

WMI Mutual Insurance Company
Montana MRA 500 & 1000 (70/50) Plan

Applicable to plans that existed prior to March 23, 2010 and are grandfathered under federal health care law.

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductibles (applies unless specifically stated otherwise)	500 Plan: \$500	500 Plan: \$1,000
	1000 Plan: \$1,000	1000 Plan: \$2,000
Rx Deductible is per person (no family maximum) (Optional Benefit) Plan I	500 Plan: \$75 Deductible; 1000 Plan: \$100 Deductible	N/A
Rx Deductible is per person (no family maximum) (Optional Benefit) Plan II	500 Plan: \$100 Deductible; 1000 Plan: \$200 Deductible	N/A
Out-of-Pocket Maximum (includes deductible)	500 Plan: \$2,000	500 Plan: \$4,000
	1000 Plan: \$2,500	1000 Plan: \$5,000
Annual Maximum Per Person (for essential benefits)	\$2,000,000	N/A
Professional Services	Plan Pays:	
	PPO	Non-PPO
Office Visit	70% (Not Subject to Deductible)	50% (Not Subject to Deductible)
Well Baby (Age 0-2) (as set forth in the policy)	100% (Not subject to Deductible)	100% (Not subject to Deductible)
Well Child (Age 2-18) (as set forth in the policy)	70% (Not subject to Deductible)	50% (Not subject to Deductible)
Preventive Care (as set forth in the policy)	70% (Not subject to Deductible)	50% (Not Subject to Deductible)
Routine Childhood immunizations and influenza immunizations	100% (Not subject to Deductible)	
Maternity Care	70%	50%
Urgent Care Clinic/Emergency Room	70%	50%
Facility Services	Plan Pays:	
	PPO	Non-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, severe mental illness, etc.)	70%	50%
Outpatient (surgery and related services)	70%	50%
Emergency Room	70%	50%
	70%	50%
Inpatient non-Severe Mental Illness*	Eligible expenses are paid up to a maximum of 21 days each calendar year.	
	70%	50%
Outpatient non-Severe Mental Illness*	Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.	
Inpatient and Outpatient Severe Mental Illness*	70%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*	70%	50%
	70%	50%
Medical detoxification*	Subject to terms and limitations as set forth for any other illness.	
Inpatient and Outpatient Severe and non-Severe Mental Illness**	70%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	70%	50%
Medical detoxification**	70%	50%
*These are the benefits for small employers (employers with 50 or fewer employees).		
**There are two employer options for large employers (employers with 51 or more employees): (1) the option shown above ("parity"); or (2) no benefits for mental illness, alcohol or substance abuse treatment, or medical detoxification.		
Miscellaneous	Plan Pays:	
	PPO	Non-PPO
Prescriptions (Optional Benefit) Plan I	50% (After per person deductible) (For prescription deductible, please refer to deductible information listed above.)	
Prescriptions (Optional Benefit) Plan II	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs, and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.)	
Ambulance Services	70%	50%
Laboratory Charges and X-Rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services.)	The benefit for ground ambulance is limited to \$2,500 per occurrence and the benefit for air ambulance is limited to \$15,000 per occurrence.	
	70%	50%
Laboratory Charges and X-Rays (when not performed in conjunction with inpatient services, emergency room services, or surgical center services.)	70% (Not Subject to Deductible)	50% (Not Subject to Deductible)
Durable Medical Equipment	specific details.	
	70%	50%
Chiropractic	Plan payment will not exceed \$2,000 per Calendar Year (\$2,000 limitation does not apply for treatment rendered within six months of spinal surgery).	
Prosthetics	50% for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$10,000 by plan.)	
	70%	50%
Colonoscopies	Subject to the guidelines of the American Cancer Society.	
Mammograms	annually for women 40 or older.	
	70%	50%
Circumcision	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
	70%	50%
Sleep Studies	Eligible expenses are paid to annual maximum of \$2,000 and a lifetime maximum of \$4,000	
	70%	50%
Sleep Apnea	Eligible expenses are paid to a lifetime maximum plan payment of \$5,000.	
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. Preexisting conditions are excluded from coverage for a period of 12 months (18 months for late enrollees), however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage. Children 18 and younger are exempt from the preexisting condition exclusion.