



WABASH MEMORIAL HOSPITAL ASSOCIATION

2012 HEALTHCARE BENEFIT SUMMARY

Piggy Back Plans- Secondary

Plans: 2, 6, 12, 13, 18 & 23

Benefit	In-Network	Out-of-Network
Annual Deductible		
Maximum Out-of-Pocket Expense <i>Does not include dental, vision, or charges in excess of reasonable and customary</i>	None	
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>	100% if not covered by primary plan	
Durable Medical Equipment	None	
<i>Colostomy Bag (only)</i>	50% if not covered by primary plan	
Mammogram, Screening	80% if not covered by primary plan	
Prescription Medicine FDA Approved - Generic - Brand	<i>Limited to \$20 per prescription to \$750 max for plans 2,18 & 6 No coverage for plans 12,13 & 23</i>	
NON-ESSENTIAL BENEFIT		
Chiropractic Services	80% to \$500 per cy	
Dietary Consultation	\$50 once per cy	
Eye Exam	\$40 once per cy	
All Other Charges	<i>Limited to copay or deductible reimbursement after the primary plan pays</i>	