

## WMI MUTUAL INSURANCE COMPANY – ARIZONA 90/80 PLANS

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

MEDICAL DEDUCTIBLE, Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM		INDIVIDUAL	FAMILY
Calendar Year deductible and Rx deductible (Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, no family maximum.)		\$150 (Rx \$50) \$300 (Rx \$75) \$500 (Rx \$100) \$1,000 (Rx \$200)	\$450 \$900 \$1,500 \$3,000
Out-of-Pocket Maximum (includes medical deductible)		\$150 Deductible \$300 Deductible \$500 Deductible \$1000 Deductible	\$1,000 \$1,200 \$1,500 \$2,000
Prescriptions Prescription deductible is waived for generic drugs, but applies to all brand drugs. For generic drugs, the member pays the greater of \$10 or 20%. For brand prescription drugs, the member pays the greater of \$30 or 30% after deductible. (For prescription deductible, please refer to deductible information above.)			
		PLAN PAYS	
PROFESSIONAL SERVICES (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Office Visit/Urgent Care Clinic		90%	80%
Well Baby (as set forth in the policy; <b>not subject to deductible</b> )		100%	80%
Well Child (as set forth in the policy; <b>not subject to deductible</b> )		100%	80%
Preventive Care (as set forth in the policy)		100% (not subject to deductible)	80% (deductible waived on \$150 and \$300 deductible plans)
Maternity Care		90%	80%
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.)		90%	80%
Outpatient (surgery and related services, diagnostic X-ray and laboratory, etc.)		90%	80%
Emergency Room		90%	80%
Inpatient Mental Illness* (Eligible expenses are paid at up to a maximum of 15 days each calendar year.)		60%	50%
Outpatient Mental Illness* (Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.)		60%	50%
Inpatient Treatment of Alcohol or Substance Abuse*		50%	50%
Outpatient Treatment of Alcohol or Substance Abuse*		50%	50%
Inpatient and Outpatient Treatment of Mental Illness**		90%	80%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**		90%	80%
* These are the benefits for mental illness, alcohol and substance abuse 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		90%	80%
Durable Medical Equipment (not to exceed purchase price)		80%	
Chiropractic		90%	80%
Prosthetics (Only the initial prosthesis is eligible to a maximum plan payable amount of \$5,000 by plan.)		80% for a natural limb or eye lost while insured	
Colonoscopies (subject to the guidelines of the American Cancer Society)		100% (not subject to deductible)	80%
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% (not subject to deductible)	80%
Circumcision (if performed within 30 days of birth or adoption to a maximum payment of \$150)		90%	80%
Sleep Studies (This benefit is limited to a lifetime maximum plan payment of \$1,000.)		90%	80%
Sleep Apnea (This benefit is limited to a lifetime maximum plan payment of \$5,000.)		90%	80%
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.