

## WMI MUTUAL INSURANCE COMPANY - UTAH 1500 60/45 PLAN

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

MEDICAL/Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Medical Deductible/Rx Deductible (applies unless specifically stated otherwise; Rx benefits optional)	\$1,500 (\$250)	\$3,000 (N/A)
Out-of-Pocket Maximum (includes medical deductible)	\$3,000	\$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. Prescription drugs are ineligible for the \$500 pre-deductible medical benefit.		
<b>Medical Deductible applies to all services below unless specifically stated otherwise.</b>	<b>PLAN PAYS</b>	
<b>PROFESSIONAL SERVICES</b> (for all services marked with * see footnote)	<b>PPO</b>	<b>NON-PPO</b>
Office Visit/Urgent Care Clinic*	60%	45%
Well Baby (as set forth in the policy)	100% <small>(not subject to deductible)</small>	60% <small>(not subject to deductible)</small>
Well Child (as set forth in the policy)	100% <small>(not subject to deductible)</small>	45% <small>(deductible waived up to combined total of \$500*)</small>
Preventive Care (as set forth in the policy)	100% <small>(not subject to deductible)</small>	45% <small>(deductible waived up to combined total of \$500*)</small>
Maternity Care*	60%	45%
<b>FACILITY SERVICES</b> (for all services marked with * see footnote)	<b>PPO</b>	<b>NON-PPO</b>
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%
Emergency Room*	60%	45%
Inpatient Mental Illness (small employers)** <small>Eligible expenses are paid at up to a maximum of 15 days each calendar year.</small>	50%	
Outpatient Mental Illness (small employers)** <small>Eligible outpatient visits are limited to 25 visits covered by plan per calendar year.</small>	50%	
Inpatient Treatment of Alcohol or Substance Abuse (small employers)**	<small>Eligible expenses are paid at 50% and are covered by the plan to a maximum of 5 days in any 12 month period. There is also a lifetime maximum of 10 inpatient days.</small>	
Outpatient Treatment of Alcohol or Substance Abuse (small employers)**	<small>Eligible expenses are paid at 50% and are covered by the plan to a maximum of 20 visits per calendar year.</small>	
Inpatient and Outpatient Treatment of Mental Illness (large employers)**^	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse (large employers)**^	60%	45%
^ There are three employer options for mental illness, alcohol and substance abuse for small employers (employers with 50 or fewer employees: (1) The one listed above; (2) no mental health or Rx benefit; or (3) catastrophic coverage. A separate individual and family out-of-pocket maximum applies when the catastrophic coverage option is selected.		
^^ There are two employer options for mental illness, alcohol and substance abuse for large employers (employers with 51 or more employees): (1) the one listed above ("parity"); or (2) no mental illness and alcohol or substance abuse treatment or Rx benefit.		
<b>MISCELLANEOUS</b> (for all services marked with * see footnote)	<b>PPO</b>	<b>NON-PPO</b>
Ambulance Services*	60%	45%
Laboratory charges and x-rays*	60%	45%
Durable Medical Equipment* (See policy for specific details.)	50%	
Chiropractic* (Plan payment will not exceed \$2,000 per calendar year; \$2,000 limitation does not apply for treatment rendered within 6 months of spinal surgery.)	60%	45%
Prosthetics*	50% for a natural limb or eye lost while insured	
Diabetes* (expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes)	60%	
Colonoscopies (Subject to the guidelines of the American Cancer Society)	100% <small>(not subject to deductible)</small>	45% <small>(deductible waived up to combined total of \$500*)</small>
Mammograms (subject to the following guidelines: one baseline for women between ages 35 and 39; annually for women 40 years or older)	100% <small>(not subject to deductible)</small>	45% <small>(deductible waived up to combined total of \$500*)</small>
Circumcision* (if performed within 30 days of birth or adoption to a maximum payment of \$150)	60%	45%
Sleep Studies* (This benefit is limited to a lifetime maximum plan payment of \$1,000.)	60%	45%
Sleep Apnea* (This benefit is limited to a lifetime maximum plan payment of \$5,000.)	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.