

WMI MUTUAL INSURANCE COMPANY – WASHINGTON 90/80 PLANS

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

MEDICAL DEDUCTIBLE, Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM		INDIVIDUAL	FAMILY
Calendar Year deductible and Rx deductible (Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, no family maximum)		\$150 (Rx \$50) \$300 (Rx \$75) \$500 (Rx \$100) \$1,000 (Rx \$200)	\$450 \$900 \$1,500 \$3,000
Out-of-Pocket Maximum (includes deductible)	\$150 Deductible	\$1,000	\$2,000
	\$300 Deductible	\$1,200	\$2,400
	\$500 Deductible	\$1,500	\$3,000
	\$1000 Deductible	\$2,000	\$4,000
Annual Maximum Per Person (for essential benefits)		\$2,000,000	N/A
Prescriptions After the per person Rx 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 above.)			
		PLAN PAYS	
PROFESSIONAL SERVICES		PPO	NON-PPO
Office Visit/Urgent Care Clinic		90%	80%
Well Baby (as set forth in the policy; not subject to deductible)		100%	80%
Well Child (as set forth in the policy; not subject to deductible)		100%	80%
Preventive Care (as set forth in the policy)		100% (not subject to deductible)	80% (deductible waived on \$150 and \$300 deductible plans)
Maternity Care		90%	80%
FACILITY SERVICES		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/Outpatient Mental Illness		90%	80%
Inpatient/Outpatient Treatment of Alcohol or Substance Abuse		90%	80%
MISCELLANEOUS		PPO	NON-PPO
Ambulance Services (Limited to benefit of \$2,500 per occurrence for ground and \$15,000 for air per occurrence)		90%	80%
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)		80%	
Chiropractic		90%	80%
Prosthetics (Only the initial prosthesis is eligible to a maximum plan payable amount of \$5,000 by plan)		80% for a natural limb or eye lost while insured	
Colonoscopies (Subject to the guidelines of the American Cancer Society)		100% (not subject to deductible)	80%
Mammograms (Subject to 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)		100% (not subject to deductible)	80%
Treatment for craniomandibular and temporomandibular joint disorders Eligible expenses are covered to a maximum \$1,000 per calendar year and a maximum \$5,000 per lifetime.		90%	80%
Circumcision (If performed within 30 days of birth or adoption to a maximum payment of \$150)		90%	80%
Sleep Studies (Eligible expenses are paid to a lifetime maximum plan payment of \$1,000)		90%	80%
Sleep Apnea (Eligible expenses are paid to a lifetime maximum plan payment of \$5,000)		90%	80%
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 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.