

**WMI Mutual Insurance Company
Montana MRA 90/70 Plans**

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 Deductible and Rx Deductible (Medical deductible applies unless specifically stated otherwise. Rx Deductible is per person, no family maximum)	\$150 (Rx \$50)	\$450
	\$300 (Rx \$75)	\$900
	\$500 (Rx \$100)	\$1,500
	\$1,000 (Rx \$200)	\$3,000
Out-of-Pocket Maximum (includes deductible)	\$150 Deductible	\$2,000
	\$300 Deductible	\$2,400
	\$500 Deductible	\$3,000
	\$1000 Deductible	\$4,000
Annual Maximum Per Person	\$2,000,000	N/A
Professional Services	PPO	Non-PPO
	Plan Pays:	Plan Pays:
Office Visit	150 Plan: \$10 Copay; 300 Plan: \$15 Copay; 500 Plan: 90%; 1000 Plans: 90%	70%
Well Baby (Age 0-2) (as set forth in the policy)	90% (Not subject to Deductible)	70% (Not subject to Deductible)
Well Child (Age 2-7) (as set forth in the policy)	90% (Not subject to Deductible)	70% (Not subject to Deductible)
Well Child (Age 8-18) (as set forth in the policy)	90% (Not subject to Deductible)	70% (Not subject to Deductible)
Preventive Care (as set forth in the policy)	90% (Deductible waived on \$150 and \$300 plans. See policy for details.)	70% (Deductible waived on \$150 and \$300 plans. See policy for details.)
Maternity Care	90%	70%
Urgent Care Clinic/Emergency Room	90%	70%
Facility Services	PPO	Non-PPO
	Plan Pays:	Plan Pays:
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	90%	70%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	90%	70%
Emergency Room	90%	70%
Inpatient non-Severe Mental Illness*	90%	70%
	Eligible expenses are paid up to a maximum of 21 days each calendar year.	
Outpatient non-Severe Mental Illness*	90%	70%
	Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.	
Inpatient and Outpatient Severe Mental Illness*	90%	70%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*	90%	70%
Medical detoxification*	90%	70%
	Subject to terms and limitation as set forth for any other illness.	
Inpatient and Outpatient Severe and non-Severe Mental Illness**	90%	70%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	90%	70%
Medical detoxification**	90%	70%
*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, treatment for alcohol or substance abuse, or medical detoxification.		
Miscellaneous	PPO	Non-PPO
	Plan Pays:	Plan Pays:
Prescriptions	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.)	70%
Ambulance Services	90%	70%
Durable Medical Equipment	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. 80% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 80% up to a maximum benefit of \$7,500 per Calendar Year. See policy for specific details.	70%
Chiropractic	90%	70%
	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	80% for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000.)	70%
Colonoscopies	90%	70%
Mammograms	Subject to the guidelines of the American Cancer Society Mammograms are payable by the plan at 100% of the first \$70, and thereafter at the levels for all other medical services for a baseline for women between ages 35 and 39, and annually for women 40 or older.	70%
Circumcision	90%	70%
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Sleep Studies	90%	70%
	Eligible expenses are paid to a lifetime maximum plan payment of \$1,000.	
Sleep Apnea	90%	70%
	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.