

# WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 60/45 1500 PLAN

Applicable to non-grandfathered, non-metal plan

| MEDICAL & RX DEDUCTIBLE, OUT-OF-POCKET MAXIMUM   | INDIVIDUAL                                       | FAMILY   |
|--|--|--|
| Calendar Year Deductible (Medical deductible applies unless specifically stated otherwise.)  | \$1,500  | \$3,000  |
| Rx Deductible (Optional benefit. Per person deductible; no family deductible nor out-of-pocket maximum.)   | \$250  | N/A  |
| Out-of-Pocket Maximum (includes deductible)  | \$3000   | \$6,000  |
| Prescriptions Prescription deductible is waived for generic drugs, but applies to all brand drugs. For generic drugs, the member pays the greater of \$10 or 25%. For brand drugs, the member pays the greater of \$50 or 50% after deductible. (For prescription deductible, please refer to deductible information above. <b>Prescription drugs are ineligible for the \$500 pre-deductible benefit.</b> ) |  |  |
|  | PLAN PAYS  |  |
| PROFESSIONAL SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.)  | PPO  | NON-PPO  |
| Office Visit*  | 60%  | 45%  |
| Well Baby (Age 0-2) (as set forth in the policy; not subject to deductible)  | 100%   | 60%  |
| Well Child (Age 2-7) (as set forth in the policy; not subject to deductible)   | 100%   | 45%  |
| Well Child (Age 8-18) (as set forth in the policy)   | 100% (not subject to deductible)                 | 45% (deductible waived up to combined total of \$500*)         |
| Preventive Care (as set forth in the policy)   | 100% (not subject to deductible)                 | 45% (deductible waived up to combined total of \$500*)         |
| Maternity Care*  | 60%  | 45%  |
| Urgent Care Clinic/Emergency Room*   | 60%  | 45%  |
| FACILITY SERVICES (Medical/Rx deductible applies unless specifically stated otherwise.)  | PPO  | NON-PPO  |
| Inpatient* (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility etc.)   | 60%  | 45%  |
| Outpatient* (surgery and related services, diagnostic x-ray, and laboratory, etc.)   | 60%  | 45%  |
| Inpatient Treatment non-Severe Mental Illness** (Eligible expenses are paid up to a maximum of 21 days each calendar year.)  | 60%  | 45%  |
| Outpatient Treatment of non-Severe Mental Illness** (Eligible outpatient visits are limited to 20 visits per calendar year.)   | 60%  | 45%  |
| Inpatient and Outpatient Treatment of Severe Mental Illness**  | 60%  | 45%  |
| Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**   | 60%  | 45%  |
| Medical detoxification**   | 60%  | 45%  |
| Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness***  | 60%  | 45%  |
| Inpatient and Outpatient Treatment of Alcohol or Substance Abuse***  | 60%  | 45%  |
| Medical detoxification***  | 60%  | 45%  |
| ^ 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 shown above ("parity"), or (2) No benefits for mental illness, treatment for alcohol or substance abuse or medical detoxification.   |  |  |
| MISCELLANEOUS (Medical/Rx deductible applies unless specifically stated otherwise.)  | PPO  | NON-PPO  |
| Ambulance Services*  | 60%  | 45%  |
| Durable Medical Equipment* (Not to exceed purchase cost)   | 50%  |  |
| Diabetes* (Expenses are limited to those related to diagnosis, monitoring, (treatment, control, and education for self-management of diabetes.)  | 60%  | 45%  |
| Chiropractic*  | 60%  | 45%  |
| Prosthetics*   | 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)                 | 45% (deductible waived up to combined total of \$500*)         |
| Mammograms (This benefit is available for a baseline for women between ages 35 and 39, and annually for women 40 or older.)  | 100% (not subject to deductible)                 | 100% of the first \$70 and thereafter at 45% after deductible* |
| Circumcision*  | 60%  | 45%  |
| Sleep Studies*   | 60%  | 45%  |
| Sleep Apnea*   | 60%  | 45%  |
| 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.

\*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 do not apply toward the satisfaction of the deductible.