

WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 70/50 2500 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 (Medical deductible applies unless specifically stated otherwise.) Rx deductible is per person.	\$2,500 \$250 (Rx)	\$5,000
Out-of-Pocket Maximum (includes deductible)	\$5,000	\$10,000
Prescriptions: Prescription deductible is waived for generic drugs, but applies to all brand drugs. For generic drugs, the member pays the greater of \$25 or 20%. For brand drugs, the member pays the greater of \$50 or 50% after deductible. (For prescription deductible, please refer to deductible information above.)		
	PLAN PAYS	
PROFESSIONAL SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Office Visit (not subject to deductible)	70%	50%
Well Baby (Age 0-2) (as set forth in the policy: not subject to deductible)	100%	100%
Well Child (Age 2-18) (as set forth in the policy: not subject to deductible)	100%	50%
Preventive Care (as set forth in the policy: not subject to deductible)	100%	50%
Routine Childhood immunizations and influenza immunizations (not subject to deductible)	100%	100%
Maternity Care	70%	50%
Urgent Care Clinic/Emergency Room	70%	50%
FACILITY SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, severe mental illness, etc.)	70%	50%
Outpatient (surgery and related services)	70%	50%
Inpatient Treatment of non-Severe Mental Illness* (Eligible expenses are paid up to a maximum of 21 days each calendar year.)	70%	50%
Outpatient Treatment of non-Severe Mental Illness* (Eligible outpatient visits are limited to 20 visits per calendar year.)	70%	50%
Inpatient and Outpatient Treatment of Severe Mental Illness*	70%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*	70%	50%
Medical detoxification*	70%	50%
Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness**	70%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	70%	50%
Medical detoxification**	70%	50%
* 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 (Medical/Rx deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Ambulance Services	70%	50%
Laboratory Charges & X-rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services)	70%	50%
Laboratory Charges & X-rays (when not performed in conjunction with inpatient services, emergency room services, or surgical center services: not subject to deductible)	70%	50%
Chiropractic	70%	50%
Prosthetics	50% for a natural limb or eye lost while insured	
Colonoscopies Subject to the Guidelines of the American Cancer Society	100% (not subject to deductible)	50%
Mammograms This benefit is available for a baseline for women between ages 35 and 39, and annually for women 40 or older.	100% (not subject to deductible)	100% of the first \$70 and thereafter at 50% after deductible
Circumcision	70%	50%
Sleep Studies	70%	50%
Sleep Apnea	70%	50%
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.