

Wabash Memorial Hospital Association

2021 BENEFIT SUMMARY – FORMER RAILROADERS AND DEPENDENTS

PRIMARY PLAN 30 – EFFECTIVE JANUARY 1, 2021

REDBIRD STANDARD PLAN

Annual Plan Deductible - \$100 per calendar year		
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>80% of allowable charges</i>	<i>64% of allowable charges</i>
Anesthesia	<i>80% of allowable charges</i>	<i>64% of allowable charges</i>
Cardiac or Pulmonary Therapy <i>Inpatient or Outpatient</i>	<i>80% of allowable charges, up to 36 treatments per calendar year</i>	<i>64% of allowable charges to 36 treatments per calendar year</i>
Chemotherapy	Pre-certification required <i>80% of allowable charges</i>	Pre-certification required <i>64% of allowable charges</i>
Chiropractic Services	<i>No Benefit</i>	<i>No Benefit</i>
Dental Care due to Accidental Injury	<i>80% of allowable charges, up to \$300 per calendar year</i>	<i>64% of allowable charges, up to \$300 per calendar year</i>
Diagnostic Testing, Imaging and Laboratory Services	Pre-certification of CT/MRI/PET required <i>80% of allowable charges, up to \$10,000 per calendar year</i>	Pre-certification of CT/MRI/PET required <i>64% of allowable charges, up to \$10,000 per calendar year</i>
Dialysis	<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>
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>	<i>No Benefit</i>	<i>No Benefit</i>
Emergency Services <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>
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>64% of allowable charges, up to \$300 per item, once per 5 years</i>
Hearing Test <i>Must be physician supervised</i>	<i>80% of allowable charges</i>	<i>64% of allowable charges</i>
Home Health Care	Pre-certification required <i>80% of allowable charges, up to 40 visit maximum per calendar year</i>	Pre-certification required <i>64% of allowable charges, up to 40 visit maximum per calendar year</i>
Hospice	Pre-certification required <i>80% of allowable charges</i>	Pre-certification required <i>64% of allowable charges</i>

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
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 Test / 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	No Benefit	No Benefit
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
Temporomandibular Joint Syndrome (TMJ) - Treatment	50% of allowable charges, up to a lifetime maximum of \$1,250, after \$50 deductible	50% of allowable charges, up to a lifetime maximum of \$1,250, after \$50 deductible
Temporomandibular Joint Syndrome (TMJ) - Surgery	80% of allowable charges	64% of allowable charges
Transplant Services	No Benefit	No Benefit

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Vision Standard lens implanted during cataract surgery Corrective lens upgrade implanted during cataract surgery	80% of allowable charges No Benefit	64% of allowable charges No Benefit
Weight Loss Program Must be medically supervised	80% of allowable charges, up to a lifetime maximum of \$3,000, after \$100 deductible	64% of allowable charges, up to a lifetime maximum of \$3,000, after \$100 deductible
Weight Loss Surgery	Administrative approval required	Administrative approval required