

WABASH MEMORIAL HOSPITAL ASSOCIATION



2012 HEALTHCARE BENEFIT SUMMARY Banner Blue Plan-Primary Plan # 8

Benefit	In-Network	Out-of-Network
Annual Deductible	None (\$500 inpatient)	None
Maximum Out-of-Pocket Expense <i>Does not include dental, vision, or charges in excess of reasonable and customary</i>	None	None
Physician Services – General <i>Office Visits</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Hospital Visits</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Surgical Procedures</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Office</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Outpatient</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Inpatient</i>	100% of allowed covered charge	85% of allowed covered charge
Physician Services – Preventive** <i>Preventive Exam</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Mammograms</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Pap Tests</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Well-Child Care</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Immunizations</i>	100% of allowed covered charge	85% of allowed covered charge
<i>Screenings</i> <i>Cholesterol, Osteoporosis</i>	100% of allowed covered charge	85% of allowed covered charge
<i>**Based upon U.S. Preventive Services Task Force (USPSTF) guidelines</i>		
Hospital Services <i>Inpatient Care</i>	100% of allowed covered charge –after a \$500 cy deductible - max of 183 days per calendar year Pre-certification required	80% of allowed covered charge - after a \$500 deductible - max of 183 days per calendar year Pre-certification required
<i>Outpatient Care</i>	100% of allowed covered charge	80% of allowed covered charge
Emergency Room	100% if life threatening, 80% if deemed non-life threatening	
Ambulance	100%	
Air Ambulance	Subject to administrative approval	
Allergy Testing, Allergy Injection	100% of allowed covered charge	85% of allowed covered charge
Anesthesia	100% of allowed covered charges	85% of allowed covered charge
Cardiac or Pulmonary Therapy	100% to 30 treatments for IP or OP	
Chemotherapy	100%	85% of allowed covered charge
Diagnostic Testing, Imaging and Laboratory Services	100% up to \$10,000 then 80%	
Dialysis	100% to \$5,000 then 80% to \$10,000	
Durable Medical Equipment <i>Colostomy Bag (only)</i>	NONE 50%	
Home Health Care Hospice	100% of up to 40 visits Pre-notification required No limit if patient is terminal	
Mammogram, Screening	100% - 1 per cy	80% of allowed covered charge - 1 per cy
Oxygen	100% to maximum of \$3,000 per cy	
Mental Health and Substance Abuse <i>Office Visits</i>	Pre-Certification Required 100% of allowable charges	
<i>Inpatient care</i>	100% of allowable charges	
<i>Outpatient Care</i>	100% of allowable charges	

WABASH MEMORIAL HOSPITAL ASSOCIATION



2012 HEALTHCARE BENEFIT SUMMARY Banner Blue Plan-Primary Plan # 8

Benefit	In-Network	Out-of-Network
Prescription Medicine FDA Approved - Generic - Brand	\$2,000 total annual benefit \$4 retail for 30 day supply \$6 retail and mail for 90 day supply \$15 retail for 30 day supply* \$30 retail and mail for 90 day supply* *or 20% whichever is greater	
Physical Therapy Occupational Therapy Speech Therapy	100% up to \$3,000, then 50%	85% of allowed covered charge up to \$3,000, then 50%
Prosthetics -Artificial limb -Breast Prosthesis	60% to \$4,000 after a \$500 deductible – once every 5 years 80%	
Skilled Nursing Care Pre-notification required	80% for 31 days per cy after \$100 deductible Must be within 14 days of inpatient hospital stay of at least 3 days	
Transplantation of Vital Organs	100% of allowed covered charges up to \$200,000 per case	
NON-ESSENTIAL BENEFITS		
Appliances/Braces & Trusses	Up to \$125 per item Orthotic pair = 1 item	
Chiropractic Services	80% up to \$900 per cy	80% of allowed covered charge
Dental Care due to Accidental Injury	100% up to \$300 per cy	
Dietary Consultation	\$50 once per cy	
Eye Exam	\$40 once per cy	
Hearing Aids	80% to \$300 per item, once per 5 years	
Hearing Test	100% - must be physician supervised	85% of allowed covered charge
Inpatient Respite Care	100% up to \$3,000	
Penile Erection Devise - external	75%	
Penile Implant	80%	
Sterilization (surgical)	100%	85% of allowed covered charge
Stress Test (includes Thallium Stress test)	100%	85% of allowed covered charge
Smoking Cessation	\$500 cy	
Temporomandibular joint Syndrome (TMJ) Treatment – Surgery -	50% to a lifetime max of \$1,250 after a \$50 deductible 100%	85% of allowed covered charge
Weight Loss Program must be medically supervised	80% to a max of \$3,000 after a \$100 deductible	



WABASH MEMORIAL HOSPITAL ASSOCIATION

2012 HEALTHCARE BENEFIT SUMMARY

Banner Blue Plan-Primary

Plan # 8