

WMI MUTUAL INSURANCE COMPANY - WASHINGTON 1500/3000 60/40 HDHP ENDORSEMENT

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

MEDICAL/Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year (applies unless specifically stated otherwise and includes prescription drugs.)	\$1,500*	\$3,000*
Out-of-Pocket Maximum (includes deductible)	\$3,000*	\$6,000*
Annual Maximum Per Person (for essential benefits)	\$2,000,000	\$2,000,000 Per Covered Person
Prescriptions Applies to medical/Rx deductible after which the member pays 25% for generic prescription drugs and 50% for brand prescription drugs.		
* The individual deductible and out-of-pocket apply when only one person is covered. The family deductible and out-of-pocket applies when more than one person is covered.		
	PLAN PAYS	
PROFESSIONAL SERVICES	PPO	NON-PPO
Office Visit/Urgent Care Clinic	60%	40%
Well Baby (as set forth in the policy)	100% (not subject to deductible)	60% (not subject to deductible)
Well Child (as set forth in the policy)	100% (not subject to deductible)	40% (deductible waived up to combined total of \$500**)
Preventive Care (as set forth in the policy)	100% (not subject to deductible)	40% (deductible waived up to combined total of \$500**)
Maternity Care	60%	40%
FACILITY SERVICES	PPO	NON-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	60%	40%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	60%	40%
Emergency Room	60%	40%
Inpatient/Outpatient Mental Illness	60%	40%
Inpatient/Outpatient Treatment of Alcohol or Substance Abuse	60%	40%
MISCELLANEOUS	PPO	NON-PPO
Ambulance Services (Limited to benefit of \$2,500 per occurrence for ground and \$15,000 per occurrence for air)	60%	40%
Durable Medical Equipment (Up to a maximum benefit of \$3,000 per calendar year. Certain types of equipment are paid at 50% up to a maximum benefit of \$7,500 per calendar year. See policy for specific details.)	50%	
Prosthetics (Only the initial prosthesis is eligible to a maximum plan payable amount of \$5,000 by plan)	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)	40%
Mammograms (Subject to following guidelines: One baseline for women between ages 35 and 39. Annually for women 40 years or older)	100% (not subject to deductible)	40%
Circumcision (If performed within 30 days of birth or adoption to a maximum payment of \$150)	60%	40%
Diabetes (Expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes)	60%	40%
Treatment of craniomandibular and Temporomandibular joint disorders (Eligible expenses are covered to a maximum \$1,000 per calendar year and a maximum \$5000 per lifetime)	60%	40%
Sleep Studies (This benefit is limited to a lifetime maximum plan payment of \$1,000)	60%	40%
Sleep Apnea (This benefit is limited to a lifetime maximum plan payment of \$5,000)	60%	40%
Chiropractic	60%	40%
Organ Transplants	Please see policy for specific details	

** 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.

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 3 months; 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.