

WMI MUTUAL INSURANCE COMPANY – MONTANA WPMA 60/45 2500 HDHP PLAN

Applicable to new plan years of policies sold on or after 4/1/2010

MEDICAL/ RX DEDUCTIBLE, OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Deductible (Medical deductible applies unless specifically stated otherwise and includes prescription drugs.)	\$2,500	\$5,000
Out-of-Pocket Maximum (includes deductible)	\$5000	\$10,000
Annual Maximum Per Person (for essential benefits)	\$2,000,000	\$2,000,000 Per Covered Person
Prescriptions Applies to Rx deductible after which the member pays 25% for generic prescription drugs and 50% for brand name prescription drugs.		
	PLAN PAYS	
PROFESSIONAL SERVICES	PPO	NON-PPO
Office Visit	60%	45%
Well Baby (As set forth in the policy; not subject to deductible)	100%	60%
Well Child (As set forth in the policy; not subject to deductible) (Age 2-7)	100%	45%
Well Child (As set forth in the policy) (Age 8-18)	100% (not subject to deductible)	45% (deductible waived to combined total of \$500*)
Preventive Care (As set forth in the policy)	100% (not subject to deductible)	45% (deductible waived to combined total of \$500*)
Maternity Care	60%	45%
Urgent Care Clinic/Emergency Room	60%	45%
FACILITY SERVICES	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%
Inpatient non-Severe Mental Illness [^] (Eligible expenses are paid up to a maximum of 21 days each calendar year)	60%	45%
Outpatient non-Severe Mental Illness [^] (Eligible outpatient visits are limited to 20 visits per calendar year)	60%	45%
Inpatient and Outpatient Severe Mental Illness [^]	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse [^]	60%	45%
Medical detoxification [^] (Subject to terms and limitation as set forth for any other illness)	60%	45%
Inpatient and Outpatient Severe and non-Severe Mental Illness ^{^^}	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse ^{^^}	60%	45%
Medical detoxification ^{^^}	60%	45%
[^] These are the benefits for small employers (employers with 50 or fewer employees)		
^{^^} There are two employer options for large employers (employers with 51 or more employees): (1) The option shown above ("parity"), or (2) No benefits for mental illness, treatment for alcohol or substance abuse or medical detoxification.		
MISCELLANEOUS	PPO	NON-PPO
Ambulance Services (The benefit for ground ambulance is limited to \$2,500 per occurrence and the benefit for air ambulance is limited to \$15,000 per occurrence.)	60%	45%
Durable Medical Equipment Up to a maximum benefit of \$3,000 per calendar year. Certain types of equipment are paid up to a maximum benefit of \$7,500 per calendar year. Please see policy for specific details.	50%	
Diabetes (Expenses are limited to those related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes.)	60%	45%
Chiropractic (Plan payment will not exceed \$2,000 per calendar year (\$2,000 limitation does not apply for treatment rendered within six months of spinal surgery.)	60%	45%
Prosthetics (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000)	50% for a natural limb or eye lost while insured	
Colonoscopies (Subject to the Guidelines of the American Cancer Society)	100% (Not subject to deductible)	45%
Mammograms (This benefit is available for a baseline for women between ages 35 and 39, and annually for women 40 or older.)	100% (Not subject to deductible)	100% of the first \$70 and thereafter at 45% after deductible
Circumcision (If performed within 30 days of birth or adoption to a maximum plan payment of \$150)	60%	45%
Sleep Studies (Eligible expenses are paid to a lifetime maximum of \$1,000)	60%	45%
Sleep Apnea (Eligible expenses are paid to a lifetime maximum plan payment of \$5,000)	60%	45%
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.

Preexisting conditions are excluded from coverage for a period of 12 months (18 months for late enrollees); however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage. Children 18 and younger are exempt from the preexisting condition exclusion.

*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.