

# WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 70/50 500 & 1000 PLANS

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. Rx deductible is per person, no family maximum)	\$500 \$1,000	\$1,000 \$2,000
Calendar Year Deductible with Rx Deductible – Plan 1 Option	\$500 (\$75) \$1,000 (\$100)	\$1,000 \$2,000
Calendar Year Deductible with Rx Deductible – Plan 2 Option	\$500 (\$100) \$1,000 (\$200)	\$1,000 \$2,000
Out-of-Pocket Maximum (includes deductible) <span style="float: right;">\$500 Plan \$1,000 Plan</span>	\$2,000 \$2,500	\$4,000 \$5,000
Prescriptions Prescription deductible is waived for generic drugs, but applies to all brand drugs. Plan 1 - The member pays 50% of generic drugs, and 50% of brand name drugs after deductible. Plan 2 - The member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs after deductible.		
	PLAN PAYS	
PROFESSIONAL SERVICES	PPO	NON-PPO
Office Visit (not subject to deductible)	70%	50%
Well Baby (Age 0-2) (as set forth in the policy; not subject to deductible)	100%	100%
Well Child (Age 2-18) (as set forth in the policy; not subject to deductible)	100%	50%
Preventive Care (as set forth in the policy; not subject to deductible)	100%	50%
Routine Childhood immunizations and influenza immunizations (not subject to deductible)	100%	100%
Maternity Care	70%	50%
Urgent Care Clinic/Emergency Room	70%	50%
FACILITY SERVICES	PPO	NON-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, severe mental illness, etc.)	70%	50%
Outpatient (surgery and related services)	70%	50%
Inpatient Treatment for non-Severe Mental Illness* (Eligible expenses are paid up to a maximum of 21 days each calendar year.)	70%	50%
Outpatient Treatment for non-Severe Mental Illness* (Eligible outpatient visits are limited to 20 visits per calendar year.)	70%	50%
Inpatient and Outpatient Severe Mental Illness*	70%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*	70%	50%
Medical detoxification*	70%	50%
Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness**	70%	50%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	70%	50%
Medical detoxification**	70%	50%
* 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	PPO	NON-PPO
Ambulance Services	70%	50%
Laboratory Charges & X-rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services)	70%	50%
Laboratory Charges & X-rays (when <i>not</i> performed in conjunction with inpatient services, emergency room services, or surgical center services; not subject to deductible)	70%	50%
Chiropractic	70%	50%
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)	50%
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 50% after deductible
Circumcision	70%	50%
Sleep Studies	70%	50%
Sleep Apnea	70%	50%
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.