

# WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 70/50 500 & 1000 PLANS

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, no family maximum)	\$500 \$1,000	\$1,000 \$2,000
Calendar Year Deductible with Rx Deductible – Plan 1 Option	\$500 (\$75) \$1,000 (\$100)	\$1,000 \$2,000
Calendar Year Deductible with Rx Deductible – Plan 2 Option	\$500 (\$100) \$1,000 (\$200)	\$1,000 \$2,000
Out-of-Pocket Maximum (includes deductible)	\$500 Plan \$1,000 Plan	\$2,000 \$4,000 \$2,500 \$5,000
Prescriptions Prescription deductible is waived for generic drugs, but applies to all brand drugs. Plan 1 - The member pays 50% of generic drugs, and 50% of brand name drugs after deductible. Plan 2 - The member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs after deductible.		
	PLAN PAYS	
PROFESSIONAL SERVICES (Medical 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 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 for non-Severe Mental Illness* (Eligible expenses are paid up to a maximum of 21 days each calendar year.)	70%	50%
Outpatient Treatment for non-Severe Mental Illness* (Eligible outpatient visits are limited to 20 visits per calendar year.)	70%	50%
Inpatient and Outpatient 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 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 <i>not</i> 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.