

WMI MUTUAL INSURANCE COMPANY – MONTANA WPMA 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 (Medical deductible applies unless specifically stated otherwise.)		\$1,500	\$3,000
Rx Deductible (Optional benefit. Per person deductible; no family deductible nor out-of-pocket maximum)		\$250	N/A
Out-of-Pocket Maximum (includes medical deductible)		\$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. (For prescription deductible, please refer to deductible information above. Prescription drugs are ineligible for the \$500 pre-deductible benefit)		PLAN PAYS	
PROFESSIONAL SERVICES (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Office Visit* (not subject to deductible)		60%	45%
Well Baby (as set forth in the policy; not subject to deductible)		100%	60%
Well Child (as set forth in the policy; not subject to deductible)		100%	45%
Preventive Care (as set forth in the policy)		100% (not subject to deductible)	45% (deductible waived to combined total of \$500*)
Maternity Care*		60%	45%
Urgent Care Clinic/Emergency Room*		60%	45%
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 etc.)		60%	45%
Outpatient* (surgery and related services, diagnostic x-ray and laboratory, etc.)		60%	45%
Inpatient Treatment of non-Severe Mental Illness* [^] (Eligible expenses are paid up to a maximum of 21 days each calendar year.)		60%	45%
Outpatient Treatment of non-Severe Mental Illness* [^] (Eligible outpatient visits are limited to 20 visits per calendar year.)		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* [^] (subject to terms and limitation as set forth for any other illness)		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 (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Ambulance Services*		60%	45%
Durable Medical Equipment* (Not to exceed purchase price)		50%	
Diabetes* (Expenses are limited to those related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes.)		60%	45%
Chiropractic*		60%	45%
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)	45% (deductible waived to combined total of \$500*)
Mammograms (This benefit is available for a baseline for women between ages 35 and 39, and is available annually for women age 40 or older.)		100% (not subject to deductible)	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	

*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.

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document.