

WMI MUTUAL INSURANCE COMPANY - ARIZONA 1500/3000 60/40 HDHP PLAN

Applies to non-grandfathered plans that are transitional or are large group.

MEDICAL/Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Medical Deductible/Rx Deductible (Medical deductible applies unless specifically stated otherwise and includes prescription drugs if the optional prescription benefit is chosen.)	\$1,500*	\$3,000*
Out-of-Pocket Maximum (includes deductible)	\$3,000*	\$6,000*
Prescriptions (Optional Benefit) Applies to medical/Rx deductible after which the member pays 25% for generic prescription drugs and 50% for brand prescription drugs.		
* The individual deductible and out-of-pocket apply when only one person is covered. The family deductible and out-of-pocket apply when more than one person is covered.		
	PLAN PAYS	
PROFESSIONAL SERVICES (Medical deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Office Visit/Urgent Care Clinic	60%	40%
Well Baby (as set forth in the policy)	100% <small>(not subject to deductible)</small>	60% <small>(not subject to deductible)</small>
Well Child (as set forth in the policy)	100% <small>(not subject to deductible)</small>	40% <small>(deductible waived up to combined total of \$500**)</small>
Preventive Care (as set forth in the policy)	100% <small>(not subject to deductible)</small>	40% <small>(deductible waived up to combined total of \$500**)</small>
Maternity Care	60%	40%
FACILITY SERVICES (Medical deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	60%	40%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	60%	40%
Emergency Room	60%	40%
Inpatient Mental Illness [^] <small>(Eligible expenses are paid at up to a maximum of 15 days each calendar year.)</small>	60%	40%
Outpatient Mental Illness [^] <small>(Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.)</small>	60%	40%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse [^]	50%	50%
Inpatient and Outpatient Treatment of Mental Illness ^{^^}	60%	40%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse ^{^^}	60%	40%
[^] These are the benefits for small employers (employers with 50 or fewer employees).		
^{^^} There are two employer options for mental illness, alcohol and substance abuse for large employers (employers with 51 or more employees): (1) the one listed above ("parity"); or (2) no mental illness and alcohol or substance abuse treatment or Rx benefit.		
MISCELLANEOUS (Medical deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Ambulance Services	60%	40%
Durable Medical Equipment (See policy for specific details.)	50%	
Chiropractic	60%	40%
Prosthetics	50% for a natural limb or eye lost while insured	
Diabetes (expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes)	60%	
Colonoscopies (subject to the guidelines of the American Cancer Society)	100% <small>(not subject to deductible)</small>	40% <small>(deductible waived up to combined total of \$500**)</small>
Mammograms (subject to following guidelines: one baseline for women between ages 35 and 39; every two years for women 40 through 49; and annually for women 50 years or older)	100% <small>(not subject to deductible)</small>	40% <small>(deductible waived up to combined total of \$500**)</small>
Circumcision (if performed within 30 days of birth or adoption to a maximum payment of \$150)	60%	40%
Sleep Studies (This benefit is limited to a lifetime maximum plan payment of \$1,000.)	60%	40%
Sleep Apnea (This benefit is limited to a lifetime maximum plan payment of \$5,000.)	60%	40%
Organ Transplants	Please see policy for specific details	

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document.

** The calendar year deductible is waived up to a combined total of \$500 for all medical services (except where otherwise specified). The \$500 pre-deductible benefit for these services is per person per calendar year. Deductible applies once the \$500 benefit has been met. Amounts paid by the insured for these services prior to the satisfaction of the \$500 benefit does not apply toward the satisfaction of the deductible.