

# WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 60/45 1500 PLAN

Applicable to non-grandfathered plans that are transitional or are large group.

MEDICAL & RX DEDUCTIBLE, OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Deductible <i>(Medical deductible applies unless specifically stated otherwise.)</i>	\$1,500	\$3,000
Rx Deductible <i>(Optional benefit. Per person deductible; no family deductible nor out-of-pocket maximum.)</i>	\$250	N/A
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$3000	\$6,000
Prescriptions Prescription deductible is waived for generic drugs, but applies to all brand drugs. For generic drugs, the member pays the greater of \$10 or 25%. For brand drugs, the member pays the greater of \$50 or 50% after deductible. <i>(For prescription deductible, please refer to deductible information above. Prescription drugs are ineligible for the \$500 pre-deductible benefit.)</i>		
	PLAN PAYS	
PROFESSIONAL SERVICES <i>(Medical/Rx deductible applies unless specifically stated otherwise.)</i>	PPO	NON-PPO
Office Visit*	60%	45%
Well Baby <i>(Age 0-2) (as set forth in the policy; not subject to deductible)</i>	100%	60%
Well Child <i>(Age 2-7) (as set forth in the policy; not subject to deductible)</i>	100%	45%
Well Child <i>(Age 8-18) (as set forth in the policy)</i>	100% <i>(not subject to deductible)</i>	45% <i>(deductible waived up to combined total of \$500*)</i>
Preventive Care <i>(as set forth in the policy)</i>	100% <i>(not subject to deductible)</i>	45% <i>(deductible waived up to combined total of \$500*)</i>
Maternity Care*	60%	45%
Urgent Care Clinic/Emergency Room*	60%	45%
FACILITY SERVICES <i>(Medical/Rx deductible applies unless specifically stated otherwise.)</i>	PPO	NON-PPO
Inpatient* <i>(semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility etc.)</i>	60%	45%
Outpatient* <i>(surgery and related services, diagnostic x-ray, and laboratory, etc.)</i>	60%	45%
Inpatient Treatment non-Severe Mental Illness** <i>(Eligible expenses are paid up to a maximum of 21 days each calendar year.)</i>	60%	45%
Outpatient Treatment of non-Severe Mental Illness** <i>(Eligible outpatient visits are limited to 20 visits per calendar year.)</i>	60%	45%
Inpatient and Outpatient Treatment of Severe Mental Illness**	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	60%	45%
Medical detoxification**	60%	45%
Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness***	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse***	60%	45%
Medical detoxification***	60%	45%
^ 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 <i>(Medical/Rx deductible applies unless specifically stated otherwise.)</i>	PPO	NON-PPO
Ambulance Services*	60%	45%
Durable Medical Equipment* <i>(Not to exceed purchase cost)</i>	50%	
Diabetes* <i>(Expenses are limited to those related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes.)</i>	60%	45%
Chiropractic*	60%	45%
Prosthetics*	50% for a natural limb or eye lost while insured	
Colonoscopies <i>(subject to the Guidelines of the American Cancer Society)</i>	100% <i>(not subject to deductible)</i>	45% <i>(deductible waived up to combined total of \$500*)</i>
Mammograms <i>(This benefit is available for a baseline for women between ages 35 and 39, and annually for women 40 or older.)</i>	100% <i>(not subject to deductible)</i>	100% of the first \$70 and thereafter at 45% after deductible*
Circumcision*	60%	45%
Sleep Studies*	60%	45%
Sleep Apnea*	60%	45%
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.

\*The calendar year deductible is waived up to a combined total of \$500 for all medical services (except where otherwise specified). 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.