

**WMI Mutual Insurance Company
Nevada 90/80 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
	In-Network	Out-of-Network	
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum) (Medical 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 and eligible charges paid by insured)			No individual may contribute more than one-half of the family out-of-pocket maximum and each individual must satisfy an individual deductible (unless the family deductible has been satisfied).
	\$150 Deductible	\$1,000	\$2,000
	\$300 Deductible	\$1,000	\$2,000
	\$500 Deductible	\$2,000	\$4,000
	\$1000 Deductible	\$2,000	\$4,000
Annual Maximum Per Person		\$2,000,000	N/A
Professional Services	Plan Pays:		
	PPO		Non-PPO
Office Visit	90%		80%
Well Baby (as set forth in the policy)	90% (Not subject to Deductible)		80% (Not subject to Deductible)
Well Child (as set forth in the policy)	90% (Not subject to Deductible)		80% (Not subject to Deductible)
Preventive Care (insureds 19 or older have \$300 annual maximum)	90% (Deductible waived on \$150 and \$300 plans. See policy for details.)		80% (Deductible waived on \$150 and \$300 plans. See policy for details.)
Maternity Care	90%		80%
Urgent Care Clinic/Emergency Room	90%		80%
Facility Services	Plan Pays:		
	PPO		Non-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	90%		80%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	90%		80%
Emergency Room	90%		80%
Inpatient Treatment for Severe Mental Illness and non-Severe Mental Illness*	Eligible expenses are paid at up to a maximum of 40 days for Severe Mental Illness and 15 days for Mental Illness each calendar year.		
Outpatient Severe Mental Illness and non-Severe Mental Illness*	Eligible outpatient visits are limited to 40 visits for Severe Mental Illness (excluding visits for the management of medication) and 20 visits for Mental Illness covered by plan per calendar year.		
Alcohol or Substance Abuse*	90%		80%
Inpatient and Outpatient Treatment for Mental Illness**	90%		80%
Inpatient and Outpatient Treatment for Alcohol or Substance Abuse**	90%		80%
*These are the benefits for mental illness and alcohol or substance abuse for small employers (employers with 50 or fewer employees).			
**There are two employers options for mental illness and alcohol or 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 coverage.			
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	90%		80%
Durable Medical Equipment	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.		
Prosthetics	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.		
Chiropractic	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	90% (After Deductible)		80%
Mammograms	Plan payment will not exceed \$2,000 per Calendar Year (\$2,000 limitation does not apply for treatment rendered with six months of spinal surgery. There is no 100% benefit at any time, and this benefit is not increased after the satisfaction of the out-of-pocket amount.		
Circumcision	90%		80%
Sleep Apnea	Subject to the guidelines of the American Cancer Society		
Organ Transplants	90%		80%
	Subject to the following guidelines: One baseline for women between ages 35 and 40; and annually for women 40 years or older.		
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.		
	Eligible expenses are paid up to a lifetime maximum plan payment of \$5,000.		
	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.