

**WMI Mutual Insurance Company
Utah 90/80 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.)	\$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)	\$1,000	\$2,000
	\$1,200	\$2,400
	\$1,500	\$3,000
	\$2,000	\$4,000
Annual Maximum Per Person	\$2,000,000	N/A
Professional Services	PPO	Non-PPO
	PLAN PAYS:	PLAN PAYS:
Office Visit	90%	80%
Well Baby (as set forth in the policy)	90% (Not subject to Deductible)	80% (Not subject to Deductible)
Well Child (as set forth in the policy)	90% (Not subject to Deductible)	80% (Not subject to Deductible)
Preventive Care (Insureds 19 or older have \$300 annual maximum)	90% (Deductible waived on \$150 and \$300 plans. See policy for details.)	80% (Deductible waived on \$150 and \$300 plans. See policy for details.)
Maternity Care	90%	80%
Urgent Care Clinic/Emergency Room	90%	80%
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%	80%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	90%	80%
Emergency Room	90%	80%
Inpatient Mental Illness*	80%	50%
	Eligible expenses are paid at up to a maximum of 15 days each calendar year.	
Outpatient Mental Illness*	80%	50%
	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 Mental Illness**	90%	80%
Inpatient and Outpatient Alcohol or Substance Abuse**	90%	80%
*There are three employer options for mental illness and alcohol and alcohol and substance abuse for small employers (employers with 50 or fewer employees): (1) The one listed above; (2) no mental illness and alcohol or substance abuse treatment or Rx benefit; or (3) catastrophic coverage. A separate individual and family out-of-pocket maximum applies when catastrophic coverage 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 one listed above ("parity"); or (2) no mental illness and alcohol or substance abuse treatment or Rx benefit.		
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 above.)	
	90%	80%
Ambulance 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.	
Durable Medical Equipment	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.	
	90%	80%
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	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 by plan.)	
	90%	80%
Colonoscopies	Subject to the guidelines of the American Cancer Society	
	90%	80%
Mammograms	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.	
	90%	80%
Circumcision	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
	90%	80%
Sleep Studies	Eligible expenses are paid to a lifetime maximum plan payment of \$1,000	
	90%	80%
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.