

Wabash Memorial Hospital Association

2022 BENEFIT SUMMARY

PRIMARY PLAN 8 – EFFECTIVE JANUARY 1, 2022

BANNER BLUE PLAN

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	100% of allowable charges	85% of allowable charges
Anesthesia	100% of allowable charges	85% of allowable charges
Cardiac or Pulmonary Therapy <i>Inpatient or Outpatient</i>	100% of allowable charges, up to 36 treatments per calendar year	85% of allowable charges, up to 36 treatments per calendar year
Chemotherapy	Pre-certification required 100% of allowable charges	Pre-certification required 85% of allowable charges
Chiropractic Services	80% of allowable charges, up to \$900 per calendar year	80% of allowable charges, up to \$900 per calendar year
Dental Care due to Accidental Injury	100% of allowable charges, up to \$300 per calendar year	85% of allowable charges, up to \$300 per calendar year
Diagnostic Testing, Imaging and Laboratory Services	Pre-certification of CT/MRI/PET required 100% of allowable charges, up to \$10,000; then 80% of allowable charges above \$10,000	Pre-certification of CT/MRI/PET required 85% of allowable charges, up to \$10,000; then 80% of allowable charges above \$10,000
Dialysis	100% of allowable charges, up to \$5,000; then 80% of allowable charges, up to \$10,000	85% of allowable charges, up to \$5,000; then 80% of allowable charges, up to \$10,000
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 100% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000	Pre-certification required if over \$500 \$100 deductible 85% of allowable charges, up to \$3,000; then 50% of allowable charges above \$3,000
Emergency Services <i>Emergency Room/Ambulance</i>	100% of allowable charges if deemed life threatening/emergent / 80% of allowable charges if deemed non-life-threatening/non-emergent	100% of allowable charges if deemed life threatening/emergent / 80% of allowable charges 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	80% of allowable charges, up to \$300 per item, once per 5 years

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Prescription Medicine FDA Approved <ul style="list-style-type: none"> - Generic - Brand 	<i>\$10 retail for 30 day supply</i> <i>\$20 retail or mail order for 90 day supply</i> <i>\$25 retail for 30 day supply*</i> <i>\$40 retail or mail order for 90 day supply*</i> <i>*or 20% whichever is greater</i>	Does Not Apply
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 per calendar year, after \$100 deductible</i>	Pre-certification required <i>80% of allowable charges for 31 days 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</i>	<i>85% of allowable charges, up to \$200,000 per case</i>
Vision <i>Standard lens implanted during cataract surgery</i> <i>Corrective lens upgrade implanted during cataract surgery</i>	<i>100% of allowable charges</i> <i>100% of allowable charges, up to \$500 per lens</i>	<i>80% of allowable charges</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>