

## WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 90/80 PLANS

Applicable to new plan years of policies sold on or after 4/1/2010

MEDICAL & RX DEDUCTIBLE, OUT-OF-POCKET MAXIMUM		INDIVIDUAL	FAMILY
Calendar Year Deductible and Rx Deductible (Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, there is no family maximum.)		\$150 (Rx \$50) \$300 (Rx \$75) \$500 (Rx \$100) \$1,000 (Rx \$2000)	\$450 \$900 \$1,500 \$3,000
Out-of-Pocket Maximum (includes deductible)	\$150 Deductible	\$1,000	\$2,000
	\$300 Deductible	\$1,200	\$2,400
	\$500 Deductible	\$1,500	\$3,000
	\$1,000 Deductible	\$2,000	\$4,000
Annual Maximum Per Person (for essential benefits)		\$2,000,000	N/A
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 20%; for brand drugs, the member pays the greater of \$30 or 30% after deductible. (For prescription deductible, please refer to deductible information listed above.)			
		PLAN PAYS	
PROFESSIONAL SERVICES		PPO	NON-PPO
Office Visit		90%	80%
Well Baby (not subject to deductible)		100%	80%
Well Child (not subject to deductible)		100%	80%
Preventive Care (as set forth in the policy; PPO not subject to deductible; NON-PPO, not subject to deductible for \$150, \$300 plans, after deductible on \$500 and \$1,000 plans)		100%	80%
Maternity Care		90%	80%
Urgent Care Clinic/Emergency Room		90%	80%
FACILITY SERVICES		PPO	NON-PPO
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%
Inpatient Treatment of non-Severe Mental Illness* (Eligible expenses are paid up to a maximum of 21 days each calendar year.)		90%	80%
Outpatient Treatment of non-Severe Mental Illness* (Eligible outpatient visits are limited to 20 visits per calendar year.)		90%	80%
Inpatient and Outpatient Treatment of Severe Mental Illness*		90%	80%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*		90%	80%
Medical detoxification*		90%	80%
Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness**		90%	80%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**		90%	80%
Medical detoxification**		90%	80%
* 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		PPO	NON-PPO
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.)		90%	80%
Durable Medical Equipment (Maximum benefit is \$3,000 per calendar year. Certain types of equipment are paid up to a maximum benefit of \$7,500 per calendar year. Please see policy for specific details.)		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.)		90%	80%
Prosthetics (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000.)		80% for a natural limb or eye lost while insured	
Colonoscopies (subject to the Guidelines of the American Cancer Society)		100% (not subject to deductible)	80%
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 80% after deductible
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.)		90%	80%
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.