

## **Wabash Memorial Hospital Association**

### **2020 BENEFIT SUMMARY – FORMER RAILROADERS AND DEPENDENTS**

#### **PRIMARY PLAN 31 – EFFECTIVE JANUARY 1, 2020**

#### **REDBIRD PLUS PLAN**

<b>Annual Plan Deductible - \$100 per calendar year</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>80% of allowable charges</i>	<i>64% of allowable charges</i>
<b>Anesthesia</b>	<i>80% of allowable charges</i>	<i>64% of allowable charges</i>
<b>Cardiac or Pulmonary Therapy</b> <i>Inpatient or Outpatient</i>	<i>80% of allowable charges, up to 36 treatments per calendar year</i>	<i>64% of allowable charges, up to 36 treatments per calendar year</i>
<b>Chemotherapy</b>	<b>Pre-certification required</b> <i>80% of allowable charges</i>	<b>Pre-certification required</b> <i>64% of allowable charges</i>
<b>Chiropractic Services</b>	<i>No Benefit</i>	<i>No Benefit</i>
<b>Dental Care due to Accidental Injury</b>	<i>80% of allowable charges, up to \$300 per calendar year</i>	<i>64% 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>80% of allowable charges, up to \$10,000 per calendar year</i>	<b>Pre-certification of CT/MRI/PET required</b> <i>64% of allowable charges, up to \$10,000 per calendar year</i>
<b>Dialysis</b>	<i>80% of allowable charges, up to \$4,000 per calendar year</i>	<i>64% of allowable charges, up to \$4,000 per calendar year</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 deductible</i> <i>80% of allowable charges, up to \$3,000 per calendar year; then 50% of allowable charges above \$3,000</i>	<b>Pre-certification required if over \$500</b> <i>\$100 deductible</i> <i>64% of allowable charges, up to \$3,000 per calendar year; then 50% of allowable charges above \$3,000</i>
<b>Emergency Services</b> <i>Emergency Room/Ambulance</i>	<i>80% if deemed life threatening/emergent / 64% if deemed non-life-threatening/non-emergent</i>	<i>80% if deemed life threatening/emergent / 64% 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>64% of allowable charges, up to \$300 per item, once per 5 years</i>
<b>Hearing Test</b> <i>Must be physician supervised</i>	<i>80% of allowable charges</i>	<i>64% of allowable charges</i>
<b>Home Health Care</b>	<b>Pre-certification required</b> <i>80% of allowable charges, up to 40 visit maximum per calendar year</i>	<b>Pre-certification required</b> <i>64% of allowable charges, up to 40 visit maximum per calendar year</i>

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Hospice</b>	<b>Pre-certification required</b> 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges
<b>Hospital Services - Inpatient Care</b>	<b>Pre-certification required</b> 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges
<b>Hospital Services - Outpatient Care</b>	80% of allowable charges	64% of allowable charges
<b>Inpatient Respite Care</b>	<b>Pre-certification required</b> 80% of allowable charges, up to \$3,000 per calendar year	<b>Pre-certification required</b> 64% 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> 80% of allowable charges 80% of allowable charges	<b>Pre-certification required</b> 64% of allowable charges 64% of allowable charges
<b>Penile Erection Device (external)</b>	80% of allowable charges	64% of allowable charges
<b>Penile Implant (doctor and hospital)</b>	80% of allowable charges	64% of allowable charges
<b>Physical Therapy</b> <b>Occupational Therapy</b> <b>Speech Therapy</b>	<b>Pre-certification required</b> 80% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000	<b>Pre-certification required</b> 64% 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	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
<b>Physician Services – Preventive</b> 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
<b>Prescription Medicine</b> <b>FDA Approved</b> - <b>Generic</b>  - <b>Brand</b>	<b>\$1,000 annual maximum benefit</b>  \$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	<b>Does Not Apply</b>
<b>Skilled Nursing Care</b>	No Benefit	No Benefit
<b>Smoking Cessation</b>	\$500 per calendar year	\$500 per calendar year
<b>Sterilization (surgical)</b>	80% of allowable charges	64% of allowable charges

<b>BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<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>80% of allowable charges</i>	<i>64% of allowable charges</i>
<b>Transplant Services</b>	<i>No Benefit</i>	<i>No Benefit</i>
<b>Vision</b> <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>
<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>64% 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>