

**WMI Mutual Insurance Company
Utah 1500 (60/45) 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 Deductible (Medical deductible applies unless specifically stated otherwise.)	\$1,500	\$3,000
Rx Deductible is per person (no family maximum) (Optional Benefit)	\$250	N/A
Out-of-Pocket Maximum (includes deductible)	\$3,000	\$6,000
Annual Maximum Per Person	\$2,000,000	N/A
Professional Services	PPO	Non-PPO
	PLAN PAYS: THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Office Visit*	60%	45%
Well Baby (as set forth in the policy)	80% (Deductible waived, see policy for details).	60% (Deductible waived, see policy for details).
Well Child (as set forth in the policy)	60%	45%
Preventive Care (Insureds 19 or older have \$500 annual maximum)*	60%	45%
Maternity Care*	60%	45%
Urgent Care Clinic/Emergency Room*	60%	45%
Facility Services	PPO	Non-PPO
	PLAN PAYS: THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)*	60%	45%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)*	60%	45%
Emergency Room*	60%	45%
Inpatient Mental Illness Care**	50%	Eligible expenses are paid at up to a maximum of 15 days each calendar year.
Outpatient Mental Illness**	50%	Eligible outpatient visits are limited to 25 visits covered by plan per calendar year.
Inpatient Treatment of Alcohol or Substance Abuse**	50%	Eligible expenses are covered by plan to a maximum of five days in any 12 month period. There is also a lifetime maximum of ten inpatient days.
Outpatient Treatment of Alcohol or Substance Abuse**	50%	Eligible expenses are covered by plan to a maximum of twenty visits per calendar year.
Inpatient and Outpatient Mental Illness Care***	60%	45%
Inpatient and Outpatient Alcohol or Substance Abuse***	60%	45%
*There are three employer options for mental illness and alcohol or substance abuse for small employers (employers with 50 or fewer employees): (1) the option listed above; (2) no mental health or mental health prescriptions; or (3) mental health "parity." A separate individual and family deductible and out-of-pocket maximum applies when mental health "parity" is selected.		
**There are two employer options for mental illness and alcohol or substance abuse for large employers (employers with 51 or more employees): (1) the option listed above; and (2) no mental health or mental health prescriptions.		
Miscellaneous	PPO	Non-PPO
	PLAN PAYS: THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Prescriptions (Optional Benefit)	After the per person deductible, the member pays the greater of \$10 or 25% for generic prescription drugs and the greater of \$50 or 50% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.) Prescription drugs are ineligible for the \$500 pre-deductible benefit.	
Ambulance Services*	60%	45%
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.	
Prosthetics*	50% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 50% up to a maximum benefit of \$7,500 per Calendar Year. See policy for specific details.	
Colonoscopies*	60%	45%
Mammograms*	60%	45%
Circumcision*	60%	45%
Diabetes*	60%	45%
Sleep Studies*	60%	45%
Sleep Apnea*	60%	45%
Chiropractic*	60%	45%
Organ Transplants	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)	
	Please see policy for specific details.	
*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 do not apply toward the satisfaction of the deductible.		

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.