

WMI MUTUAL INSURANCE COMPANY - ARIZONA 1500/3000 60/40 HDHP PLAN

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 Medical Deductible/Rx Deductible (Medical deductible applies unless specifically stated otherwise and includes prescription drugs if the optional prescription benefit is chosen.) | \$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 (Optional Benefit) 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 apply 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 Mental Illness [^] (Eligible expenses are paid at up to a maximum of 15 days each calendar year.) | 60% | 40% |
| Outpatient Mental Illness [^] (Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.) | 60% | 40% |
| Inpatient and Outpatient Treatment of Alcohol or Substance Abuse [^] | 50% | 50% |
| Inpatient and Outpatient Treatment of Mental Illness ^{^^} | 60% | 40% |
| Inpatient and Outpatient Treatment of Alcohol or Substance Abuse ^{^^} | 60% | 40% |
| [^] These are the benefits for small employers (employers with 50 or fewer employees). | | |
| ^{^^} There are two employer options for mental illness, alcohol and 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 treatment or Rx benefit. | | |
| 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 (Maximum benefit is \$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% | |
| Chiropractic | 60% | 40% |
| 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 | |
| Diabetes (expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes) | 60% | |
| 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; every two years for women 40 through 49; and annually for women 50 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% |
| 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% |
| 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; 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.

** The calendar year deductible is waived up to a combined total of \$500 for all medical services (except where otherwise specified). 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 does not apply toward the satisfaction of the deductible.