

## WMI MUTUAL INSURANCE COMPANY – UTAH 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 <b>(Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, no family maximum.)</b>		\$150 (Rx \$50) \$300 (Rx \$75) \$500 (Rx \$100) \$1,000 (Rx \$200)	\$450 \$900 \$1,500 \$3,000
Out-of-Pocket Maximum (includes medical 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 <b>(Medical deductible applies unless specifically stated otherwise.)</b>		PPO	NON-PPO
Office Visit/Urgent Care Clinic		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% <b>(not subject to deductible)</b>	80% After deductible <b>(deductible waived on \$150 and \$300 deductible plans)</b>
Maternity Care		90%	80%
FACILITY SERVICES <b>(Medical deductible applies unless specifically stated otherwise.)</b>		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%
Emergency Room		90%	80%
Inpatient Mental Illness (small employers)* Eligible expenses are paid at up to a maximum of 15 days each calendar year.		60%	50%
Outpatient Mental Illness (small employers)* Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.		60%	50%
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)**		90%	80%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse (large employers)**		90%	80%
* 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 <b>(Medical deductible applies unless specifically stated otherwise.)</b>		PPO	NON-PPO
Ambulance Services		90%	80%
Durable Medical Equipment (Limited to no more than the purchase price..)		80%	
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.)		90%	80%
Prosthetics		80% for a natural limb or eye lost while insured	
Colonoscopies (subject to the guidelines of the American Cancer Society)		100% <b>(not subject to deductible)</b>	80%
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% <b>(not subject to deductible)</b>	80%
Circumcision (if performed within 30 days of birth or adoption to a maximum payment of \$150)		90%	80%
Sleep Studies (This benefit is limited to a lifetime maximum plan payment of \$1,000.)		90%	80%
Sleep Apnea (This benefit is limited to a lifetime maximum plan payment of \$5,000.)		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.