

## WMI MUTUAL INSURANCE COMPANY – UTAH 70/55 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.)		\$1,000 (Rx \$250) \$2,500 (Rx \$500)	\$3,000 \$7,500
Out-of-Pocket Maximum (includes medical deductible)		\$1000 Deductible \$2500 Deductible	\$2,000 \$5,000 \$4,000 \$10,000
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.)		
		PLAN PAYS	
PROFESSIONAL SERVICES (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Office Visit/Urgent Care Clinic (not subject to deductible)		70%	55%
Well Child (as set forth in the policy; not subject to deductible)		100%	55%
Preventive Care (as set forth in the policy; not subject to deductible)		100%	55%
Maternity Care		70%	55%
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.)		70%	55%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)		70%	55%
Emergency Room		70%	55%
Inpatient Mental Illness (small employers)* Eligible expenses are paid at up to a maximum of 15 days each calendar year.		70%	55%
Outpatient Mental Illness (small employers)* Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.		70%	55%
Inpatient Treatment of Alcohol or Substance Abuse (small employers)*		Eligible expenses are paid at 50% after deductible 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.	
Outpatient Treatment of Alcohol or Substance Abuse (small employers)*		Eligible expenses are paid at 50% after deductible and are covered by the plan to a maximum of 20 visits per calendar year.	
Inpatient and Outpatient Treatment of Mental Illness (large employers)**		70%	55%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse (large employers)**		70%	55%
* 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.			
MISCELLANEOUS (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Supplemental Accident Expense Benefit (\$300 per accident; not subject to deductible)		70%	55%
Ambulance Services		70%	55%
Laboratory charges and X-rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services)		70%	55%
Laboratory charges and X-rays (when not performed in conjunction with inpatient services, emergency room services, or surgical center services) (not subject to deductible)		70%	55%
Durable Medical Equipment (Not to exceed purchase price)		70%	
Chiropractic (This benefit is limited to \$2,000 per calendar year; \$2,000 limitation does not apply for treatment rendered within six months of spinal surgery.)		70%	55%
Prosthetics		70% for natural limb or eye lost while insured	
Colonoscopies (subject to the guidelines of the American Cancer Society)		100% (not subject to deductible)	55%
Mammograms (subject to the following guidelines: one baseline for women between ages 35 and 39; every two years for women 40 through 49; and annually for women 50 years or older)		100% (not subject to deductible)	55%
Circumcision (if performed within 30 days of birth or adoption to a maximum payment of \$150)		70%	55%
Sleep Studies (This benefit is limited to a lifetime maximum plan payment of \$1,000.)		70%	55%
Sleep Apnea (This benefit is limited to a lifetime maximum plan payment of \$5,000.)		70%	55%
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.