

WMI MUTUAL INSURANCE COMPANY - UTAH 1500/3000 60/45 HDHP ENDORSEMENT

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

MEDICAL/Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM (Rx Benefits Optional)	INDIVIDUAL	FAMILY
Calendar Year Deductible (applies unless specifically stated otherwise and includes prescription drugs.)	\$1,500*	\$3,000*
Out-of-Pocket Maximum (includes medical deductible)	\$3,000*	\$6,000*
Prescriptions Applies to medical/Rx deductible after which the member pays 25% for generic prescription drugs and 50% for brand prescription drugs.		
* The individual deductible and out-of-pocket apply when only one person is covered. The family deductible and out-of-pocket apply when more than one person is covered.	PLAN PAYS	
PROFESSIONAL SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
Office Visit/Urgent Care Clinic	60%	45%
Well Baby (as set forth in the policy)	100% <i>(not subject to deductible)</i>	60% <i>(not subject to deductible)</i>
Well Child (as set forth in the policy)	100% <i>(not subject to deductible)</i>	45% <i>(deductible waived up to combined total of \$500*)</i>
Preventive Care (as set forth in the policy)	100% <i>(not subject to deductible)</i>	45% <i>(deductible waived to combined total of \$500*)</i>
Maternity Care	60%	45%
FACILITY SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.)	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%
Emergency Room	60%	45%
Inpatient Mental Illness (small employers) ^ Eligible expenses are paid at up to a maximum of 15 days each calendar year.	50%	
Outpatient Mental Illness (small employers) ^ Eligible outpatient visits are limited to 25 visits covered by plan per calendar year.	50%	
Inpatient Treatment of Alcohol or Substance Abuse (small employers) ^	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.	
Outpatient Treatment of Alcohol or Substance Abuse (small employers) ^	Eligible expenses are paid at 50% and are covered by the plan to a maximum of 20 visits per calendar year.	
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.		
MISCELLANEOUS (Medical/Rx deductible applies unless specifically stated otherwise.)	PPO	NON-PPO
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 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% <i>(not subject to deductible)</i>	45%
Mammograms (subject to the following guidelines: one baseline for women between ages 35 and 39; annually for women 40 years or older)	100% <i>(not subject to deductible)</i>	45%
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 these medical 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.