

WMI MUTUAL INSURANCE COMPANY – MONTANA WPMA 60/45 1500/3000 HDHP 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 and includes prescription drugs, if the optional prescription benefit is chosen.) | \$1,500* | \$3,000* |
| Out-of-Pocket Maximum (includes deductible) | \$3000* | \$6,000* |
| Prescriptions (Optional Benefit) Applies to deductible after which the member pays 25% for generic prescription drugs and 50% for brand name prescription drugs. | | |
| *The individual deductible and out-of-pocket apply when only one person is covered. The family deductible and family out-of-pocket apply when more than one person is covered. | PLAN PAYS | |
| PROFESSIONAL SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.) | PPO | NON-PPO |
| Office Visit | 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) (age 2-7) | 100% | 45% |
| Well Child (as set forth in the policy) (age 8-18) | 100% (not subject to deductible) | 45% (deductible waived to combined total of \$500**) |
| 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/Rx 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 for non-Severe Mental Illness [^] (Eligible expenses are paid up to a maximum of 21 days each calendar year.) | 60% | 45% |
| Outpatient Treatment for non-Severe Mental Illness [^] (Eligible outpatient visits are limited to 20 visits per calendar year.) | 60% | 45% |
| Inpatient and Outpatient Treatment for 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 for 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/Rx 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% |
| Mammograms (This benefit is available for a baseline for women between ages 35 and 39, and 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 these services. 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.