



WABASH MEMORIAL HOSPITAL ASSOCIATION

2012 HEALTHCARE BENEFIT SUMMARY

The Cannonball Plans Plans: 1,5,16,17,21,22,24

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

Wabash believes 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.

Benefit	In-Network	Out-of-Network
Prescription Medicine FDA Approved - Generic - Brand	- 100% after \$2,000 OOP \$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	
Oxygen	100% of allowable charges	
Physical Therapy Occupational Therapy Speech Therapy	100% up to \$3,000, then 50%	85% to \$3,000, then 50%
Prosthetics Artificial Limb Breast prosthetics	50% of allowed charge after a \$500 deductible- Once every 5 years per item 80%	
Skilled Nursing Care	80% for 31 days per cy after \$100 deductible Pre-notification required 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, 25 % above \$200,000	
NON-ESSENTIAL BENEFITS		
Appliances/Braces & Trusses	Up to \$125 per item(Orthotic pair = 1 item)	
Chiropractic Services	80% up to \$900 per cy	80%
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%
Inpatient Respite Care	100% up to \$3,000	
Penile Erection Devise - external	80%	
Penile Implant – Dr. & hospital	80%	
Sterilization (surgical)	100%	85%
Stress Test (includes Thallium Stress test)	100%	85%
Smoking Cessation	\$500 cy	
Temporomandibular joint Syndrome (TMJ) Treatment – Surgery -	50% to a lifetime max of \$1,250 after a \$50 deductible 100%	85%
Weight Loss Program must be medically supervised	80% to a max of \$3,000 after a \$100 deductible	