

# WMI MUTUAL INSURANCE COMPANY – MONTANA WPMA 2500 60/45 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 <span style="color: red;">(Medical deductible applies unless specifically stated otherwise and includes prescription drugs, if the optional prescription benefit is chosen.)</span>	\$2,500	\$5,000
Out-of-Pocket Maximum (includes deductible)	\$5000	\$10,000
Prescriptions (Optional Benefit) Applies to deductible after which the member pays 25% for generic prescription drugs and 50% for brand name prescription drugs.	<b>PLAN PAYS</b>	
PROFESSIONAL SERVICES <small>(Medical/Rx deductible applies unless specifically stated otherwise.)</small>	PPO	NON-PPO
Office Visit	60%	45%
Well Baby (as set forth in the policy; <span style="color: red;">not subject to deductible</span> )	100%	60%
Well Child (as set forth in the policy; <span style="color: red;">not subject to deductible</span> ) (age 2-7)	100%	45%
Well Child (as set forth in the policy) (age 8-18)	100% <span style="color: red;">(not subject to deductible)</span>	45% (deductible waived to combined total of \$500*)
Preventive Care (as set forth in the policy)	100% <span style="color: red;">(not subject to deductible)</span>	45% (deductible waived to combined total of \$500*)
Maternity Care	60%	45%
Urgent Care Clinic/Emergency Room	60%	45%
FACILITY SERVICES <small>(Medical/Rx deductible applies unless specifically stated otherwise.)</small>	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 <sup>^</sup> (Eligible expenses are paid up to a maximum of 21 days each calendar year.)	60%	45%
Outpatient Treatment of non-Severe Mental Illness <sup>^</sup> (Eligible outpatient visits are limited to 20 visits per calendar year.)	60%	45%
Inpatient and Outpatient Treatment of Severe Mental Illness <sup>^</sup>	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse <sup>^</sup>	60%	45%
Medical detoxification <sup>^</sup> (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 <sup>^^</sup>	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse <sup>^^</sup>	60%	45%
Medical detoxification <sup>^^</sup>	60%	45%
<sup>^</sup> These are the benefits for small employers (employers with 50 or fewer employees).		
<sup>^^</sup> 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 <small>(Medical/Rx deductible applies unless specifically stated otherwise.)</small>	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% <span style="color: red;">(not subject to deductible)</span>	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% <span style="color: red;">(not subject to deductible)</span>	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.