

# WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 2500 60/45 HDHP ENDORSEMENT

Applicable to non-grandfathered, non-metal plan

MEDICAL/RX DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Deductible (Medical deductible applies unless specifically stated otherwise and includes prescription drugs, if the optional prescription benefit is chosen.)	\$2,500	\$5,000
Out-of-Pocket Maximum (includes deductible)	\$5,000	\$10,000
Prescriptions (Optional Benefit) Applies to Medical/Rx deductible after which the member pays 25% for generic prescription drugs and 50% for brand prescription drugs.		
	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 of non-Severe Mental Illness <sup>^</sup> (Eligible expenses are paid up to a maximum of 21 days each calendar year.)	60%	45%
Outpatient Treatment of non-Severe Mental Illness <sup>^</sup> (Eligible outpatient visits are limited to 20 visits per calendar year.)	60%	45%
Inpatient and Outpatient Treatment of Severe Mental Illness <sup>^</sup>	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse <sup>^</sup>	60%	45%
Medical detoxification <sup>^</sup>	60%	45%
Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness <sup>^^</sup>	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse <sup>^^</sup>	60%	45%
Medical detoxification <sup>^^</sup>	60%	45%
<sup>^</sup> These are the benefits for small employers (employers with 50 or fewer employees)		
<sup>^^</sup> 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%
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 these services. 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.