WMI MUTUAL INSURANCE™ COMPANY
Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020
Benefit Plan(s) Offered **A, G and N**

This chart shows the benefits included in each of the Standard Medicare Supplement Plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Note: A √ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	**B**	**D**	**G**[1]	**K**	**L**	**M**	**N**	**C**	**F**[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up.	√	√	√	√	√	√	√	√	√	√
Medicare Part B coinsurance or Copayment	√	√	√	√	50%	75%	√	√ copays apply[3]	√	√
Blood (first three pints)	√	√	√	√	50%	75%	√	√	√	√
Part A hospice care coinsurance or copayment	√	√	√	√	50%	75%	√	√	√	√
Skilled nursing facility coinsurance			√	√	50%	75%	√	√	√	√
Medicare Part A deductible		√	√	√	50%	75%	50%	√	√	√
Medicare Part B deductible									√	√
Medicare Part B excess charges				√						√
Foreign travel emergency (up to plan limits)			√	√			√	√	√	√
Out-of-pocket limit in [2026][2]					[$8000][2]	[$4000][2]				

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of [$2950] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.
[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.
[3] Plan N pays 100% of the Part B coinsurance, except for a co-payment of $20 for some office visits and a $50 co-payment for emergency room visits that do not result in an inpatient admission.

PREMIUM INFORMATION

WMI Mutual Insurance Company ("WMI") offers Medicare supplement plans with attained-age premiums. When you enroll in an attained-age plan, your premium will increase as you age. In addition, premiums may increased due to medical inflation or overall claims experience.

The monthly "under age 65" rates shown in the tables below are only applicable to applicants who are eligible for Medicare due to disability.

The monthly Preferred rates below are for applicants who are in their open enrollment period (non-smoker only), who qualify for guarantee issue (non-smoker only), or who qualify for a Preferred rate upon completion of underwriting.

Monthly Preferred Age Rates			
MONTANA	**A**	**G***	**N**
Under 65	[$559	[$748	[$622
65	$110	$148	$123
66	$115	$153	$128
67	$119	$159	$133
68	$124	$165	$137
69	$128	$173	$143
70	$133	$177	$148
71	$137	$184	$153
72	$143	$191	$158
73	$148	$198	$164
74	$153	$203	$169
75	$157	$210	$174
76	$161	$216	$180
77	$167	$223	$185
78	$172	$228	$190
79	$175	$236	$196
80	$181	$242	$200
81	$185	$248	$206
82	$189	$253	$212
83	$195	$261	$216
84	$199	$267	$222
85+	$203]	$274]	$227]

*Plan G does not include the high deductible option.

The monthly Standard rates below are for applicants who are in their open enrollment period (smoker only), who qualify for guarantee issue (smoker only), who are not in their open enrollment period, who do not qualify for guarantee issue, who do not qualify for a Preferred rate, but who qualify for a Standard rate upon completion of underwriting.

Monthly Standard Age Rates			
MONTANA	**A**	**G***	**N**
Under 65	[$559	[$748	[$622
65	$137	$185	$153
66	$143	$192	$160
67	$149	$199	$166
68	$155	$206	$172
69	$160	$216	$179
70	$166	$222	$185
71	$172	$230	$192
72	$179	$239	$198
73	$185	$248	$205
74	$192	$253	$212
75	$196	$262	$218
76	$202	$271	$225
77	$209	$279	$232
78	$215	$285	$238
79	$219	$295	$245
80	$226	$302	$250
81	$232	$311	$258
82	$236	$316	$265
83	$243	$326	$271
84	$249	$333	$278
85+	$253]	$342]	$283]

*Plan G does not include the high deductible option.

The monthly Non-Standard rates below are for applicants who are not in their open enrollment period, who do not qualify for guarantee issue, who do not qualify for a Preferred rate or a Standard rate, but who qualify for a Non-Standard rate upon completion of underwriting.

Monthly Non-Standard Age Rates			
MONTANA	**A**	**G***	**N**
Under 65	[$559	[$748	[$622
65	$185	$249	$207
66	$193	$259	$216
67	$201	$269	$224
68	$209	$278	$232
69	$216	$292	$242
70	$224	$299	$249
71	$232	$311	$259
72	$242	$323	$267
73	$249	$334	$276
74	$259	$342	$286
75	$265	$354	$294
76	$272	$365	$303
77	$282	$377	$313
78	$290	$385	$321
79	$296	$398	$330
80	$305	$408	$338
81	$313	$419	$348
82	$319	$427	$357
83	$328	$441	$365
84	$336	$450	$375
85+	$342]	$462]	$383]

*Plan G does not include the high deductible option.

PREMIUM INFORMATION

WMI can only raise your premium if we raise the premium for all policies like yours in this state. You will be notified of any change in premium, other than an automatic increase due to age, at least 30 days in advance. Your premium rates will change automatically each year according to your age on the policy renewal date.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to WMI, PO Box 572450, Salt Lake City, UT, 84157-2450. If you send the policy back to us within thirty (30) days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither WMI nor its agents are connected with Medicare.

This outline does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare & You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to truthfully and completely answer all questions about your medical and health history. WMI may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

PLAN A

MEDICARE (PART A)-HOSPITAL SERVICES- PER BENEFIT PERIOD

* A benefit period begins on the first day you received service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,736]	$0	$[1,736] (Part A deductible)
61st through 90th day	All but $[434] a day	$[434] a day	$0
91st day and after			
--While using 60 lifetime reserve days	All but $[868] a day	$[868] a day	$0
--Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
--Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $[217] a day	$0	Up to $[217] a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/co-insurance for outpatient drugs and respite care	Medicare copayment/co-insurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed $[283] of Medicare-approved amounts for covered services equal to the Part B deductible (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First $[283] of Medicare Approved Amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[283] of Medicare approved amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PLAN A

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment first $[283] of Medicare approved amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	$0

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,736]	$[1,736] (Part A Deductible)	$0
61st through 90th day	All but $[434] a day	$[434] a day	$0
91st day and after			
While using 60 lifetime reserve days	All but $[868] a day	$[868] a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $[217] a day	Up to $[217] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/co-insurance for outpatient drugs and respite care	Medicare copayment/co-insurance	$0

**When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed $[283] of Medicare-approved amounts for covered services equal to the Part B deductible (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First $[283] of Medicare Approved Amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $[283] of Medicare approved amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $[283] of Medicare approved amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	$0

PLAN G

OTHER BENEFITS -- NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,736]	$[1,736] (Part A Deductible)	$0
61st through 90th day	All but $[434] a day	$[434] a day	$0
91st day and after			
While using 60 lifetime reserve days	All but $[868] a day	$[868] a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $[217] a day	Up to $[217] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/co-insurance for outpatient drugs and respite care	Medicare copayment/co-insurance	$0

**When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed $[283] of Medicare-approved amounts for covered services equal to the Part B deductible (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First $[283] of Medicare Approved Amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to [$20] per office visit and up to [$50] per emergency room visit. The co-payment of up to [$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to [$20] per office visit and up to [$50] per emergency room visit. The co-payment of up to [$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare approved amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[283] of Medicare approved amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $[283] of Medicare approved amounts*	$0	$0	$[283] (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	$0

PLAN N

OTHER BENEFITS -- NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum