

WMI MUTUAL INSURANCE COMPANY

Patient Protection and Affordability Care Act (“PPACA”) Amendment 2

This health insurance issuer believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your policy may not include certain consumer protections of the Affordable Care Act that apply to other plans (e.g., the requirement for the provision of preventive health services without any cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act (e.g., the elimination of lifetime limits on benefits).

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to WMI Mutual Insurance Company at 1-800-748-5340 or 801-263-8000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The provisions below are required by federal health care reform. The effective date of these provisions is the plan renewal date on or after January 1, 2014. These provisions replace any language in the Policy to the contrary. These provisions also replace any language in any previous amendments to the contrary. Benefits that are mandated by state law that are more generous than those required by federal health care reform will continue in force at the current benefit level.

Dependent Age

The limiting age for a dependent child who is not disabled is until attainment of twenty-six (26) years. This applies regardless of the eligibility for the dependent child to enroll in his/her own employer-sponsored health plan.

Annual Limit

The maximum annual benefit (per Insured) of two-million dollars for essential benefits is removed. Any other dollar limit for a specific benefit that is referenced in the plan pertains only to those health care services and supplies that are not essential benefits as defined in PPACA.

Preexisting Condition

This amendment removes the preexisting condition exclusion in the plan. This amendment also removes any references to creditable coverage in the plan.

Waiting Period

The maximum waiting period for a new employee to be eligible for coverage is 90 days. For a waiting period of 60 days or less, coverage will become effective on the first day of the month following the satisfaction of the waiting period. For a waiting period of 90 days, coverage will become effective on the first day of the month preceding the satisfaction of the waiting period.

Conversion and Extension of Benefits

The conversion provision of the plan is removed. The extension of benefits provision is also removed. Coverage may be obtained through the Health Insurance Marketplace (the “exchange”) on a guarantee-issued basis.