

**WMI Mutual Insurance Company
Utah 70/55 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 (Rx Deductible is per person, no family maximum) (Medical Deductible applies unless specifically stated otherwise.)	\$1000 (Rx \$250) \$2500 (Rx \$500)	\$3,000 \$7,500
Out-of-Pocket Maximum (includes deductible)		
\$1000 Deductible	\$2,000	\$4,000
\$2500 Deductible	\$5,000	\$10,000
Annual Maximum Per Person	\$2,000,000	N/A
Professional Services	PPO	Non-PPO
	Plan Pays:	
Office Visit	70% (Deductible waived. See policy for details.)	55% (Deductible waived. See policy for details.)
Well Baby (as set forth in the policy)	70% (Deductible waived. See policy for details.)	55% (Deductible waived. See policy for details.)
Well Child (as set forth in the policy)	70% (Deductible waived. See policy for details.)	55% (Deductible waived. See policy for details.)
Preventive Care (Insureds 19 or older have \$300 annual maximum)	70% (Deductible waived. See policy for details.)	55% (Deductible waived. See policy for details.)
Maternity Care	70%	55%
Urgent Care Clinic/Emergency Room	70%	55%
Facility Services	PPO	Non-PPO
	Plan Pays:	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	70%	55%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	70%	55%
Emergency Room	70%	55%
Inpatient Mental Illness*	70%	55%
	Eligible expenses are paid at up to a maximum of 15 days each calendar year.	
Outpatient Mental Illness*	70%	55%
	Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.	
Inpatient Treatment of Alcohol or Substance Abuse*	Eligible expenses are paid at 50% and are covered by plan to a maximum of 5 days in any 12 month period. There is also a lifetime maximum of 10 inpatient days.	
Outpatient Treatment of Alcohol or Substance Abuse*	Eligible expenses are paid at 50% and are covered by plan to a maximum of 20 visits per calendar year.	
Inpatient and Outpatient Treatment of Mental Illness**	70%	55%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	70%	55%
*There are three employer options for mental illness, alcohol and substance abuse for small employers (employers with 50 or fewer employees): (1) The one listed above; (2) no mental health or Rx benefit; or (3) catastrophic coverage. A separate individual and family out-of-pocket maximum applies when this catastrophic coverage option is selected.		
**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	PPO	Non-PPO
	Plan Pays:	
Prescriptions	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 above.)	
Supplemental Accident Expense Benefit (\$300 per accident)	70% (Deductible waived. See policy for details.)	55% (Deductible waived. See policy for details.)
Ambulance Services	70%	55%
	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.	
Laboratory charges and x-rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services.)	70%	55%
Laboratory charges and x-rays (when not performed in conjunction with inpatient services, emergency room services, or surgical center services.)	70% (Deductible waived. See policy for details.)	55% (Deductible waived. See policy for details.)
Durable Medical Equipment	70% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 70% up to a maximum benefit of \$7,500 per Calendar Year. See policy for specific details.	
Chiropractic	70%	55%
Prosthetics	70%	55%
	The benefit is limited to \$2,000 per Calendar Year (\$2,000 limitation does not apply for treatment rendered within six months of spinal surgery.)	
	70% 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 by plan.)	
Colonoscopies	70%	55%
	Subject to the guidelines of the American Cancer Society	
Mammograms	70%	55%
	Subject to the 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.	
Circumcision	70%	55%
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Sleep Studies	70%	55%
	The benefit is limited to a lifetime maximum plan payment of \$1,000.	
Sleep Apnea	70%	55%
	The benefit is limited 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.