

**WMI Mutual Insurance Company  
Arizona 80/60 Plans**

Applicable to plans that existed prior to March 23, 2010 and are grandfathered under federal health care law.

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum) (Deductible applies unless specifically stated otherwise.)	\$150 (Rx \$50)	\$450
	\$300 (Rx \$75)	\$900
	\$500 (Rx \$100)	\$1,500
	\$1,000 (Rx \$200)	\$3,000
Out-of-Pocket Maximum (includes deductible)	\$2,000	\$4,000
	\$2,400	\$4,800
	\$3,000	\$6,000
	\$4,000	\$8,000
Annual Maximum Per Person	\$2,000,000	N/A
Professional Services	Plan Pays:	
	PPO	Non-PPO
Office Visit*	80%	60%
Well Child (as set forth in the policy)	80% (Deductible waived. See policy for details.)	
Preventive Care (Insureds 19 or older have \$300 annual maximum)	80% (Deductible waived on \$150 and \$300 plans. See policy for details.)	
Maternity Care	80%	60%
Urgent Care Clinic/Emergency Room	80%	60%
Facility Services	Plan Pays:	
	PPO	Non-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	80%	60%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	80%	60%
Emergency Room	80%	60%
Inpatient Mental Illness*	60%	50%
	Eligible expenses are paid at up to a maximum of 15 days each calendar year.	
Outpatient Mental Illness*	60%	50%
	Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.	
Inpatient Treatment of Alcohol or Substance Abuse*	50%	
Outpatient Treatment of Alcohol or Substance Abuse*	50%	
Inpatient and Outpatient Mental Illness Care**	60%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	60%	50%
*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 listed above ("parity"); or (2) no benefits for mental illness and alcohol or substance abuse treatment.		
Miscellaneous	Plan Pays:	
	PPO	Non-PPO
Prescriptions	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.)	
Ambulance Services	80%	60%
	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.	
Durable Medical Equipment	80% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 80% up to a maximum benefit of \$7,500 per Calendar Year. See policy for specific details.	
Prosthetics	80% for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	
Colonoscopies	80%	60%
	Subject to the guidelines of the American Cancer Society	
Mammograms	80%	60%
	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.	
Circumcision	80% If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Chiropractic	80%	60%
Sleep Studies	80%	60%
	Eligible expenses are paid to a lifetime maximum plan payment of \$1,000.	
Sleep Apnea	Eligible expenses are paid to a lifetime maximum plan payment of \$5,000.	
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.**