY 1, 2020

CANNONBALL PLANS

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

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Home Health Care	Pre-certification required 100% of allowable charges, up to 40 visit maximum per calendar year	Pre-certification required 85% of allowable charges, up to 40 visit maximum per calendar year
Hospice	Pre-certification required 100% of allowable charges	Pre-certification required 85% of allowable charges
Hospital Services - Inpatient Care	Pre-certification required 100% of allowable charges – maximum of 183 days per calendar year	Pre-certification required 85% of allowable charges – maximum of 183 days per calendar year
Hospital Services - Outpatient Care	100% of allowable charges	85% of allowable charges
Inpatient Respite Care	Pre-certification required 100% of allowable charges, up to \$3,000 per calendar year	Pre-certification required 85% of allowable charges, up to \$3,000 per calendar year
Mental Health and Substance Abuse Outpatient Therapy Inpatient care	Pre-certification required 100% of allowable charges 100% of allowable charges	Pre-certification required 85% of allowable charges 85% of allowable charges
Penile Erection Device (external)	80% of allowable charges	80% of allowable charges
Penile Implant (doctor and hospital)	80% of allowable charges	80% of allowable charges
Physical Therapy Occupational Therapy Speech Therapy	Pre-certification required 100% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000	Pre-certification required 85% 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	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
Physician Services – Preventive 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
Prescription Medicine FDA Approved - Generic - Brand	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	Does Not Apply

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Skilled Nursing Care <i>Must be within 14 days of inpatient hospital stay of at least 3 days</i>	Pre-certification required <i>80% of allowable charges for 31 days maximum per calendar year, after \$100 deductible</i>	Pre-certification required <i>80% of allowable charges for 31 days maximum per calendar year, after \$100 deductible</i>
Smoking Cessation	<i>\$500 per calendar year</i>	<i>\$500 per calendar year</i>
Sterilization (surgical)	<i>100% of allowable charges</i>	<i>85% of allowable charges</i>
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>100% of allowable charges</i>	<i>85% of allowable charges</i>
Transplant Services	<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>
Vision <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>
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>80% 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>

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.