

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

Applies to non-grandfathered plans that are transitional or are large group.

MEDICAL DEDUCTIBLE, Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM		INDIVIDUAL	FAMILY
Calendar Year deductible and Rx deductible (Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, no family maximum.)		\$150 (Rx \$50) \$300 (Rx \$75) \$500 (Rx \$100) \$1,000 (Rx \$200)	\$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
	\$1000 Deductible	\$2,000	\$4,000
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 20%. For brand drugs, the member pays the greater of \$30 or 30% after deductible. (For prescription deductible, please refer to deductible information above.)		
		PLAN PAYS	
PROFESSIONAL SERVICES (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Office Visit		90%	80%
Well Baby (as set forth in the policy: <b>not subject to deductible</b> )		100%	80%
Well Child (as set forth in the policy: <b>not subject to deductible</b> )		100%	80%
Preventive Care (as set forth in the policy)		100% (not subject to deductible)	80% (deductible waived on \$150 and \$300 deductible plans)
Maternity Care		90%	80%
Urgent Care Clinic/Emergency Room		90%	80%
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.)		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* (subject to terms and limitation as set forth for any other illness)		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** (subject to terms and limitation as set forth for any other illness)		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 (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Ambulance Services		90%	80%
Durable Medical Equipment (Not to exceed purchase price)		80%	
Chiropractic		90%	80%
Prosthetics		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 (subject to the following guidelines: one baseline for women between ages 35 and 39, and annually for women 40 years or older)		100% (not subject to deductible)	100% of the first \$70 and thereafter at 80% after deductible
Circumcision		90%	80%
Sleep Studies		90%	80%
Sleep Apnea		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.